

<b>Requesting Organization :</b>	DEH Relief and Development Organization			
<b>Allocation Type :</b>	Standard Allocation 1 (Feb -Mar 2018)			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
Water, Sanitation and Hygiene		30.00		
Nutrition		35.00		
Health		35.00		
		<b>100</b>		
<b>Project Title :</b>	Provision of an integrated multi-sectoral lifesaving services to drought affected IDPs and communities in Dhusamareb district Galgadud region.			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-18/3485/SA1/WASH-Nut-H/NGO/8750	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	299,117.43	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	22/05/2018	<b>Planned End Date :</b>	21/05/2019	
<b>Actual Start Date:</b>	22/05/2018	<b>Actual End Date:</b>	21/05/2019	
<b>Project Summary :</b>	<p>This project is an integrated response around three complimentary directorial areas Health, WASH and Nutrition. It is intended to mitigate the physical and protection consequences of drought on populations and communities directly affected by AWD/drought affected direct beneficiaries in Dhusamareb IDPs through the provision of 4 IERT teams for integrated services. As part of WASH integration, DEH will carry out comprehensive Hygiene and sanitation promotion activities including distribution of 400 basic hygiene kit to 2400 vulnerable families with severely malnourished children in the IDPs. DEH will also distribute standard (IEC) materials for social mobilization To support increase access of sustainable and safe water, DEH through the trained hygiene promoters will conduct bucket chlorination at Dhusamareb IDPs water point to mitigate any occurrence of AWD. Through this IERT program DEH will strive to improve the sanitation services within the household.it shall intend to construct 40 household IDPs latrine to the main IDPs in Dhusamareb sites hence this shall ensure proper sanitation services. On the other hand the nutrition component intends to achieve the following, capacity building of nutrition staff on IMAM/IYCF services, infant young child feeding best practices (IYCF), as well as conduct caregivers infant and young child feeding practices, IYCF promotion session for better information dissemination to the caregivers in the project area. Referral of malnourished children with complicated cases will be done to the Outpatient Therapeutic Programme (OTP) centers integrated with primary health care services managed by DEH and other actors in the program areas thus providing more holistic opportunity to the target beneficiaries. However, DEH endeavors to undertake health , WASH and Nutrition activities that will be integrated in the sense that under five children boys, girls admitted at the OTP sites will be immunized against measles and other communicable disease and as well the SAM complicated cases referred to the stabilization centers for proper medical treatment, on the same note the mothers visiting ANC/PNC at the mobile clinic will be provided both NHHP/IYCF-E and shall be integrated with hygiene promotions activities such as hand washing practices as well as distribution of hygiene kit. On health,DEH emphasis will be on maternal, neonatal and child health including emergency immunization to the host communities and IDPs as well as treatment of children and women child bearing age with the right antibiotic on pneumonia as well as malaria, building the capacity of health workers through training on integrated management of acute illness IMCI, Cholera/measles case management and integrated community case management iCCM which will be done to equip health workers with the required skills to deliver quality healthcare services, DEH will closely coordinate with Dhusamareeb district Local MOH as well as Federal level MOH and social mobilizers, elders all involved in activities on mobilizing communities.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
1,000	2,000	1,500	1,500	6,000

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,500	1,500	3,000
Pregnant and Lactating Women	0	2,000	0	0	2,000
Other	1,000	0	0	0	1,000

**Indirect Beneficiaries :**

7,000 IDPs and host communities around Dhusamareeb rural and pre-urban areas will benefit the project location indirectly

**Catchment Population:**

48,890 are the total catchment population

**Link with allocation strategy :**

The project is in-line with the SHF-2018-SA1 Allocations integrated in response to the worsening drought conditions in Somalia, specifically falls under the Life Saving Interventions in response to the ongoing drought and to mitigate the risk of WASH, Health and Nutrition related disease outbreaks. The proposed activities and objective are directly linked to key of objective Integrated Emergency Response Teams (IERT) concept note for life saving health, WASH and Nutrition. The ongoing drought continues to be the main driver of humanitarian needs in Somalia, and the analysis suggests that the current crisis is likely to intensify during the coming months and due to the projected below-average Gu rainfall. Mogadishu IDPs have been hit high with the devastating draught displacement and have high malnutrition rates with a SAM rate of 3.5 and a GAM rate of 17.8. However, the AWD/Cholera outbreak, coupled with limited health care services and hygiene facilities and habits have reinforced the nutritional and health crisis within the congested IDPs who happened to flee from the severe drought. The proposed intervention will increase mobile clinics as well as OTP outreaches that is aimed to work in an integrated approach and shall be able to foster greater life-saving consultation, improve the coverage of measles vaccinations and Vitamin A; and support safe motherhood and reproductive health while also ensuring readiness to prevent and respond to outbreaks such as malaria, measles or Acute Watery Diarrhea AWD/Cholera and promote health update through health education and beneficiary sensitization as well as linking this with the nutrition program in order to enable provide a holistic services within the organization target sites. Also the integration of WASH will be included basically Distribution of WASH emergency supplies, hygiene kits, IEC materials for social mobilization and Hygiene awareness focusing on household water treatment/behavior change including hand washing with soap. The action is particularly linked to addressing humanitarian needs by providing lifesaving and life sustaining humanitarian assistance to people in need, prioritizing the most vulnerable in line with the 2018 Humanitarian Response Plan. The proposed action complements core interventions in Somalia, focusing on an integrated WASH, nutrition and health response to the disease outbreak in areas of highest need.

**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
Fathia Mahmud Farah	Program coordinator	deh_org@hotmail.com	+254722374756

**BACKGROUND****1. Humanitarian context analysis**

The drought has resulted in massive displacement of pastoralists to urban and peri-urban areas in Galgaduud and south Mudug regions due to the loss of their livestock. The majority of them have established new IDP camps and others have joined their relatives and protracted IDP settlements in search for assistance. The recent FSNAU 2017 post- results show that 55.5 per cent of Galmudug population is acutely food insecure in IPC phases 2, 3 and 4. The majority of these are in IPC phase 3 (60 per cent) while a significant 10 per cent are in emergency phase (IPC 4). The FSNAU post- nutrition situation among the Galkacyo IDP population is the highest in all of Somalia at a concerning 21.8 per cent GAM, 4.8 per cent SAM and 11.5 per cent MUAC. Comparing these with the previous assessment, following the poor performance of Gu rains between May and June 2017, thousands of pastoralists migrated out of Galmudug with their remaining livestock to areas in Puntland and Somaliland. Some proceeded to Hiraan region in search of Pasture and water for their livestock. This has resulted in increased family separation where women, children and elderly people have moved to IDP settlements in search of humanitarian assistance. In November 2017, pastoralists who had migrated from Galmudug to areas in Puntland and Somaliland in May and June, started to return with their livestock. They proceeded to areas that have received better rains in Mudug and Galgaduud regions since the beginning of November 2017. The body conditions of the livestock are getting better and recovering. Findings from FSNAU assessment on nutrition situation of IDPs in Dhusamareeb district in 2017 is Serious (14.8% GAM and 3.6% SAM). This represents a statistically significant improvement from Critical prevalence of GAM (33.4%) seen in June 2017. Morbidity remains high among IDPs in Dhusamareeb (45.0% in November 2017 compared to 58.9% in June 2017) Result of FSNAU 2017 assessment of IDPs in Galkacyo recorded a 21.8 percent GAM and 4.8 percent SAM of which indicate a sustained Critical nutrition compared to June 2017 (Gu) when GAM and SAM prevalence were 21.6 percent and 4.1percent, respectively. At 48.9 percent, morbidity rates in Galkacyo IDP settlement during November 2017 was among the highest among IDPs across in Somalia. The Critical nutrition situation among IDPs Galkacyo is partly linked to high morbidity, measles outbreak, low immunization coverage, continuous arrival of new IDPs who are destitute, limited access to humanitarian. The AWD outbreak reported earlier this year has sharply declined compared to six months ago. However, morbidity incidences in the two weeks prior to the assessments were high in Galkacyo (48.9%), Dhusamareeb (45%), AWD/Cholera cases remain normal trend since past 4 four months and the CTCs in Cadaado and Caabud Waaq districts in Galgaduud region had been closed in July/ August 2017 following the decline of the suspected cases. According to health cluster, 4,106 suspected AWD/Cholera cases have been recorded in Galgaduud region particularly (Cadaado, Caabud Waaq, and Dhusamareeb districts and some in Ceeldheer between weeks 1-50 January -17 December 2017. During the period, 22 deaths cases had been reported. Nearly 70 of the drought and conflict displaced people in 56 newly established IDP settlements lack water and sanitation facilities and also 80 of them practice open defecations. According to inter-agency assessment conducted in Galgaduud region in July/August 2017. Data from WHO indicates increased measles outbreak in September and October in Gaalkacyo district districts such as Mogadishu, Gaalkacyo, Qardho and B

aidoa highlights the increased risk of further outbreak in the absence of adequate immunization. According to finding from inter-agency assessment conducted between 30 July – 5 August, 2017 in Galgaduud region, an estimated 168,000 internally displaced people (IDPs) are in urban and peri-urban areas in Galgaduud region.

## **2. Needs assessment**

Somalia is an extremely fragile country and people's ability to cope with any additional shock is restrained. Malnutrition in Somalia has deteriorated with around 1.4 million children suffering from GAM, of which 301000 have SAM. Somalia continues to have one of the worst infant and young child feeding and micro-nutrient indicators in the world. In addition to the 1.1 million protracted IDPs, approximately 975 00010 people have been displaced due to the drought. IDPs represent three quarters of the people in acute livelihood and food crisis in the country. Moreover, forced evictions of IDPs and urban poor continue to be a major problem in Somalia's urban areas. According to the Health Cluster, since the start of 2017, a total of 78,080 cholera cases and 1,118 deaths (Case Fatality Rate 1.4 per cent) were reported in Somalia. According to WHO Mid-October EPI Bulletin Release, 18,060 suspected cases of Measles were also reported, with 67 percent of these being children under five years of age. If support is not provided, the gains made over the last few months will be lost for a population that can't cope with additional shock. The health cluster Bulletin by WHO for September 2017, also indicate that there were outbreaks of Measles cases which remained at epidemic levels with a total of 17,233 cases seen between January to September 2017. 45% of these cases are in the target regions increasing morbidity and mortality as well as malnutrition overwhelming the already precarious health care system. However, the number of AWD/cholera cases continue to decline with no deaths reported in 3 months. There are multiple contributory causes to the unacceptably high levels of neonatal, infant and child mortality, the most significant of which are, neonatal issues, acute respiratory illnesses, diarrhea, vaccine preventable diseases and malaria. The high maternal mortality ratio relates to the fertility rate for women, which is one of the highest in the world. The average fertility rate is 6.6 children per woman, with unmet need for birth spacing at 26 per cent. At least 98 per cent of women experience female genital mutilation/cutting, leading to serious obstetrical and gynecological complications. Other contributors to the unacceptable level of maternal death are the limited of antenatal care, only accessible to a quarter of women, the low proportion of births attended by skilled medical personnel (only a third); and the inadequate facilities for emergency maternal care. However, Hobyo, Haradheere and Ceelbur district in Galgadud region have been experience high number of maternal mortality and morbidity due to high number of people displaced by the devastating drought in the country and are in need of urgent emergency primary health care services. DEH is currently providing life-saving nutrition intervention in the proposed health project sites and 5 out of 10 children referred with medical complication are life threatening cases (DEH facility report August 2017)The facilities statistic report indicate high morbidity including respiratory infection,AWD,malaria and uncomplicated pneumonia in most IDPs and host communities.DEH shall complements its currently nutrition and livelihood program in order to provide holistic program approach that shall be able to save and sustain life of the vulnerable population.DEH shall also coordinates with other implementing partners as well as UN agencies and Galmudug ministry of health to enable provide accountable and supportive supervision, Through this proposed project DEH shall provide adequate mobile and static clinic, ANC/PNC,established referral linkage and capacity enhancement to its project staff on IMCI and EMOC for effective management of all cases

## **3. Description Of Beneficiaries**

The target population shall be mainly drawn from drought affected and displaced population by the fighting in the adjusted areas as well as the drought. The target beneficiaries shall be boys, girls, women and men irrespective of their status. Beneficiaries are mainly the drought affected pastorals and Internally Displaced Persons IDPs. The beneficiaries include girls, boys, women and men irrespective of status and needs. Especial emphasis is given to pregnant and lactating women and children under-five who face the biggest danger of morbidities and mortality due to pregnancy-related complications and childhood illnesses. Men will be encouraged to seek healthcare to create healthy communities and due to their role as bread winners in a difficult situations and circumstances

#### 4. Grant Request Justification

The grant will enable DEH organization to continue its life-saving interventions including response to Acute Water Diarrhea (AWD/cholera) response to the drought affected population. The project will be able to provide urgent lifesaving emergency healthcare provision to the vulnerable IDPs and host communities through the support of medical services and the needed referral services in case of complication cases to further treatment. The project will strive to improve the capacity of healthcare providers through capacity enhancement as well as bringing services closer to the affected population. DEH is currently implementing nutrition activities in Mudug region which will play a significant role in referring malnourished children seen at health facilities and noticed by mobile teams to its Outpatient Therapeutic Programme (OTPs).

#### 5. Complementarity

DEH is currently implementing target supplementary feeding program and outpatient therapeutic feeding program in these areas. Consequently, activities have been designed to complement each other in order to maximize impact and to leverage on already ongoing projects in areas where DEH has been strongly operationally present. DEH shall however, intends to integrates it nutrition activities with the proposed primary health care service through integrated life-saving humanitarian assistance in the proposed project sites for both static and mobile health facilities. DEH closely works with other implementing partners in Galgadud and Mudug region and also is a regional Health Cluster member.

#### LOGICAL FRAMEWORK

##### Overall project objective

To improve access to multi-sectoral emergency intervention through integrated response team in Dhusamareb district Galgadud region

##### 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 :** To increase access to emergency sanitation and comprehensive hygiene practices among 6000 drought and AWD affected men, women, boys and girls in Dhusamareb IDPs through establishment of Integrated Emergency response teams (IERT) in order to reduce the incidence of AWD/cholera diseases to IDPs and vulnerable communities at risk.

##### Outcome 1

Improved awareness and knowledge on preventive measures to WASH related diseases and Hand washing with soap practices among 6000 vulnerable drought/AWD affected men, women, boys and girls in Dhusamareb district

##### Output 1.1

##### Description

6000 drought/AWD affected communities including IDPs increased their knowledge on preventive measures to WASH related diseases by implementing appropriate comprehensive hygiene promotion activities with increased widespread adaption of safe hygiene practices both at public and household level to practice safe hygiene by participating in hygiene promotion campaigns (e.g. door to door campaigns, institutional campaigns and public awareness activities).

##### 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 who have received hygiene kits					2,400

##### Means of Verification :

Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					6,000
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##### Means of Verification :

Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people who participated hygiene promotion training					30
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##### Means of Verification :

##### Activities

##### Activity 1.1.1

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

Distribute Hygiene kits to drought and AWD affected 2400 vulnerable families with severely malnourished children in the target IDPs to avoid the spread of AWD and risk of diseases among the communities in target areas. The hygiene kits will be distributes on the basis of most vulnerable and severely malnourished identified during the IERT screening and admission process. Each HP kit consists (200 aqua tabs, 3 soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity)

##### Activity 1.1.2

##### Standard Activity : Community Hygiene promotion

Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 6,000 (1000 men, 2000 women, 1500 boys, 1500 Girls) drought/AWD affected communities including IDPs through house to house, schools, health and nutrition centers' visits using trained 20 Community Hygiene Promoters (CHPs) and 4 public health workers from Dhusamareeb districts local authorities. Each CHP will reach 500 persons for every month by visiting house-to-house, schools, health facilities, feeding and nutrition centers and community gatherings. The HP will supervise, evaluate and give consultations and guidance to the CHPs in accordance to WASH cluster guideline and promotion of hand washing with soaps

**Activity 1.1.3**

**Standard Activity : Community Hygiene promotion**

In consultation with the community, identify 26 community Hygiene promoters from the community and 4 public health workers from the local authority, conduct 5 days training on best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, market

**Outcome 2**

Increased emergency and sustained access to appropriate information on hygiene practices and behaviour change to 6000 drought/AWD affected communities including IDPs to reduce incidences of malnutrition, AWD and GBV affecting mainly women/girls.

**Output 2.1**

**Description**

Approximately 6000 IDPs/families at Dhusamareeb IDPs receive culturally appropriate information on hygiene practices and behaviour change,

**Assumptions & Risks**

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					6,000
<b>Means of Verification :</b>							
Indicator 2.1.2	Water, Sanitation and Hygiene	Number of people reach on social mobilization/hygiene promotion					6,000
<b>Means of Verification :</b>							
Indicator 2.1.3	Water, Sanitation and Hygiene	Number of household IDPs latrines constructed in Dhusamareeb target sites.					40

**Means of Verification :**

**Activities**

**Activity 2.1.1**

**Standard Activity : Community Hygiene promotion**

Conduct Hygiene promotion material dissemination of key hygiene messages and adoption of safe hygiene practices in communities' part of prevention of AWD/cholera outbreak

**Activity 2.1.2**

**Standard Activity : Community Hygiene promotion**

Conduct routine social mobilizations through the IERT team to the affected population in Dhusamareeb district.

**Activity 2.1.3**

**Standard Activity : Latrine construction or rehabilitation**

Construct 40 household IDPs in Dhusamareeb project site to enable provide better sanitation services to the vulnerable displaced and AWD affected population will ensure to follow the WASH cluster guideline on the standard IDPs latrine

**Additional Targets :**

Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition		2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100				
<b>Contribution to Cluster/Sector Objectives :</b> The project objective is directly contributing the cluster objective of establishment of Integrated Emergency response teams (IERT) that will ensure access to integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach Dhusamareeb IDPs							
<b>Outcome 1</b>							
Increased access to emergency nutrition services to children under five and pregnant and lactating women in Dhusamareeb IDPs and host communities through establishment of Integrated Emergency response teams (IERT)							
<b>Output 1.1</b>							
<b>Description</b>							
Reduced malnutrition rates among children under-five and pregnant and lactating women through the provision of effective treatment of acute malnutrition at targeted therapeutic supplementary feeding programmes (TSFP) and Outpatient Therapeutic Programme (OTP)							
<b>Assumptions &amp; Risks</b>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					5,000
<b>Means of Verification :</b>							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					3,000
<b>Means of Verification :</b>							
Indicator 1.1.3	Nutrition	Number of boys, girls and PLW receiving multiple micronutrients					5,000
<b>Means of Verification :</b>							
Indicator 1.1.4	Nutrition	Number of IYCF promotion sessions held					12
<b>Means of Verification :</b>							
Indicator 1.1.5	Nutrition	Number of nutrition,health and hygiene promotion monthly sessions conducted by IERT team					12
<b>Means of Verification :</b>							
Indicator 1.1.6	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					16
<b>Means of Verification :</b>							
Indicator 1.1.7	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					20
<b>Means of Verification :</b> training report, participants list and training photos							
Indicator 1.1.8	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					16
<b>Means of Verification :</b> training reports,participant list and training photos							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
Screen and admit 1500 boys, 1500 girls and 2000 PLWs of severely malnourished without medical complications at Dhusamareeb District, through establishment of 4 Integrated Emergency response teams (IERT)							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
Provide treatment of severe acute malnutrition to 3000 (1500 boys and 1500 girls) children between age of 6-59 months through establishment of 4 Integrated Emergency response teams (IERT) living at Dhusamareeb IDPs							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Maternal child health and nutrition (MCHN) packages</b>							

Provide multiple micro nutrient supplementation, Vitamin A and Iron folic supplementation to 5,000 acutely malnourished <5 children (boys 1,500) and girls (1,500) and 2,000 pregnant and lactating women in

**Activity 1.1.4**

**Standard Activity : Maternal child health and nutrition (MCHN) promotion messages**

Conduct regular group sessions at nutrition centres and in the community, reaching caregivers, both men and women, to promote optimal infant and young child feeding with support from community mobilisers and community nutrition volunteers. The IYCF counsellors will increase knowledge and practices of key nutrition actions. All mothers/caretakers will be screened for IYCF practices at nutrition centres. One-to-one counselling using illustrative IYCF counselling cards will be provided to PLW found to have breastfeeding difficulties or sub optimal IYCF practices. Key messages will be designed as small, do-able actions, and communications techniques will be used to promote the adoption of these actions.

**Activity 1.1.5**

**Standard Activity : Nutrition health and Hygiene promotion**

Through the 4 IERT team conduct weekly education on nutrition, health and hygiene promotion targeting mothers/caretakers of children 6-59 months and the general population to enhance optimum nutrition ,health and hygiene practices in the target district.

**Activity 1.1.6**

**Standard Activity : Capacity building**

Conduct five days training on Infant and Young Child Feeding (IYCF) care messages to 4 community health/hygiene promoters, 8 qualified nurse, nine (4) auxiliary nurse and nine(4) nutrition screeners to enable enhanced the effective and best practices of IYCF-E among the target population in Dhusamreeb district target IDPs sites

**Activity 1.1.7**

**Standard Activity : Capacity building**

Conduct Five days training on nutrition hygiene and health promotion to project staff and community health/hygiene promoters consisting of 4 community health workers/hygiene promoters, 8 qualified nurse and 4 auxiliary nurse. This will be able to enhance the services delivery among the community nutrition workers in Dhusamareeb

**Activity 1.1.8**

**Standard Activity : Capacity building**

Conduct five days training of Integrated Management of Acute Malnutrition (IMAM) for effective and efficient services delivery for 16 health and nutrition DEH project staff.

**Additional Targets :**

**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 :**

The project objective is directly contributing the cluster objective of establishment of Integrated Emergency response teams (IERT) that will ensure access to integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach area of Dhusamareb IDPs

**Outcome 1**

Improved health conditions through access to quality primary health services for the IDPs in Dhusamareeb

**Output 1.1**

**Description**

6000 people including 1500 Boys, 1500 Girls, 2000 Women, 1000 men have access to integrated primary health care services that will include maternal, Neonatal and child health services for the target IDPs and host communities through Integrated Emergency response teams (IERT) service.

**Assumptions & Risks**

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of consultations per day by emergency mobile team					64
Indicator 1.1.2	Health	Coverage of measles vaccination (%)					60
Indicator 1.1.3	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 :**

<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections, sexually transmitted infections among others to Dhusamareeb IDPs							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Immunisation campaign</b>							
Conduct routine and supplementary immunization against measles,pneumonia and other communicable disease to 6,200 children under the age of five years (3,000 boys and girls) , 2,000 Women of child bearing age through outreach Integrated emergency response service delivery sites at IDPs in Dhusamareeb							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Through the IERT team provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections among others to vulnerable Boys,girls, Women and men in IDPs sites and host communities in Dhusamareeb IDPs							
<b>Output 1.2</b>							
<b>Description</b>							
Enhanced capacity of health staff and community health workers on effective management of Community case management and IMCI							
<b>Assumptions &amp; Risks</b>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					16
<b>Means of Verification :</b>							
Indicator 1.2.2	Health	Number of persons that took part in community education and sensitization workshop.					30
<b>Means of Verification :</b> training participant list,training reports and photos							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : Emergency Preparedness and Response capacities</b>							
Conduct five days training for 16 DEH health staff (8 qualified nurses,4 qualified mid-wife,4 auxillary nurse) on integrated management of childhood illness IMCI and communicable diseases management							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Emergency Preparedness and Response capacities</b>							
Conducts five days training to 20 project staff(8 Qualified nurse,4 auxillary nurse,4 mi-wife,4 nutrition screeners and 10 community volunteers on effective community health education and sensitization workshop in Dhusmareeb district.							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							
The overall monitoring and reporting responsibility will rest on the Program coordinator (PC) and health filed Supervisor and the Health Management Information System (HMIS) Officer based in Dhusamareeb and continuously goes to field to monitor the activities. The field supervisor will be supervising and monitoring the health teams on a daily basis and provide statistics and reports on the activity on a weekly basis. Photos will be taken to capture the distribution as a means of verification. The HMIS Officer will review monthly monitoring data against the indicators and targets set in the Results Framework as well as the detailed work plans developed by the PHC Supervisor. To ensure total inclusivity in its interventional approach, DEH will strengthen health service provision to the vulnerable population; work closely with Ministry of Health, and partners in South Galkacayo and Hobyo district. The objective is a holistic and all-inclusive approach that hosts and affected pastoral area that cannot be adequately covered. DEH has put in place a variety of Monitoring and Evaluation (M&E) tools that will be used to assess programme activities in the health service. DEH Primary Health Care Supervisor will provide support for supportive supervision of MoH staffs, training and other capacity building activities. Support supervision between DEH and Ministry of Health will be scheduled in order to enhanced the quality of the program.							
<b>Workplan</b>							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Health: Activity 1.1.1: Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections, sexually transmitted infections among others to Dhusamareeb IDPs	2018					X	X		X	X	X	X	X
	2019	X	X	X									
Health: Activity 1.1.2: Conduct routine and supplementary immunization against measles,pneumonia and other communicable disease to 6,200 children under the age of five years (3,000 boys and girls) , 2,000 Women of child bearing age through outreach Integrated emergency response service delivery sites at IDPs in Dhusamareeb	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Health: Activity 1.1.3: Through the IERT team provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections among others to vulnerable Boys,girls, Women and men in IDPs sites and host communities in Dhusamareeb IDPs	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Health: Activity 1.2.1: Conduct five days training for 16 DEH health staff (8 qualified nurses,4 qualified mid-wife,4 auxillary nurse) on integrated management of childhood illness IMCI and communicable diseases management	2018						X						
	2019												
Health: Activity 1.2.2: Conducts five days training to 20 project staff(8 Qualified nurse,4 auxillary nurse,4 mi-wife,4 nutrition screeners and 10 community volunteers on effective community health education and sensitization workshop in Dhusamareeb district.	2018					X							
	2019												
Nutrition: Activity 1.1.1: Screen and admit 1500 boys, 1500 girls and 2000 PLWs of severely malnourished without medical complications at Dhusamareeb District, through establishment of 4 Integrated Emergency response teams (IERT)	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.2: Provide treatment of severe acute malnutrition to 3000 (1500 boys and 1500 girls) children between age of 6-59 months through establishment of 4 Integrated Emergency response teams (IERT) living at Dhusamareeb IDPs	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.3: Provide multiple micro nutrient supplementation, Vitamin A and Iron folic supplementation to 5,000 acutely malnourished <5 children (boys 1,500) and girls (1,500) and 2,000 pregnant and lactating women in	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.4: Conduct regular group sessions at nutrition centres and in the community, reaching caregivers, both men and women, to promote optimal infant and young child feeding with support from community mobilisers and community nutrition volunteers. The IYCF counsellors will increase knowledge and practices of key nutrition actions. All mothers/caretakers will be screened for IYCF practices at nutrition centres. One-to-one counselling using illustrative IYCF counselling cards will be provided to PLW found to have breastfeeding difficulties or sub optimal IYCF practices. Key messages will be designed as small, do-able actions, and communications techniques will be used to promote the adoption of these actions.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.5: Through the 4 IERT team conduct weekly education on nutrition, health and hygiene promotion targeting mothers/caretakers of children 6-59 months and the general population to enhance optimum nutrition ,health and hygiene practices in the target district.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.6: Conduct five days training on Infant and Young Child Feeding (IYCF) care messages to 4 community health/hygiene promoters, 8 qualified nurse, nine (4) auxiliary nurse and nine(4) nutrition screeners to enable enhanced the effective and best practices of IYCF-E among the target population in Dhusamreeb district target IDPs sites	2018						X						
	2019												
Nutrition: Activity 1.1.7: Conduct Five days training on nutrition hygiene and health promotion to project staff and community health/hygiene promoters consisting of 4 community health workers/hygiene promoters, 8 qualified nurse and 4 auxiliary nurse. This will be able to enhance the services delivery among the community nutrition workers in Dhusamareeb	2018					X							
	2019												
Nutrition: Activity 1.1.8: Conduct five days training of Integrated Management of Acute Malnutrition (IMAM) for effective and efficient services delivery for 16 health and nutrition DEH project staff.	2018						X						
	2019												
Water, Sanitation and Hygiene: Activity 1.1.1: Distribute Hygiene kits to drought and AWD affected 2400 vulnerable families with severely malnourished children in the target IDPs to avoid the spread of AWD and risk of diseases among the communities in target areas. The hygiene kits will be distributes on the basis of most vulnerable and severely malnourished identified during the IERT screening and admission process. Each HP kit consists (200 aqua tabs, 3 soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity)	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									

Water, Sanitation and Hygiene: Activity 1.1.2: Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 6,000 (1000 men, 2000 women, 1500 boys, 1500 Girls) drought/AWD affected communities including IDPs through house to house, schools, health and nutrition centers' visits using trained 20 Community Hygiene Promoters (CHPs) and 4 public health workers from Dhusamareeb districts local authorities,Each CHP will reach 500 persons for every month by visiting house-to-house, schools, health facilities, feeding and nutrition centers and community gatherings. The HP will supervise, evaluate and give consultations and guidance to the CHPs in accordance to WASH cluster guideline and promotion of hand washing with soaps	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Water, Sanitation and Hygiene: Activity 1.1.3: In consultation with the community, identify 26 community Hygiene promoters from the community and 4 public health workers from the local authority, conduct 5 days training on best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, market	2019												
	2018					X							
Water, Sanitation and Hygiene: Activity 2.1.1: Conduct Hygiene promotion material dissemination of key hygiene messages and adoption of safe hygiene practices in communities' part of prevention of AWD/cholera outbreak	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Water, Sanitation and Hygiene: Activity 2.1.2: Conduct routine social mobilizations through the IERT team to the affected population in Dhusamareeb district.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									

#### OTHER INFO

##### Accountability to Affected Populations

DEH will ensure that it is accountable to the Affected Populations by providing leadership through the demonstration of commitment and ensuring feedback and accountability mechanisms are integrated into response mechanism, programme implementation, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting. Transparency by providing accessible and timely information to affected populations on organizational procedures, structures and processes. By having a feedback and complaints mechanism that actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly. By ensuring participation and enabling affected populations to play an active role in the decision-making processes that affect them and by designing, a monitoring and evaluation goals and objectives that are meant for the programmes with the involvement of affected populations.

##### Implementation Plan

DEH will implement this project directly whilst working closely with local authorities and partners at the field .The four IERT teams will consist of two qualified nurses, one auxiliary nurses, one mid wives, one Community Mobilizers,one nutrition screeners,one registrars and one security guards.The project will as well have HMIS officer,Finance,M&E officer to support the proper implementation of the program , The teams will be operational six days a week with 8 working hours per day to cover the large internally displaced person (IDPs) and host communities in the Dhusamareeb IDPs. Daily attendance sheets registration of the staffs and the patients shall be set up training for health staff on management of common illness training will be conducted. The training will enhance the capacity of the project staff to enable provide the primary health care services to the most vulnerable IDPs and host communities in target areas. Through this project, DEH shall provide daily consultation services, ANC, PNC and outreach services to the affected populations in the target district project locations.The project with the help of the project monitoring and evaluation as well as the health information management officer will documents the project lesson learnt and challenges for further programming as well as sharing the same with donors.This will be also shared with the DEH supportive team in the field that shall ensure the program is documented

##### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Galmudug regional line Ministry,UNICEF,SRDO	For accountability to the affected population,supportision and Supply

##### Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

##### Gender Marker Of The Project

1- The project is designed to contribute in some limited way to gender equality

##### Justify Chosen Gender Marker Code

Gender mainstreaming will be ensured in Health programming to provide equal access to health services for boys and girls, women and Men in the Health programme. The project will serve and respond to the gender needs of the draught affected pastoral communities by designing special interventions that respond to women and girls' needs, timeframes of services, toilets and water availability and locations and delivery by women wasn't supported. Also for capacity building both men and women will have equal opportunities and this includes also during capacity building of staff and CHWs. Recruitment of staff will also ensure equal opportunities for both men and women. Efforts will be made so that there is good representation of women and men during meetings at community level and supervision visits. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. DEH strongly supports equal employment opportunities for men and women and sees the inclusion of female staff as a tool for better addressing gender related matters of the beneficiaries. Therefore, an equal number of women and men will be trained and also DEH will maintain and ensure the current 50% Male and 50% Female staffing in all project activities. DEH has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of projects. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. The project will empower women and girls by including them in the training, social mobilization and activities

### **Protection Mainstreaming**

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries. The project will look at all in need as clients who have to be treated fairly and with dignity in particular children, the elderly, and persons with disabilities, widows, and female-headed households. They will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. DEH will apply a rights-based approach where the needs of ethnic minorities, women, the elderly, and people living with disability are promoted. Because of that, DEH will consult with the beneficiaries on the location of the health facilities so that they are chosen strategically in order to reduce gender based violence and other forms of violence and in a neutral location so that people from all ethnic groups in the area may be able to access healthcare. Through the provision of outreach services, DEH will be able to reach the underserved, the elderly and the weak and will be able to transport them to their settlement when necessary. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health committees which foster participation, empowerment and accountability.

### **Country Specific Information**

#### **Safety and Security**

DEH staff have access to the area and will be directly manning the facilities and providing services. However, security is unpredictable in Somalia and DEH will closely monitoring the situation with other actors. DEH will be participating in cluster forums and will be implementing all security advisories shared briefings. In the event of untoward activities, DEH will immediately notify the communities, MOH, the Health Cluster and UNOCHA and any other concern actors in the area.

#### **Access**

DEH has been working in this region since 2000 and enjoys the support of the community and the authorities. DEH has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. DEH 's services will be strategically placed and thus easily accessible to all the target draught affect, host communities and IDPs and vulnerable population and shall be accountable to all affected population in its area of operation.

### **BUDGET**

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

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

17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
20. Staff and Other Personnel Costs								
1.1	Program manger	D	1	1,800.00	12	100.00		21,600.00
	<i>The project manager will be based in the field. He/she is responsible the overall management of the project. His/her role includes: Coordinate project activities to ensure that the activities in each results area are implemented in accordance with the project agreement, monitor the procurement of goods and services for the project and ensure execution according to the rules and guidelines established by DEH monitor project implementation against the established indicators detailed in the project Logical Framework, conduct field visits as required to verify project activities relative to stated target. The salary of PM is US\$1800/month inclusive medical and security charges. SHF will contribute 100% of the salary.</i>							
1.2	Nutrition & Health officer	D	1	1,000.00	12	100.00		12,000.00
	<i>The project officer will be responsible for day to day field activities supervision, reporting and advising of the program IERT in each IDPs.plan and arrange community meetings, maintain close relationship with key stakeholders (state and non-state) and ensure adequate information flow, liaise with relevant members of staff as necessary to ensure efficient and effective implementation of the project, undertake closing out activities for the project which include final financial and technical reports, and the handing over of documents as necessary and undertake any other activity that may be necessary for the effective management of the project.He/she will be paid monthly salary of 1000\$ fo 12 months and SHF will pay 100% of the cost</i>							
1.3	Qualified nurse	D	8	400.00	12	100.00		38,400.00
	<i>8 Qualified will be employed who will be responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program. The nurses will continuously update patient's medical records to ensure information is up to date for appropriate decision-making. The nurses will be paid all-inclusive salary of @USD 400 per month for 12 month. SHF will pay 100% of the salary.</i>							
1.4	Qualified Mid-wife	D	4	400.00	12	100.00		19,200.00
	<i>Four midwives will be recruited for the project, two per health facility .They will expected to; examine and monitor pregnant women, assess care requirements and write care plans, undertake antenatal care, carry out screening tests, provide information, emotional support and reassurance to women and their partners, take patient samples, take and record patient vital signs, Monitor labor and provide skilled delivery to women. Detect, monitor, assist or refer complicated pregnancies for further management. Counsel and assess postnatal mothers and advise them on daily care of their newborn babies, help parents to cope with miscarriage, termination, stillbirth and neonatal death, and write records. The salary of midwives will be at US\$400 month. SHF will pay 100% of the midwives' salaries.</i>							
1.5	Auxillary nurse	D	4	200.00	12	100.00		9,600.00
	<i>Auxiliary Nurse supports the Qualified nurses and medical officers in the centers by providing assistance to patients include appetite test preparation for the children under five years before admission to avoid the children to vomit after treatment, daily hygiene assistance and they overall conditions of patients with hourly temperature checks and do blood pressure testing. The person will spend 100% of his/her time on this project and SHF will contribute 100% of the salary</i>							
1.6	Nutrition screeners	D	4	200.00	12	100.00		9,600.00
	<i>4 Screeners will be responsible for screening children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the IMAM guidelines, they will paid a salary of USD 200 per month for 12 month. SHF will pay 100% of the total cost</i>							
1.7	Nutrition registrars	D	4	200.00	12	100.00		9,600.00
	<i>4 Outpatient therapeutic program (OTP) registrars-1 per site will be employed who will maintain accurate records of all admissions, discharges, transfers and death in the program using Outpatient therapeutic program (OTP) Registers. Will be paid a salary of @USD 200 per month for 12 months will contribute 100% of the total cost.</i>							
1.8	Community health workers	D	4	200.00	12	100.00		9,600.00

	<i>Community health workers (CHW) are members of a community who are chosen by community members to provide basic health and medical care to their community capable of providing preventive, promotional and rehabilitation care to these communities. 4 community Health workers will be recruited in consultation and with the support of the community. Since they will be based community level, they will be expected to play major role the prevention and control of AWD/cholera currently active in target districts. The monthly salary of these group will be @USD 200 per month for 12 months, SHF will pay 100% of the total cost.</i>						
1.9	Security guards	D	4	150.00	12	100.00	7,200.00
	<i>The crowd control/security persons will be employed from the target communities in consultation with the village management committees and will be responsible for controlling crowd and ensuring systematic beneficiary flow. They will additionally ensure security of the team, beneficiaries and the supplies. The project will run 12 months and each will be paid t\$ 150 with SHF supporting 100% of the cost.</i>						
1.10	Finance officer	D	1	800.00	12	50.00	4,800.00
	<i>The finance officer: Will be based in Dhusamareeb office and spend 50% of his time on the project, he/she prepares all the financial documents and financial reports and keeps in record. The salary of finance officer is US\$800. SHF will contribute 100% of his/her salary,</i>						
1.11	HMIS officer	D	1	600.00	12	100.00	7,200.00
	<i>Health Management Information System (HMIS) Responsible for managing data that will be shared with the cluster and regularly prepare weekly and monthly surveillance data. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
	<b>Section Total</b>						<b>148,800.00</b>
<b>21. Supplies, Commodities, Materials</b>							
2.1	Medical supply	D	1	15,000.00	1	100.00	15,000.00
	<i>Essential drugs and related medical supplies will be purchased and transported to the point of use. The total cost will be USD 15,0000 as per the attached BOQ to be paid 100% by SHF.</i>						
2.2	Integrated management of childhood illness	D	1	4,201.00	1	100.00	4,201.00
	<i>This will cover the cost of conducting Integrated Management of Childhood Illness (IMCI) and Cholera/measles case management (10 Male and 6 female) participants for five days, covering staff refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ wills \$ 4201. SHF will contribute 100% of this Integrated Management of Childhood Illness (IMCI) and communicable disease management Training.</i>						
2.3	Infants and young child feeding in emergency (IYCF-E)	D	1	4,140.00	1	100.00	4,140.00
	<i>This will cover the cost of conducting Infants and young child feeding in emergency (IYCF-E) training for 16(6 Female, 10 Male) participants for five days, covering staff refreshment, venue rent and training materials. The cost of training as per attached detailed BoQ is \$4,140 . The participants will be DEH nutrition staff.).SHF will contribute 100% of this training.</i>						
2.4	Nutrition health and hygiene promotion training	D	1	3,548.00	1	100.00	3,548.00
	<i>This will cover the cost of the NHHP training to 12 project staff for 5 days training the cost will cover training materials, participants refreshments , training visibility and training certificates</i>						
2.5	IDPS latrine construction	D	40	400.30	1	100.00	16,012.00
	<i>Due to poor sanitation services within the target IDPs in Dhusamareeb DEH intends to constructs additional 40 household IDP latrines to enable it provide a better sanitation service to these vulnerable population as well as prevents AWD/cholera cases. DEH will ensure to follow the standardizes WASH cluster latrine construction designs and materials to ensure the value for the donor money. Each latrine will be constructed at an estimated price of \$ 400.5 as per attached BOQ and SHF will cater 100% of the cost for this activity</i>						
2.6	Hygiene kits distribution to vulnerable household	D	400	13.00	1	100.00	5,200.00
	<i>Project will target 400 HH with vulnerable severely malnourished under five children and will be provided with hygiene kits consisting of 20 Liter jerrican, water purification, Buckets and Aqua tabs. The hygiene will be distributed along with the treatments of severely malnourished children in IERT teams</i>						
2.7	Warehouse storage	D	1	450.00	12	100.00	5,400.00
	<i>The project will have one main warehouse in Dhusamareeb town which will facilitates with storage of the WASH, health and nutrition supplies .It will be rented at \$450 per months for 12 months and SHF will pay 100% of the project.</i>						
2.8	Mobile team stationaries	D	1	6,066.00	1	100.00	6,066.00
	<i>DEH intends to procure IERT teams station to facilitates smooth IERT teams work such stationary is like outpatient registers, under five and over five children registers, Antenatal register, post natal registers, Outpatient Therapeutic Program Cards, Admission cards, registers and Follow up files, this are stationaries required day to day nutrition and health sites using each new patient for the site needs a copy to be filled an admission card, Follow Up card through monitoring day to day weight of the patient, discharge card giving the patient after cured, also the cases that are suffering additional complications needs referral card or transfer card to Stabilization centers or Hospital, this are all medical related stationaries used in the sites. The total cost for the 6 months of the medical related stationary is \$6,426, SHF will contribute 100% for this specific nutrition and health related stationaries. Photocopy of Outpatient therapeutic program OTP, follow up cards, and Medical Prescription cards are needed, the papers are hard papers which is not possible to be printed out large numbers.</i>						

2.9	Integrated management of acute malnutrition training	D	1	4,140.00	1	100.00	4,140.00
	<i>This will cover the cost of conducting Integrated Management of Acute Malnutrition (IMAM) training for 16 (6 Female, 10 Male) participants for five days, covering staff refreshment, venue rent and training materials. The cost of training as per attached detailed BoQ is \$4,140.</i>						
2.10	Health education and sensitization workshop	D	1	5,781.00	1	100.00	5,781.00
	<i>Conduct five days training session to 20 project staff and 10 community volunteers for effective community health education, hygiene promotion and sensitization in Dhusamareeb target location, the training will cost \$5,781 of which SHF will provide 100% of the cost</i>						
	<b>Section Total</b>						<b>69,488.00</b>
<b>22. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>23. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>24. Travel</b>							
5.1	Project vehicle hire	D	2	1,800.00	12	100.00	43,200.00
	<i>Two vehicles will be rented for project. The vehicle will be used by the IERT mobile outreach team to deliver services to all operation sites as well as the monitoring of day to day project activities in the project sites. The vehicle rented at \$1800/month. SHF will contribute 100%</i>						
	<b>Section Total</b>						<b>43,200.00</b>
<b>25. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>26. General Operating and Other Direct Costs</b>							
7.1	Communication	D	1	12,000.00	1	20.00	2,400.00
	<i>This will facilitate the project staff and office coordination on the project implementation period. SHF will contribute 50% of the project while DEH will contribute the remaining 50%</i>						
7.2	Office rent-Dhusamareeb	D	1	800.00	12	50.00	4,800.00
	<i>DEH dhusamareeb office rent, the field office will provide smooth coordination and supervision of the teams. The office will be rented at \$ 800 and SHF will contribute 50% of the cost (\$400 per month)</i>						
7.3	Utility	D	1	4,800.00	1	40.00	1,920.00
	<i>Utilities used for office particular water and electricity bill. The SHF for this project will contribute 40%</i>						
7.4	Office stationary	D	1	3,084.00	1	100.00	3,084.00
	<i>Deh Dhusamareeb office stationary</i>						
7.5	Bank charges	D	1	5,857.00	1	100.00	5,857.00

	<i>2% of the overall program cost and will take of the banks transaction and withdrawals</i>		
	<b>Section Total</b>		<b>18,061.00</b>
<b>SubTotal</b>	491.00		<b>279,549.00</b>
Direct			279,549.00
Support			
<b>PSC Cost</b>			
PSC Cost Percent			7.00
PSC Amount			19,568.43
<b>Total Cost</b>			<b>299,117.43</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Galgaduud -> Dhusamarreeb -> Guri-Ceel	100	1,000	2,000	1,500	1,500	6,000	<p>Water, Sanitation and Hygiene: Activity 1.1.1: Distribute Hygiene kits to drought and AWD affected 2400 vulnerable families with severely malnourished children in the target IDPs to avoid t...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 6,000 (1000 men, 2000 women, 1500 boys, 1500 Girls) dr...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.1: Conduct Hygiene promotion material dissemination of key hygiene messages and adoption of safe hygiene practices in communities' part of prevention of...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.2: Conduct routine social mobilizations through the IERT team to the affected population in Dhusamareeb district.</p> <p>Nutrition: Activity 1.1.1: Screen and admit 1500 boys, 1500 girls and 2000 PLWs of severely malnourished without medical complications at Dhusamareeb District, through establi...</p> <p>Nutrition: Activity 1.1.2: Provide treatment of severe acute malnutrition to 3000 (1500 boys and 1500 girls) children between age of 6-59 months through establishment of 4 Inte...</p> <p>Nutrition: Activity 1.1.3: Provide multiple micro nutrient supplementation, Vitamin A and Iron folic supplementation to 5,000 acutely malnourished &lt;5 children (boys 1,500...</p> <p>Nutrition: Activity 1.1.4: Conduct regular group sessions at nutrition centres and in the community, reaching caregivers, both men and women, to promote optimal infant and youn...</p> <p>Nutrition: Activity 1.1.5: Through the 4 IERT team conduct weekly education on nutrition, health and hygiene promotion targeting mothers/caretakers of children 6-59 months and ...</p> <p>Nutrition: Activity 1.1.6: Conduct five days training on Infant and Young Child Feeding (IYCF) care messages to 4 community health/hygiene promoters, 8 qualified nurse, nine (4...</p> <p>Nutrition: Activity 1.1.7: Conduct Five days training on nutrition hygiene and health promotion to project staff and community health/hygiene promoters consisting of 4 communit...</p> <p>Health: Activity 1.1.1: Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in ...</p> <p>Health: Activity 1.1.2: Conduct routine and supplementary immunization against measles,pneumonia and other communicable disease to 6,200 children under the age of five years...</p> <p>Health: Activity 1.1.3: Through the IERT team provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin condi...</p> <p>Health: Activity 1.2.1: Conduct five days training for 16 DEH health staff (8 qualified nurses,4 qualified mid-wife,4 auxillary nurse) on integrated management of childhoo...</p>

Documents	
Category Name	Document Description
Budget Documents	DH BOQ 10-04-2018.xls
Budget Documents	8750-BOQ-29-04-2018-DEH FINAL.xlsx
Budget Documents	8750-BOQ-07-05-2018-DEH FINAL.xlsx
Budget Documents	BQO-2.5.xls
Budget Documents	Copy of 8750-BOQ-07-05-2018-DEH ocha comments 7 may 2018.xlsx
Budget Documents	Copy of Copy of 8750-BOQ-07-05-2018-DEH ocha comments 7 may 2018 v2.xlsx
Budget Documents	Final-8750-BOQ-12-05-2018-DEH.xlsx
Grant Agreement	HC signed GA DEH 8750.pdf