

Requesting Organization :	Rural Education and Agriculture Development Organization				
Allocation Type :	Standard Allocation 1 (Feb -Mar 2018)				
Primary Cluster	Sub Cluster	Percentage			
Food Security		20.00			
Water, Sanitation and Hygiene		20.00			
Nutrition		20.00			
Health		20.00			
Education		20.00			
		100			
Project Title :	Integrated response and life-saving intervention of Food Security, Education, Emergency Health, Nutrition and WASH component to drought-affected rural areas in Baidoa District of Bay Region.				
Allocation Type Category :	HFU Management Cost				
OPS Details					
Project Code :		Fund Project Code :	SOM-18/3485/SA1/FSC-WASH-Nut-H-Ed/NGO/8758		
Cluster :		Project Budget in US\$:	483,265.50		
Planned project duration :	10 months	Priority:			
Planned Start Date :	18/05/2018	Planned End Date :	17/03/2019		
Actual Start Date:	21/05/2018	Actual End Date:	20/03/2019		
Project Summary :	<p>Following severe drought conditions that continue to compound the humanitarian situation in parts of Somalia, READO proposes an integrated emergency life-saving humanitarian project that comprises of multi-cluster services including Food Security, Education, WASH, Health and Nutrition services Baidoa, South Central Somalia. Firstly the project will ensure an integrated response to Food Security, WASH, Health, Nutrition and Education to 1,100 households through the distribution of food vouchers. In regards to WASH, the project will ensure improved access to safe drinking water sanitation and hygiene through household water treatment, latrine rehabilitation/construction and hygiene promotion to 1100 households. In addition, the project aims to ensure improved access to essential life-saving nutrition and health services and timely response children under the age of five, pregnant and lactating women, boys and men. READO will focus on children and their important role in preventing the spread of diarrheal diseases at household levels. Moreover, in Education, READO will conduct water trucking to children in schools, provide learning materials, support teachers with incentives and build the capacity of community education committees (CEC). The project primarily targets Baidoa rural communities and newly displaced communities in the rural areas of Baidoa affected by droughts with multi-sectoral humanitarian assistance. READO will directly implement all the components of the project.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	6,410	9,384	3,675	3,675	23,144
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Agro-Pastoralists	6,410	6,384	1,335	1,335	15,464
Pregnant and Lactating Women	0	3,000	0	0	3,000
Children under 5	0	0	2,000	2,000	4,000
Children under 18	0	0	340	340	680
Indirect Beneficiaries :					
Total 23,144 of drought-affected communities including men women children, pregnant/lactating mother, children under 5 years of drought-affected communities					
Catchment Population:					
This project will target drought affected communities mainly in rural Baidoa and will target also Baidoa town depending with the needs and the gaps in Baidoa town.					

Link with allocation strategy :

This project is linked to the SHF allocation strategy as it aims to reduce morbidity through Food Security, Nutrition, Health and WASH interventions for Baidoa rural communities and using education and other basic service facilities among key entry points. The project will also target Baidoa rural communities who are among the vulnerable groups prioritized by SHF in Somalia.

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
Abdullahi Abdirahaman Ali	Executive Director	info@readosom.org	+252615104060
Dennis Owano	Project Development Manager	dennis.owano@readosom.org	0728838852

BACKGROUND**1. Humanitarian context analysis**

Findings from the post-Deyr seasonal assessment conducted across Somalia in November and December 2017 indicate that Improved rainfall during 2017 Deyr (Oct-Dec) season eased drought conditions in many parts of Somalia. However, the Deyr rains were mostly below average to near average and the 2018 Gu rains are also forecast to be below average. Over 2.7 million people face acute food security Crisis and Emergency (IPC Phases 3 & 4) between now and June 2018. Approximately 2.7 million people are Stressed (IPC Phase 2), bringing the total number of people in need (IPC Phases 2, 3 and 4 combined) through June 2018 to 5.4 million (FSNAU Technical Release January 2018). Malnutrition rates at 'serious levels' and over 1.2 million children are projected to be malnourished in 2018. There are now 2.1 million IDPs with nearly two thirds of them - 1.3 million - children. (Somalia Humanitarian Dashboard February 2018)

In drought affected areas, access to WASH services must be enhanced as more than 650,000 people are suffering from a lack of access to safe water. Overall, access to water is estimated at 34 per cent in IDP settlements and access to sanitation can be as low as 20 per cent. Furthermore, the influx of IDPs in both the rural and urban areas has resulted in increased need for emergency safe water, improved access to WASH services through rehabilitation and expansion of existing water sources. In order to prepare for the forthcoming cholera season, emergency medical and filtration stocks must be replenished. (Somalia Humanitarian Dashboard February 2018)

In regards to health, there were a total of 750 cases of AWD/Cholera reported in January 2018, which represents a continually increasing trend since December 2017. In January 2018, a total of 1,824 cases of measles were reported, in which 69 per cent of cases (1,257) are children under the age of five. (Somalia Humanitarian Dashboard February 2018)

In Somalia, primary school enrollment ratio in Somalia is among world's lowest—70% or 3 million children of 4.4 million school age children are out of school. Only 17% of children living in rural areas or IDPs settlements are enrolled in primary school. Gender inequities are extremely high in girls access to education while less than 15% of teachers are females. Cluster assessments in 2017 identified educational gaps and needs, largely from lack of adequate learning facilities, teachers, basic emergency teaching and learning materials, insecurity, lack of food/water and limited WASH facilities keep children. With the influx of IDPs in Bay region specifically Baidoa district as a result of the drought the educational gaps/needs have surely been further exacerbated.

2. Needs assessment

Although, Improved rainfall during 2017 Gu and Deyr have eased drought conditions in many areas, rainfall amounts were near average to above average in most parts of Central and Southern Somalia. Climate forecasts from the International Research Institute for Climate and Society (IRI) at Columbia University indicate a 40 percent chance of below normal 2018 Gu rains in most parts of Somalia (50 % in parts of Bay and Bakool regions). As a result, pasture and water availability, crop cultivation, livestock reproduction, access to agricultural employment, and water and food prices are expected to be adversely impacted (FSNAU Technical Release January 2018)

Urgent treatment and nutrition support is needed for approximately 301 000 acutely malnourished children, including 48 000 who are severely malnourished in Somalia. In Baidoa, there has been an influx of IDPs as result of drought and as of 31st August 2017, 234,105 new IDPs had arrived since November 2016, surpassing the host community population in Baidoa town. This continues to exert pressure on service delivery and infrastructure in urban and peri-urban areas (DINA February 2018) Moreover, the Baidoa IDPs have critical levels of acute malnutrition (GAM of 15% and SAM of 3.5% - FSNAU Technical Release January 2018) In addition, only 29% reported attempting to access nutrition services in Bay region in the three months prior to the assessment (REACH Joint Multi Cluster Assessment Report October 2017). Baidoa has also been characterized with poor food consumption scores i.e. 39% poor and 25% borderline.

Overall in Somalia, access to sanitation can be as low as 20 per cent. According to REACH multi cluster assessment report, communal latrines were the most common type available to IDP households. This likely explains the high reporting of communal latrines in Bay (66%) among other regions. While the proportion of households reporting no latrine access in these areas was low (1% in Bay), a complementary IDP Settlement Profiles conducted by REACH in 2016 and 2017 have demonstrated a failure of communal latrines in IDP areas to meet minimum standards, particularly in terms of distance from dwellings, number of people per latrine, hygiene and cleanliness, and protection provisions. Relatedly, across all areas only 10% of communal latrines were reported as being gender segregated and 17% were suitable for the disabled, with little variation across displacement groups or urban/ rural households. Less than half of all households with access to communal latrines reported that communal toilets were hygienic (40%) or very hygienic (5%), with 55% reporting unhygienic conditions.

In January 2018, a total of 1,824 cases of measles were reported, in which 69 per cent of cases (1,257) are children under the age of five. 112 cases of this cases of measles were reported in Bay region in January 2018 (Somalia Humanitarian Dashboard February 2018). Bay Region also had a large proportion of households (50%) indicating that a member had experienced AWD in the month prior to the assessment. This is likely attributable to the higher rates in IDP settlements in Baidoa District.

As a result of the migration of IDPs into Baidoa has meant that a number of schools have reported increased enrolment, placing a further strain on already limited resources. 10 IDP settlements in the region have no schooling facilities and approx. 2,600 assessed children in Baidoa have no access to education. The number could be much higher given the increasing IDP population in Baidoa. The ongoing education response in Baidoa has, so far, supported 10,000 children with school supplies and access to safe drinking water. Access to clean water was identified as one of the major obstacles to ensuring that children remain in school. Urgent needs include temporary learning spaces, learning supplies, teacher supports, and the provision of safe drinking water and food (Somalia Humanitarian Dashboard, March 2018)

3. Description Of Beneficiaries

READO will target only the most vulnerable communities in the rural area's household from social groups boys girls, men, and women in rural Baidoa villages and in Baidoa town if necessary depending with the needs. READO proposes the following vulnerability criteria for the selection of beneficiaries

- Internally Displaced Families who have no livelihoods, income sources, or productive assets
- Households who have limited or no source of regular income i.e. no jobs or business income
- In addition, priority will be given to the following groups:
- Households with more than 6 children and acknowledged being poor
- Households comprised of disabled people
- Female-Headed Households

The project will specifically focus on the integration of services that are benefiting the above-mentioned beneficiaries through outreach basis to provide integrated life-saving multi-sector services for the most vulnerable rural communities affected by rapidly deepening drought conditions. READO team will be established, trained, equipped and deployed to the project sites to provide integrated emergency lifesaving multi sector services. The team will be composed of 3 medical doctor (team leader), 4 nurses, 4 Auxiliary Nurses and 3 community health worker (CHWs), 3 IYCF promoter, 4 Screeners, 4 registrar, 2 hygiene promoters and supported by three community volunteers and WASH committees who will be selected in each site to support community based work and mobilization. The beneficiaries will include AWD/cholera-affected cases, SAM children, pregnant and lactating women, elderly women and men and other drought affected vulnerable community members mainly from existing settlements in Baidoa rural. The project will address the target population with proper management of cholera cases and other sick patients, screening of children <5, identification of acutely malnourished children and early signs of acute malnutrition, admission and referral of acute malnutrition cases, IYCF promotion and education, outpatient consultations and referral of patients requiring further management in health facilities, provision of health education, IYCF promotion (infant and young child feeding), sanitation and hygiene promotion and adapted general sanitation measures, distribution of hygiene kits, standard IEC materials (Information Education and communication) and training staff, community volunteers, CHWs AND WASH committees as well as conduct community sensitization and targeted household and bucket water disinfection at water points and at CTCs.

4. Grant Request Justification

Baidoa district in Bay region is one of the districts with the highest level of displacements, critical Global Acute Malnutrition (GAM) above 15 percent, lower than the national average access to water and sanitation and receiving high influx of IDPs. This is as a result of poor performance of Gu and Deyr 2017 rains, water and food scarcity, loss of assets, displacement and disease outbreaks continue to be reported in these regions. The Somali Health Cluster update in April and May 2017 indicate that a total of 528 AWD/ cholera cases and 1 deaths were recorded in Bay region in week 19 alone and that the trend of AWD/cholera has increased during this reporting period. The overall trend of the AWD/ cholera in Somalia is not slowing down and the outbreak is spreading to new villages and districts. More AWD/ cholera cases were recorded among displaced people due to drought living in rural areas and IDP camps in Baidoa, Banadir and other locations. The health cluster reported that the Cholera attack rate is highest in Bay region where almost 18 people per 1000 population have suffered from cholera which is above the projection of 1 person per 1000 population and the drivers of this epidemic is attributed to limited access to safe drinking water, sanitation facilities and poor sanitation among the IDP settlements in all the affected regions This coupled with a weak health system capacity and limited access to basic health, WASH and nutrition services, inaccessibility of most areas, further exacerbated the needs and compromise quality case management between the AWD/cholera and drought affected. rural communities s in Baidoa are among the most affected by the drought affected and displacement of the population and drier climatic conditions further deteriorate health, WASH and nutrition situation in rural areas and IDP settlements in Baidoa.

Limited learning spaces, limited teachers support, limited learning kits and CEC structures were identified as the education needs in Southwest State of Somalia (DINA February 2018). The ongoing education response by different actors in Baidoa has, so far, supported 10,000 children with school supplies and access to safe drinking water. However, the influx of IDPs Baidoa has consequently led to a number of schools reporting increased enrolment, placing a further strain on already limited resources. Access to clean water was identified as one of the major obstacles to ensuring that children remain in school. READO intends to mitigate this by providing safe clean water to children in schools so as to retain the children in schools.

The current target beneficiaries of this integrated multi sector project are mainly vulnerable rural communities in Baidoa district and partially IDPs in areas where there will be gaps. Through this integrated package READO provide proper case management of patients, referral, distribution of ORS and WASH supplies, social mobilization and training of community health workers and WASH committees. This will significantly address the prevailing gaps and ensure complementarity and provision of adequate access to life saving integrated health, nutrition, and WASH services. Hygiene kits and standard IEC materials will be distributed to AWD affected discharge patients and high-risk households, targeted approach and bucket water disinfection will have conducted especially focusing on 5 target wells and at CTCs as well as subsequent social mobilization and health education sessions will be conducted. In close consultation and coordination with a local authority, NGOs, religious leaders, and community elders, READO will establish WASH committees who will consist of 7 members (3 male and 4 female) to promote community understanding and acceptance of recommended WASH practices. In addition, this project is aligned with the Food Security, Health, WASH, and Nutrition and cluster strategic objectives for September 2017 to mid-2018.

5. Complementarity

In the last five years, READO has been intervening in WASH and Food Security programs in Baidoa, Bay region. Recently (December 2017- January 2018), READO's supported vulnerable IDPs in Baidoa with water trucking. Furthermore, READO rehabilitated two shallow wells in Baidoa. In addition, READO contributed to ensuring food access for the IDPs in Baidoa (2,150HHs) through food voucher distribution targeting for 20 IDP camps in Baidoa for a period of 3 months (November 2017 – January 2018) funded by IOM/AFDB. This cushioned the most vulnerable from climatic shocks allowing them to bounce back and have access to food during this bleak season. READO proposes to consolidate on its gains by distributing food vouchers and ensuring access to safe and clean water to the most vulnerable population in Baidoa especially IDPs. READO is also an active member of the Somalia Food Security Cluster and Regional WASH cluster in Somalia and will request for the WASH supply hub to support on acquiring hygiene kits.

Moreover, in regards to Health, WASH and Nutrition, READO has been collaborating with MOH, Clusters of Health and Nutrition and Regional Health cluster and RH Working Groups for Bay and Bakool regions since 2012. These project target locations include Geldheere, Lowiley Munaawir Laan Buule and Awdinle among other areas in need. Moreover, READO will manage 2 MCHs in Awdinle and Lowiley and 2 outreach health teams 4 OTP sites outside of Baidoa, in partnership MoH, UNICEF and WHO for health technical support. READO is also cooperating with MoH SWSS and MoH SFG in continuous information sharing, coordination of health and RH partners' activities in Bay and Bakool regions as well as timely provision of humanitarian health, nutrition, education and WASH services for the vulnerable populations in Bay region. In collaboration with the local community and MoH SWSS and MoH SFG, READO MCHs of Awdinle, and other OTP and outreach READO is also an active member of the regional nutrition cluster, health cluster, WASH, education cluster and protection cluster and participates other coordination meetings and activities to promote continuous information sharing, collaboration and enhance coordination and avoid duplication and overlapping. In addition, will coordinate with MoH, UNICEF and MCHs. In this regard READO will receive medical and nutrition supplies from UNICEF, WHO and the MoH SWS. READO is an active member of Nutrition, Health and WASH clusters, and will obtain the essential nutrition and health supplies upon requesting the Nutrition cluster and Health clusters (UNICEF and WHO),

LOGICAL FRAMEWORK

Overall project objective

To improve the living conditions of 21,144 drought affected communities through provision of multi-sectoral assistance of Food Security, WASH, Health, Nutrition and Educational facilities of the drought affected communities in Baidoa district rural areas.

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 : This project will be achieve cluster strategic objective namely "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". This will be done through the distribution of unconditional food vouchers to the most vulnerable rural communities in Baidoa

Outcome 1

Improved household immediate access to food for rural HHs

Output 1.1

Description							
Distribution of food vouchers to 1100 HHs in Baidoa rural for three monthly cycles							
Assumptions & Risks							
As a result of a relatively stable security access to proposed areas remains possible							
<ul style="list-style-type: none"> - Local ownership and acceptance of the project - Participation of communities (women men children) and local authorities is secured - Clan conflicts/militia group activities do not escalate and interfere with the implementation of the project 							
Risks							
<ul style="list-style-type: none"> - Security risks : if insecurity worsens in its area of intervention and staff are unable to access communities to implement activities READO will quickly get in touch with SHF to determine the best way forward if it means relocating to another area. - Fraudulent activities: Diversion of funds to unintended entities (militias, local authorities, NGO staff etc). To mitigate against fraud and diversion of resources, READO will create sufficient awareness with local authorities and other involved parties that resources cannot be subjected to any taxation. READO will also have a strong Complaints Response Mechanism (CRM) where the beneficiaries can highlight these issues. - Conflict over resources: Disagreement in resource sharing across beneficiaries/suppliers etc; READO will aim to mediate any such dispute through Camp Committees and with local authorities at field level. 							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	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					6,600
Means of Verification : Reception sheets, PDMs, program reports, Onsite Monitoring Reports							
Indicator 1.1.2	Food Security	The total amount of cash transferred to the economy (USD)					188,100
Means of Verification : Reception sheets, PDM, Progress reports, Final report							
Activities							
Activity 1.1.1							
Standard Activity : Food distribution							
Beneficiary selection							
Beneficiary selection, READO will first mobilize and sensitize the local authorities/elders on the project objectives. Beneficiary's selection and will be followed by beneficiary selection based on the identified gaps in the community and READO beneficiary selection criteria. READO will target only the most vulnerable rural community household from social groups boys girls, men, and women. READO will propose the following vulnerability criteria for the selection of beneficiaries							
<ul style="list-style-type: none"> • Internally Displaced Families who have no livelihoods, income sources, or productive assets • Households who have limited or no source of regular income i.e. no jobs or business income • In addition, priority will be given to the following groups: • Households with more than 6 children and acknowledged being poor • Households comprised of disabled people • Female-Headed Households 							
After beneficiary selection, READO will distribute food vouchers of token cards to 1,100 households over a period of 3 monthly cycles. The food voucher beneficiaries will be selected based on READO beneficiary selection criteria mentioned in the other sections above. The food voucher will be valued at 100% of the food MEB as per the guidelines of the Somalia Cash Working Group and the Food Security Cluster. From previous interventions, READO has established that food vouchers are effective in improving access to food.							
Additional Targets : READO will mainly target Baidoa rural communities and IDPs (where there are gaps) READO will coordinate with all the Food Security, Nutrition, WASH, Education and Health clusters to find out who is doing what where to avoid duplication of activities. This will also involve READO bilaterally reach out to different actors on the ground to get specific details to avoid any overlap of activities. In addition, READO will ensure 4W reporting of the activities to the relevant clusters.							
Water, Sanitation and Hygiene							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
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				
Contribution to Cluster/Sector Objectives : This project contributes significantly to strategic cluster objective namely "Provide access to safe water, sanitation, and hygiene for people in an emergency This will be achieved through rehabilitation latrines, hygiene promotion, and distribution of hygiene kits in education facilities in Baidoa rural settlements.							
Outcome 1							
Improved access to safe drinking water and sanitation facilities and promote appropriate hygiene practices for 1100 HHs of drought affected rural communities to reduce incidences of acute malnutrition and prevent and reduce AWD morbidity and mortality as well as promote healthy life styles and child survival among the community.							
Output 1.1							
Description							
1,100 HHs men and women of drought, conflict, measles and AWD affected vulnerable people who are mainly in Baidoa rural will have access to safe drinking water and sanitation facilities through distribution of hygiene kits, bucket water disinfection at water points and set up of gender sensitive latrines							

Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people assisted with access to sustainable sanitation					3,000
Means of Verification : Program reports, GPS photos							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					6,600
Means of Verification : Attendance sheets, Program reports							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					6,600
Means of Verification : Reception sheets, PDMs, Program reports,							
Indicator 1.1.4	Water, Sanitation and Hygiene	Number of person per toilet					20
Means of Verification : Program reports, GPS photos,							
Indicator 1.1.5	Water, Sanitation and Hygiene	Number of latrines constructed/rehabilitated					150
Means of Verification : Progress and Final Reports, Photos							
Activities							
Activity 1.1.1							
Standard Activity : Latrine construction or rehabilitation							
<p>READO will construct 150 VIP gender sensitive latrines including hand washing in priority settings in Baidoa rural and in town (depending with the gaps in Baidoa town) benefiting 3000 people (20 persons per toilet as per the SHERE standards) vulnerable male and female rural communities with equal access to sanitation facilities. Latrines in educational facilities will be prioritized. READO proposes to construct Ventilated Improved pit latrines (VIP). Based on READO assessment in Baidoa, a firm formation is reachable at about 0.6 m below ground level. The substructure, therefore, will involve construction of rubble stone or concrete blocks foundation (300 or 200 mm thick, 600 mm deep), then a reinforced concrete slab at at-least 300 mm above ground level. The superstructure will be constructed using Galvanised Corrugated Iron (GCI) sheets, local poles, timber and GCI sheets roofing. Construction will adhere to VIP latrine principles to eliminate smell and breeding of flies. i.e leaving a ventilation space at the top or bottom for cold air entry into the pit and exit through the vent pipes aided by wind flow, reduction of opening to minimize light and entry of flies. For sustainability, READO will ensure building concrete walls and solid doors. The size of the pit will also need to be carefully calculated to ensure the sustainable lifespan of the vault. This will ensure the durability, the improved privacy, it is easier to desludge, therefore a longer lifespan.</p>							
Activity 1.1.2							
Standard Activity : Community Hygiene promotion							
<p>Hygiene promotion will be conducted to 1,100HHs. READO will train hygiene promoters who will in turn train the rest of the community in groups on topics like hand-washing practices, Household water treatment and storage etc.</p>							
Activity 1.1.3							
Standard Activity : Hygiene kit distribution (complete kits of hygiene items)							
<p>READO will timely distribute hygiene promotion kits and standard IEC materials to AWD affected discharge patients and high-risk households to contain the spread of AWD in rural Baidoa region. The hygiene kits will be obtained upon request from the WASH supply hub in Baidoa. This hygiene kits will include 2x Non-collapsible jerry cans (20L); 3 x pieces of soap; 3mth supply of aquatabs for the target of 1,100 HHs. The hygiene distribution will also target educational facilities. As mentioned in Activity 1.1.2, READO will ensure that all women, men, and children have access to information and training on the safe use of hygiene items that are unfamiliar to them. Two weeks after the distribution, READO will carry out post-distribution monitoring to assess the use of and beneficiary satisfaction with distributed hygiene items.</p>							
Activity 1.1.4							
Standard Activity : Hand washing facilities construction							
<p>READO will construct Hand-washing facilities been provided at every latrines constructed.</p>							
<p>Additional Targets : READO will mainly target Baidoa rural communities and IDPs in rural areas (depending with the gaps). The same beneficiaries targeted with food vouchers will be the same beneficiaries receiving hygiene promotion. READO will coordinate with all the Food Security, Nutrition, WASH, Education and Health clusters to find out who is doing what where to avoid duplication of activities. This will also involve READO bilaterally reach out to different actors on the ground to get specific details to avoid any overlap of activities. In addition, READO will ensure 4W reporting of the activities to the relevant clusters.</p>							

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		
<p>Contribution to Cluster/Sector Objectives : This project is significantly contributing to the strategic sector objectives namely "Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in an emergency, micronutrient interventions and optimal maternal nutrition." This will be achieved through 2,000 SAM children <5 years who will be identified through screening and admitted to OTP sites and 1 SC center; as well as 3,000 PLWs (pregnant and lactating women) who will benefit with de-worming, vitamin A supplementation and micro-nutrient support; Infant and young child feeding promotion (IYCF) covering the targeted locations. This cluster objective will be implemented by READO in coordination with other partners working in other nutrition partners to avoid duplication</p>							
Outcome 1							
Acute malnourished children under 5 years and pregnant and lactating women affected by drought, conflict, AWD and measles with improved and access to emergency life saving essential nutrition facilities through integrated multi sector project activities of the project							
Output 1.1							
Description							
2,000 SAM children <5 years will be identified through screening and admitted to OTP sites and 1 SC center as well as 3000 PLWs (pregnant and lactating women) who will benefit with de-worming, vitamin A supplementation and micro-nutrient support.							
Assumptions & Risks							
<p>Assumptions:</p> <ul style="list-style-type: none"> - As a result of a relatively stable security access to proposed areas remains possible - Local ownership and acceptance of the project - Participation of communities (women men children) and local authorities is secured - Clan conflicts/militia group activities do not escalate and interfere with the implementation of the project <p>Risks</p> <ul style="list-style-type: none"> - Security risks: if insecurity worsens in its area of intervention and staff are unable to access communities to implement activities READO will quickly get in touch with SHF to determine the best way forward if it means relocating to another area. - Fraudulent activities: Diversion of funds to unintended entities (militias, local authorities, NGO staff etc). To mitigate against fraud and diversion of resources, READO will create sufficient awareness with local authorities and other involved parties that resources cannot be subjected to any taxation. READO will also have a strong Complaints Response Mechanism (CRM) where the beneficiaries can highlight these issues. - Conflict over resources: Disagreement in resource sharing across beneficiaries/suppliers etc; READO will aim to mediate any such dispute through Camp Committees and with local authorities at field level. 							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					2,000
Means of Verification : Monthly HMIS, Reports Progress report Final Report							
Indicator 1.1.2	Nutrition	Proportion of boys and girls 6 to 59 month receiving bi-annual vitamin A supplementation through campaigns					2,000
Means of Verification : Monthly HMIS reports Progress report Final Report							
Indicator 1.1.3	Nutrition	Number of PLW receiving multiple micronutrients					3,000
Means of Verification : Monthly HMIS reports Progress report Final Report							
Indicator 1.1.4	Nutrition	Number of IYCF promotion sessions held					4
Means of Verification : Attendance sheets, progress and final reports							
Indicator 1.1.5	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					1,000
Means of Verification : Attendance sheets, progress and final reports							
Activities							
Activity 1.1.1							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Standard Activity: Treatment of severe acute malnutrition in children 0-59months 1.1. READO will screen all children <5 years, identify 2,000 SAM cases and admit to OTP sites (Outpatient therapeutic program) and SC (stabilization center) . This activity will be implemented in. Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs and gaps. UNICEF and MOH-SWS will support for the nutrition supplies							

Activity 1.1.2

Standard Activity : Multiple micronutrient supplementation for children 6-24months

Standard Activity: Multiple micronutrient supplementation for children 6-24 months
 1.2. READO will provide vitamin A supplementation and de-worming to children under 5 years. This activity will be implemented in Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs and gaps. UNICEF and MOH-SWS will support for the nutrition supplies

Activity 1.1.3

Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women

Standard Activity: Multiple micronutrients supplementation for pregnant and lactating women
 1.3. According to UNICEF and WHO standard guidelines, READO will provide multi micronutrient supplementation, de-worming and vitamin A supplementation to PLWs. This activity will be implemented in , Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs and gaps. UNICEF and MOH-SWS will support for the required nutrition supplies

Activity 1.1.4

Standard Activity : Infant and young child feeding promotion

READO will hold IYCF promotion sessions in Baidoa rural areas (Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs) project will sensitize the community mainly targeting 1000 pregnant and lactating mothers on the IYCF importance. READO will work with the Ministry of Health coordinate the activities in the respective areas

Additional Targets : READO will mainly target Baidoa rural communities and IDPs in rural areas. The above activities will be implemented in Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs and gaps. READO will coordinate with all the Food Security, Nutrition, WASH, Education and Health clusters to find out who is doing what where to avoid duplication of activities. This will also involve READO bilaterally reach out to different actors on the ground to get specific details to avoid any overlap of activities. In addition, READO will ensure 4W reporting of the activities to the relevant clusters

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
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

Contribution to Cluster/Sector Objectives : This project will significantly contribute to the cluster objective namely "Improved access to essential life-saving health services (quality primary and secondary healthcare) for crisis-affected populations aimed at reducing avoidable morbidity and mortality". This will be achieved through Improved access to emergency life saving essential primary health facilities and timely response to disease outbreaks and other treatment such as AWD/cholera and measles among the drought, conflict and AWD and measles affected vulnerable communities in Baidoa rural. This cluster objective will be implemented by READO in coordination with other nutrition partners to avoid duplication

Outcome 1

Improved access to emergency life saving essential primary health facilities and timely response to disease outbreaks and other treatment such as AWD/cholera and measles among the drought, conflict and AWD and measles affected vulnerable communities and IDPs in Baidoa

Output 1.1

Description

5000 people of the drought-affected community who include 2000 children <5 and 3000 women will benefit with adequate access to daily consultations, proper case management, and referrals in Baidoa rural

Assumptions & Risks

Assumptions:
 - As a result of a relatively stable security access to proposed areas remains possible
 - Local ownership and acceptance of the project
 - Participation of communities (women men children) and local authorities is secured
 - Clan conflicts/militia group activities do not escalate and interfere with the implementation of the project

Risks

- Security risks : if insecurity worsens in its area of intervention and staff are unable to access communities to implement activities READO will quickly get in touch with SHF to determine the best way forward if it means relocating to another area.
 - Fraudulent activities: Diversion of funds to unintended entities (militias, local authorities, NGO staff etc). To mitigate against fraud and diversion of resources, READO will create sufficient awareness with local authorities and other involved parties that resources cannot be subjected to any taxation. READO will also have a strong Complaints Response Mechanism (CRM) where the beneficiaries can highlight these issues.
 - Conflict over resources: Disagreement in resource sharing across beneficiaries/suppliers etc; READO will aim to mediate any such dispute through Camp Committees and with local authorities at field level.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of consultations per clinician per day by Health facility					5,000

Means of Verification : Monthly HMIS report Progress report Final project report

Indicator 1.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).						5,000
Means of Verification : Monthly HMIS report Progress report Final project report								
Activities								
Activity 1.1.1								
Standard Activity : Primary health care services, consultations								
Standard Activity: Primary health care services, consultations 1.1. READO will provide daily life saving essential medical services including daily treatment of patients and proper case management of AWD/cholera and measles affected patients as well as referral of complicated cases to the nearest hospital of Bay Regional Hospital and Bayhaw Hospital. Cholera case management. UNICEF and MOH-SWS will support for the health supplies - Cholera case management mortality reduction and the spread, Assess for dehydration, Assess for any other co-morbidities eg: malnutrition which would affect the rate of fluid replacement - Plan C:- Severe Dehydration: refer urgently for IV treatment plan C - Plan B:- Moderate Dehydration: use treatment plan-B follow up in 5 days if not improving - Plan A:- No dehydration: use plan A. Advise mother or care take to return immediately and follow up in 5 days if not improving, Measles case management - Measles case management it depends on the severity of the patient, severe complicated measles, refer urgently to Hospital, Measles with EYE or Mouth Complications, give vitamin A, if pus draining from the eye, treat eye infection with TEO, If mouth ulcer treat, follow up in 2- days and Measles Give Vitamin A, Advise mother to return in one week for the third dose of Vitamin A								
Activity 1.1.2								
Standard Activity : Immunisation campaign								
Standard Activity: Immunization campaign 1.2. READO will provide daily measles immunization services targeting 2,000 children under 5 years for prevention of measles. UNICEF will support for the vaccines from the supplies will supported by UNICEF chold chain Hub and MOH-SWS								
Output 1.2								
Description								
25 community health workers have been trained in early identification, proper management and control of AWD/cholera and measles cases and timely referrals.								
Assumptions & Risks								
Assumptions: - As a result of a relatively stable security access to proposed areas remains possible - Local ownership and acceptance of the project - Participation of communities (women men children) and local authorities is secured - Clan conflicts/militia group activities do not escalate and interfere with the implementation of the project Risks - Security risks : if insecurity worsens in its area of intervention and staff are unable to access communities to implement activities READO will quickly get in touch with SHF to determine the best way forward if it means relocating to another area. - Fraudulent activities: Diversion of funds to unintended entities (militias, local authorities, NGO staff etc). To mitigate against fraud and diversion of resources, READO will create sufficient awareness with local authorities and other involved parties that resources cannot be subjected to any taxation. READO will also have a strong Complaints Response Mechanism (CRM) where the beneficiaries can highlight these issues. - Conflict over resources: Disagreement in resource sharing across beneficiaries/suppliers etc; READO will aim to mediate any such dispute through Camp Committees and with local authorities at field level.								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.2.1	Health	Case Fatality Ratio (CFR) for most common diseases - AWD/Cholera					1	
Means of Verification : Training report Daily and weekly surveillance data Monthly MHIS data								
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.					25	
Means of Verification : Training report Progress report Final report, attendance sheets								
Activities								
Activity 1.2.1								
Standard Activity : Awareness campaigns and Social Mobilization								

Standard Activity: Awareness campaigns and Social Mobilization 1.3.1. READO will conduct health education and sensitization sessions benefiting the target population in prevention of AWD and measles and timely referrals to health facilities for proper case management in health facilities to prevent and reduce AWD/cholera and measles morbidity and mortality							
Activity 1.2.2							
Standard Activity : Emergency Preparedness and Response capacities							
Standard Activity: Emergency Preparedness and Response capacities 1.3.2. READO will conduct AWD/cholera case management training 25 community health workers to promote their knowledge and equip with skills in early identification, proper case management and control of AWD and measles and timely referrals. Supplies will support from UNICEF and MOS-SWS							
Additional Targets : READO will mainly target Baidoa rural communities and IDPs (depending with the gaps) in rural areas. READO will coordinate with all the Food Security, Nutrition, WASH, Education and Health clusters to find out who is doing what where to avoid duplication of activities. This will also involve READO bilaterally reach out to different actors on the ground to get specific details to avoid any overlap of activities. In addition, READO will ensure 4W reporting of the activities to the relevant clusters.							
Education							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Ensure emergencies and crisis affected children and youth have access to safe and protective learning environments		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 : This project will significantly contribute to the strategic cluster objective of strengthening capacity to deliver effective and coordinated education in emergencies preparedness in the confines of education. This will be done through provision of water to drought affected schools in Baidoa rural and peri-urban areas (depending with needs in urban areas)							
Outcome 1							
Improved access to clean water for children in educational facilities							
Output 1.1							
Description							
Improved access to clean water for children in educational facilities through water trucking							
Assumptions & Risks							
As a result of a relatively stable security access to proposed areas remains possible - Local ownership and acceptance of the project - Participation of communities (women men children) and local authorities is secured - Clan conflicts/militia group activities do not escalate and interfere with the implementation of the project							
Risks - Security risks : if insecurity worsens in its area of intervention and staff are unable to access communities to implement activities READO will quickly get in touch with SHF to determine the best way forward if it means relocating to another area. - Fraudulent activities: Diversion of funds to unintended entities (militias, local authorities, NGO staff etc). To mitigate against fraud and diversion of resources, READO will create sufficient awareness with local authorities and other involved parties that resources cannot be subjected to any taxation. READO will also have a strong Complaints Response Mechanism (CRM) where the beneficiaries can highlight these issues. - Conflict over resources: Disagreement in resource sharing across beneficiaries/suppliers etc; READO will aim to mediate any such dispute through Camp Committees and with local authorities at field level.							
Indicators							
					End cycle beneficiaries		End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of school children (boys/ girls) with access to safe drinking water					2,000
Means of Verification : Program Reports, PDMs							
Activities							
Activity 1.1.1							
Standard Activity : Water distribution in schools							
In Baidoa rural READO will conduct water-trucking to approximately three educational facilities targeting a total of 2,000 children severely drought-affected; Each of these educational facilities will receive 10,000 litres of water per week (one tank of water per week) for eight months. READO will obtain collapsible water tanks with a capacity of 10,000 liters from WASH supply hub and deliver them to the rural communities for the storage of water. A total of 96 tanks of water will be distributed to three rural schools over the project duration.							
Outcome 2							
Improved capacity to deliver a coordinated and effective education							
Output 2.1							
Description							

Improved capacity among CEC and teachers							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Education	Number of CECs members trained					34
Means of Verification : Attendance sheets, Program Reports							
Indicator 2.1.2	Education	Number of teachers receiving emergency incentives					10
Means of Verification : Reception sheets, attendance sheets							
Indicator 2.1.3	Education	Number of children provided with learning supplies					2,000
Means of Verification : Reception sheets, Program reports, PDMs							
Activities							
Activity 2.1.1							
Standard Activity : CEC training							
In Baidoa rural, READO will conduct 34 CEC members training coming from different schools/educational facilities. The training will aim to enhance the skills of the CECs to enable them effectively participate in school management, help them understand their roles and responsibilities, how and ways to mobilize resources for the schools, ways to increase enrolment of out of school children and how and ways to involve the community in supporting and sustaining the schools.							
Activity 2.1.2							
Standard Activity : Incentive for teachers							
Provision of Incentive cost for the teachers in the education facilities/schools in the in Baidoa rural areas. A total of 10 teachers will receive an incentive of 120 USD for eight months to support them ensuring education for children in schools.							
Activity 2.1.3							
Standard Activity : School equipment and material learning distribution							
READO will provide education kits to three learning facilities in Baidoa rural areas. The education kits will include learning materials like notebooks, textbooks and pens etc.							
Additional Targets :							

M & R							
<u>Monitoring & Reporting plan</u>							
To ensure a comprehensive and thorough implementation and monitoring process of integrating response through, the project will be monitored by READO will submit monthly, quarterly progress and financial reports to SHF system of reporting, to reflect activity progress and to highlight any areas of concern or success. During the implementation, READO will develop good project training sheet for the activities based on accessing remote control and monitoring mechanism in place in the field and national level.							
READO will develop result matrix based per activities for the monitoring activities and result-based-evaluation of the target objectives towards achievements, The quality control of project activities of measuring and assessing impact according to defined project indicators and additional indicators identified during the course of the programme. The M&E will operate independently of the technical teams and reports directly will take lead agency. For project monitoring, READO will employ On-site monitoring especially during the implementation of integration response activities; READO will also conduct a final evaluation after the end of the project. In addition to daily/weekly monitoring of activities according to with the project tracking of activity based as per the implementation plan and milestones, project progress is monitored against indicators on a regular basis and progress reports released on a monthly basis with the assistance of the Project Development Unit and shared with all stakeholders.							
The Integration Response Coordinator will coordinate all the projects activities, in collaboration with Compliance Officer, Project Development Manager and the two Project Manager that always guide the activities in accordance with line activities and, Project Finance Manager and Logistics Manager will ensure proper financial management within the Budget inline of activities, READO will be responsible and charge of ensuring the full compliance of project activities within the guideline of SHF Somalia.							
READO Monitoring Unit will conduct community-based feedback mechanisms and will share project monitoring matrix based on the resulted outcomes of the project activities of the time-frame of the project implementation, READO will produce monthly, Quarterly and yearly monitoring matrix achieved result of the response and will also produce monthly bulletin of the integration response project of the activities of the achieved result response. Success stories of the integrating response will also be shared with OCHA.							
Workplan							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Education: Activity 1.1.1: In Baidoa rural READO will conduct water-trucking to approximately three educational facilities targeting a total of 2,000 children severely drought-affected; Each of these educational facilities will receive 10,000 litres of water per week (one tank of water per week) for eight months. READO will obtain collapsible water tanks with a capacity of 10,000 liters from WASH supply hub and deliver them to the rural communities for the storage of water. A total of 96 tanks of water will be distributed to three rural schools over the project duration.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Education: Activity 2.1.1: In Baidoa rural, READO will conduct 34 CEC members training coming from different schools/educational facilities. The training will aim to enhance the skills of the CECs to enable them effectively participate in school management, help them understand their roles and responsibilities, how and ways to mobilize resources for the schools, ways to increase enrolment of out of school children and how and ways to involve the community in supporting and sustaining the schools.	2018					X	X	X		X	X		
	2019	X	X										
Education: Activity 2.1.2: Provision of Incentive cost for the teachers in the education facilities/schools in the in Baidoa rural areas. A total of 10 teachers will receive an incentive of 120 USD for eight months to support them ensuring education for children in schools.	2018						X	X	X	X	X	X	X
	2019	X	X	X									
Education: Activity 2.1.3: READO will provide education kits to three learning facilities in Baidoa rural areas. The education kits will include learning materials like notebooks, textbooks and pens etc.	2018						X	X			X	X	
	2019	X	X	X									
Food Security: Activity 1.1.1: Beneficiary selection Beneficiary selection, READO will first mobilize and sensitize the local authorities/elders on the project objectives. Beneficiary's selection and will be followed by beneficiary selection based on the identified gaps in the community and READO beneficiary selection criteria. READO will target only the most vulnerable rural community household from social groups boys girls, men, and women. READO will propose the following vulnerability criteria for the selection of beneficiaries <ul style="list-style-type: none"> • Internally Displaced Families who have no livelihoods, income sources, or productive assets • Households who have limited or no source of regular income i.e. no jobs or business income • In addition, priority will be given to the following groups: <ul style="list-style-type: none"> • Households with more than 6 children and acknowledged being poor • Households comprised of disabled people • Female-Headed Households After beneficiary selection, READO will distribute food vouchers of token cards to 1,100 households over a period of 3 monthly cycles. The food voucher beneficiaries will be selected based on READO beneficiary selection criteria mentioned in the other sections above. The food voucher will be valued at 100% of the food MEB as per the guidelines of the Somalia Cash Working Group and the Food Security Cluster. From previous interventions, READO has established that food vouchers are effective in improving access to food.	2018					X	X	X	X	X			
	2019												
Health: Activity 1.1.1: Standard Activity: Primary health care services, consultations 1.1. READO will provide daily life saving essential medical services including daily treatment of patients and proper case management of AWD/cholera and measles affected patients as well as referral of complicated cases to the nearest hospital of Bay Regional Hospital and Bayhaw Hospital. Cholera case management. UNICEF and MOH-SWS will support for the health supplies - Cholera case management mortality reduction and the spread, Assess for dehydration, Assess for any other co-morbidities eg: malnutrition which would affect the rate of fluid replacement - Plan C:- Severe Dehydration: refer urgently for IV treatment plan C - Plan B:- Moderate Dehydration: use treatment plan-B follow up in 5 days if not improving - Plan A:- No dehydration: use plan A. Advise mother or care take to return immediately and follow up in 5 days if not improving, Measles case management - Measles case management it depends on the severity of the patient, severe complicated measles, refer urgently to Hospital, Measles with EYE or Mouth Complications, give vitamin A, if pus draining from the eye, treat eye infection with TEO, If mouth ulcer treat, follow up in 2-days and Measles Give Vitamin A, Advise mother to return in one week for the third dose of Vitamin A	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									

Health: Activity 1.1.2: Standard Activity: Immunization campaign 1.2. READO will provide daily measles immunization services targeting 2,000 children under 5 years for prevention of measles. UNICEF will support for the vaccines from the supplies will supported by UNICEF chold chain Hub and MOH-SWS	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Health: Activity 1.2.1: Standard Activity: Awareness campaigns and Social Mobilization 1.3.1. READO will conduct health education and sensitization sessions benefiting the target population in prevention of AWD and measles and timely referrals to health facilities for proper case management in health facilities to prevent and reduce AWD/cholera and measles morbidity and mortality	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Health: Activity 1.2.2: Standard Activity: Emergency Preparedness and Response capacities 1.3.2. READO will conduct AWD/cholera case management training 25 community health workers to promote their knowledge and equip with skills in early identification, proper case management and control of AWD and measles and timely referrals. Supplies will support from UNICEF and MOS-SWS	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.1: Standard Activity: Treatment of severe acute malnutrition in children 0-59months 1.1. READO will screen all children <5 years, identify 2,000 SAM cases and admit to OTP sites (Outpatient therapeutic program) and SC (stabilization center) . This activity will be implemented in. Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs and gaps. UNICEF and MOH-SWS will support for the nutrition supplies	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.2: Standard Activity: Multiple micronutrient supplementation for children 6-24 months 1.2. READO will provide vitamin A supplementation and de-worming to children under 5 years. This activity will be implemented in Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs and gaps. UNICEF and MOH-SWS will support for the nutrition supplies	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.3: Standard Activity: Multiple micronutrients supplementation for pregnant and lactating women 1.3. According to UNICEF and WHO standard guidelines, READO will provide multi micronutrient supplementation, de-worming and vitamin A supplementation to PLWs. This activity will be implemented in , Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs and gaps. UNICEF and MOH-SWS will support for the required nutrition supplies	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.4: READO will hold IYCF promotion sessions in Baidoa rural areas (Geldheere Lowiley Munaawir Laan Buule and Awdinle among other areas with needs) project will senstize the community mainly targeting 1000 pregnant and lactating mothers on the IYCF importance. READO will work with the Ministry of Health coordinate the activities in the respective areas	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Water, Sanitation and Hygiene: Activity 1.1.1: READO will construct 150 VIP gender sensitive latrines including hand washing in priority settings in Baidoa rural and in town (depending with the gaps in Baidoa town) benefiting 3000 people (20 persons per toilet as per the SHERE standards) vulnerable male and female rural communities with equal access to sanitation facilities. Latrines in educational facilities will be prioritized. READO proposes to construct Ventilated Improved pit latrines (VIP). Based on READO assessment in Baidoa, a firm formation is reachable at about 0.6 m below ground level. The substructure, therefore, will involve construction of rubble stone or concrete blocks foundation (300 or 200 mm thick, 600 mm deep), then a reinforced concrete slab at at-least 300 mm above ground level. The superstructure will be constructed using Galvanised Corrugated Iron (GCI) sheets, local poles, timber and GCI sheets roofing. Construction will adhere to VIP latrine principles to eliminate smell and breeding of flies. i.e leaving a ventilation space at the top or bottom for cold air entry into the pit and exit through the vent pipes aided by wind flow, reduction of opening to minimize light and entry of flies. For sustainability, READO will ensure building concrete walls and solid doors. The size of the pit will also need to be carefully calculated to ensure the sustainable lifespan of the vault. This will ensure the durability, the improved privacy, it is easier to desludge, therefore a longer lifespan.	2018					X	X	X	X	X			
	2019												
Water, Sanitation and Hygiene: Activity 1.1.2: Hygiene promotion will be conducted to 1,100HHs. READO will train hygiene promoters who will in turn train the rest of the community in groups on topics like hand-washing practices, Household water treatment and storage etc.	2018						X	X	X		X	X	
	2019	X	X										

Water, Sanitation and Hygiene: Activity 1.1.3: READO will timely distribute hygiene promotion kits and standard IEC materials to AWD affected discharge patients and high-risk households to contain the spread of AWD in rural Baidoa region. The hygiene kits will be obtained upon request from the WASH supply hub in Baidoa. This hygiene kits will include 2x Non-collapsible jerry cans (20L); 3 x pieces of soap; 3mth supply of aquatabs for the target of 1,100 HHs. The hygiene distribution will also target educational facilities. As mentioned in Activity 1.1.2, READO will ensure that all women, men, and children have access to information and training on the safe use of hygiene items that are unfamiliar to them. Two weeks after the distribution, READO will carry out post-distribution monitoring to assess the use of and beneficiary satisfaction with distributed hygiene items.	2018							X	X	X		X	X	X
	2019	X	X											
Water, Sanitation and Hygiene: Activity 1.1.4: READO will construct Hand-washing facilities been provided at every latrines constructed.	2018							X	X			X	X	
	2019	X	X											

OTHER INFO

Accountability to Affected Populations

READO recognizes the need to involve the whole community in the planning and implementation and monitoring of its interventions, also to ensure awareness of the particular challenges faced by vulnerable and minority groups. Beneficiaries will be involved in the identification of needs through a participatory needs assessments and which informed program design and asset selection. Following the agreement of target locations in collaboration with local authorities, beneficiaries will be involved through 1) Representation of community members, elders and stakeholders in beneficiary selection (VRC); 2) Nomination of the vulnerable HHs in the community through consultations with community members, elders, and other stakeholders to receive multi-sectorial assistance. Beneficiaries will be directly involved in the implementation of the project through community mobilization, feedback to VRC, feedback through READO Complaint Response Mechanism, informal feedback, monitoring of the project through M&E field monitoring teams.

In addition, the beneficiaries will be sensitized on complaints response mechanism (CRM). The CRM will involve providing the beneficiaries with a mobile number (through information boards/ printing the number on each beneficiary ID card) to a help desk manned by a staff in Baidoa. All complaints will be documented and reviewed regularly. In case the beneficiaries underutilize the system, READO/Accountability Officer will randomly call the beneficiaries for any feedback regarding the implementation of the project.

Furthermore, through subsequent consultation meetings, training sessions and social mobilization activities, the target community will be familiarized of their entitlements and roles and will play a key role in delivery of services, maximize service utilization and security of staff and supplies. Community health workers and community volunteers will be part of the program and will play a significant role in training local communities and sensitization of the people for prevention of diseases and promotion of healthy behaviors

Implementation Plan

READO has fully dedicated staff with the required expertise and will recruit additional staff who will be needed in management, finance and human resources and promotes continuous cooperation with MOH FGS (Ministry of Health of Federal Government of Somalia) and MoH ISWA (Ministry of Health-Interim South West Administration) as well as the nutrition, WASH and health cluster partners and UNOCHA, WHO, UNICEF. This life-saving project will be implemented as an outreach program through recruitment of integrated response teams (who will operate on a daily basis to provide integrated emergency lifesaving Health, WASH and Nutrition services for the drought and AWD/cholera-affected IDPs and vulnerable community members in hard to reach areas in rural villages of Baidoa. The locations targeted will including rural villages in Baidoa district of Bay region. The project will provide daily integrated life-saving health, Nutrition, and WASH services and will be managed by the Project Managers who will provide day-to-day guidance to staff and will develop project progress reports. The Monitoring and Evaluation officer, as well as MoH ISWA, will also provide support supervision and monitoring on a quarterly basis to promote project performance and maximum positive impacts. READO will run the project and will ensure close collaboration with the Somali health cluster at a regional and national level, as well as another cluster of WASH, Nutrition, Education and Food Security as well as UNICEF, UNOCHA, WHO and MoH ISWA. READO staff and community health volunteers and WASH committees will benefit with refreshed capacity building training as well as community health workers and community volunteers, WASH committees, each consisting of 7 members of key community members will be set up and supported with WASH tools to promote comprehensive WASH services at community level. READO will also construct gender sensitive latrines to promote access to latrines and appropriate general sanitation such as appropriate excreta disposal and avoid open defecation among the vulnerable community in hard to reach an area in Baidoa rural. The project will be implemented as an outreach basis, providing integrated life-saving multi-cluster services including Health, WASH and Nutrition services which will be delivered on daily basis targeting most vulnerable community members in Baidoa rural.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UN Agencies: UNICEF and IOM Clusters: Food Security, Health, WASH and Nutrition Clusters INGOs: ACTED, DRC, WVI, SCI, IMC, AC, ISLAMIC RELIEF, COOPI, INTERREADO, MERCY CORPS, NRC, CARE, CONCERN, CRS and many others. Government: MoH and ME&WR	READO will coordinate with all the Food Security, Nutrition, WASH, Education and Health clusters to find out who is doing what where to avoid duplication of activities. This will also involve READO bilaterally reaching out to different actors on the ground to avoid any overlap of activities. In addition, READO will ensure 4W reporting of the activities to the relevant clusters.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This project is designed to meet the distinct needs of women, girls, boys and men to generate positive and sustainable outcomes. All staff will be recruited competitively by ensuring that all processes are gender sensitive and ethical consideration. All male and female community groups will also have equal access to the integrated emergency life-saving services and will be reflected in reports to show that both genders are well represented. READO will also conduct gender segregated community consultation meetings to enable women and girls are well represented and take their role and to address their specific concerns, prioritize their needs and appropriately inform the development of the proposed activities. Planned training activities for staff and community volunteers will also benefit both male and female staff and will contribute to maximizing gender equality through equal access to training opportunities and participation in service delivery.

Protection Mainstreaming

Through consideration will be given in protection of human rights and humanitarian principles will be compiled throughout the project cycle. READO plans to contribute to a reduction of gender disparities; harmful cultural practices through awareness raising and ensuring women's participation in the course of the entire project processes including planning, implementation, and evaluation. Transparent practices will be ensured throughout project processes to eliminate discrimination and ensure equal participation and access to services. To minimize traditional barriers and overcome prevailing challenges, READO will ensure employment of significant number of female staff, community health workers and community volunteers while men community members will be involved in awareness activities to increase their understanding towards care of sick children and the excessive need of PLWs thus this will significantly contribute towards empowerment of women and children, build positive impacts, increase preventive measures and promote equitable access to life saving integrated emergency services of Nutrition, Health and WASH among the vulnerable target populations in Baidoa rural . At the commencement of the project, READO staff will meet with the local authorities/elders, drought-affected communities to sensitize them on the project objectives and activities. This will take a holistic approach taking into consideration, gender & cultural dynamics, local context. READO will also ensure the DO NO HARM approach principle is applied by ensuring conflict sensitive programming during the implementation of the project.

Country Specific Information

Safety and Security

The security situation in Baidoa remains relatively stable although conflict breakout cannot be ruled out to erupt at any time due to the presence of SFG and AS rival militias in the nearby areas. READO maintains safety and security of its operations and staff by ensuring active community participation throughout its project processes and strengthens its links and close collaboration with the various community groups including community elders, chief clans and community based workers therefore this facilitates safe and secure environment for READO operations and staff as well as better and open access to all of the target sites. The community elders and chief clans play a key role in ensuring safety and security of READO humanitarian operations and its staff while READO will continue to monitor the situation and gathers risk-related information to monitor trends, identify potential risks and safety concerns and address them in a timely manner in collaboration with the community elders and chief clans. The MoH ISWA will also contribute with safety and security of READO staff in its areas of control and READO promotes routine contact and continuous information sharing with MoH ISWA and MoH SFG.

Access

Since 2008, READO has been responding to the multiple shocks facing Baidoa, through the implementation of emergency response and resilience building programs, targeting mainly destitute agro-pastoral, riverine and IDP communities in southern regions with funding from various international partners. READO thematic area of focus is Food Security & Livelihoods, WASH, and Education. READO is currently part of the Food Security Cluster Review Committee (CRC) representing local NGOs in Somalia. READO uses its current approach of humanity and participatory which is the central role for its humanitarian operations. The agency ensures community participation and maintains close links and continued collaboration with the local community and community elders who facilitate smooth accessibility of READO staff to its target areas as well as a smooth implementation of its projects and enjoys the normal functionality and routine humanitarian operations. Moreover, the majority of the current target areas are under SWS (South West State of Somalia) control, therefore there is no access problem at the moment. The security situation is also a bit stable now so there are no worries of access to the target areas and hope that things will improve day after day. According to the Somalia HRP 2017, There is a big gap in access to basic life-saving services in the current READO target areas; this is as a result of rapidly deteriorating drought conditions, disastrous AWD/cholera outbreak, water scarcity and fluid displacement of the vulnerable populations in various locations as well as lack of access to basic services due to insufficient resources that have been limiting service delivery and availability among most affected IDPs and communities in hard to reach areas. READO through this project plans to address the prevailing gaps in access to life saving essential Nutrition, WASH and health services through implementation of this integrated humanitarian project which will ensure provision of access to integrated emergency life saving health, Nutrition and WASH services for the most affected vulnerable community members in Baidoa rural.

BUDGET

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

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

15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
20. Staff and Other Personnel Costs								
1.1	Programme Coordinator- Integration Response Project	D	1	4,000.00	10	50.00	20,000.00	
	<i>1 Programme Coordinator at 4000 USD per month for 10 months and 50% of the total cost charged to SHF. The Program Coordinator will be the responsible for overseeing the integration project ensuring it meets the donor requirements. S/he will be responsible for participating in the staff recruitment process, compiling all project reports, ensuring project plan is fully and timely implemented, works closely with logistics to ensure timely delivery of supplies, liaise with other actors to avoid duplications, represent the project in all humanitarian meeting, ensures project feasibility is promoted and updates organization's management on progress of implementation. He/she will be reporting to the Executive Director.</i>							
1.2	Project Manager- Health/Nutrition and WASH	D	1	2,000.00	10	50.00	10,000.00	
	<i>1 Project Manager at 2000 USD per month for 10 months and 50% of the total costs charged to SHF. S/he will be responsible for the coordination/managing activities, supervision of ongoing project activities , project reports development, and sharing regular information with OCHA, UNICEF, WHO as far as Nutrition, health and WASH sectors are concerned.</i>							
1.3	Project Manager FS&Education	D	1	2,000.00	10	50.00	10,000.00	
	<i>1 Project Manager @ 2000 USD per month for 10 months and 50% of the total cost charged to SHF. S/he will be responsible for managing/coordination, supervision and drafting project reports development and sharing regular information with OCHA, UNICEF, WHO as far as Food Security and Education sectors are concerned.</i>							
1.4	Project Assistants	D	2	600.00	10	100.00	12,000.00	
	<i>2 Project Assistants each @ 600 USD per month for 10 months each and 100% of the cost charged to SHF. They will be responsible for coordinating day to day field activities, ensure strict adherence to project plans and participate in conflict resolution that arise during implementation. S/he will directly be supervised by the Project Managers of the respective sectors - one Project assistant will handle Health, Nutrition and WASH and the other will cover Food Security and Education. S/he will also participate in compiling project reports as well as ME activities of the project</i>							
1.5	Medical Doctors	D	2	1,200.00	10	60.00	14,400.00	
	<i>2 Medical doctors @ 1200 USD each for 10 months and 60% of the total cost charged to SHF. They will be responsible for patient treatment, consultation and compiling weekly reports.</i>							
1.6	Data Manager	D	1	500.00	10	100.00	5,000.00	
	<i>1 Data Manager @500 USD each per month for 10 months 100% of the total costs charged to SHF. S/he will be responsible for combining all reports from nutrition and health centers that includes Daily reports, weekly and monthly data collection, compilation analysis and presentation of the reports based of the target and actual activities and submit to the Project Manager.</i>							

1.7	Nurses (Four nurses)	D	4	350.00	10	100.00	14,000.00
	<i>4 Nurses @350 USD each per month for 10 months and 100% of the total cost charged to SHF. A total of four nurses for four centers i.e. each center with one nurse each. The nurses will be responsible for providing health and nutrition nursing services to children under 5 years, PLWs (Pregnant and Lactating Women), and other patients through treatment and follow up to their conditions and monitor response to treatment and follow up to their diagnosis and treatment.</i>						
1.8	Auxiliary Nurses (Four auxiliary nurses)	D	4	200.00	10	100.00	8,000.00
	<i>4 Auxiliary nurses @200 USD each per month for 10 months and 100% of the total cost charged to SHF. Each center will have 1 Auxiliary Nurse for the target of 4 centers.They will be responsible in delivery of drugs/medicines to patients, makes documentation and filling registers.</i>						
1.9	Screeners (Four screeners)	D	4	200.00	10	100.00	8,000.00
	<i>4 screeners @ 200 each USD per month for 10 months and 100% of the total cost charged to SHF. Each center will have 1 screener for the target of 4 centers.They will be responsible for measurement and screening of all children under 5 years to identify odema, severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases and admission or referral to nearest sites,</i>						
1.10	Registrars (Four registrars)	D	4	200.00	10	100.00	8,000.00
	<i>4 Registrars @ 200 each USD per month for 10 months and 100% of the total cost charged to SHF. Each center will have 1 registrar for a target of the 4 health centers. The registrars will be responsible for recording and registering information of acute malnutrition cases admitted in OTP (Outpatient Therapeutic Program), discharges, referrals and deaths observed in the sites.</i>						
1.11	Hygiene promoters (Two HPs)	D	2	300.00	10	100.00	6,000.00
	<i>2 HPs @300 USD each per month for 10 months and 100% of the total cost charged to SHF. They will be responsible for conducting community sensitization sessions activities on hygiene promotion and safe drinking including recommended hand washing practices, proper excreta disposal, water disinfection, as well as general sanitation. The promoters will also distribute hygiene kits, aqua tabs and IEC materials to AWD/cholera affected households.</i>						
1.12	Community Health Workers-CHWs (Three CHWs)	D	3	200.00	10	100.00	6,000.00
	<i>3 CHWs @200 USD each per month for 10 months and 100% of the total costs charged to SHF. The CHWs will be responsible for conducting community based social mobilization, awareness and education, follow up malnutrition cases and track defaulters and promote general prevention of communicable diseases like Malaria, AWD, Measles and pneumonia.</i>						
1.13	IYCF Promoters (3 IYCF promoters)	D	3	170.00	10	100.00	5,100.00
	<i>3 IYCF promoters @ 170 USD each per month for 10 months and 100% of the total costs charged to SHF. The IYCF promoters will be responsible for promoting optimal IYCF, mother and child nutrition care practices through subsequent sessions and face to face individual education among target IDP communities</i>						
1.14	Admin/Finance Officer	D	1	1,200.00	10	50.00	6,000.00
	<i>1 Admin/Finance Officer @ 1200 USD per month for 10 months and 50% of the total costs charged to SHF. S/he will be responsible for handling Admin and finance related tasks including preparing and managing financial records/reports, reconciling project's financial transactions, preparing balance sheets, processing invoices and ensuring compliance with policies and procedures of the organization in all transactions. Unlike other staff this one will work for 10 months so as to ensure smooth close out of the project as far as financial reporting is concerned.</i>						
1.15	Logistics and Procurement Officer	D	1	1,120.00	10	50.00	5,600.00
	<i>1 Logistics and Procurement Officer @ 1120 USD per month for 10 months and 50% of the total costs charged to SHF. S/he will be responsible for overseeing the logistical needs of the project, monitors the status of incoming supplies, organizes reception of supplies and if supplies are not going directly to beneficiaries, shall organize safe reception in agency's warehouse, supervises day to day activities of the organization's logistic matters ensuring documentations in place to authorize movements and summarizes expenditures, ensures accurate reporting and supports payment facilitation to suppliers. S/he will also ensure compliance with all procurement controls, policies and procedures.</i>						
	Section Total						138,100.00
21. Supplies, Commodities, Materials							
2.1	Provision of Food voucher program for 3 monthly cycles	D	1100	57.00	3	100.00	188,100.00
	<i>Provision of food through voucher system for 3 monthly cycles valued at 57 USD for each month for a total of 188,100 USD. The 57 USD is the Food MEB recommendation as per the Food Security cluster and the Somalia Cash Working Group.(Sugar, Rice, White Flour and 3 litres of cooking oil)</i>						
2.2	Printing Food Voucher Cards- for 1100 HHs	D	1100	0.80	1	100.00	880.00
	<i>Beneficiaries Vouchers printing for 3 cycles for the three months @ \$.8 each for 1,100 beneficiaries. For each beneficiary one token will be used for a period of three months - i.e. one time printing of the vouchers.</i>						
2.3	Construction of Latrines for IDPs for total of 150 Latrines	D	150	320.00	1	100.00	48,000.00
	<i>Construction of 150 latrines @ 320 USD each in Baidoa. Please refer to the BoQ</i>						
2.4	BNSP(Basic Nutrition Service Package) training for staff	D	1	3,180.00	1	100.00	3,180.00

	<i>One session of training in Baidoa will be conducted and will focus on basic nutrition service package including IMAM (Integrated Management of Acute Malnutrition) guidelines or protocols to ensure proper and effective case management and treatment and follow up of malnutrition cases. Please refer to the BoQ for more details</i>						
2.5	Community Hygiene promotion and water disinfection training	D	1	4,750.00	1	100.00	4,750.00
	<i>1 Community hygiene training for 32 committees into rural villages of Baidoa. Please refer to the BoQ.</i>						
2.6	Payment of the Incentive for the Teachers for 10 people	D	10	120.00	8	100.00	9,600.00
	<i>Provision of monthly incentive to 10 teachers valued at 120 USD per month for 8 months for a total of 9,600 USD. This will facilitate the tutoring of children in respective schools.</i>						
2.7	Community volunteers training on health education and hygiene promotion	D	25	25.00	4	100.00	2,500.00
	<i>Community volunteers will be trained through one training session for 25 volunteers @25 USD each for per diem for a period of 4 days. The training is aimed at promoting community based health education. The training will take place for 4 days. Please refer to the BoQ for a detailed explanation</i>						
2.8	Refresher training of AWD/cholera (Acute Watery Diarrhea) case management for staff	D	30	25.00	4	100.00	3,000.00
	<i>READO will conduct refresher training session for 30 individuals @25 USD for per diem for 4 days. The participants will be trained on proper case management, control and prevention of AWD/cholera, surveillance and reporting. Please refer to the BoQ for more information on this.</i>						
2.9	Procurement of basic lab supplies (Rapid diagnostic supplies)	D	1	12,000.00	1	100.00	12,000.00
	<i>Basic lab supplies such as rapid diagnostic tests will be procured to facilitate rapid diagnosis and better understanding and insights of medical conditions of vulnerable patients leading to good responses to treatments. This will benefit 5,000 vulnerable patients with timely diagnosis and verification of their medical problem and effective treatment. Current cost is \$12,000 USD please refer to the BoQ for more information on this.</i>						
2.10	Nutrition supplies	D	1	3,000.00	1	100.00	3,000.00
	<i>Nutrition supplies: (Materials like chairs, tables and key missing UNICEF Hub Supplies)This refers to the nutritional supplements that will be given to children and pregnant/lactating mothers - Please refer to the BoQ for more information. And other Nutrition supplies will be provided by UNICEF upon request.</i>						
2.11	Provision of individual learning supplies	D	1	4,000.00	1	100.00	4,000.00
	<i>Provision of individual learning items to children in schools (includes for Books, pencils and student bags). Please refer to the BoQ for more information.</i>						
2.12	Capacity building for the Community education facilities and capacity building for the teachers	D	1	4,080.00	1	100.00	4,080.00
	<i>Capacity building teachers and community education committees. Please refer to the BoQ for more information.</i>						
2.13	Provision for Water tracking for schools	D	12	50.00	8	100.00	4,800.00
	<i>Provision of one water truck (10,000 liters of water) per week three schools for a period of 8 months at 50 USD each rural Baidoa. 12 trucks for Monthly in Baidoa with each truck having a capacity of 10,000 L (960,000L in total) will cost \$50 each (\$4800 in total).</i>						
	Section Total						287,890.00
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
24. Travel							
5.1	Transportation Vehicle for the Outreach team- Health, Nutrition, WASH, Education and Food Security-staff	D	3	1,100.00	6	100.00	19,800.00
	<i>3 Vehicle rental in Baidoa \$ 1,100 per month for 6 months @100% for a total of \$19,800 for the Health, Nutrition, WASH, Food Security and Education teams to visit the different project sites. : Target locations of the project is different villages. The project target locations are a distance in between 15km, 25km to 35km and with different directions, and each team will be allocated 1 vehicle for the smooth project implementation</i>						

5.2	Freight Supplies transportation cost of Health and Nutrition supplies to health centers and distribution sites in the field.	D	1	500.00	2	100.00	1,000.00
	<i>Health and Nutrition Supplies transportation cost to the field project locations twice during the project duration at \$ 500 for each trip. '2' in the duration column refers to the two trips that will be needed to transport both Nutrition and Health supplies.</i>						
	Section Total						20,800.00
25. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
26. General Operating and Other Direct Costs							
7.1	Baidoa Office Rent	D	1	1,200.00	8	20.00	1,920.00
	<i>This involves rent payment for READO office @1200 USD per month for 8 months and 20% total cost charged to SHF.</i>						
7.2	READO Baidoa Office Stationery	D	1	1,000.00	8	20.00	1,600.00
	<i>Office stationery payment which include note books, pens, printing papers , staples, flip charts, printing cartridges etc. Office stationery will be at 1000 USD per month for 8 months and 20% of the total cost charged to SHF. Attached BoQs</i>						
7.3	READO Communication costs	D	1	837.50	8	20.00	1,340.00
	<i>The communication costs will involve monthly internet and airtime costs to facilitate communication in the project implementation. The communication costs will be 837.5 USD per month for 8 months and 20% of the total cost charged to SHF. Attached BoQs</i>						
	Section Total						4,860.00
SubTotal			2,474.00				451,650.00
Direct							451,650.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							31,615.50
Total Cost							483,265.50

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bay -> Baidoa	100	6,410	9,384	3,675	3,675	23,144	<p>Food Security: Activity 1.1.1: Beneficiary selection Beneficiary selection, READO will first mobilize and sensitize the local authorities/elders on the project objectives. Benef...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.1: READO will construct 150 VIP gender sensitive latrines including hand washing in priority settings in Baidoa rural and in town (depending with the ga...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: Hygiene promotion will be conducted to 1,100HHs. READO will train hygiene promoters who will in turn train the rest of the community in groups on top...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.3: READO will timely distribute hygiene promotion kits and standard IEC materials to AWD affected discharge patients and high-risk households to contain...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.4: READO will construct Hand-washing facilities been provided at every latrines constructed.</p> <p>Nutrition: Activity 1.1.1: Standard Activity: Treatment of severe acute malnutrition in children 0-59months 1.1. READO will screen all children <5 years, identify 2,000 SA...</p> <p>Nutrition: Activity 1.1.2: Standard Activity: Multiple micronutrient supplementation for children 6-24 months 1.2. READO will provide vitamin A supplementation and de-worming...</p> <p>Nutrition: Activity 1.1.3: Standard Activity: Multiple micronutrients supplementation for pregnant and lactating women 1.3. According to UNICEF and WHO standard guidelines, R...</p> <p>Health: Activity 1.1.1: Standard Activity: Primary health care services, consultations 1.1. READO will provide daily life saving essential medical services including daily...</p> <p>Health: Activity 1.1.2: Standard Activity: Immunization campaign 1.2. READO will provide daily measles immunization services targeting 2,000 children under 5 years for pre...</p> <p>Health: Activity 1.2.1: Standard Activity: Awareness campaigns and Social Mobilization 1.3.1. READO will conduct health education and sensitization sessions benefiting the...</p> <p>Health: Activity 1.2.2: Standard Activity: Emergency Preparedness and Response capacities 1.3.2. READO will conduct AWD/cholera case management training 25 community healt...</p> <p>Education: Activity 1.1.1: In Baidoa rural READO will conduct water-trucking to approximately three educational facilities targeting a total of 2,000 children severely drought-...</p> <p>Education: Activity 2.1.1: In Baidoa rural, READO will conduct 34 CEC members training coming from different schools/educational facilities. The training will aim to enhance th...</p>

Documents

Category Name	Document Description
Project Supporting Documents	Proposed-Communal-pit-Latrinesfor-Baidoa-IDP-camp.pdf

Project Supporting Documents	SAMA PCA Umbrella signed.pdf
Project Supporting Documents	READO_SAMA_SHF MoU.pdf
Budget Documents	Bill-of-Quality-for-pit-latrines-construction-in-Baidoa .xlsx
Budget Documents	READO SHF Project BoQ 27-03-2018.xlsx
Budget Documents	READO SHF Project BoQ 27-03-2018.xlsx
Budget Documents	Corrected BoQs 27-03-2018.xlsx
Budget Documents	2.1 Food Voucher Distribution.xlsx
Budget Documents	2.2 Token cards Food Voucher Printing_BoQ.xlsx
Budget Documents	Final Revised All BoQs for from 2.1 upto 7.3.xlsx
Budget Documents	Reado_Final Revised All BoQs for from 2.xlsx
Budget Documents	Final Revised All BoQs for from 2.1 upto 7.3- 10-05-2018.xlsx
Budget Documents	READO-SHF All Final Revised BoQs for from 2.1 upto 7.3- 10-05-2018.xlsx
Budget Documents	2.10 BoQ Nutrition Supplies.xlsx
Budget Documents	2.11 BoQ Provision of Individual learning Materials.xlsx
Budget Documents	2.12 BoQ Capacity Building for CEC.xlsx
Budget Documents	2.13 BoQ Provision for Water tracking for schools.xlsx
Budget Documents	7.2 BoQ READO Baidoa Office Stationery.xlsx
Budget Documents	7.3 BoQ READO Baidoa Office Communications.xlsx
Budget Documents	2.3 BoQ-for-pit-latrines-construction.xlsx
Budget Documents	2.4 BoQ BSNP Training.xlsx
Budget Documents	2.5 Hygiene Promotion.xlsx
Budget Documents	2.7 BoQ Community Volunteer Training.xlsx
Budget Documents	2.8 BoQ Refresher training on AWD.xlsx
Budget Documents	2.9 BoQ Basic Lab supplies.xlsx
Revision related Documents	Bill-of-Quality-for-pit-latrines-construction-in-Baidoa-27-03-2017 .xlsx
Grant Agreement	HC signed GA READO 8758.pdf
Grant Agreement	HC signed GA READO-Signed 8758 .pdf