

<b>Requesting Organization :</b>	Center for Peace and Democracy		
<b>Allocation Type :</b>	Standard Allocation 1 (Feb -Mar 2018)		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
Food Security		20.00	
Health		20.00	
Nutrition		20.00	
Water, Sanitation and Hygiene		20.00	
Education		20.00	
		<b>100</b>	
<b>Project Title :</b>	Integrated Emergency Package for Displaced Persons in Kaxda, Dayniile and Dharkinley Districts, Mogadishu		
<b>Allocation Type Category :</b>			
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-18/3485/SA1/FSC-H-Nut-WASH-Ed/NGO/8496
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	499,984.52
<b>Planned project duration :</b>	12 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	18/04/2018	<b>Planned End Date :</b>	18/04/2019
<b>Actual Start Date:</b>	21/05/2018	<b>Actual End Date:</b>	20/05/2019

<p><b>Project Summary :</b></p>	<p>CPD is proposing an integrated project (FSL/Nutrition/Health/WASH/Education) for 19,800 drought and conflict affected people in K7-K19 in Dayniile, Kaxda and Dharkinley IDP Camps to be supported with an integrated service package for a period of 12 months. The project's rationale is to support the same number of beneficiaries (19,800 people) with an all-round service to achieve highly coordinated and impactful response. The project aims to support one already existing fixed health/nutrition centre in K13-Weydow IDP, Dayniile that CPD is running and set up 1 new fixed health/nutrition centres at Bariyow Umbrella IDP camp in Kaxda District. The existing CPD fixed health/nutrition facility is providing basic health and nutrition services to IDPs in Dayniile and Kaxda, and CPD intends to add components of food security, WASH and education to it through the proposed project for more complementarity and integration. There are 16 health staffs, 10 nutrition staff plus 10 community volunteers in the current CPD health/nutrition centre which also has its own source of health/nutrition supplies and staff salaries till May 2019. The staff salaries and supplies cost of this centre is secured and will not be charged to this proposed SHF project.</p> <p>The two-fixed health/nutrition centres will act as focal points for the provision of the integrated services to the target beneficiaries. The proposed integrated interventions will include provision of unconditional cash to 230 households for a period of 3 consecutive months, and the monthly cash transfer will be \$ 80 as per the MEB for Banadir. All beneficiary households for the unconditional cash will be identified/registered at the 2 health/nutrition centres (the existing CPD one, and the proposed new one) depending on the severity of the malnutrition rates; with a household member undergoing a SAM/MAM treatment. The transfers will be done through Hormuud Telecommunication Company using mobile phones.</p> <p>The proposed additional fixed healthcare/nutrition facility will provide quality integrated Nutrition and Health services including MUAC screening to detect children with MAM/SAM conditions, and provision of treatment. It will equally undertake nutrition promotion activities including promotion of Infant Young child feeding and supplementation with Vitamin A and multiple micro-nutrient tablets for pregnant and lactating women. The new centre will also provide basic lifesaving health services including measles management, AWD/Cholera, maternal and child health services including immunization and integrated management of childhood illnesses, health education and sensitization and treatment of malnourished cases, both SAM and MAM. Obstetric emergencies and skilled delivery, child health services (immunization and integrated management of childhood illnesses) will also be provided. The already existing CPD health/nutrition centre is currently providing all the above health/nutrition services.</p> <p>WASH services will be provided to the target IDP community including increase access to clean water through extension of 3.15 kilometers piping, installation of 10 portable water storage facilities, construction of 60M3 tank construction for a CPD-owned borehole in K13, Kaxda and water treatment. A total of 6 Twin latrines that are child-friendly and gender-sensitive will be constructed for 3 schools and 3 MCHs. Hygiene promotion which will include distribution of hygiene kits to 900 IDP HHs (300 HHs in each district), hygiene messaging such as key health and nutrition messages, and building the capacities of volunteer hygiene promoters.</p> <p>Three primary schools namely Usama Bin Zayd in K13, Kaxda (with 190 pupils), Horseed in K11, Kaxda (with 158 pupils), and Sumaya primary school in K11 (with 167 pupils) will be supported through provision of learning materials, training of 15 teachers, training 21 CEC members and incentives for 15 teachers for a period of 6 months.</p>																
<p><b>Direct beneficiaries :</b></p>																	
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<p><b>Catchment Population:</b></p>																	
<p><b>Link with allocation strategy :</b></p>																	

The project contributes to SHF's continued focus on famine prevention while ensuring the centrality of protection through the provision of timely integrated life-saving humanitarian response. The project's aims to provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people. The project seeks to achieve this objective through integration across clusters and complementary with CPD's other project in the project area.

The proposed unconditional cash transfers for 230 beneficiaries HHs fits into the food security cluster's objective of improving household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods.

The proposed provision of the basic primary healthcare services to children and mothers fits into the health cluster's objective of improving access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality. The project's proposed basic nutritional support (and IMAM services) to malnourished children, PLW and the elderly fits into the Nutrition cluster's objective of strengthening lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.

The proposed provision of treated water through the construction of 60 Cum elevated water, laying of pipes of 3,150 meters and placing of 10 Water Bladders are all in line with the WASH cluster's objective of providing reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures. By meeting all these cluster-specific objectives, the project aims to fit into the bigger and overall objective of the Fund's Strategic objective.

Three schools in the target area will also be supported with WASH services and teaching and learning materials. The schools are Usama Bin Zayd in K13, Kaxda (with 190 pupils), Horseed in K11, Kaxda (with 158 pupils), and Sumaya primary school in K11 (with 167 pupils). The proposed education support is in line with the Education Cluster's Strategic Objective 2 which is to ensure vulnerable children and youth affected by emergencies have access to safe and protective learning spaces where they are provided with lessons that impart life-saving messages and skills. The education support is also in line with the Education Cluster's Strategic Objective 3 which aims to improve the quality of education and support the establishment, strengthening and resilience of education systems, paying incentives to and training teachers and building the capacity of Community Education Committee (CEC) members.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Mohamed Yarrow Ali	Executive Director	mohamed.yarrow@cpd-africa.org	+252618137983

**BACKGROUND**

**1. Humanitarian context analysis**

According to UNOCHA, in 2018, an estimated 6.2 million people will continue to need humanitarian assistance and protection, of whom 3.3 million will require urgent life-saving assistance. More than one-third of those in need are internally displaced persons (IDPs). This includes 866,000 people in Emergency (IPC Phase 4) as of November 2017. Mogadishu is home to approximately 600,000 IDPs, which is close to one third of the overall internally displaced population in Somalia. More than 55% of the IDPs are concentrated in three of Mogadishu's peripheral districts: - Dayniile, Kaxda and Dharkinley in the K7-K20 stretch; which happen to be the proposed project area. The recent forced evictions and large-scale destruction of settlements for Internally Displaced People (IDPs) in K13, Kaxda districts that took place on December 29th and 30th 2017 have exacerbated the humanitarian situation as 4,000 IDP Households were affected.

The project area (K7-K19 in Dayniile, Kaxda and Dharkinkey Districts) has become a zone for displaced families who migrate from other regions such as Lower Shabelle, Middle Shabelle, Bay and Bakool due to the droughts and conflicts. The IDPs who are evicted from Mogadishu also settle in this corridor. As per CPD's reports from the three projects (1 integrated Health/Nutrition funded by GAC, 1 WASH project funded by SHF, and 1 Food Security funded by SHF) it is implementing/implemented in the area, the humanitarian situation is dire with IDPs lacking basic services such as water, health, nutrition, education, shelter and sanitation facilities despite humanitarian agencies like CPD and other providing some services. This is due to the large number of IDPs and their enormous needs. There are private water vendors that sell water to the displaced communities at a price of Ssh 3000 for a 20-litre jerrycan, an amount that is too high for many IDPs. The latrines are few latrines and an approximate of 25 families share the available ones making them get filled quickly with limited desludging services provided in the camps. The untreated water and poor sanitation standards explains the high cases of AWD reported in those camps. There is an increased risk of disease outbreaks in the camps, particularly measles. The poor state of the sanitation facilities and shelter unit pose protection challenges to women and girls. CPD and the other few agencies running health/nutrition centres in the area report high levels of malnutrition among children and PLW.

A majority of the camp dwellers are not employed and lack income generating opportunities. They mostly rely of the erratic aid provided by the humanitarian organizations and good samaritans. Few IDPs come to Mogadishu Town in search of menial and casual jobs. Children under 18 years, and the girl children also take up these menial jobs in order to support their families. In most cases, these children and girls are exploited in terms of labour and sexually owing to their economic vulnerability. Due to the poor shelter structures in the IDP camps and the absence of law enforcement agencies, cases of rape and general gender-based violence are high, sometimes perpetuated by government soldiers as reported by the Human Rights Watch.

AMISOM and the Somali National Army have in November 2017 started new offensive attacks against Al- Shabaab militants in Lower and Middle Shabelle regions in order to weaken their firepower, following the 14th October Mogadishu truck bomb that claimed the lives of more than 500 civilians. These new attacks resulted into more people getting displaced and settling in K7-K19 in Dayniile, Kaxda and Dharkinley hence exacerbating the already dire humanitarian situation in the corridor.

Unfortunately, most of the famine prevention responses by the agencies in the proposed project area have ended or are ending due to funds shortages, and there is a need to continue and upscale the humanitarian services in order to serve the affected people.

## **2. Needs assessment**

Due to the low-income levels amongst the IDPs living in the proposed project area (K7-K19 in Dayniile, Kaxda and Dharkinly districts), there is a need to provide safety nets to the most vulnerable households. Access to clean water is one of the immediate needs of the IDPs in the proposed areas who now encounter acute water shortages. There is also the need for the schools/MCHs to be provided with child-friendly and gender-sensitive latrines with hand-washing facilities. The poor sanitation facilities, the long distances women/girls go to fetch water, the hard-economic conditions in the camps and the dilapidated shelter units pose protection challenges to women and girls, who now need gender and child-specific protection services to be mainstreamed in all the sector interventions that CPD is proposing in the integrated response. These protection needs include medical assistance, Clinical Management of Rape (CRM), Psychosocial Support (PSS), economic reintegration programs and referral pathways for GBV victims and also GBV awareness campaigns. CPD's existing fixed health/nutrition centre at Weydow Camp, K13, in Dayniile and the proposed new centre at Bariyow Camp in Kaxda, will be crucial points for offering protection services to the victims.

The combined effects of the food insecurity, water shortages, sanitation challenges and the high morbidity rates in the IDP camps lead to the prevalence of high malnutrition cases that often lead to deaths especially for children under 5 years.

CPD's assessment team carried out a rapid multi-sectoral needs assessment in the proposed area between 4th and 9th February 2018. A low enrollment (21%) in schools for the school-age going children is one of the findings of the assessment. The team also found the schools need support in terms of provision of water, sanitation facilities, learning materials, teachers' incentives, teacher training and CEC training. CPD's current fixed health/nutrition centre in K13, Dayniile record high number of relapse cases for the malnourished children in OTP/SFP program due to food insecurity at their households.

CPD developed the project beneficiaries' numbers based on the camps' previous/current/planned access to basic services and also considering the scope of interventions by other agencies. The local community leaders, Camp Management Committees and the FSL/Health/Nutrition/WASH clusters at the regional level in the consideration were also consulted.

The overall gaps identified in the three areas were the absence of the core lifesaving basic services and goods necessary to prevent the loss of human lives. Gaps in water accessibility, food security, primary healthcare, nutrition support, protection for women/girls and children unable to access basic education in a child-friendly environment. One of the existing capacities is that CPD has an experience in running an integrated project of this nature as it is implementing one (SOM-17/3485/R/Ed-FSC-H-Nut-WASH/NGO/6662) of this kind in Adado, Abudwak and Dhusamareeb districts funded by SHF under Reserve 2017 Integrated Response Round 2 envelop. Another existing capacity is that CPD has a fixed health/nutrition centre in the project area with its staff, health drugs, nutrition supplies that it will integrate into the proposed project by the addition of WASH, Food security and Education components. No health/nutrition supplies costs and staff salaries for this existing facility will be charged to the proposed project. CPD owns and manages a hybrid-powered borehole in Kaxda that will be used to provide free water to the target beneficiaries. Trained community volunteers are also available for the proposed project. The fact that CPD has an arrangement with UNICEF health and UNICEF Nutrition for the health/nutrition supplies for its Galmudug Integrated Project is a capacity that will make it easy for CPD to acquire the necessary supplies for the proposed one additional fixed health/nutrition facility.

## **3. Description Of Beneficiaries**

The project's beneficiaries are 19,800 persons living in IDP camps in K7-K19 in Dayniile, Kaxda and Dharkinley districts. All the target beneficiaries are internally displaced persons. Most of the target beneficiaries are women and children who will be served from the proposed health/nutrition centres which are the primary units of the project. The beneficiaries will receive holistic and integrated services from the project. Women living in the most vulnerable conditions and those facing protection challenges will be given a priority when dispensing the integrated services of the project. Persons from minority groups will also be prioritized so that they benefit from the services to be provided by the project.

The project beneficiaries have been identified through a rapid multi-sectoral needs assessment carried out by CPD in between 4th and 9th February 2018 in preparation for the development of a proposal for this material SHF 2018 First Allocation Call. Consultations were also made with the local community leadership, the Camps Management Committees and the FSL/Health/Nutrition/WASH clusters at the regional level before determining the target beneficiaries taking into considerations factors like the specific needs in the camps, access to ongoing or planned interventions by other humanitarian actors present or those planning to intervene.

#### **4. Grant Request Justification**

The project beneficiaries have been identified through a rapid multi-sectoral needs assessment carried out by CPD in between 4th and 9th February 2018 in preparation for the development of a proposal for this material SHF 2018 First Allocation Call. Consultations were also made with the local community leadership, the Camps Management Committees and the FSL/Health/Nutrition/WASH clusters at the regional level before determining the target beneficiaries taking into considerations factors like the specific needs in the camps, access to ongoing or planned interventions by other humanitarian actors present or those planning to intervene.

The project's proposed activity of providing unconditional cash to 230 households is meant to address the need for the lack of food in the camps and the target households will be able to access immediate food. This unconditional cash transfer meets the food security cluster's objective of improving household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods.

The acute need for clean water and proper sanitation by the IDP populations in the target areas will be addressed by the proposed provision of clean water and construction of child-friendly and gender-sensitive latrines for institutions. This activity aims to meet the WASH cluster's objective of providing reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures.

The fixed facility will provide quality integrated services including obstetric emergencies and skilled delivery, child health services (immunization and integrated management of childhood illnesses) and nutrition services (SAM management, promotion/prevention services). There will also be provision of basic lifesaving health services including measles management, AWD/Cholera management, maternal and child health services including immunization and integrated management of childhood illnesses, health education and sensitization and treatment of malnourished cases both SAM and MAM. There will be linkages with established hospitals where patients with medical severe cases that need inpatient medical care will be referred. The provision of these basic health services will contribute to the achievement of the health cluster's objective which is improving access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality. The nutrition support activities or the IMAM services are meant to contribute to the nutrition cluster's objective of strengthening lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.

A total of 515 children in three primary schools namely Usama Bin Zayd in K13, Kaxda (with 190 pupils), Horseed in K11, Kaxda (with 158 pupils), and Sumaya primary school in K11 (with 167 pupils) will be supported through provision of learning materials, training of 15 teachers, training 21 CEC members and incentives for 15 teachers for a period of 6 months. The proposed education support is in line with the Education Cluster's Strategic Objective 2 and 3. Since this is an integrated project, all of the proposed activities are geared towards meeting the overall objective of famine prevention..

#### **5. Complementarity**

By November 30th 2017, two SHF-funded projects CPD implemented by CPD in K7-K19 in Dayniile and Kaxda districts have come to an end. Project Som-16/3485/R/FSC/NGO/3891 is a food security project in Dayniile K7-K19 which offered livelihood support to 870 households. SOM-16/3485/R/WASH/NGO/3789 is a WASH project in Kaxda district K7-K19 that supported 1,724 HHs with emergency WASH services including water provision and sanitation facilities. So, the proposed integrated project will enable CPD to continue providing the services for the beneficiaries that were supported in those last two projects.

CPD currently manages a hybrid powered (solar and genset) borehole (N 2° 03.804, E 45° 14.954) in Kaxda K7-K19; it is a borehole drilled in 2013 by CPD providing free water to the IDPs. Through SOM-16/3485/R/WASH/NGO/3789, the borehole was installed with solar power system of a capacity of 29.925WP (95 pieces of solar panels of 315W each) that pumps 30 m3 of water per hour to serve 1,724 IDP households in Kaxda. CPD's borehole has a 40M3 tank with a height of 12 metres. In order to reach more beneficiaries with an extra piping of 3150 metres to connect to 10 bladders each with a capacity of 10 M3, CPD will construct an extra 60M3 elevated tank with a height of 15 metres. CPD intends to use this borehole for the proposed project to serve about 7,000 people spread in 14 IDP camps. CPD's current project has trained several volunteer community hygiene promoters, water management committees, water chlorination volunteers and mobilizers who will be used for the proposed project.

Project Som-16/3485/R/FSC/NGO/3891 is a food security one that supported 870 IDP HHs in Dayniile K7-K19 with livelihood support. With the proposed project, CPD intends to continue serving those destitute HHs with additional ones included in a more integrated approach. This is how CPD plans to ensure that this SHF response (2018 First Standard Allocation) complements SHF's previous interventions that have ended in November 2017.

In Dayniile K13 at Weydo Camp, CPD runs a fixed health/nutrition centre that provides basic primary healthcare and IMAM, promotion and prevention services. The GPS of the centre is N 2°04'22.3, E 45°15'03.9. The project will run up to May 2019. The project has its nutrition/health supplies and staff. The health staff are 16 in number comprising of nurses, midwives, laboratory technicians, HMIS Officer, project manager, medical officer, pharmacist, auxiliary nurses, Vaccinators and mobilizers. The nutrition staff are 10 comprised of nutrition registrars, nurses, IYCF counsellors, screeners, project officer and Manager. Both the health and nutrition teams have 10 additional community volunteers. Through the proposed project, CPD intends to add components of WASH, food security to this continuing integrated health and nutrition project and use its current fixed facility in Dayniile as one of the focal points for this integration. The health/nutrition supplies and staff for this existing health/nutrition facility will not be charged to the proposed project. However, CPD plans to set up one new health/nutrition centres in Bariyow Camp, K13, Kaxda for the proposed project. The project will also complement the other ongoing interventions in the area undertaken by other humanitarian agencies. To ensure no overlap or duplication, CPD will collaborate with all stakeholders and cluster coordinators during implementation.

## LOGICAL FRAMEWORK

### Overall project objective

To deliver an Integrated Emergency response services (Food Security, Health, Nutrition, WASH and Education) to 19,800 IDPs in K7-K19 Dayniile, Kaxda and Dharkinley Districts, Banadir Region

### Food Security

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve households' immediate access to food through provision of conditional and unconditional assistance depending on the severity of food insecurity phases, vulnerability and seasonality of the livelihoods (IPC 3-4)	2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

**Contribution to Cluster/Sector Objectives :** Overall, the proposed cash relief interventions are designed to contribute to the Food Security Cluster's objective 1 which is to "Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods". In addition, it fits with the 2018 Humanitarian Response Plan's Strategic Objective 1- to Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable people" and Objective 2- Reduce emergency levels of acute malnutrition through integrated, multisectoral response.

### Outcome 1

Improved access to households food requirements for 230 identified vulnerable IDP households living in Kaxda, Dayniile and Dharkinley IDP on the K13-K19 corridor with unconditional cash.

### Output 1.1

#### Description

230 vulnerable IDP households identified and provided with unconditional cash for purchase of food.

### Assumptions & Risks

Evictions and Internal Displacements will not be witnessed

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					1,380

**Means of Verification :** Beneficiary Registers, CPD/ Contracted Mobile Company, CPD payments contracts and payments logs, Beneficiary Settlements' GPS Coordinates

### Activities

#### Activity 1.1.1

<b>Standard Activity : Unconditional cash transfer (agricultural input-seed distribution, seed vouchers, tools etc)</b>							
Undertake a vulnerability assessment and use the results to identify registration of the planned 230 Unconditional Cash Transfer Beneficiary households (1380 people). Project Officers in liaison with beneficiary community leaders will carry out a physical assessment in the IDP camps to identify the most vulnerable. 80% of the beneficiaries will be drawn from vulnerable women headed households, children headed households other households are deemed more vulnerable to the effects and impact of drought. 50% of the beneficiaries will be those that have a member undergoing SAM/MAM treatment.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Unconditional cash transfer (agricultural input-seed distribution, seed vouchers, tools etc)</b>							
Process Cash Transfer payments for 230 identified HHs based on approved Minimum Expenditure Basket values (\$ 80) per HH as per the recommendation of the CWG. CPD will engage Hormuud telecommunication company and contract it to effect the unconditional cash transfers through its EVC network to the beneficiaries. The unconditional cash transfer will continue for 3 months							
<b>Additional Targets :</b>							
<b>Health</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>			<b>Percentage of activities</b>		
Improve access to essential life saving health services for crisis affected and host populations aimed at reducing avoidable morbidity and mortality		2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			100		
<b>Contribution to Cluster/Sector Objectives :</b> The project aims at provision of maternal and reproductive health including emergency obstetric care for the drought affected populations in the targets areas. It will also support the prevention and control of outbreaks mainly AWD/Cholera through coordination with other sector partners doing surveillance and response. The project will as well contribute to the provision of life-saving integrated response service through networking and linkages with Nutrition and WASH sector clusters and partners							
<b>Outcome 1</b>							
Improved access to essential lifesaving health services with special focus on maternal/child health and prevention, response and control of AWD outbreaks to displaced populations in K13-K19 Dayniile, Kaxda and Dharkinley Districts							
<b>Output 1.1</b>							
<b>Description</b>							
A total of 19,800 displaced persons including 7524 women, 2772 girls, 2376 boys and 7128 men have access to integrated lifesaving health care services in K13-K19 Dayniile, Kaxda and Dharkinley districts.							
<b>Assumptions &amp; Risks</b>							
Availability of supplies from UNICEF is constant and uninterrupted							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.1.1	Health	Number of consultations per clinician per day by Health facility					60
<b>Means of Verification :</b> HMIS data, project reports							
Indicator 1.1.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					1
<b>Means of Verification :</b> HMIS data, project reports							
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					3,766
<b>Means of Verification :</b> HMIS data, project reports							
Indicator 1.1.4	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					5
<b>Means of Verification :</b> Training reports, participants' attendance lists, activity photos.							
Indicator 1.1.5	Health	Number of health facilities supported					1
<b>Means of Verification :</b> HMIS reports, monitoring and supervision reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Provide consultations of communicable and non- communicable diseases including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women through 1 fixed centre. 60 consultations per day will be targeted. In this activity, a total of 19800 persons will be consulted and treated to include 7524 women, 2772 girls, 2376 boys and 7128 men.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Emergency Obstetric Care - Basic and Advanced</b>							



Provide Basic Emergency Obstetric care to 792 pregnant women by fully equipping and staffing the maternity wing of the health centre that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women.

**Activity 1.1.3**

**Standard Activity : Immunisation campaign**

Provide quality and safe immunization against vaccine preventable diseases (VPDs) to include measles, polio, tetanus, meningitis among others to 3087 children under the age of five years, (1427 boys and 1660 girls) and to 679 Pregnant Women at 1 fixed centre

**Activity 1.1.4**

**Standard Activity : Emergency Preparedness and Response capacities**

Conduct 4 days classroom training and 1 day practical (5 days total) for 5 front line health staff (2 nurses, 1 medical officer and 2 auxiliary nurses) on integrated management of childhood illnesses management, Basic Emergency Obstetric maternal and neonatal care, prevention and treatment of measles and acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks. One day training on each of the components mentioned.

**Activity 1.1.5**

**Standard Activity : Essential drugs and Medical equipments distribution**

Provide adequate drugs and medical supplies to 1 target health facility based on morbidity data of the last three month. Drugs to be procured will be based on the Somalia essential drugs lists. The procured drugs will be for 2 months and thereafter CPD will get supplies from UNICEF. CPD is now having an arrangement with UNICEF for drugs supplies

**Output 1.2**

**Description**

19,800 beneficiaries (including 7524 women, 2772 girls, 2376 boys, and 7128 men) have their knowledge on common communicable conditions improved.

**Assumptions & Risks**

Drugs from UNICEF will not delay the setting up of the health/nutrition centre

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of persons that take part in community education and sensitization workshop.					150
<b>Means of Verification</b> : HMIS data, monitoring and supervision reports							
Indicator 1.2.2	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					5

**Means of Verification** : Training reports, participants' attendance lists, activity photos.

**Activities**

**Activity 1.2.1**

**Standard Activity : Awareness campaigns and Social Mobilization**

Conduct one day community education and sensitization workshop targeting 150 persons (90 women and 60 men) in the project area including influential members of the community leaders, women groups and religious leaders with the aim of facilitating a dialogue around the common health challenges the community faces including measles, AWD, childhood and maternal illnesses, malnutrition and the role they can play in influencing their community members to attain optimum attitudes and behavior that support prevention and response to health problems.

**Additional Targets :**

**Nutrition**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition	2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

**Contribution to Cluster/Sector Objectives** : The objective of this intervention will contribute to the Somalia Nutrition Cluster objectives 1. To contribute to the reduction of malnutrition related sickness and mortality among vulnerable boys, girls, pregnant and lactating women through systematic equal access to integrated curative and preventive food-based nutrition interventions and Basic Nutrition Services Package (BNSP) interventions linking nutrition to Health, WASH, Food Security, Education and Child Protection programmes through the services offered in the proposed fixed centre

**Outcome 1**

Increased access and utilization of emergency lifesaving nutrition services (SAM and MAM) to under 5 children and Pregnant lactating women with acute malnutrition children to reduce morbidity and mortality related to malnutrition in the target areas of K7-K19 in Dayniile, Kaxda and Dharkinley Districts

**Output 1.1**

**Description**



5,148 children under five and 679 pregnant and lactating women in humanitarian crisis have access to IMAM services for the management of acute malnutrition (both SAM and MAM) provided through 1 fixed nutrition sites in K13-K19, Daynile, Kaxda and Dharkinley IDP Camps

**Assumptions & Risks**

Supplies from UNICEF would't delay

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women screened					5,148

**Means of Verification** : HMIS/ONA Monthly reports

Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					2,470
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**Means of Verification** : ONA/HMIS reports

Indicator 1.1.3	Nutrition	Number of PLW receiving multiple micronutrients					543
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**Means of Verification** : HMIS reports

**Activities**

**Activity 1.1.1**

**Standard Activity : Community screening for malnutrition and referral**

CNW and Volunteers undertake detection, case management and referral of children and PLW with acute malnutrition at facility and community level. Screening will be conducted to detect those with malnutrition (both SAM and MAM) and those found with severe acute malnutrition will be referred to the correct program for management. Children with SAM without complications will be treated at the fixed facility while Severely malnourished children with complications will be referred to stabilisation centres. Target includes 4118 children under fives and 340 PLWs.

**Activity 1.1.2**

**Standard Activity : Treatment of severe acute malnutrition in children 0-59months**

Provide prescribed standard management to severe acute malnutrition(SAM) patients to 2470 (1141 boys and 1329 girls) children between age of 6-59 months in 1 fixed health centre according to the different phases. Those with SAM with complications will be referred to the nearby SCs for further management.

**Activity 1.1.3**

**Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women**

Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 543 eligible pregnant and lactating women in the target districts.80% of the PLWs in the project areas will be targeted to prevent and treat anaemia which is the leading cause of morbidity.

**Output 1.2**

**Description**

Awareness on infant young child feeding practices in emergency (IYCF-E) among the target communities increased.

**Assumptions & Risks**

UNICEF does not delay the release of Nutrition Supplies

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					217

**Means of Verification** : HMIS data, project reports

Indicator 1.2.2	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					270
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**Means of Verification** : HMIS data, project reports

Indicator 1.2.3	Nutrition	Number of IYCF promotion sessions held					9
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**Means of Verification** : HMIS data, session reports and photos project reports

**Activities**

**Activity 1.2.1**

**Standard Activity : Infant and young child feeding promotion**

Conduct IYCF Counselling-both individual and group counselling for mothers/ caregivers visiting the nutrition centres. 217 mothers will be targeted during the project period.

**Activity 1.2.2**

**Standard Activity : Infant and young child feeding counselling**

Organize ten sessions on IYCF-E at community level targeting 100 men and 170 women.

**Activity 1.2.3**

<b>Standard Activity : Infant and young child feeding counselling</b>							
Conduct community and facility-based IYC –E promotion in the target districts (3 promotions per district). IYCF-E counsellor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition							
<b>Output 1.3</b>							
<b>Description</b>							
The capacity of 7 nutrition project staffs (5 on IMAM, 2 on IYCF-E) and 90 community members (50 women, 40 men) on IYCF-E is enhanced.							
<b>Assumptions &amp; Risks</b>							
UNICEF Nutrition Supplies do not delay							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					5
<b>Means of Verification</b> : Training reports, participants' attendance lists, activity photos.							
Indicator 1.3.2	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					7
<b>Means of Verification</b> : Training reports, participants' attendance lists, activity photos.							
Indicator 1.3.3	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					90
<b>Means of Verification</b> : Sensitization/awareness workshop attendance lists, Photos of the activities							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
<b>Standard Activity : Capacity building</b>							
Conduct 3 days classroom training for 5 nutrition staffs (3 female, 2 male ) on integrated management of acute malnutrition.							
<b>Activity 1.3.2</b>							
<b>Standard Activity : Capacity building</b>							
Conduct 3 days classroom training for 2 female IYCF staffs on IYCF-E. T							
<b>Activity 1.3.3</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							
Conduct sensitisation/orientation talks daily to raise awareness on IYCF-E for community members in the nutrition centre. An average of 10 members will be targeted per day and 60 per week. 2880 community members (1728 Women, 1152 Men) will be targeted for the 12 months.							
<b>Additional Targets :</b>							
<b>Water, Sanitation and Hygiene</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>				
Provide access to safe water, sanitation and hygiene for people in emergency.		2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100				
<b>Contribution to Cluster/Sector Objectives</b> : In Kaxda K13-K19 area, the project intends to provide clean water 15600 persons (including children in their schools and at MCHs) through the laying of 3.15 kilometers piping, construction of 60Cum elevated concrete tank and installation of 10 bladders each with a capacity of 10 CuM. The water will be provided to the IDPs free of charge by a CPD owned borehole located in Kaxda, K13 . This contributes to the cluster objective of providing access to safe water, sanitation and hygiene for people in emergency							
<b>Outcome 1</b>							
Reduced number of lives lost as a result of water shortages							
<b>Output 1.1</b>							
<b>Description</b>							
19800 beneficiary IDPs living in K7-K19 in Dayniile, Kaxda and Dharkinley Districts have increased access to safe and clean water							
<b>Assumptions &amp; Risks</b>							
WASH infrastructure will be destroyed by forced evictions							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					15,600

**Means of Verification** : Beneficiary Registers at the planned 10 water storage/bladders, Water purchase receipts from the boreholes, copies of redeemed water vouchers, beneficiary list, Photos with GPS and Date.

**Activities**

**Activity 1.1.1**

**Standard Activity : Water point construction or rehabilitation**

Construction of a 15 metre high elevated concrete water tank with a capacity of 60m<sup>3</sup> at CPD's borehole in K13, Kaxda district in order to increase the number of people that can be served from the borehole. A total of 14 IDP camps in Kaxda and Dayniile (including the three schools in the districts, Usama bin Zayd, Horseed and Sumaya primary schools) that face water shortages will be connected to the CPD Borehole with the new tank through piping. CPD will install 10 Water bladders each with a capacity of 10m<sup>3</sup> to these camps and people will access water for free. The CPD borehole is solar-powered, and therefore fuel is not required.

**Output 1.2**

**Description**

Better access to sanitation and hygiene services leading to reduced incidences of water-borne diseases, especially among women and children, from poor hygiene during the current drought emergency for targeted 19,800 people in K13-K19 Dayniile, Kaxda and Dharkinley districts

**Assumptions & Risks**

Beneficiaries will adopt positive behavioral changes concerning hygiene and sanitation

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					480
<b>Means of Verification</b> : Project reports, Photos of the 6 twin latrines in the schools and health/nutrition centres							
Indicator 1.2.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					7,200
<b>Means of Verification</b> : Hygiene Promotion Training Workshop Participants List and Photos of the Workshop, Hygiene Promotion Sessions, IEC used for the HP sessions							
Indicator 1.2.3	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					5,400

**Means of Verification** : Signed Distribution List, Photos of the Hygiene Kits Distribution

**Activities**

**Activity 1.2.1**

**Standard Activity : Institutionsl Latrine construction**

Construction of a total of 6 Twin Latrines that are child-friendly and gender-segregated with hand washing facilities in 6 schools and MHCs (3 in the schools and 3 in the MCHs)

**Activity 1.2.2**

**Standard Activity : Capacity building (water committees and WASH training)**

Conduct 1 day Hygiene promoters training for 60 women and men.

**Activity 1.2.3**

**Standard Activity : Community Hygiene promotion**

Disseminate health and hygiene promotion messages to the vulnerable IDP populations by the 60 trained hygiene promoters using IEC materials. The 60 trained Hygiene promoters will work in teams in order to reach 5400 people in the IDP camps.

**Activity 1.2.4**

**Standard Activity : Hygiene kit distribution (complete kits of hygiene items)**

Procure and distribute of a total of 900 hygiene kits to 900 IDP HHs in K13-K19 Dayniile, Kaxda and Dharkinley districts. 300 people will receive hygiene kits in each of the project site. Beneficiaries will be identified through an assessment and a well-structured distribution team put in place in each of the three project site with proper documentation plans in place.

**Additional Targets :**

Education							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Ensure vulnerable children and youth are engaged in learning including lifesaving skills and personal well-being		2018-SO3: Support provision of protection services to affected communities, including in hard-to-reach areas and in IDP sites, targeting the most vulnerable, especially those at risk of exclusion.			100		
<b>Contribution to Cluster/Sector Objectives :</b> The proposed activities of providing teaching/learning materials to 515 pupils (262 boys and 253 girls), paying incentives to 15 teachers, capacity building 15 teachers and 21 CEC committees are all geared towards improving the quality of education for these children. Through these proposed activities, the children are expected to be engaged in learning and equipped with lifesaving skills that eventually promote their well-being.							
<b>Outcome 1</b>							
Personal well being of 515 IDP children (262 boys and 253 girls) improved as a result of acquired quality education							
<b>Output 1.1</b>							
<b>Description</b>							
Improved quality of education for 515 IDP children (262 boys and 253 girls) in Daynile, Kaxda and Dharkinley districts							
<b>Assumptions &amp; Risks</b>							
Education infrastructure in the camps will not be affected by forceful evictions							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of children(Boys&Girls) provided with learning supplies					515
<b>Means of Verification :</b> Signed distribution list of the learning supplies, photos during the distribution,							
Indicator 1.1.2	Education	Number of teachers (M&F) trained					15
<b>Means of Verification :</b> Signed pay sheets by the teachers							
Indicator 1.1.3	Education	Number of teachers receiving emergency incentives					15
<b>Means of Verification :</b> Training Report, Training Manual, Photos, signed attendance list							
Indicator 1.1.4	Education	Number of CECs members trained					21
<b>Means of Verification :</b> Training Report, Training Manual, Photos, signed attendance list							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : School equipment and material learning distribution</b>							
Teaching and learning materials will be supplied to the 3 schools (Usama bin Zayd, Horseed and Sumaya primary schools) in Kaxda district and to the 515 pupils. The materials will include books, pens, rubbers, chalks, cupboards. The distribution will be done thrice in a year.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Teacher training - pedagogy</b>							
15 teachers (3 head teachers and 12 classroom teams) from the schools in Kaxda district (Usama bin Zayd, Horseed and Sumaya primary schools) trained on basic pedagogical, life-saving learning skills and psycho-social support							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Incentive for teachers</b>							
15 teachers (3 head teachers and 12 classroom teams) from the schools in Kaxda district (Usama bin Zayd, Horseed and Sumaya primary schools) given incentives for 9 months. A head teacher will be paid \$ 150 per month while a Classroom teacher will be paid \$ 100 per month.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : CEC training</b>							
21 members (12 male and 9 female) members of the Community Education Committees (CEC) from the 3 schools in Kaxda (Usama bin Zayd, Horseed and Sumaya primary schools) will be trained on DRR, Hygiene promotion, maintenance and management of learning spaces							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

CPD will develop a proactive monitoring system that will inform on the project progress, quality, reach and effectiveness in real-time basis for effective implementation. The monitoring process will involve the development of a listing of telephone numbers of community members benefiting from the project with gender dis-aggregated figures being provided to ensure conformity with gender marker as required by UNOCHA and as designed for the project. This will include telephone numbers of IDPs which will be countersigned for authenticity by the IDP Camp Committees members in the various IDP Camps benefiting from the WASH activities planned for implementation. Equally the IDP Camp Committee shall sign on a Progress Matrix Sheet (with the Village Chairman signing on behalf of the Committee) indicating the progress achieved in the implementing the various planned activities. The contact details of the various IDP Camps Committee members (both male and female) shall be registered against their names to help the monitoring and authentication of the information on progress. CPD shall also acquire and register the contact details of the Kaxda, Dayniile and Dharkinley District administrations and leadership including the District Commissioners, during the project consultation process. The monitoring system will be keen to focus on overall participation of women in all the planned activities providing dis-aggregated numbers of the beneficiaries as collated in the monitoring templates used by the project.

CPD will enlist the support of the Banadir Inter-cluster mission consisting of the WASH, FSL, Education, Health and Nutrition Clusters (and any other that will be deemed relevant to the process) to undertake a joint monitoring mission at an appropriate time within the duration of the project to help analyze the situation as at the time, the needs gap as well as the impact of the interventions undertaken in supporting the broader HRP strategic objectives among the IDPs in Kaxda, Dayniile and Dharkinley. Other aspects to be monitored will be the amount of water accessed by each of the beneficiary households.

CPD will utilize the Clusters' guidelines, SPHERE standards, INEE standard and CWG recommendations to monitor the technical integrity and conformity of the planned numbers of delivery and amounts. This will be monitored for conformity with the design of the project which has already taken into consideration aspects of technical quality and delivery mechanisms. All the structures to be constructed by the project will monitored for conformity to the required disaster risk reduction (DDR) standards as required by UNOCHA to ensure their availability for use is not impeded. The organization will adhere to the required reporting requirements by UNOCHA SHF which includes the Interim as well as the Final reporting using the provided database template.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Education: Activity 1.1.1: Teaching and learning materials will be supplied to the 3 schools (Usama bin Zayd, Horseed and Sumaya primary schools) in Kaxda district and to the 515 pupils. The materials will include books, pens, rubbers, chalks, cupboards. The distribution will be done thrice in a year.	2018								X				X
	2019				X								
Education: Activity 1.1.2: 15 teachers (3 head teachers and 12 classroom teams) from the schools in Kaxda district (Usama bin Zayd, Horseed and Sumaya primary schools) trained on basic pedagogical, life-saving learning skills and psycho-social support	2018					X	X	X		X	X	X	
	2019	X	X	X									
Education: Activity 1.1.3: 15 teachers (3 head teachers and 12 classroom teams) from the schools in Kaxda district (Usama bin Zayd, Horseed and Sumaya primary schools) given incentives for 9 months. A head teacher will be paid \$ 150 per month while a Classroom teacher will be paid \$ 100 per month.	2018								X				
	2019	X											
Education: Activity 1.1.4: 21 members (12 male and 9 female) members of the Community Education Committees (CEC) from the 3 schools in Kaxda (Usama bin Zayd, Horseed and Sumaya primary schools) will be trained on DRR, Hygiene promotion, maintenance and management of learning spaces	2018												
	2019												
Food Security: Activity 1.1.1: Undertake a vulnerability assessment and use the results to identify registration of the planned 230 Unconditional Cash Transfer Beneficiary households (1380 people). Project Officers in liaison with beneficiary community leaders will carry out a physical assessment in the IDP camps to identify the most vulnerable. 80% of the beneficiaries will be drawn from vulnerable women headed households, children headed households other households are deemed more vulnerable to the effects and impact of drought. 50% of the beneficiaries will be those that have a member undergoing SAM/MAM treatment.	2018					X	X						
	2019												
Food Security: Activity 1.1.2: Process Cash Transfer payments for 230 identified HHs based on approved Minimum Expenditure Basket values (\$ 80) per HH as per the recommendation of the CWG. CPD will engage Hormuud telecommunication company and contract it to effect the unconditional cash transfers through its EVC network to the beneficiaries. The unconditional cash transfer will continue for 3 months	2018					X	X	X					
	2019												
Health: Activity 1.1.1: Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women through 1 fixed centre. 60 consultations per day will be targeted. In this activity, a total of 19800 persons will be consulted and treated to include 7524 women, 2772 girls, 2376 boys and 7128 men.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X								
Health: Activity 1.1.2: Provide Basic Emergency Obstetric care to 792 pregnant women by fully equipping and staffing the maternity wing of the health centre that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X								
Health: Activity 1.1.3: Provide quality and safe immunization against vaccine preventable diseases (VPDs) to include measles, polio, tetanus, meningitis among others to 3087 children under the age of five years, (1427 boys and 1660 girls) and to 679 Pregnant Women at 1 fixed centre	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X								

Health: Activity 1.1.4: Conduct 4 days classroom training and 1 day practical (5 days total) for 5 front line health staff (2 nurses, 1 medical officer and 2 auxiliary nurses) on integrated management of childhood illnesses management, Basic Emergency Obstetric maternal and neonatal care, prevention and treatment of measles and acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks. One day training on each of the components mentioned.	2018					X													
	2019																		
Health: Activity 1.1.5: Provide adequate drugs and medical supplies to 1 target health facility based on morbidity data of the last three month. Drugs to be procured will be based on the Somalia essential drugs lists. The procured drugs will be for 2 months and thereafter CPD will get supplies from UNICEF. CPD is now having an arrangement with UNICEF for drugs supplies	2018					X		X			X								
	2019		X																
Health: Activity 1.2.1: Conduct one day community education and sensitization workshop targeting 150 persons (90 women and 60 men) in the project area including influential members of the community leaders, women groups and religious leaders with the aim of facilitating a dialogue around the common health challenges the community faces including measles, AWD, childhood and maternal illnesses, malnutrition and the role they can play in influencing their community members to attain optimum attitudes and behavior that support prevention and response to health problems.	2018					X													
	2019																		
Nutrition: Activity 1.1.1: CNW and Volunteers undertake detection, case management and referral of children and PLW with acute malnutrition at facility and community level. Screening will be conducted to detect those with malnutrition (both SAM and MAM) and those found with severe acute malnutrition will be referred to the correct program for management. Children with SAM without complications will be treated at the fixed facility while Severely malnourished children with complications will be referred to stabilisation centres. Target includes 4118 children under fives and 340 PLWs.	2018					X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2019	X	X	X	X														
Nutrition: Activity 1.1.2: Provide prescribed standard management to severe acute malnutrition(SAM) patients to 2470 (1141 boys and 1329 girls) children between age of 6-59 months in 1 fixed health centre according to the different phases. Those with SAM with complications will be referred to the nearby SCs for further management.	2018					X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2019	X	X	X	X														
Nutrition: Activity 1.1.3: Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 543 eligible pregnant and lactating women in the target districts.80% of the PLWs in the project areas will be targeted to prevent and treat anaemia which is the leading cause of morbidity.	2018					X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2019	X	X	X	X														
Nutrition: Activity 1.2.1: Conduct IYCF Counselling-both individual and group counselling for mothers/ caregivers visiting the nutrition centres. 217 mothers will be targeted during the project period.	2018					X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2019	X	X	X	X														
Nutrition: Activity 1.2.2: Organize ten sessions on IYCF-E at community level targeting 100 men and 170 women.	2018					X		X							X				
	2019		X																
Nutrition: Activity 1.2.3: Conduct community and facility-based IYC –E promotion in the target districts (3 promotions per district). IYCF-E counsellor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition	2018					X	X	X	X	X	X	X	X	X	X	X	X	X	X
	2019	X	X	X	X														
Nutrition: Activity 1.3.1: Conduct 3 days classroom training for 5 nutrition staffs (3 female, 2 male ) on integrated management of acute malnutrition.	2018					X													
	2019																		
Nutrition: Activity 1.3.2: Conduct 3 days classroom training for 2 female IYCF staffs on IYCF-E. T	2018					X													
	2019																		
Nutrition: Activity 1.3.3: Conduct sensitisation/orientation talks daily to raise awareness on IYCF-E for community members in the nutrition centre. An average of 10 members will be targeted per day and 60 per week. 2880 community members (1728 Women, 1152 Men) will be targeted for the 12 months.	2018						X												
	2019																		
Water, Sanitation and Hygiene: Activity 1.1.1: Construction of a 15 metre high elevated concrete water tank with a capacity of 60m³ at CPD's borehole in K13, Kaxda district in order to increase the number of people that can be served from the borehole. A total of 14 IDP camps in Kaxda and Daynile (including the three schools in the districts, Usama bin Zayd, Horseed and Sumaya primary schools) that face water shortages will be connected to the CPD Borehole with the new tank through piping. CPD will install 10 Water bladders each with a capacity of 10m³ to these camps and people will access water for free. The CPD borehole is solar-powered, and therefore fuel is not required.	2018					X	X												
	2019																		
Water, Sanitation and Hygiene: Activity 1.2.1: Construction of a total of 6 Twin Latrines that are child-friendly and gender-segregated with hand washing facilities in 6 schools and MHCs (3 in the schools and 3 in the MCHs)	2018						X												
	2019																		

Water, Sanitation and Hygiene: Activity 1.2.2: Conduct 1 day Hygiene promoters training for 60 women and men.	2018				X						
	2019										
Water, Sanitation and Hygiene: Activity 1.2.3: Disseminate health and hygiene promotion messages to the vulnerable IDP populations by the 60 trained hygiene promoters using IEC materials. The 60 trained Hygiene promoters will work in teams in order to reach 5400 people in the IDP camps.	2018				X			X			
	2019	X									
Water, Sanitation and Hygiene: Activity 1.2.4: Procure and distribute of a total of 900 hygiene kits to 900 IDP HHs in K13-K19 Dayniile, Kaxda and Dharkinley districts. 300 people will receive hygiene kits in each of the project site. Beneficiaries will be identified through an assessment and a well-structured distribution team put in place in each of the three project site with proper documentation plans in place.	2018				X	X					
	2019										

## OTHER INFO

### Accountability to Affected Populations

CPD will provide for project-interactive awareness sessions for the target IDPs where different IDP Camps' representatives and local District authority will be invited for awareness creation on the project. During the sessions the various aspects of the project will be shared and feedback obtained. The IDP Camps management will be integrated as reference points for the project decision-making. CPD has daily interaction from the various population segments of the IDPs in Dayniile District which includes the planned project beneficiaries consisting of women from women-headed households and other vulnerable IDP households as shall be determined by the planned vulnerability assessment.

CPD will provide a designated number at its M&E Complaints Desk for the project beneficiaries to forward complains that they may have for appropriate action and also for feedback on the progress of the table banking. A call log with complains raised entered into the complaint's desk register will be maintained by the project with corresponding action as undertaken being entered. The Project Team supported by the CPD's M&E will capture the challenges encountered and lessons learned for sharing within the relevant clusters and also with UNOCHA SFH.

The information as well as the data collected from the information will inform the decision of the improvement or otherwise of the selected project beneficiaries as a result of the planned livelihood support for the respective beneficiary categories .e.g. the returns from nutrition will inform on the improvement on the malnutrition situation with a contrary outlook triggering the need for a review and sharing of the findings for a more concerted action through the inter-cluster mechanism (i.e. WASH, Health and Nutrition in particular).

CPD will share information on the project through its established information sharing mechanism which it utilizes in its Dayniile District's integrated project that provides Health and Nutrition. In this system, the IDP Committees and Community Volunteers will be key planks of the information sharing and collection of feedback from the beneficiaries and also from the service provision points. CPD will also utilize commemoration of global events such as to share critical information pertinent to the welfare of the IDP beneficiaries such as in FSL, WASH, Health, Nutrition and Education which are key to the improvement of their beneficiaries' knowledge and awareness.

CPD has observed the Do No Harm Principle in the design of the project first by ensuring the use of vulnerability assessment for the generation of evidence-based targeted selection criteria for the beneficiaries of the planned support to ensure that the intervention is beneficial rather than work to the detriment of the IDPs. By developing and sharing widely the impartial selection criteria with the IDPs in the targeted Camps through their representatives and the wider District community, the selection of the beneficiaries will be seen as fair by all the District stakeholders. The project feedback mechanism will also be an important source of information on what arising challenges will need to be addressed within the project.

### Implementation Plan

All the project activities will be directly implemented by CPD and will not sub-contract any other agency. The project staff will be headed by the Project Manager who will be responsible in the supervision and coordinating all activities. CPD's Executive Director and Programs Director will provide key strategic support when needed by the other project team. Project reports will be generated from the -fixed health/nutrition facilities and from the IDP camps (project sites) by the field team with the support of the HMIS officer, project officers and the manager. The reports will be compiled and shared with the relevant clusters and to SHF. The management of the project's funds will be the work of CPD's Finance/Grants Manager supported by the Finance Officer. Funds utilization will jointly be authorized by the Project Manager with either the Programs Director or the Executive Director.

The implementation of the project activities will be done in a coordinated manner with all the relevant stakeholders and through the five clusters. CPD will closely work with the other humanitarian agencies in the area in order to coordinate with them and avoid any overlaps.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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### Environment Marker Of The Project

### Gender Marker Of The Project

2a- The project is designed to contribute significantly to gender equality

### Justify Chosen Gender Marker Code



The project will base the selection of its core beneficiaries that is women on the nutrition and health returns of women (Pregnant and Lactating Women) at proposed new fixed facility in Kaxda, K13, Bariyow Umbrella IDP camp and the already existing CPD one in Dayniile, K13, Weydow IDP camp for the unconditional cash transfers. The proposed institution latrines will be constructed in a gender friendly manner, and the installation of the 10 water bladders will be made in consideration to the specific needs of women.

The project will consult the IDP Committee members both men and women during the vulnerability assessment, ensuring women are consulted separately to encourage them to voice their concerns. Similarly, women and men will have equal access to the feedback mechanism created for the project and action recommended shall reflect gender considerations.

CPD Project Team shall undertake awareness to inform both male and female members of the IDPs on the criteria used for selection of the planned beneficiaries and the requirement that the intervention empowers women-headed households and those being supported in the proposed fixed Health/Nutrition centre. Post Distribution Monitoring (PDM) will in particular document the gender reach and their experiences and impact shall be documented with case studies and impact stories being generated for sharing.

### **Protection Mainstreaming**

The project mainly focuses on IDPs in K7-K19 in Dayniile, Kaxda and Dharkinley who live in poor conditions that include lack of basic services, a situation which has exposed the IDPs to coping mechanism that expose them to exploitation and meager pay for waged labour. The situation is especially difficult for women who face rape, domestic violence and assault (from gatekeepers especially) in the IDP Camps as reported by Human Rights watch. CPD also works with the IDPs committees which have been instrumental in providing security for the IDPs and also in resolving disputes among them. CPD normally consults the IDP Committees every time a major facility or intervention (such as a Borehole and connectivity to Water Storage Bladders, a food support through voucher systems or a Health or a Nutrition Centre is/are to be set up) is to be designed and undertaken and ensures protection concerns are taken into consideration. The same has been for the Districts Administration which is consulted to give inputs during assessments (including Inter-Cluster Assessments) on interventions planned. The project will monitor cases of rape and domestic abuse especially among its targeted beneficiaries and refer them to the relevant support mechanism locally such as hospitals for treatment.

### **Country Specific Information**

#### **Safety and Security**

The target areas of the project, K7-K19 in Dayniile, Kaxda and Dharkinley districts is quite peaceful for now. There have not been any major security related incidents of late along the Afgooye Corridor too. However, CPD will have to plan for in advance to ensure the safety and security of the Project Team and any other mission including the third-party monitors hired and deployed to assess the project. CPD has a Security Manager who works independently and also with the local District Administrations in all the project locations within Mogadishu to assess the local threats at any given time and provide the necessary alerts required for making a decision over the deployment of staff at any given day. The organization is also a recipient of security briefings by International NGO Safety Organization (INSO) that exists to provide dedicated security services to the NGO community in Somalia.

#### **Access**

CPD already has an active presence in the Deyniile, Kaxda and Dharkinley Districts where it has/ and is operating a health/nutrition centre since 2013. The organization has the District authorization letters approving it to work in the Deyniile and Kaxda Districts. Currently the organization is managing the Deyniile Health and Nutrition Centre and a water system in the same neighboring Kaxda District where it has 38 staff members (including volunteers) working. CPD's active presence and engagement as demonstrated by the contacts and interventions indicated above means the organization has access to the Districts for the proposed activities.

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Supplies (materials and goods)</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>2. Transport and Storage</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>3. International Staff</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>4. Local Staff</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>

<b>5. Training of Counterparts</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>6. Contracts (with implementing partners)</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>7. Other Direct Costs</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>8. Indirect Costs</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>11. A:1 Staff and Other Personnel Costs: International Staff</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>12. A:1 Staff and Other Personnel Costs: Local Staff</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>13. B:2 Supplies, Commodities, Materials</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>14. C:3 Equipment</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>15. D:4 Contractual Services</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>16. E:5 Travel</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	

17. F:6 Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
18. G:7 General Operating and Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
19. H.8 Indirect Programme Support Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
20. Staff and Other Personnel Costs							
1.1	Program Manger	D	1	2,125.00	12	100.00	25,500.00
	<i>The project manager will provide technical/operational and Administrative functions for the project. She/He will also act as the face of the project to the community, government and basically all stakeholders and will be expected to engage them at different levels during the project period. In addition, she/he will manage all medical officers, nurses, midwives, and provide technical support and daily overall direction of the project. She/He will also be expected to ensure compliance to the donor requirements including reporting, monitoring and managing the team. They will receive a monthly salary of USD 2,125 which includes medical insurance. The project manager is a program specialist who is expected to be well versed with all the sectors i.e WASH, FSL, Education, Health and Nutrition. This being a new position, CPD reckons that it might have to get an expatriate (Kenyan Somali) to take up this role due to its required speciality hence the USD 2,125 salary.</i>						
1.2	Project Officer (s)	D	1	1,125.00	12	100.00	13,500.00
	<i>The Project Officers will be responsible for visiting project sites in the three districts and the two health centres. He will also be preparing progress reports for review by the Program Manager. He/She will also be expected to develop plans, and monitor adherence of community based implementation plans, ensuring effective household representative in the implementation of the project activities. He/She will earn a salary of USD 1,125 per month which includes their basic salaries and medical insurance and is expected to have a basic understanding of all the thematic areas covered by this project.</i>						
1.3	Medical Officer (s)	D	1	1,125.00	12	100.00	13,500.00
	<i>The medical officer will be the overall leader in the health facilities; he/she will work with the nurses and midwives to provide medical and nursing services such as resuscitation, stabilization, treatment, and referrals if need be. He/She will also assess the urgency and severity of medical problems of a patient by checking th ehistory, through examination and investivation. Each health facility will have 1 medical officer each earning a salary plus benefits of USD 1,125 per month.</i>						
1.4	Nurses	D	2	525.00	12	100.00	12,600.00
	<i>The Nurse's main role will be to provide preventive and curative services to those that seek the support from the health centers. For every patient the nurses will undertake to record all information about the patient before being referred to a medical officer if there is need. All these will be done in consultation rooms. They will also be in charge of educating and advising the patients and the target community about health and nutrition best practices and most importantly carry out follow ups in the history of different patients. There will be 2 nurses per each health facility with a salary of USD 525 per month including basic salary and medical insurance as per the MoH rate.</i>						
1.5	EPI	D	1	525.00	12	100.00	6,300.00
	<i>The Nurse's main role will be to provide preventive and curative services to those that seek the support from the health centers. For every patient the nurses will undertake to record all information about the patient before being referred to a medical officer if there is need. All these will be done in consultation rooms. They will also be in charge of educating and advising the patients and the target community about health and nutrition best practices and most importantly carry out follow ups in the history of different patients. There will be 2 nurses per each health facility with a salary of USD 525 per month including basic salary and medical insurance as per the MoH rate.</i>						
1.6	Screeners	D	2	525.00	12	100.00	12,600.00
	<i>The screen er role will be to weigh and take heights of the children in the Health center.They will also check if the child is malnourished and refers to medical doctor.She/He will a monthly salary of usd 525 inclusive of basic salary and medical insurance.</i>						
1.7	Midwives	D	2	525.00	12	100.00	12,600.00

	<i>The midwife will examine and monitor pregnant and lactating women, carry out an assessment of their care requirements, write down care plans, undertake antenatal care, carry out screening tests for the women. She/He will also ensure safe and skilled deliveries. In addition, the midwife will also carry out antenatal care and provide counsel to the lactating women and also provide counselling support to those that have to deal with cases of miscarriage, terminations, stillbirths, neonatal deaths etc. There will be 2 midwives per each health facility and each earning a salary of USD 525 per month including basic salary and medical insurance.</i>							
1.8	Auxiliary Nurses	D	2	375.00	12	100.00	9,000.00	
	<i>The Auxiliary nurses will be recruited to assist nurses in providing care to patients/clients. They will be working at the health facilities. They will therefore work as assistants to the main nurses and will work in the consultation rooms. There will be 2 auxiliary nurses per health facility and each earning a salary of USD 375 per month including basic salary and medical insurance as per the MoH rate.</i>							
1.9	Community Health Workers (Mobilizers)	D	2	200.00	12	100.00	4,800.00	
	<i>The Community Mobilizers will be in charge of health promotion and prevention at the community level and will also communicate behaviour change to the target groups of this project. He/She will be expected to play a major role in the creation of awareness as to the prevention and control of AWD/Cholera outbreaks that is present in the target areas. Since they will largely work in the field areas, they will be recruited from the local host communities.</i>							
1.10	IYCF Counsellors	D	2	525.00	12	100.00	12,600.00	
	<i>The Infant and Young Children Feeding counselor will be responsible for the implementation of the IYCF-E component in this project. Their main role being education and counselling both individuals and groups who are caregivers of children under five in the target facilities and communities using pre-designed and approved counselling cards. There will be 1 IYCF Counselor per facility and each will earn a salary of USD 525 per month including basic salary and medical insurance.</i>							
1.11	HMIS Officer	D	1	1,125.00	12	45.00	6,075.00	
	<i>The HMIS officer will be in charge of data collection in the centres, generates analysis of the data which will be done on a monthly basis so as to make a decisions on the vulnerability levels of the different patients and those that seek services. In addition, this data will constantly be shared out to the nutrition and health clusters which will then share with FSNAU etc. This position is specifically charged to this project and hence the 45% salary will be USD 1,125 per month including basic salary and medical insurance.</i>							
1.12	Finance Officer	S	1	1,325.00	12	50.00	7,950.00	
	<i>The Finance Officer will be responsible for ensuring compliance to UN OCHA rules, making payments to suppliers, paying staff salaries, and paying utilities related to this grant. Since this is a support staff shared among different grants and based on the CPD support cost matrix, this project will contribute 50% of his/her salary every month. In addition, this project many activities that require more attention from the Finance Officer. i.e. the activities involved such as trainings' require greater attention to detail for compliance due to the attendee registers, venue selection, vehicle log sheets monitoring hence more time and hence the allocation of 25% of their salary. The unit cost of USD 1,325 per month will be how much the title holder will earn including insurance and other benefits.</i>							
1.13	Logistics Officer	S	1	1,325.00	12	50.00	7,950.00	
	<i>The logistics officer will assist in the procurement of project equipment, training venues, managing the drugs storage and distribution of utilities within the project, vehicle monitoring and documentation and booking of travel tickets. Being an integrated project with many activities we estimate that 25% of his/her time will be spent on this grant and hence a quarter his/her salary will be charged to this project. The balance of their salary will be charged partly to other grants that he/she will be working on. The unit cost of USD 1,325 per month will be the amount that the title holder will earn including insurance and other benefits.</i>							
1.14	HR Officer	S	1	1,325.00	12	50.00	7,950.00	
	<i>The HR officer will be responsible for the recruitment of all staff, managing payroll accounts, collecting their details for insurance costs, managing leave days, coordinating performance management, grievance management and identifying training needs for the project staff. This being an integrated project with more staff (medical officers, nurses, midwives, IYCF counselors) we estimate that the HR Officer will spend about half of their time on this project and hence 25% of salary contribution will be charged tot his grant. The unit cost of USD 1,325 per month will be how much the title holder will earn including insurance and other benefits.</i>							
1.15	Cleaners for Health Centre	D	2	255.00	12	100.00	6,120.00	
	<i>The Cleaners will be stationed at the Health Center and will be responsible for ensuring that there is general sanitation. They will be expected to clean the center daily, ensure that garbage is disposed of safely and provide a supportive role in regard to sanitation to all the visitors. They will earn USD 225 per month which includes wages and benefits.</i>							
1.16	Guards for Health Center	D	2	225.00	12	100.00	5,400.00	
	<i>The Guards main responsibility will be to ensure law and order including general security of the health center. Each facility will have 2 guards and each will earn a salary of USD 225 per month which includes wages and benefits.</i>							
	<b>Section Total</b>						<b>164,445.00</b>	
<b>21. Supplies, Commodities, Materials</b>								
2.1	Integrated Management of Childhood Illnesses (IMCI) Training	D	1	2,629.00	1	100.00	2,629.00	

	<i>Integrated Management of Childhood Illnesses (IMCI) Training (2 nurses, 2 Auxiliary nurses and 1 Medical Doctor will undergo four days classroom and 1 practical training day (5 days total) on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks. The training will be a combination of classroom and practical sessions to enhance the participants knowledge and skills to competently manage children under five that present with childhood illnesses. The trainees will be drawn from the target health facilities. The cost breakdown is indicated in the BOQ section.</i>							
2.2	Incentives for Hygiene Promoters	D	60	50.00	3	100.00	9,000.00	
	<i>Incentives for Hygiene 60 Promoters for 3 months for the 3 Districts- 20 HP per District (Wage is \$ 50 for each HP) enhance the skills and competence of midwives to provide high quality sexual and reproductive health services including, focused antenatal care, skilled delivery and postnatal care. The cost breakdown is indicated in the BOQ section.</i>							
2.3	Integrated Management of Acute Malnutrition Training	D	1	1,626.00	1	100.00	1,626.00	
	<i>Integrated Management of Acute Malnutrition Training (The 3 days training will target 5 staff serving the nutrition component of the project (1 Medical Doctor, 2 Nurses &amp; 2 Auxiliary Nurses). The training will focus on patient assessment, classification and feeding program, nutritional guidance among other topics as per the standard guidelines for IMAM. The cost breakdown is indicated in the BOQ section.</i>							
2.4	Infant Young Child Feeding - E (IYCF-E) Training	D	1	1,711.00	1	100.00	1,711.00	
	<i>Conduct a 3 day community and facility based IYCF-E promotion. The trainer will organize topics on IYCF-E, maternal nutrition at facility level for 7 Staff ( 2 IYCF Counselors, 1 Medical Officer, 2 Nurses and 2 Auxiliary Nurses). The cost breakdown is indicated in the BOQ section.</i>							
2.5	Community Sensitization Workshop	D	1	5,577.00	1	100.00	5,577.00	
	<i>One day workshop targeting 150 community members (50 participants in each of the 3 targeted districts) will be conducted to sensitize the community on common communicable disease with focus on AWD and their role in preventing the same.</i>							
2.6	Hygiene Promotion training for Hygiene Promoters	D	1	3,274.00	1	100.00	3,274.00	
	<i>CPD will plan to give 1 day training on hygiene promotion for the 3 districts. A total of 60 (20 persons per district) will be trained. The trained Hygiene Promoters will then carry out hygiene promotion activities with the beneficiary communities (Camps, schools, health facilities and public places) in order to prevent or mitigate water, sanitation and hygiene related diseases and provide a practical way to facilitate community participation and accountability in emergencies.</i>							
2.7	Cost for Establishing/Running Temporary Nutrition/Health Centre	D	1	16,800.00	1	100.00	16,800.00	
	<i>CPD will construct a temporary Health and Nutrition center. See the attached BOQ</i>							
2.8	Furniture for the Health Centre	D	1	3,031.00	1	100.00	3,031.00	
	<i>CPD is proposing to setup 1 new health centers (Bari yow IDP camps in K13 Kaxda district-Indicate GPS). Already CPD is running 1 functional health/nutrition center in Weydow IDP camp in K13, Kaxda District which will be complementary to this project. The furniture costs relates to equipping the centers with chairs, diagnosis beds, cupboards for drug storage.</i>							
2.9	Procurement of Essential Drugs	D	1	15,990.65	1	100.00	15,990.65	
	<i>We propose to purchase drugs that will last for 2 months before getting the drugs for the remaining period from UNICEF. We anticipate a 2 month period before the authorization from UNICEF is received. These drugs will benefit 12,000 beneficiaries. The itemized costs are provided in the BOQ section.</i>							
2.10	Procurement of Water Bladders (10 cubic liters each)	D	10	2,650.00	1	100.00	26,500.00	
	<i>CPD will procure 10 water bladders for storage at a cost of USD 2,650 which will include delivery and installation.</i>							
2.11	Procurement and Laying Piping to facilitate provision of water to IDPs in Kaxda Districts (including piping costs, laborers and other relevant costs for 3150 meters distance); 543.10pipes per 5.8m each including joints	D	1	28,350.00	1	100.00	28,350.00	
	<i>CPD Will procure and lying Pipes to the IDPS in Kaxda Districts-See the attached BOQ</i>							
2.12	Construction of twin Latrines for 6 institution(3 Schools & 3 health Centres)	D	6	1,238.50	1	100.00	7,431.00	
	<i>CPD will construct twin latrines for 3 schools and 3 health Centers to improve the sanitation See the attached BOQ</i>							
2.13	Construction of Strategic Elevated Water Tank (60 m cubic) in Kaxda/Deynile	D	1	33,305.60	1	100.00	33,305.60	
	<i>CPD proposes to rehabilitate 1 strategic borehole by putting up a water tank, a generator, caretaker room, 2 animal troughs (1 for bigger animals like camels adn the other for smaller ones like shoats) and a communal water point. The BOQ is provided and we estimate that it will cost USD 36,500 . Each borehole will reach not less than 5,000 people as per the Somalia WASH Cluster standards.</i>							
2.14	Procurement of hygiene kits for 900 beneficiaries	D	900	9.50	1	100.00	8,550.00	
	<i>CPD will provide a kit to 900 beneficiaries with each kit cost USD 9.5. A set of a Hygiene Kit for a HH consist of One 20-litre Jerrycan, One 20-litre bucket, 5 pieces of bar soaps each weighing 800 grams and 200 tablets of Aquatabs</i>							
2.15	Unconditional Cash Transfers for Beneficiaries in Kaxda , Deynile and Dharkinley IDPs Settlements	D	230	80.00	3	100.00	55,200.00	

	<i>The rate is 80 USD per household , this based on the Cash Working Group recommendations of the MEB rate in the region. The Cash Transfers will be done over a 3month period. This will target 230 households.</i>						
2.16	1% Transfer Cost for the Unconditional Cash Transfer for 230 HH	D	1	55,200.00	1	1.00	552.00
	<i>CPD will contract Hormud Telecom company to transfer USD 55200.00 (80*300*3) at the rate of 1% which will be USD 552.</i>						
2.17	Clinical Supplies, Registers designing and printing cost	D	1	3,249.00	1	100.00	3,249.00
	<i>Assorted registers - OPD Under Five, Over Five, ANC, PNC, Maternity as well as EPI registers for use at the facility and outreach registers will be printed and supplied to Health Facilities as per th MoH specifications. The registers will be critical in capturing individual patient information and will be the primary source of information. 15 registers will be adequate for this project and each set is expected to cost USD 30.</i>						
2.18	Learning/Teaching materials for 3 schools (School names & districts. Also change this in BoQ)	D	1	5,085.00	1	100.00	5,085.00
	<i>CPD will support the 3 selected schools with learning/Teaching Materials for 5 class rooms.The items to be procured are 20 chalks each at usd 5,10 black board rulers and Dusters,5 Teachers cupboard,Pens and Pencils.See the attached BOQ.</i>						
2.19	Training of 15 Teachers on basic pedagogical, life-saving learning skills and psychosocial support and Training of 21 members of Community Education Committees (CECs) from 3 schools on DRR, Hygiene promotion, maintenance and management of learning spaces	D	1	6,489.00	1	100.00	6,489.00
	<i>A BOQ is provided for the costs breakdown.</i>						
2.20	Incentives for 3 Head Teachers and 12 Class room Teachers in 3 primary Schools and ( School names, their locations/GPS in terms of District and Camp); 150 USD per Head Teachers for 9 months and 12 Teachers for 100 USD per month for 9 months	D	1	1,650.00	6	100.00	9,900.00
	<i>CPD will provide incentives to 3 Headteachers and 12 classrooms in 3 Primary Schools for 6 months. See the attached BOQ</i>						
	<b>Section Total</b>						<b>244,250.25</b>
<b>22. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>23. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>24. Travel</b>							
5.1	Vehicle Hire for Project Implementation	D	1	1,800.00	12	100.00	21,600.00
	<i>We propose to have 1 vehicles to support the teams in Kaxda and Deynile project areas. The vehicles will be used to carry program staff from the office to the centers, be on standby for emergency case referrals, support in monitoring and evaluation, carry staff to coordinating meetings and when carrying out assessments.</i>						
	<b>Section Total</b>						<b>21,600.00</b>
<b>25. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>26. General Operating and Other Direct Costs</b>							
7.1	Communications	D	1	2,500.00	12	21.00	6,300.00
	<i>CPD incurs a cost to cater for internet costs, telephone costs in Mogadishu, Adado and Mogadishu offices from where this project will be implemented. CPD will charge 21% of this amount to this grant and the other percentage will be charged to other donors according to the support costs allocation matrix.</i>						
7.2	Office Stationery & Supplies	D	1	3,000.00	12	20.50	7,380.00

	<i>CPD will purchase assorted stationery for the various activities that it plans to undertake under this proposal. CPD will charge 20.5% of this amount to this grant and the other percentage will be charged to other donors according to the support costs allocation matrix..see the BOQ attached.</i>						
7.3	Utilities	D	1	2,000.00	12	20.00	4,800.00
	<i>CPD incurs electricity, water bills in the Mogadisu, and Adado offices. A portion of this (20%) will be charged to this grant during the duration of this project. The 20% has been arrived at through the support cost allocation matrix that apportions support costs to different donors.</i>						
7.4	Office Rent - Mogadishu	D	1	3,000.00	12	50.00	18,000.00
	<i>CPD retains Mogdishu as the country headquarter and will charge 50% of the rent here. The cost of USD 3,000 is the amount CPD pays to the owners of the premises. The annual program meetings to be attended by project staff occurs in Mogadishu, Cluster meetings and occur in Mogadishu, some of the drug supplies will be purchased from Mogadishu also and hence the need to charge part of the office rent to this project.</i>						
7.5	Bank Charges	D	1	500,000.00	1	0.10	500.00
	<i>CPD will incur bank charges equivalent to about 0.01% of all the payments to suppliers under the program budget of USD500000 which is the total of budget chapter 2 supplies, commodities and materials</i>						
	<b>Section Total</b>						<b>36,980.00</b>
<b>SubTotal</b>			1,251.00				<b>467,275.25</b>
Direct							443,425.25
Support							23,850.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							32,709.27
<b>Total Cost</b>							<b>499,984.52</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu -> Mogadishu	40	2,851	3,010	950	1,109	7,920	
Banadir -> Mogadishu-Daynile -> Mogadishu/Daynile	40	2,851	3,010	950	1,109	7,920	
Banadir -> Mogadishu-Dharkenley -> Mogadishu/Dharkenley	20	1,426	1,505	475	554	3,960	
<b>Documents</b>							
Category Name		Document Description					
Budget Documents		BOQS..xlsx					
Budget Documents		Revised Integrated proposal BoQs..xlsx					
Budget Documents		BoQs - Updated 2018.xlsx					
Budget Documents		BoQs - Final Updated 2018.xlsx					
Grant Agreement		HC signed GA CPD 8496.pdf					
Grant Agreement		Grant Agreement- Signed.pdf					