OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Humanitarian Initiative Just Relief Aid
Allocation Type :	Reserve 2017

Primary Cluster	Sub Cluster	Percentage
Nutrition		33.33
Health		33.34
Water, Sanitation and Hygiene		33.33
		100

Project Title :	Integrated emergency lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir (km 9-13 and beyond) and wadajir district
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-17/3485/R/Nut-H-WASH/NGO/6252
Cluster :		**Project Budget in US$:**	393,428.87
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	20/06/2017	**Planned End Date :**	20/12/2017
Actual Start Date:	23/06/2017	**Actual End Date:**	23/12/2017

Project Summary :

The project responds to the gender and age specific needs such as through integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir and compliments ongoing activities in Lafoole, Jamacadda Beeraha in Afgooye District and the Cholera treatment Center (CTC) at Banadir hospital; The project establishes 6 integrated emergency response team(IERT) in Banadir IDPs , Three IERT will be based in (Hawa abdi, Arbis and Wadajir-silica) another Three IERT will be based in Kahda IDPs camps (Tabeelaha,Garasbaaley and Weydow, Km13 ,Kalkaal and Albiri).HIJRA will focus on ensuring access to integrated health,nutrition and WASH services for the women, men, boys and girls along with the most vulnerable among these groups such as the youth, elderly, persons with disabilities and pregnant and lactating women. HIJRA engages the community in a sustainable and accountable manner to determine context and culturally appropriate need¬ based responses. The project shall recruit Integrated Emergency response teams (IERT0). HIJRA will perform mass hygiene promotion campaigns targeting people CTC Banadir hospital, outreach team and market centers in the IDPs of Wadajir and Kahada and KM13 and beyond. Door to door visit, public meetings, hygiene promotion training will be carried out as well. Hygiene kits will be distributed at Cholera treatment center (CTC) for caretaker. Water sources will be protected, in the short term chlorination at sources and household level will be emphasized. HIJRA will repair/construct safe water sources at water in Cholera treatment center (CTC) in Banadir hospital to improve hygiene and practices and access to safe and clean water. Latrine and hand washing facilities will be construct/repair at Cholera treatment center CTC in Banadir hospital for boys, girls, men and women. Distribution of IEC materials will complement the participatory hygiene promotion sessions. Cholera treatment center (CTC) will be mostly targeted as ambassadors of change. The provision of chlorine and aqua tabs whose use will be extensively explained during the training sessions is critical. HIJRA staff will apply the hygiene promotion guidelines and other essential materials to train the community on hygiene promotion best practices and community mobilization. It will also conduct campaign targeting IDPs settlements to sensitize the community and form community support groups to carry out weekly clean up campaigns and community sensitizations.
Through outreach team will provide of case management includes measles and acute watery diarrhea, capacity building of staff on proper diarrhea case management and referral of very sick patient after giving first aid to Banadir hospital and Afgoye hospital .Community health workers will detect active case of acute malnutrition and refer to IERT if without medical complication and to stabilization center if with medical complication .they will follow up progress of case. IERT will be trained on infancy young child feeding practice and Integrated management acute malnutrition (IMAM). IYF Promoter will perform breast feeding promotion and infancy young child feeding support through consulting one to one and workshop season, IERT will treat acute malnutrition case and referral with medical complication to stabilization center in Banadir hospital. Nutrition supply (plumbnut/RUTF) WASH (Hygiene kit, chlorine) and health (Drugs) will be received from UNICEF and WHO. Discussion with UNICEF for nutrition supply already started and good progress made and assured to provide us the supply.
HIJRA shall collaborate and coordinate with minister of health (MoH), UNICEF and WHO to ensure that supplies are available to outreach team. The project aims to reach 24500 beneficiaries comprising of boys (4500), girls (4,500), men (5,875), and women (9,625).

Direct beneficiaries :

Men	Women	Boys	Girls	Total
5,875	9,625	4,500	4,500	24,500

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,450	2,450	4,900
Internally Displaced People	4,399	4,603	2,050	2,050	13,102
Trainers, Promoters, Caretakers, committee members, etc.	1,476	2,817	0	0	4,293
Pregnant and Lactating Women	0	2,205	0	0	2,205

Indirect Beneficiaries :

800 beneficiaries coming from Badbaad IDPs and IDPs in Daynile site

Catchment Population:

65000

Link with allocation strategy :

HIJRA is plan to implement integrated emergency health, nutrition and WASH project in Banadir internal displaced populations (IDPs) particularly Silica –Wadir, Kahad side (Km8-13) and its beyond . The main objective of this project is to establish 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 Banadir (Wadajir -silica and km 9 to 13 and beyond). This is basically an outreach project. In Banadir Internal displaced population, level of acute malnutrition is critical and Inadequate and unsafe water, poor sanitation, and unsafe hygiene practices are behind the high incidents and causes of diarrhea, which results into high mortality and morbidity especially among under-5. An effective strategy to reduce the burden of diarrheal diseases is through the use of emergency health, nutrition and WASH intervention in the area .The proposed project is in line with the principal objective of the multi sector cluster objective and current strategic objective .the integration and live saving multisector services that aim to provide integrated live saving emergency services in order to alleviate current drought and prevent and control acute watery diarrhea to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir - Wadajir ,Kahda (km13 and beyond). Promotion, preventive and curative multisector emergency live saving services will be scaled up to prevent acute watery diarrhea to drought affected population in hard to reach Banadir (km9 to 13 and beyond) and Wadajir district. The main objective of this project is to establish 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 Banadir (Wadajir -silica and km 9 to 13 and beyond).

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
Dr.Mohamud Mohamed Hersi	Officer in charge	m.hersi@hijra.or.ke	+252615057981
Mohamed Dahir Fidow	executive director	m.dahir@hijra.or.ke	+254721840280

BACKGROUND

1. Humanitarian context analysis

The humanitarian situation in Somalia continues to deteriorate due to the severe drought, which started in the north in 2016 and is now affecting most of the country. The drought is also uprooting people, over 683,000 people have been displaced since November 2016, adding to the 1.1 million already internally displaced populations (IDPs). This includes 278,000 new internally displaced populations (IDPs) in the month of March alone, with 72,000 new arrivals in Mogadishu and majority hosted in Afgoye corridor Km9 to Km 13 and its beyond. The rapid scale of displacement increases the risk of family separation and gender-based violence. About 6.7 million people are in need of humanitarian assistance (OCHA, 2017). More than 1.5 million are women of child-bearing age and nearly 130,000 pregnant women may require urgent care. 3.2 million People will be in Crisis and Emergency (IPC Phases 3 and 4) through June. The nutrition situation has worsened and it is critical level among IDPs in Mogadishu and Baidoa (FSNAU, 2017) . an approximate 1.4 million Children (under five) will be acutely malnourished in 2017, including 376,000 severely malnourished. To curb the increasing cases of malnutrition 425 new nutrition service delivery facilities, including mobile sites, have been set up since the beginning of 2017. A total of 110,628 malnourished beneficiaries reached since January 2017 under therapeutic program as part of nutrition cluster pre-famine scale up plane. Of which 45,280 SAM and 50,983 MAM as well as 14,365 malnourished pregnant and lactating women (PLW) have also been served with lifesaving therapeutic service. Still this is not sufficient and requires further scale up for treatment and prevention of acute malnutrition.
Malnourished children are particularly vulnerable to measles. Reduced access to water contributes directly to malnutrition, and brings with it an increased risk of acute watery diarrhea (AWD)/cholera. An e estimated 4.5 million People are to be in need of water, sanitation and hygiene (WASH) assistance. Water price have been increased beyond the reach of many, resulted by inadequate water quantity and quality that increasing their risk of AWD/Cholera infection. Nearly 5.5 million people in Somalia are as a risk of acquiring chorea, Over 40403 cases of acute watery diarrhea/cholera have already been reported since the start of the year. This is well above the total caseload for 2016 (15,600 cases) (UNICEF, 2017). More than 693 people have died since January and the case fatality rate (CFR) stands at 1.7 per cent. About 8390 suspected measles cases reported since the beginning of the year of which, 66 per cent are of children under the age of 5 (WHO,2017).The WASH cluster reached more than one million people with temporary supply of safe water. The health cluster has established 65 acute watery diarrhea/cholera treatment facilities across the country this year. Some 338,671 people, 95 per cent of the Health Cluster monthly target, received primary and basic secondary health care services and 337,582 children under five year and pregnant and lactating women, 81 per cent of the Nutrition Cluster's monthly target, were treated for malnutrition(OCHA,2017).
HIJRA is prioritizing an integrated WASH, health and nutrition response to vulnerable and most acute watery diarrhea (AWD)/cholera affected communities in hard to reach area of Banadir (Wadajir-Silica, Kahda in km9 to 13 and beyond). This is basically an outreach project. With a focus on providing life-saving services basically case management including measles and acute watery diarrhea , Referral, Health education, sanitation and hygiene promotion, support hygiene kit and Information education and communication material distribution, screening and treatment of acute malnutrition infancy young child feeding promotion ,capacity building of staff and community.

2. Needs assessment

The current humanitarian situation in Banadir internal displaced populations are critical, especially among the most vulnerable communities, with boys and girls, under 5 years, pregnant and lactating women being the most affected. Kahda and Daynille districts (particularly Km 9-13 and beyond) have the highest number of settlements which are 262 settlements, over half of all settlements in Mogadishu. 54% of internal displaced populations lives in KM 9 to 13 and beyond of Banadir (UNHCR, 2016). The people were moved from lower and middle juba, Bay, Bakol, Gedo and lower Shebelle regions and still going on. Transmission of acute watery diarrhea /cholera still ongoing all district of Banadir region. According to the data from Banadir hospital shows 3702 case of Acute Watery Diarrhea /Cholera from 1st January to 23rd May 2017, more than 77 of cases has dead since of 1st January 2017 and case fatality rate is 2%. 35% of these cases arrived from silica wadajir and Km 9 to 13 and beyond, of these cases reported 21% women while 64% are children below 5 years. Transmission is facilitated by the scarcity of water and food, mass movement of the internal displaced populations (IDPs), poor hygiene and sanitation, and the lack of access to health services in Km 8 to 13 and beyond. Mogadishu IDPs, levels of acute malnutrition is Critical an Global acute malnutrition (GAM) is 15-30% while Severe Acute Malnutrition (SAM) is 4.1%, Crude Death Rate (CDR) is (06-0.71%) and Under Five Death Rate (USDR) (0.7-1.79%), (FSNAU, 2017). Since January 2017, HIJRA's health facility in Afgoye and Banadir reported 850 of severe acute malnourished (SAM) and 1430 moderate acute malnourished (MAM) children under 5 years and majority of those arrived km7 to 13 and beyond, 41 of measles case reported for same period and 10 dead, the other common diseases reported includes acute respiratory infection, skin diseases and anemia. HIJRA currently support cholera treatment center (CTC) in Banadir hospital funded by Somalia Humanitarian fund (SHF) and it is only referral in Banadir region. however this cholera treatment center (CTC) far from those IDPs in Km13 and beyond and they cannot afford to transportation fee, There is much need to scale up and provide integrated health ,nutrition WASH services to vulnerable and Acute watery diarrhea most affected population in Km9 to 13 and beyond . There are also few integrated health facilities but have limited capacity due to major stock-outs of supplies and some areas had no functioning health facilities. The current drought and subsequent population influx will create greater pressure on host communities and needs and increased health facility visits. Most of the new arrivals are sick and acute malnourished and need medical and nutrition attention among others.
The ministry of health (MoH) lacks the necessary capacity to respond to the ongoing crisis. It urgently requires support from competent non-governmental organizations such as HIJRA. Moreover, HIJRAs role implementing emergency Nutrition, WASH and Health activities in target area is a significant comparative advantage for integrating health, nutrition and WASH activities. Yet, successful endeavors to prevent waterborne diseases including cholera and acute malnutrition .will require strong leadership and coordination efforts. Beyond the acute emergency needs, HIJRA intends to integrate capacity building for Integrated emergency response team (IERT) ,community nutrition workers and community members on prevention of diarrhea and other epidemic disease acute malnutrition, as well as sensitization on community based approaches for safe motherhood health and infancy young child feeding practice. HIJRA plans to reach 5,875 Men, 4,500 Boys, 9625 Women and 4,500 girls in the target areas through the provision of integrated primary health care services, strengthening of the referral system and increasing community awareness/collaboration.

3. Description Of Beneficiaries

This proposed project will focus on to vulnerable and most Acute watery diarrhea (AWD)/cholera affected communities in hard to reach area of Banadir, including both internal displaced populations (IDPs) and vulnerable host communities in (Arbis,Haawo Abdi ,Alberi,Kalkaal,Km 13,Weydow,Garasbaaley ,Tabeelaha and Silica). Target plan to reach 5875 men, 9625 women, 4500 boys and 4500 girls. Within these target populations, the project will emphasis on ensuring access to integrated health, nutrition and WASH services for the women, men, boys and girls along with the most vulnerable among these groups such as the youth, elderly, persons with disabilities and pregnant and lactating women. In line with integrated health, nutrition and WASH cluster strategy, HIJRA will maintain its commitment to engaging with affected individuals and communities at all phases of the program cycle through the use of focus group discussions with women, men and youth on issues concerning their health. HIJRA engages the community in a sustainable and accountable manner to determine context and culturally appropriate need¬ based responses.
Direct beneficiaries:
Banadir IDPs in Wadajir and Kahada –km9 to Km13 and beyond) =24,500 beneficiaries
• Wadajir-Silica IDPs = 3200 beneficiaries
• Kahda-Tabeleha IDPs (Km9)= 3100 beneficiaries
• Kahda Garasbaley IDPs (Km10) = 2200 beneficiaries
• Kahda-Weydow IDPs (Km 11.5) = 3000 beneficiaries
• Kahda Km13 IDPs = 3400 beneficiaries
• Kahda-Kalkaal 14IDPs= 1700 beneficiaries
• Kahda-Alberi IDPs (Km14.5)=2100 beneficiaries
• Hawa Abdi (km19) =3100 beneficiaries
• Arbis (km 22) =2700 beneficiaries

Indirect beneficiaries: included those internal displaced populations (IDPs) and host community from Hodan, Dharkenley and Daynile districts of Banadir region approximately 800 People
This project will give particularly consideration for under 5 years and pregnant lactating women (4900 2205) respectively.

4. Grant Request Justification

The drought is uprooting people; over 683,000 people have been displaced since November 2016, adding to the 1.1 million already internally displaced Populations (IDPs). This includes 278,000 new internally displaced (IDPs) in the month of March alone, with 72,000 new arrivals in Mogadishu and majority hosted in Afgoye corridor Km7 to Km 13 and its beyond. The rapid scale of displacement increases the risk of family separation and gender-based violence. 6.7 million People are in need of humanitarian assistance (OCHA, 2017). An approximate 1.4 million Children (under five) will be acutely malnourished in 2017, including 376,000 severely malnourished. Mogadishu IDPs, levels of acute malnutrition is Critical, Global acute malnutrition (GAM) is 15-30% and Severe Acute Malnutrition (SAM) is 4.1%, (FSNAU, 2017). Since January 2017, HIJRA's health facility in Afgoye and Banadir reported 850 of severe acute malnourished (SAM) and 1430 moderate acute malnourished (MAM) children under 5 years and majority of those arrived km7 to 13 and beyond.
Malnourished children are particularly vulnerable to measles. Reduced access to water contributes directly to malnutrition, and brings with it an increased risk of acute watery diarrhea (AWD)/cholera. An estimated 4.5 million People are to be in need of water, sanitation and hygiene (WASH) assistance. Nearly 5.5 million people in Somalia are as a risk of acquiring chorea, Over 40,403 cases of acute watery diarrhea/cholera have already been reported since the start of the year. This is well above the total caseload for 2016 (15,600 cases) (UNICEF, 2017). More than 693 people have died since January and the case fatality rate (CFR) stands at 1.7%. More than 7,000 suspected measles cases reported since the beginning of the year of which, 51% are of children under the age of 5 (OCHA,2017).
Transmission of Acute watery diarrhea /cholera still ongoing all district of Banadir region, Km 9 -13 and beyond of Banadir reported highest number of cholera cases According to the data from Banadir hospital reported 3702 case of Acute Watery Diarrhea /Cholera from 1st January to 23rd May 2017, 77 of cases dead and case fatality rate is 2% which above threatened threshold. 35% of these cases arrived from silica wadajir and Km 9 to 13 and beyond, of these cases reported 21% women while 64% are children below 5 years. Transmission is facilitated by the scarcity of water, mass movement of the internal displaced populations (IDPs), poor hygiene and sanitation, food scarcity and the lack of access to health services. HIJRA has been most suited for meeting all needs elaborated above because of its experience Health nutrition and WASH more than 20 years. Core of HIJRA's integrated Emergency Response Team (IERT) will be composed by staffs who have been working with HIJRA as Health, WASH and Nutrition for at least past 2 years, all of which have experience in working in hard to reach area, and many of them have also protection background. The proposed action is intended to build upon the results HIJRA is currently achieving in the framework of its response to the present crisis.
HIJRA Has started project coordination agreement (PCA) discussion with UNICEF for nutrition supply at regional level and so far good progress made; they guaranteed to give us project coordination agreement (PCA) for nutrition supply after Somalia humanitarian Fund (SHF) agreement signed. HIJRA will strive to work with UNCEF through signing of Partnership Coordination Agreements to ensure nutrition supply is available and secured
The program will provide integrated lifesaving health/wash/nutrition services to vulnerable and most acute watery diarrhea (AWD)/cholera affected communities in hard to reach area of Banadir (Wadajir and km9 to 13 and beyond)in order to reduce the high maternal and child mortality rates while also strengthening the referral system and increasing the community awareness/ collaboration.

5. Complementarity

The proposed project will be implemented in an environment that is well known by HIJRA through the past and ongoing operation. The proposed project is intended to complement HIJRA's existing emergency and resilience intervention in the area funded mainly by SHF, European commission (EC) and Office of Foreign Disaster Assistance OFDA. Current running Programs in both localities (Afgoye and Banadir). In Afooye, for instance, we have a three year livelihood resilience program aimed at contributing to improved resilience and increased adaptive capacities for communities and households in the targeted areas of Afgooye district to protect their livelihoods over continuing shocks while Mogadishu and Afgoye corridor we have been also supporting IDPs for WASH by providing clean and safe water,dislodging latrine and hygiene awareness . We are also supporting cholera treatment center in Banadir hospital as well as other two health facilities in Afgoye through Somali humanitarian fund (SHF) funded
HIJRA and SOYDA already coordinated and agreed site of implementation as well as coordinated with concern worldwide and ACF and agreed the same to avoid overlapping and will also be used referral for cases that need threptic supplementary feeding program (TSTP) to be complementary each other so as to maximize impact. HIJRA already communicated UNICEF at regional level for project coordination agreement (PCA) for nutrition supply and progress has made.
The proposed project allowing guaranteeing the full complementary of the intervention with those already on-going maximizes the impact of the response. If approved, this project will guarantee coherence with the ongoing response, while strengthening the impact on the whole population of the area targeted by HIJRA program. Furthermore, having multiple projects in the area will allow having different background staff to ensure the best provision of activities to the populations in need and at the same time to optimize the operational and logistical cost linked to the action. Specifically, being this project part of a broader program of intervention by HIJRA in lower Shebelle and Banadir region and following the needs and logistic assessment on the ground, HIJRA is ready to start its operations with trained health staff and medical supply available to transfer skills and competences locally.

LOGICAL FRAMEWORK

Overall project objective

to establish 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 Banadir (Wadajir -silica and km 9 to 13 and beyond). This is basically an outreach project

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency,micronutrient interventions and optimal maternal nutrition.	2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response	50
Improve equitable access to quality lifesaving curative nutrition services through systematic identifi cation, referral and treatment of acutely malnourished cases	2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response	50

Contribution to Cluster/Sector Objectives : This project feeds in and contributes cluster sector objectives through establishing 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 Banadir (Wadajir -silica and km 9 -13 and beyond). Basically includes nutrition aspects which are treatment of acute malnutrition, referral and nutrition education.through outreach team base.

Outcome 1

Improved access to basic nutrition services through community based work-outreach team to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir (Wadajir and km9 to 13 and beyond).targeting 4900 of children under 5 years and 2205 of pregnant lactating women.

Output 1.1

Description

Improved case detection, prevention and intervention for the acutely malnourished among the vulnerable groups (4900 of under 5 years and 2205 of pregnant lactating women).through outreach team

Assumptions & Risks

if nutrition supply from UNICEF received on time with out delay that will contribute improving of case of malnourished, if not received or delayed will affect prevention and intervention for the acutely malnourished among the vulnerable groups (under 5 years and pregnant lactating women).

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	through outreach team number of children under 5 years screened, treated and refereed					4,900
Means of Verification : registered book,							
Indicator 1.1.2	Nutrition	Number of PLW receiving multiple micronutrients					2,205
Means of Verification : registered book,HMIS							
Indicator 1.1.3	Nutrition	Number OF health workers (integrated emergency response (IER) team) Trained on IMAM and IYCF					32
Means of Verification : Training report ,photos							
Indicator 1.1.4	Nutrition	Number of caregivers provided infancy young child feeding promotion					200
Means of Verification : photos,training report							

Activities

Activity 1.1.1

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

Screen,admit and treat cases of acute malnourished ,targeting 4900 (2450 boys and 2450 girls) children between age of 6-59 months through Integrated emergency response team (IERT) - outreach team base. as well as referral of acute malnourished with medical complication to stabilization center in Banadir hospital

Activity 1.1.2

Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women

Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2205 pregnant and lactating women in the target areas

Activity 1.1.3

Standard Activity : Capacity building

Train 14 (integrated emergency response (IER) team) at least 50% female on Integrated management acute malnutrition (IMAM) as well as train 18 (integrated emergency response (IER) team) (50% female) on infancy young child feeding (IYCF) practice

Activity 1.1.4

Standard Activity : Infant and young child feeding promotion

Organize two days orientation workshop to 200 caregivers (130 pregnant and lactating women, 40 women and 30 men) on infancy young child feeding promotion at target areas.

Additional Targets :

Health		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	2017-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	40
To contribute to the reduction of maternal and child morbidity and mortality	2017-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	30
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	2017-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	30

Contribution to Cluster/Sector Objectives : This project feeds in and contributes cluster sector objectives through establishing 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 Banadir (Wadajir -silica and km 9 13 and beyond). Basically includes case management includes Acute watery diarrhea , referral and health education.

Outcome 1

Improved access to basic emergency lifesaving health care services to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir (Wadajir km9 to 13 and beyond). targeting 5875 men, 4500 boys,4500 girls and 9625 women through outreach team

Output 1.1

Description

Basic lifesaving medical services improved to sick patients including AWD/Cholera patients and measles

Assumptions & Risks

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					35
Means of Verification : Registered books, HMIS							
Indicator 1.1.2	Health	Number of severe cases referred to health facility					300
Means of Verification : Regressed book,HMIS, weekly and monthly reports							
Indicator 1.1.3	Health	Number of integrated emergency response team (IERT) trained on proper case management of AWD/Cholera					12
Means of Verification : photos,trainig report							
Indicator 1.1.4	Health	number of children receive measles vaccine/treated					400
Means of Verification :							

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Provide basic live health care services, targeting 5875 men, 4500 boys,4500 girls and 9625 women through integrated emergency response team(IERT),providing treatment of endemic and epidemic diseases through distribution of full course treatment drugs for non-complicated cases treatable at community level

Activity 1.1.2

Standard Activity : Secondary health care and referral services

Identify and refer patients with medical severe cases that requires admission at health facilities after providing first aid services

Activity 1.1.3

Standard Activity : Secondary health care and referral services

Train 12 (integrated emergency response team) at least 50% female on proper case management of Acute watery diarrhea/cholera

Activity 1.1.4

Standard Activity : Immunisation campaign

Provide measles vaccination and case treatment for under 5 years children

Additional Targets :

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 need	2017-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 feeds in and contributes cluster sector objectives through establishing 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 Banadir (Wadajir -silica and km 8 to13 and beyond). Basically includes WASH aspects which includes hygiene and sanitation awareness

Outcome 1

improved access to Safe clean water, sanitation and Hygiene Promotion to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir IDPs of Wadir,Kahda and (km 13 and beyond),targeting 24500 people (9625 women, 5875 men, 4500 girls and 4500 boys)

Output 1.1

Description

Reduced Acute Water Diarrhea/cholera through access to Safe clean water, sanitation and Hygiene Promotion to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir IDPs of Wadir and (km 9-13 and beyond),targeting 24500 people (9625 women, 5875 men, 4500 girls and 4500 boys)

Assumptions & Risks

insecurity

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people benefited clean save water through rehabilitation of water source at cholera treatment center in Banadir hospital					2,000
Means of Verification : Photos,rehabilitation report							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people received clean save water through chlorination of water points					24,500
Means of Verification : Water quality test							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of community hygiene promoter and community volunteer identified and trained					45
Means of Verification : photos, training report							
Indicator 1.1.4	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					4,000
Means of Verification : Photos,Household tracking sheet and hygiene promotion report							
Indicator 1.1.5	Water, Sanitation and Hygiene	number of people benefited hygiene kit and IEC material distributed					3,000
Means of Verification : Photos,distribution list							

Activities

Activity 1.1.1

Standard Activity : Operation and Maintenance of WASH Infrastructure

Rehabilitate water supply system (fencing to protect water facility from contamination, construct of 1 kiosk in washing yard) and in cholera treatment center in Banadir hospital as well as rehabilitation of 6 latrines which is not cover the ongoing project .this will be benefited 2000

Activity 1.1.2

Standard Activity : Chlorination (stand alone separate to O&M)

Provide routine chlorination of the water points to maintain free residual chlorine of at least 0.2mg/l at household level of the camp. The chlorination will be done through batch methods by trained chlorinator assisted by borehole attendants at the water storage tanks before distribution to the water points that serve the IDPs in their respective camps. HIJRA Public Health Engineer will regularly conduct a jar test to ensure dosing rates at the tanks will yield sufficient residual chlorine at the household levels. HIJRA public health promotion officer will regularly conduct residual chlorine rests at sample households to ensure a residual of at least 0.2mg/l is available.HIJRA will ensure targeted approach and bucket disinfection at the water source is being done

Activity 1.1.3

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

In collaboration with social mobilizers, elders, Sheikhs, camp leader and other community to identify and select 18 community hygiene promoters and 27 community volunteers at least 50% women and train on public health promotion techniques.

Activity 1.1.4

Standard Activity : Community Hygiene promotion

Conduct Community mobilization and sensitization section on hygiene promotion through house to house visit and campaign, targeting 4000 people of which 65% are women and girls focusing on proper excreta disposal, proper hand washing, safe water handling, etc.

Activity 1.1.5

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

Support distribution of hygiene kits to discharged patients from Cholera treatment center (CTC) in Banadir hospital as well and distribution of information education and communication(IEC) materials to improve on their hygiene practices.this will be benefited 3000

Additional Targets :

M & R

Monitoring & Reporting plan

HIJRA has a field based team who monitors the implementation of the project against the agreed work plan and set targets on a day today basis. HIJRA has a technical team based in Mogadishu who will monitor the project on a weekly and monthly basis. A detailed project implementation plan will be developed before the start of the project activities. A technical person (project manager) will implement the project and he/she will be responsible for the overall integrated health, Nutrition and WASH activities in the area of operation. Monitoring tools to be used will include supervision checklists tally sheet and registered books. Reporting tools used will include monthly reports. All outreach team must be adapt integrated disease surveillance and response (IDSR) and to keep on time the reports and disease surveillance weekly report. Monitory and evaluation officer will be responsible to collect all reports from the outreach teams on time and report to program manager. Program manager will share reports to world health organization (WHO) and minister of health (MoH) on weekly and monthly based.
Training events are held in conjunction with the minister of health (MoH)), HIJRA, and on occasions consultants, WHO. Training reports are submitted to the health coordinator.
Rehabilitation is monitored by the public health engineer who submits a rehabilitation report, including photos, on completion

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide basic live health care services, targeting 5875 men, 4500 boys,4500 girls and 9625 women through integrated emergency response team (IERT),providing treatment of endemic and epidemic diseases through distribution of full course treatment drugs for non-complicated cases treatable at community level	2017						X	X	X	X	X	X	X
Activity 1.1.1: Rehabilitate water supply system (fencing to protect water facility from contamination, construct of 1 kiosk in washing yard) and in cholera treatment center in Banadir hospital as well as rehabilitation of 6 latrines which is not cover the ongoing project .this will be benefited 2000	2017							X	X				
Activity 1.1.1: Screen,admit and treat cases of acute malnourished ,targeting 4900 (2450 boys and 2450 girls) children between age of 6-59 months through Integrated emergency response team (IERT) - outreach team base. as well as referral of acute malnourished with medical complication to stabilization center in Banadir hospital	2017						X	X	X	X	X	X	X
Activity 1.1.2: Identify and refer patients with medical severe cases that requires admission at health facilities after providing first aid services	2017						X	X	X	X	X	X	X
Activity 1.1.2: Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2205 pregnant and lactating women in the target areas	2017						X	X	X	X	X	X	X

Activity 1.1.2: Provide routine chlorination of the water points to maintain free residual chlorine of at least 0.2mg/l at household level of the camp. The chlorination will be done through batch methods by trained chlorinator assisted by borehole attendants at the water storage tanks before distribution to the water points that serve the IDPs in their respective camps. HIJRA Public Health Engineer will regularly conduct a jar test to ensure dosing rates at the tanks will yield sufficient residual chlorine at the household levels. HIJRA public health promotion officer will regularly conduct residual chlorine rests at sample households to ensure a residual of at least 0.2mg/l is available.HIJRA will ensure targeted approach and bucket disinfection at the water source is being done	2017						X	X	X	X	X	X	X
Activity 1.1.3: In collaboration with social mobilizers, elders, Sheikhs, camp leader and other community to identify and select 18 community hygiene promoters and 27 community volunteers at least 50% women and train on public health promotion techniques.	2017						X	X					
Activity 1.1.3: Train 12 (integrated emergency response team) at least 50% female on proper case management of Acute watery diarrhea/cholera	2017						X	X					
Activity 1.1.3: Train 14 (integrated emergency response (IER) team) at least 50% female on Integrated management acute malnutrition (IMAM) as well as train 18 (integrated emergency response (IER) team) (50% female) on infancy young child feeding (IYCF) practice	2017						X	X					
Activity 1.1.4: Conduct Community mobilization and sensitization section on hygiene promotion through house to house visit and campaign, targeting 4000 people of which 65% are women and girls focusing on proper excreta disposal, proper hand washing, safe water handling, etc.	2017						X	X	X	X	X	X	X
Activity 1.1.4: Organize two days orientation workshop to 200 caregivers (130 pregnant and lactating women, 40 women and 30 men) on infancy young child feeding promotion at target areas.	2017							X	X				
Activity 1.1.4: Provide measles vaccination and case treatment for under 5 years children	2017						X	X	X	X	X	X	X
Activity 1.1.5: Support distribution of hygiene kits to discharged patients from Cholera treatment center (CTC) in Banadir hospital as well and distribution of information education and communication(IEC) materials to improve on their hygiene practices.this will be benefited 3000	2017							X	X	X	X	X	

OTHER INFO

Accountability to Affected Populations

HIJRA acknowledges and bides by the humanitarian codes which require Accountability to target beneficiaries as pillar in delivering humanitarian aid to needy people. Community based Health Nutrition and WASH management committee (HNWMC) will be formed by the target community. The committee will be formed based on community based selection criteria which will be developed with the community. The formation process will ensure representation and active participation of women with target of at least 70% of its members being women. In addition, the committee will comprise of representatives from the internal dispalaced population (IDP) or village community i.e(IDP/village leader, Shiekh, teacher) and Health workers. These Community based Health Nutrition and WASH management committee (HNWMC) will be the center-pole in leading the program management (implementation, monitoring and evaluation process) so as to increase accountability and community participation. The role & responsibilities of the health management committee (HMC) will include; management of beneficiary complaints and provision of feedback mechanisms, conflict resolution to ensure the adherence to the principle of Do-No-Harm approach is used during the entire project cycle. the health committee will be trained so as to enable them participate awareness campaigns and support the planning of mobile outreach events to ensure that access to basic health services is provided to all target areas. As members of the management committee, the community will be key focal point in promotion of behavior change through community's active participation of awareness campaign sessions.
Program monitoring and evaluation process will be conducted through community participatory approach where communities will be actively involved and the sample size for households/individuals interviews will be based on target population size and calculated scientifically to ensure that response and information gathered is sufficient and none-biased.
In addition to community based Health,Nutrtion and WASH management committee, Hijra has Beneficiary protection desk aimed at increasing our accountability to our target beneficiaries. The beneficiary Protection desk will handle complaint and feedback mechanisms, the desk will receive complaints from beneficiaries, local authorities, inernal displaced person (IDP) Leaders, other agencies and any other project stakeholder. Complaints will be channeled either through phone call or direct visit our offices located at KM5 area. All beneficiaries and camp leaders will be able to access the organization hotline during community mobilization and sensitization period.
Specific emphasis will be to ensure that mechanisms are put in place to protect beneficiaries against any sexual exploitation while accessing project intervention. Thus, close monitoring will be done on Protection against Sexual Exploitation (PASE) of Female beneficiaries and female program staff. All complaints regarding program implementation will be channeled wither through the community volunteer, camp leaders, or reported to Hijra staff and office via direct visits or phone calling.

Implementation Plan

This project will be implemented integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach area of Banadir (km 13 and beyond). Each integrated emergency response teams (IERT) will constitute of (doctor who lead, 2 nurse, midwife and community health workers) screener, register, infancy young child feeding promoter, community hygiene prompter and community volunteer can be deployed into target areas to provide timely relief and essential life-saving services to people affected in target areas, HIJRA outreach mobile teams are already operational; however this additional funding will allow HIJRA to recruit additional technical team members to expand its current scope of operations. Integrated Emergency intervention will be coordinated through the respective clusters and the Operational Working Group, will abide by core humanitarian principles ensuring acceptable standards of direct delivery, accountability, and monitoring and will observe closely for any unnecessary risks to which beneficiaries might be exposed. HIJRA will perform mass hygiene promotion campaigns targeting people CTC Banadir hospital, outreach team and market centers in the IDPs of Wadajir and Kahada and KM13 and beyond. Door to door visit, public meetings, hygiene promotion training will be carried out as well. Hygiene kits will be distributed at CTC for caretaker. Water sources will be protected, in the short term chlorination at sources and household level will be emphasized. HIJRA will repair/construct safe water sources at water in CTC in Banadir hospital to improve hygiene and practices and access to safe and clean water. Latrine and hand washing facilities will be construct/repair at CTC in Banadir hospital for boys, girls, men and women. Distribution of IEC materials will complement the participatory hygiene promotion sessions. CTC will be mostly targeted as ambassadors of change. HIJRA will procure hygiene kits within the country or contract suppliers in the target areas in order to procure the hygiene kits. The provision of chlorine and aqua tabs whose use will be extensively explained during the training sessions is critical. HIJRA staff will apply the hygiene promotion guidelines and other essential materials to train the community on hygiene promotion best practices and community mobilization. It will also conduct 3 days workshops targeting villages to sensitize the community and form community support groups to carry out weekly clean up campaigns and community sensitizations.
Through IERT will provide of case management includes measles and acute watery diarrhea, capacity building of staff on proper diarrhea case management and referral of very sick patient after giving firsrt aid to Banadir hospital and Afgoye hospital .Community health workers will detect active case of acute malnutrition and refer to IERT if without medical complication and to stabilization center if with medical complication .they will follow up progress of case. IERT will be trained on infancy young child feeding practice and integrated management acute malnutrition (IMAM).IYF promoter will perform breast feeding promotion and infancy young child feeding support through consulting one to one and 2 days' workshop, IERT will treat acute malnutrition case and referral with medical complication to stabilization center in Banadir hospital. Nutrition supply (plumbnut/ Ready to use therapeutic feeding (RUTF)) and others WASH (Hygiene kit, chlorine) and health (Drugs) will be received from UNICEF and WHO. Discussion with UNICEF for nutrition supply already started and good progress made and assured to provide us the supply. HIJRA Integrated emergency response teams will be supported from the HIJRA's Mogadishu office from technical adviser WASH, Health and nutrition. HIJRA will regularly compile and circulate weekly and monthly reports to World health organization (WHO), UICEF, and Minister of health (MOH).

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	for provision of Hygiene kit ,chlorine and nutrition supply
WASH Cluster in Mogadishu and Nairobi	Information sharing and coordination
Health cluster members eg SYDO and WARDI	Information sharing and coordination
Nutrition cluster in Mogadhu and Nairobi	Information sharing and coordination
WHO	Information sharing and provision of medical supply
health cluster in Mogadishu and Nairobi	Information sharing and coordination
MOH	Information sharing and coordination
Concern ,ACF and save children	information sharing and coordination and use referral to TSFP
Banadir hospital	referral for complicated acute malnutrition(SAMand MAM) to Stabilzation center in Banadir hospital

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

All HIJRA project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs. For implementation, the gender breakdown of the staff hired by HIJRA is also considered as an important component of gender mainstreaming. HIJRA aims to have at least 50% of integrated emergency response teams (IERT) and community volunteers (CV) will be female. Furthermore, gender disaggregation is critical in HIJRA's standard operating procedures for best practice of collection and analysis of beneficiary health data.

Protection Mainstreaming

This project has seriously taken a note that women and girls are at increased risk of violence due to the on-going civil unrest in this project area and may be unable to access assistance or make their needs known. On the other side the men?s roles as protectors in this otherwise conflict affected area has placed them on greater responsibility for risk taking. HIJRA Somalia therefore has first taken account of the different needs, recognize the potential barriers faced and ensure women and men access health services equally. All data will be disaggregated by sex and age and apply a gender analysis. HIJRA will involve from the outset women, girls, boys and men, including those that belong to the vulnerable groups, in health assessments, priority setting, programme design, interventions and evaluation. All health consultations, examination and care will be in privacy. Health personnel (women and men) will be adequately represented in gender theme groups, Communication strategies will highlight specific health risks affecting women and men, as well as targeting adolescent girls and boys in local Somali language and include physical and mental health services and their locations and ensure all hard to reach vulnerable members are fully aware of the existing services
Conflict sensitivity in the program; do-no-harm approach
Protection of women against Gender Based Violence (GBV); The program provides a provision to mainstream GBV monitoring and prevention mechanisms including; provision of referral notes to victims of GBV, gathering data of GBV cases in the program target areas and providing regular reports to relevant stakeholders including protection cluster as well as specific agencies that thematic focus is to prevent GBV in Somalia.

Country Specific Information

Safety and Security

The project will make sure that integrated emergency response teams (IERT) shall be physically accessible and within safe reach for all sections or groups of the population through established outreach mobile team. The project will take into account the needs of particular groups of people in special needs that include but not limited with, disabled people, pregnant and Lactating women and the elderly persons of the community. Community based health management committee will be formed by the target IDP community. The committee will be formed based on community based selection criteria which will be developed with the community. Part of the role & responsibilities of the Health,Nutrtion and WASH Management Committee (HNWMC) will include; management of beneficiary complaints and provision of feedback mechanisms and conflict resolution to ensure the adherence to the principle of Do-No-Harm approach is used during the entire project cycle. This will ensure Safety and Security for both Program staff and our target beneficiaries.

Access

The project site has been in operation since 2011and theHIJRA are quite familiar with the site therefore no challenges expected during the implementation period

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% 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							
1.10	Midwives	D	6	400.00	6	100.00	14,400.00
	1 midwife for each 6 integrated emergency response treatment (IERT), A total are six .midwife performs the important task of educating patients about preventative care and prescribed treatments for women childbearing age(WCBA) and pregnant and lactating women providing iron folic acid ,micronutrient as well as treating (PLW and also provide referral for the complicated pregnancy . They will record and keep the data. S/he participate community health, nutrition and hygiene education awareness). S/he also responsible for provide health, nutrition and hygiene education awareness. Each midwife will pay 400USD						
1.11	Public health promoter	D	1	700.00	6	100.00	4,200.00
	Provide technical support to team and on job training for community hygine promotor and ensure proper hygiene massages reached to community. S/he participate WASH cluster meeting.100% of his/her salary will be charged						
1.1	Executive director	D	1	5,000.00	6	10.00	3,000.00
	The Executive director (ED) will provide overall coordination of the efforts of the relevant managers in order to ensure the timely and effective delivery of the project. The ED will spend 10% of his time on the project to ensure its successful implementation and really needed his commitment on this project . Time allocation 10% of monthly $5000 for 6 months.						
1.2	Project manager	D	1	1,500.00	6	100.00	9,000.00
	Will recruit project manager and coordinate the project and will also oversee quality control of the project throughout its life cycle. S/He will spend 100% of his time on the project to ensure its successful implementation (100% of monthly $1500 for 6 months. s/he will represent on behalf organization in coordination meeting. He will report to health coordinator						
1.3	Program Accountant	D	1	1,200.00	6	50.00	3,600.00
	he Program Accountant will process the financial data (receipt of grants and expenditure monitoring and accounting) and generate the required monthly reports for the project. He will be required to co-ordinate the accounting work at the field office (Mogadishu) throughout the life of the project. Time allocation is 50% of monthly $1200 for 6 months. Based in Mogadishu						
1.4	Human Resources & Admin Officer	D	1	700.00	6	50.00	2,100.00
	Provides administrative support in terms of recruitment of project staff, staff record management, staff leave management and payroll processing.50% of his or her salary will be charged to this project						
1.5	Communication officer	D	1	1,500.00	6	50.00	4,500.00
	Responsible for Draft case studies and relevant project documents and develop key promotional messages in consultation with the project team Participate in developing and evaluating feasibility, efficiency and quality of Information Education and Communication (IEC) materials.50% of his/her salary will be charged						
1.6	Logistic and procurement officer	D	1	1,000.00	6	50.00	3,000.00
	Responsible for shipping, warehousing and procurement of project supplies.50% of his or her salary will be charged to this project						
1.7	Integrated emergency team (IERT) supervisor	D	2	800.00	6	100.00	9,600.00
	1 integrated emergency team (IERT) supervisor will be needed to supervise each 3 outreach team. S/he responsible toll provide necessary support needed. Also will supervise community volunteer and ensure the activities is running as planned. Total (IERT) supervisor are two and each will pay 800						
1.8	Doctors	D	6	1,000.00	6	100.00	36,000.00
	1 doctor for each Integrated emergency response team (IERT). Doctors will lead and provide guidance and support to all staff in the outreach team; s/he will be responsible for decision of referral cases which needed supported. Doctor will be paid 1000 per month for 6 months. a total doctors are 6 .						
1.9	Nurses	D	12	400.00	6	100.00	28,800.00

	2 nurses will be required for each 6 integrated emergency response team (IERT) one nurse o will be responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program another will be responsible for preventativand case management including acute watery diarrhea and referal for very sick patient . The nurses will continuously update patients' 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 6month.SHF will pay 100% of the salary.						
1.12	Community Health Workers	D	6	200.00	6	100.00	7,200.00
	one Community Health Worker (CHW) for each 6 integrated emergency response treatment (IERT) and will responsible for community social mobilization ,education and awareness as well as follow up of malnutrition cases and track defaults and mobilizing community to bring their children for immunization						
1.13	Community hygiene promoter	D	18	200.00	6	100.00	21,600.00
	Two for each 9 Internal displaced population sites; total 18 will be recruited from the target camps and well trained to provide preventive and promotive services at the community level. Their primitive and preventive work will include; hygiene and sanitation promotion, child care ,household water treatment. Will paid a salary of USD 200 each per month for 6 months with SHF contribution 100% of the total cost						
1.14	infancy young child feeding promotoer	D	6	400.00	6	100.00	14,400.00
	One for each outreach team and will perform infancy young child feeding promotion through face to face and campaign targeting pregnant and lactating women as well as men						
1.15	Screen-one per mobile team	D	6	200.00	6	100.00	7,200.00
	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.four screeners will be employed with all inclusive salary of USD 200 per month for 6 month. SHF will pay 100% of the total cost.						
1.16	Registrars	D	6	200.00	6	100.00	7,200.00
	1registrar per outreach team will be employed who will maintain accurate records of all admissions, discharges, transfers and death in the program using OTP registers. Will be paid an all-inclusive salary of @USD 200 per month for 6 months will contribute 100% of the total cost.						
1.17	Public health engineer	D	1	1,300.00	6	100.00	7,800.00
	Public Health engineering to work as part of integrated emergency response team to enable HIJRA respond quickly to the Public Health Engineering/Water and Sanitation requirements for internally displaced people and host communities affected by drought. The work will involve leading and coordinating the implementation of quality projects in the area of water and sanitation and relevant engineering activities by providing management and technical guidance and expertise. A Time allocation is 100% of monthly $1300 for 6 months.						
1.18	Health management and information system (HMIS) officer	D	1	600.00	6	100.00	3,600.00
	Responsible for collection of data on daily, weekly and monthly base and compiling and send to IERT supervisor.						
	Section Total						**187,200.00**
21. Supplies, Commodities, Materials							
2.11	Medical Expendables	D	1	3,150.00	1	100.00	3,150.00
	Project will procure medical devise to Integrated emergency response team includes Gloves, Bandage ,sterile gauze, adhesive plasters and etc .will benefited 24500 people For further attached BOQ						
2.12	Workshop to educate care givers on infancy young child feeding (IYCF) practices	D	1	14,790.00	1	100.00	14,790.00
	two days orientation workshops for 200 caretaker infancy young child feeding practices , Care takers will stay in the training session for two days, therefore, HIJRA will give them incentives to maintain the expenses of their households for the two days that they will not able to search the daily bread for the households. Attached BOQ for further detail						
2.9	Rehabilitation of Water source(Borehole) & Toilets Of Banadir Hospital at cholera treatment center	D	1	17,020.00	1	100.00	17,020.00
	Rehabilitate water supply system (fencing to protect water facility from contamination, construct of 1 kiosk for washing yard) and Rehabilitate of 6 latrines which in not coved ongoing project. 2000 people will be benefited. For detail attached BOQ						
2.10	Basic lab supplies	D	1	4,330.00	1	100.00	4,330.00
	Procure basic lab supplies includes malaria diagnostic test, pregnant test, and glucose test to facilitate to reach diagnosis and treat properly. This will be benefited 24500 people. Attached BOQ as detail						
2.1	Essential medicine	D	1	19,344.95	1	100.00	19,344.95
	Project will procure and distribute essential drugs to all outreach mobile team .for detail attached BOQ. These essential drugs will be benefitted 24,500 beneficiaries.						
2.2	Freight Transport cost for Materials	D	1	4,850.00	1	100.00	4,850.00
	Since the Medicines will be purchased from Kenya, the cost will cater for the shipping of such drugs, equipment and basic lab items to Mogadishu warehouse as well as transportation drug to field and each truck size is one tonne. as per the BOQ						

2.3	Outreach mobile clinic furniture	D	1	2,000.00	1	100.00	2,000.00
	Six outreach teams shall be equipped with an assortment of furniture, which shall comprise of a set of table and chair as well as cupboard and shelf in office using for document keeping as detailed in the attached BOQ.						
2.4	Stationery for health and nutrition	D	1	6,860.00	1	100.00	6,860.00
	The project will procure stationeries for health and nutrition this will include registered books, medical prescription note and for detail attached BOQ						
2.8	Training 18 community hygiene promoter and 27 community volunteer (CV) ON Hygiene promotion	D	1	8,228.00	1	100.00	8,228.00
	Training 18 community hygiene promoter and 27 community volunteer (CV) at least 50% women for Hygiene promotions.training will be 3 days. Further detail attached BOQ						
2.5	Training 14 health workers (integrated emergency response team) on Integrated Management of Acute Malnutrition Guidelines	D	1	5,379.00	1	100.00	5,379.00
	Training 14 health workers (integrated emergency response team) at least 50% women on Integrated Management of Acute Malnutrition Guidelines .training duration will be 5 days for detail see attached BoQ						
2.6	Training 18 health workers (integrated emergency response team) on infancy young child feeding (IYCF) Practices	D	1	6,410.00	1	100.00	6,410.00
	Training 18 health workers (integrated emergency response team) at least 50% women on infancy young child feeding (IYCF) Practices. training will be 5 days. For detail see attached BoQ						
2.7	Training 12 health workers (integrated emergency response team) on proper case management	D	1	4,859.00	1	100.00	4,859.00
	Training 12 health workers (integrated emergency response team) at least 50% women on proper case management. training duration will be 5 days.For detail see attached BoQ						
	Section Total						**97,220.95**
22. Equipment							
3.1	Medical and nutritional equipment	D	1	7,429.58	1	100.00	7,429.58
	Project will procure medical and nutrition equipment to Integrated emergency response team includes Sphygmomanometer, (adult),aneroid, Stethoscope,binaural,complete, MUC tape, Adult scal. For further attached BOQ						
	Section Total						**7,429.58**
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
24. Travel							
5.1	Transport for outreach teams (two for supervisors)	D	6	1,875.00	6	100.00	67,500.00
	The six vehicles shall be used to transport six outreach teams to different locations (9 locations) as well as for supervision and monitoring. That location is different to previous location which ongoing project is covering. For further detail see attached beneficiary list and their locations as well as comment section. The cost of hiring a vehicle is averagely USD 75 per day running for 25 days in a month						
5.2	Travel cost	D	1	3,840.00	1	100.00	3,840.00
	Travel cost for 3 staff (Program Accountant, Project manager and health coordinator) from Mogadishu to Nairobi and back are expected. The staff travelling to Nairobi will be accommodated and paid per-diem(Rate is USD 30 and accommodation is 70 USD Per night. they will stay 7 days and total days for 3 staff will be 21 .BoQ attached						
	Section Total						**71,340.00**
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	Communication (airtime expenses)	D	5	150.00	6	100.00	4,500.00

	Airtime communication cost to be used by the project manager, 2 integrated emergency response supervisor, public health promoter and public health engineer for the day to day communication through project cycle. For further detail attached BOQ.			
	Section Total			**4,500.00**
SubTotal		102.00		**367,690.53**
Direct				367,690.53
Support				
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				25,738.34
Total Cost				**393,428.87**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu -> Mogadishu	100	5,875	9,625	4,500	4,500	24,500	Activity 1.1.1 : Provide basic live health care services, targeting 5875 men, 4500 boys,4500 girls and 9625 women through integrated emergency response team(IERT),providing treatment of endemic and epidemic diseases through distribution of full course treatment drugs for non-complicated cases treatable at community level Activity 1.1.1 : Screen,admit and treat cases of acute malnourished ,targeting 4900 (2450 boys and 2450 girls) children between age of 6-59 months through Integrated emergency response team (IERT) - outreach team base. as well as referral of acute malnourished with medical complication to stabilization center in Banadir hospital Activity 1.1.2 : Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2205 pregnant and lactating women in the target areas Activity 1.1.2 : Identify and refer patients with medical severe cases that requires admission at health facilities after providing first aid services Activity 1.1.3 : Train 12 (integrated emergency response team) at least 50% female on proper case management of Acute watery diarrhea/cholera Activity 1.1.3 : Train 14 (integrated emergency response (IER) team) at least 50% female on Integrated management acute malnutrition (IMAM) as well as train 18 (integrated emergency response (IER) team) (50% female) on infancy young child feeding (IYCF) practice Activity 1.1.4 : Organize two days orientation workshop to 200 caregivers (130 pregnant and lactating women, 40 women and 30 men) on infancy young child feeding promotion at target areas. Activity 1.1.4 : Provide measles vaccination and case treatment for under 5 years children

Documents

Category Name	Document Description
Project Supporting Documents	HIJRA_SHF_Integrated_Health_Nutrition_WASH_Consolidated_Bill of Quantities.xlsx
Project Supporting Documents	HIJRA SHF Benficiaries and locations.xlsx
Project Supporting Documents	ASSESSMENT PHOTOS OF BANADIR WATER RESOUCSE.pdf

Project Supporting Documents	HIJRA SHF Benficiaries and locations.xlsx
Project Supporting Documents	HIJRA_SHF_Integrated_Health_Nutrition_WASH_Consolidated_Bill of Quantities_Updated.xlsx
Project Supporting Documents	Training plan.docx
Revision related Documents	HIJRA_SHF_Integrated_Health_Nutrition_WASH_Consolidated_Bill of Quantities_revision 1.xlsx
Revision related Documents	HIJRA_SHF_Integrated_Health_Nutrition_WASH_Consolidated_Bill of Quantities_Revised.xlsx
Revision related Documents	HIJRA_SHF_Integrated_Health_Nutrition_WASH_Consolidated_Bill of Quantities_Revised 2.xlsx
Revision related Documents	Training plan revised.docx
Revision related Documents	HIJRA_SHF_Integrated_Health_Nutrition_WASH_Consolidated_Bill of Quantities_Revised 3.xlsx
Grant Agreement	HC signed HIJRA GA 6252.pdf
Grant Agreement	HC signed HIJRA GA 6252_Signed by HIJRA.pdf