OCHA Coordination Saves Lives — **Project Proposal**

Requesting Organization :	Qatar Red Crescent Society
Allocation Type :	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)

Primary Cluster	Sub Cluster	Percentage
Food Security	Improved Food access: Blanket Household support-Food	34.00
Health	General clinical services	26.00
Nutrition	Stabilization centre (SC)	14.00
Water, Sanitation and Hygiene	Berkad NEW	26.00
		100

Project Title :	Improved access to lifesaving Integrated Health, Nutrition, WASH and Food Security interventions to vulnerable IDPs, host community and returnees in Afgoye.
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-17/3485/R/FSC-H-Nut-WASH/O/6664
Cluster :		**Project Budget in US$:**	699,352.68
Planned project duration :	9 months	**Priority:**	
Planned Start Date :	28/09/2017	**Planned End Date :**	28/06/2018
Actual Start Date:	28/09/2017	**Actual End Date:**	28/06/2018

Project Summary :

The project propose integrated interventions in Food security, Nutrition, WASH and Health targets 24,000 HHS in Afgoye comprising of Internally Displaced Persons, host communities, and returnees translating to estimated 144,000 population. The proposed interventions seek to reach to 115,201 direct beneficiaries, translating to 80% of target population, in some cases benefeciaries being reached by more than one intervention. The targeted beneficiaries, are spread in Afgoye township and rural, Arbis, Lafoole, and K13. The project will target IDPs and the vulnerable host and returnees HHs. Under five children, Pregnant and Lactating, women headed households will be given priority in the project interventions.

QRC is currently undertaking health interventions using two mobile teams delivering emergency and lifesaving health care servcies in Afgoye reaching 22,569 beneficiaries. This project seeks to increase beneficiaries accessing life-saving services due to the anticipated influx of IDPs and disease burden, ovestretching of the current mobile teams, by an additional 3 mobile teams, who will also serve as IERT offering Integrated health, nutrition and WASH through strengthened mobile teams for six days per week. The current two mobile health teams have been overstreched, have not been able to reach intended population and handle emergencies including AWD/Cholera outbreak and case management. The increase three fold in the targeted population demands an equivalent increase in mobile teams to ensure quality delivery of servicies, but within the proposed budget.

The interventions will include, twenty five days per month offering integrated Health,WASH and Nutrition care services, health and hygiene promotion targeting selected settlements of 115,201 residents. To buttress this, the mobile team in concert with Community Health Workers to deliver compressive servicies through outreach supporting static facilities run by Swiss Kalmo (Health centre and Nutrition centre in Wanjelle), ZAMZAM (TB centre in Hawa Taako), SHADCO/Concern (Sigaale+Dhagjalaq) and Somali Red Crescent (MCH+nutrition in Dhagahtur). In order to effectively deliver these services, Qatar Red Crescent will capacity build Mobile Health Teams, Community Health Workerss, village committees and project staff. Health team will work closely with nutrition team, sharing the same facilities to treat Severe and Moderately malnourished children and pregnant and lactating build and build the capacity of staff of nutrition actors in order to strengthen effective delivery of emergency integrated programmes and also encourage inter and or cross-referrals.

With support from the CHWs, WASH team will seek to undertake increased access to adequate safe water, appropriate sanitation facilities, safe environment and appropriate hygiene practices for 29,091 vulnerable among them newly arrived IDPs. This will be through hygiene promotion campaigns, capacity building Mother to Mother support groups, household water treatment campaign, AWD/Cholera campaign, distribution of hygiene and water treatment kits,10 gender responsive latrines and 10 shallow wells will be rehabilitated and 5 gender responsive latrines and 5 shallow wells constructed and equipped with water pumps and handwashing facilities installed.

On Food Security, QRCS will provide 800 vulnerable IDPs and most vulnerable host community and returness HHs with unconditional cash transfer with minimum 50% targeting HHs with Severe Acute Malnutrition and Moderate Acute Malnutrition screened cases for three months targeting the lean season. This will translate to 5600 beneficiaries able to access Minimum Basket of Expenditure.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
14,252	32,094	33,050	35,805	115,201

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	9,020	9,588	18,608
Children under 18	0	0	17,262	19,425	36,687
Pregnant and Lactating Women	0	21,600	0	0	21,600
Staff (own or partner staff, authorities)	30	45	0	0	75

Indirect Beneficiaries :

Indirect beneficiaries consist of host community, returnees and Internally displaced person households who will have access to the health care delivery, WASH and food security interventions. Other will include merchants of food and non-food products and money remittance companies, water trucking vendors and facilitators

Catchment Population:

Afgoye town and rural and IDPs settlements- estimated 192,000 persons.

Link with allocation strategy :

The Integrated Emergency Response Team (IERT) will seek to improve access to emergency and integrated lifesaving compressive health/WASH/Nutrition services to vulnerable and most affected communities in IDP and host communities that are vulnerable and most affected in Afgoye mostly rural with focus on rapid and immediate response, while integrated response interventions seek to improve access to essential lifesaving health services (quality emergency, primary and secondary health care) for crisis-affected and at-risk populations aimed at reducing avoidable morbidity and mortality to vulnerable IDPs and host community, improved access to food security, nutrition and WASH services.

The two multi-cluster packages will seek to contribute to STRATEGIC OBJECTIVE 1: Provide Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality, and contribute to the reduction of maternal and child morbidity and mortality and SRATEGIC OBJECTIVE 2: Reducing national median global acute malnutrition (GAM) and median severe acute malnutrition (SAM) prevalence rates, and partly to OBJECTIVE 3 through designing interventions that are gender-responsive thus promoting protection of vulnerable groups. Emphasis will be placed on famine prevention through an integrated response on food security, health, nutrition and WASH.

Food security interventions will contribute to cluster objective 1: Improve households immediate access to food through unconditional cash transfer to vulnerable households with 50% target for SAM and MAM Beneficiaries while on HEALTH will link to cluster objective 1: improve access to essential lifesaving health services to vulnerable population, 2. contribute to reduction of maternal and child morbidity and mortality and 3 through IERT enhanced emergency preparedeness and response capacity.

Nutrition will seek to contribute to cluster objective: Reduction of nutrition related morbidity and mortality to below emergency threshold, Improve equitable access to quality and lifesaving nutrition services and establish integrated nutrition program with Food security, Health and WASH. WASH interventions will contribute to Emergency WASH response preparedeness through AWD/Cholera training and provide access to safe water through rehabilitation and construction of shallow wells and Household water treatment, Sanitation and hygiene to vulnerable HHs through hygiene promotion, hygiene kit distribution, construction and rehabilitation of latrines.Wash intervention will contribute to increasing percentage of people with access to safe water, sanitation and hygiene and reduction in case fatality of AWD/Cholera with Nutrition contribution to reduction of people in acute food insecurity, crisis and emergency phases and communities access to integrated nutrition service delivery.

This will be through contributing to reduction in number of people in acute food security through SAM and MAM treatment of children and PLW, targeting IDP HHs with SAM and MAM and vulnerable HHs through unconditional cash transfer, case management and reduction in AWD/Cholera case fatalities, reduction in under five mortality and morbidity through provision of life-saving emergency,primary and referral health care including immunization, increasing number of households with sustained sustained access to safe water and sanitation.

All activities undertaken by IERT and Integrated response will have intensified scale-up and response in rural Afgoye and hard-to-reach areas with strengthened response to gender-based violence.

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
Ahmed Adam Hamid	Head of Delegation	ahmed.adam@qrcs.org.qa	+252 618900083

BACKGROUND

1. Humanitarian context analysis

In Lower Shabelle, the Gu rains started late, were average although the cessation was earlier than normal with the temporal distribution erratic. FSNAU July update Post Gu 2017 Season Early Warning, resulting from the below average rainfall, pest infestation, reduced area cultivated as a result of delayed rainfall and failed replanting, the overall cereal production is expected to fall by 50-40% of the average.The prolonged drought resulted in significant reduction in the herd sizes either through death or selling off in order to cater for family food needs. The result of exarcebated food insecurity has resulted in influx of IDPs, worsening the humanitarian situation and increasing the demand for access to basic servicies. The persistence of critical levels of acute malnutrition in many IDP settlements indicate a deepening humanitarian crisis.

The sporadic outbreak of communicable diseases especially AWD/Cholera in which the case management is a challenge compared to health services available and the scale of the demand is worsening the situation. As of 23rd July 59,488 reported AWD/cholera cases in 2017. 54% of cases are women and 35% children U-5. CFW is 1.4%. The worsening IDPs crowded conditions and compromised water and sanitation may trigger a high risk of diseases. Most of the water sources are dry and those available have been depleted. Without support and possible worsening drought situation, additional outbreaks of epidemic-prone diseases are likely due to the insecurity and limited presence of humanitarian agencies, this region experience major health gaps.

Afgoye, an epicentre for AWD/Cholera, is the among the worst affected areas since the riverine, pastoralist and agro pastoralist and IDPs largely rely on river and shallow wells as primary source of water with the Integrated Emergency and Response Team (IERT) already on the ground. In the IDP camps, water prices have increased beyond the reach of many vulnerable households, this has resulted in use of unsafe drinking water with limited well chlorination and household water treatment. The level of sanitation is deplorable with reported open defacation and large number of IDPs sharing limited sanitation and water facilities leading to sporadic conflicts.

Many of the new IDPs in Afgoye are moving from rural to urban areas seeking humanitarian assistance. Displacements has led to increased protection concerns as families are separated and children and elderly are left behind, while makeshift camps leave women and children particularly vulnerable to risks of sexual and gender-based violence. Many of the newly displaced are forced to spend the nights in the open further exposing them to risks. Most of the IDPs arriving in K-13 settlement include unaccompanied children, sick and elderly people.

Granted,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 and lack of proper and adequate nutrition, safe water, sanitation and hygiene conditions.In Afgoye district the delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages, and rapture of the cold chain.

Nutrition surveys conducted by FSNAU indicate a high persistence of ‘Critical’ levels of acute malnutrition in many IDP settlements - an indication of a deepening humanitarian crisis. The nutrition situation is at ‘Critical’ in several IDP settlements surveyed, where Global Acute Malnutrition (GAM) prevalence above 15 % have been noted. The high levels of acute malnutrition among IDPs are largely attributed to poor food consumption, high food prices, continuous arrivals of large numbers of new IDPs, limited access to livelihoods, lack/limited access to humanitarian interventions, disease outbreaks, low immunization coverage and i

2. Needs assessment

The Gu season has exarcebated food insecurity among host and IDPs increasing chances of those in SAM deteroriating and those in MAM sliding into SAM.The expected arrival of new IDPs population has contributed to the worsening of food security, sanitation and nutrition situation in IDPs settlements. As per FSNAU, critical levels of acute malnutrition persist in many IDP settlements with current nutrition situation among IDPs indicate a deepening humanitarian crisis.

Afgoye hospital and mobile team reports show levels of morbidity is high across most of the population groups contributed by high levels of acute malnutrition. Food security related factors (poor food consumption), high food prices, continuous arrival of large number of new IDPs,limited employment opportunities due to increased competition,limited access to humanitarian interventions,increased destitution due to drought, AWD/ cholera, measles outbreak, low immunization coverage are considered main contributing factors for the reported high levels of acute malnutrition among IDPs. The increasing movement of IDPs within Afgoye and outside may escalate outbreak of vaccine preventable diseases with report from mobile health teams indicating low coverage of immunization.

QRCS needs assessment conducted in June, 15 villages within 20kms radius of Afgoye town to establish immediate needs, indicate current level of health care delivery service in host and the IDPs is limited or not available except occasional outreach mobile which does not cover some villages in east and north Afgoye town.Those operated by NGOs provide some drugs and plumpnut supplies which is not sufficient especially when they are facing drought and pre-famine problem.In addition, resident and newly arrived IDPs households who cannot meet the costs in kind or cash are denied access to healthcare services. It was observed most of the U5 are suffering from malnutrition and measles.The outreach mobile team reaches some villages but does not cover all needs due limited staff and supplies. There is only one stabilization center run by Swiss–kalmo and cannot cover whole district and also requires supplies. Out of the targeted 24,000HHs, QRCS direct beneficiaries; Men=14,252,Women=32,094,Boys=33,050 and Girls=35,805;Workers 75 (Men=30, Women=45) which is 80% of target population.

Most of the residents obtain water from surface water, shallow wells and river which is not safe. Higher AWD/Cholera deaths were reported in hard to reach areas.River and shallow wells near river have dried up for the last 3 months with the community water consumed provided by truck from Afgoye town with price of 20 litres at 1000 shillings which is expensive and unavailable. Poor and vulnerable HHs who cannot afford to buy water from vendors are forced to use contaminated wells. In rural Afgoye, limited safe hygiene practices; safe disposal of excreta, hand washing at critical times, and safe storage and treatment of drinking water at household level of water is lacking, water quality surveillance and shock chlorination of contaminated wells is lacking,Ongoing cholera transmission might worsen during the dyer season representing high risk for transmision of water borne diseases.

Assessment recommended urgent interventions;mobile teams to mitigate the spread of AWD, measles and drought related diseases, establish outreach team for nutrient program and stabilization center for referal and treating SAM case management and MAM, and promotion of hygiene and sanitation for the host and new IDPs sites. WASH requires scaling up sanitation assistance, access to chlorinated water and to hygiene promotion activities, including distribution of hygiene kits in CTC, IDPs, and host HHs. Repair of dysnfunctional water points to reduce cost of water and additional latrines and garbage disposal pits in IDPs. Scale up of immunization aganist vaccine preventable disease targeting newborns, under five and PLW including migrating I

3. Description Of Beneficiaries

Afgoye corridor is inhabited by host community, IDPs, immigrants,and returnees. The relative security situation that characterize the corridor has seen an influx of IDPs, returnees and immigrants trying to access basic services. The targeted beneficiaries, are spread in Afgoye township and rural, Arbis, Lafoole and K13. The hosts livelihoods of the Afgoye population depend on agriculture and livestock with the IDPs depending on availing labor to the host communities and in small trade. The host community are composed of riverine and agro-pastrolists. With the Gu rainfall below average and cessation earlier than anticipated, the complexity of displacement and drought and its impact on IDPs and host community in Afgoye has increased the vulnerability of these people and may lead to a humanitarian crisis in the near future.

Due to the below harvest expectation in this season, the resulting movements has resulted in increase in the IDPs population in need to access food and other basic services with the security situation worsening the situation. Daily arrivals of IDPs is being reported although numbers are not yet verified. Due to the poor rainfall and anticipated harvest, labour opportunities have dwindled heightening the vulnerability. The new arrivals have no access to clean water thus the risk of diseases has heightened.

The proposed multi-cluster integrated interventions will seek to target vulnerable households identified through participatory community approach and within the various cluster minimum standards. guidelines, and key actions with Interventions will include SAM, MAM and TSFP targeting severe and moderately malnutritioned children and vulnerable women, unconditional cash transfer to vulnerable households with women headed households given priority. In integrated nutrition, WASH and health intervention children under five and pregnant and lactating women will be given priority. Socially marginalized and marginalized community will be given equal opportunity to participate.

4. Grant Request Justification

Qatar Red Crescent has been operating Afgoye Hospital from 2011, the only accessible referral hospital in the Afgoye Corridor targeting both the host community and the IDPs. The hospital catchment area has a population of 190,772, including 4 IDP camps. This being the only referral hospital means the capacity has been overwhelmed leading in some instances inadequate service delivery. The hospital is unable to reach out to far flung rural areas which are facing debilitating drought and in urgent need of emergency and lifesaving health services. Staff are in shortage and in urgent need for capacity building, the hospital and health center reports frequent stock-out of essential drugs and supplies. Additionally, Lower Shabelle has recorded among the highest cases of AWD/Cholera with Afgoye considered an epicentre for possible outbreak with the influx of IDPS the situation is dire and in need to be managed.

This overstretches the already weak system and with limited number of staff and capacity, poor coordination of disease surveillance, identification and response to suspected outbreaks of epidemic prone diseases the response has been wanting. Thus, during the onslaught of the current drought, the activities proposed will contribute to HRP Strategic Objective 1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable people through offering primary integrated Health, WASH, Nutrition delivery through mobile units, Strategic Objective 2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response. These will include SAM, MAM and TSFP intervention targeting children and vulnerable women, and Strategic Objective 4:Support the restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyze more sustainable solutions through supporting rehabilitation of productive community assets, teachers and CEC trained, and improved access to safe water and sanitation.

Due to expected onset of a lean period, there is heightened need to protect vulnerable HHs, children and PLW so that they don't slide into a worse nutrition situation. The proposed activities will seek to rehabilitate community owned productive asset and ensure increased food production in the next season mitigating malnutrition, loss of income and morbidity as a result of inadequate access to nutrition. Notably, area targeted are major suppliers of cereals in the shabelle and labour to IDPs and returnees and supporting them will help to buttress food production mitigating worsening drought.

5. Complementarity

Currently, QRCS is undertaking emergency and lifesaving health care services to vulnerable Host Community, IDPs, returnees and immigrants in 10 settlements in Afgoye and 10 settlements in Balad District through four mobile health care delivery teams. The total targeted direct beneficiaries is 52,080 composed of Men, under five boy and girl, women, pregnant and lactating women, Mobile health staff, Community Health Workers and Village Committees through offering integrated primary health care delivery through mobile clinics. The interventions include, 25 days for each month offering integrated health care services, Expanded Program on Immunization (EPI), health promotion targeting selected villages. In order to effectively deliver these services, QRCs will capacity build Mobile Health who will also work as IERT, Community Care workers and village committees. The mobile team consist of three teams predominanatly targeting Afgoye rural communities.

QRCs has been undertaking support to vulnerable households through canal rehabilitation through cash for work, land preparation through tractor hours, seed distribution, river boat construction, digging of boreholes wells, distribution of fertilizers , construction of pit latrines, training of farmers, distribution of pesticides. Also has been supporting vulnerable farmers through provision of irrigation services. However, despite the number of vulnerable households in need, QRC is only able to reach few beneficiaries. QRCS is supporting riverine and agro-pastrolist farmers with relevant livelihood technical support and provision of relevant seeds and farm inputs in order to enhance food security among the riverine and agro-pastrolist.

QRCS is currently running, from 2011, Afgoye main hospital that provides health services including; OPD, in patient with capacity of 120 beds, MCH and maternity, well equipped operation theatre (OT), pediatric, lab and pharmacy. In 2016, the hospital provided health services to 22,979 patients. Other interventions include; health education sessions, hygiene promotion campaigns, established Cholera Treatment Centre for AWD case management. The hospital will act as the referral hospital for complicated cases in Afgoye district especially on Comprehensive Emergency Obstetric and Newborn care (CEmONC). This will be strengthened through health partners adopting a referral mechanism and the hospital availing ambulance and emergency staff. Additionally the Mobile team will support 4 static health facilities run by Swiss Kalmo, MEDAIR, SHADCO and SRC

The proposed activities will seek to strengthen and compliment ongoing activities in order to reach hithero unreached poplation due to funding challenges and those whose vulnerability has worsened as a result of the drought experienced in 2017 by provision of integrated multi-cluster, WASH, nutrition. Food Security and Health interventions. This will reduce the morbidity and mortality cases occuring from poor access to emergency lifesaving interventions.

LOGICAL FRAMEWORK

Overall project objective

Increased access to integrated multi-sectoral response package of appropriate Health, Nutrition, WASH and Food security interventions to vulnerable host communities, Internally Displaced Persons (IDPs), and returnees in Afgoye District, Lower Shabelle.

Food Security		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods	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 : Through provision of conditional and unconditional cash transfer in order to cushion host community, IDPs and Returneees against the anticipated lean season in August/September 2017. This will ensure access to Minimum Expenditure Basket is enhanced contributing to Cluster Objective 1: Population groups facing severe levels of food insecurity (crisis and emergency) will be targeted through responses aiming at increasing immediate access to food, including safety-net activities (IASN). These activities include unconditional transfers (unconditional cash transfers). Safety-net activities entail the provision of regular and predictable food access to vulnerable people with chronic illnesses, malnourished children and targeted households using existing public services or community mechanisms.

Outcome 1

Improved vulnerable households immediate access to food through provision of unconditional cash transfers to 800HHs priority given to Severe Acute Malnutrition and Moderate Acute Malnutrition cases .

Output 1.1

Description

Reduce current impact of drought on vulnerable lives through provision of 3 months unconditional cash to transfer to vulnerable HHs and Severe Acute Malnutrition and Moderate Acute Malnutrition screened cases HHs in Afgoye IDPs, host communities and migrants.

Assumptions & Risks

Availability of food supplies in the market to respond to the demand.
No movement of identified beneficiaries
Vendors willing to supply at set market prices

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Food Security	Number of vulnerable HH including those with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) screened cases selected and reffered for Unconditional cash transfer.					800

Means of Verification : Selection report, Biometric registration reports, Vendor reports, Post Distribution reports.

Indicator 1.1.2	Food Security	Number of Households with SAM and MAM screened cases selected as beneficiaries of unconditional cash transfer.					400

Means of Verification : Biometric registration data, Post Distribution Monitoring Reports.

Indicator 1.1.3	Food Security	Number of vendors who meet the Cash Working Group criteria and laid down requirements reduced to an MoU to participate in the Unconditional Cash Transfer.					3

Means of Verification : Biometric registration reports, copies of agreement, Post Distribution Monitoring

Indicator 1.1.4	Food Security	Number of individuals trained					8

Means of Verification : Training report, Cash Working Group Reports.

Indicator 1.1.5	Food Security	Number of post-distribution monitoring undertaken to ensure that beneficiaries receive the correct amount of money and how the beneficiaries utilized the cash					3

Means of Verification : Post Distribution Reports

Activities

Activity 1.1.1

Standard Activity : Conditional or unconditional Cash transfer

Community mobilization and sensitization involving beneficiaries, Nutrition Workers and Mobile Team/IERT community representatives and other key stakeholders in identification, registration and targeting 800 vulnerable HH including 50% screened SAM and MAM cases. Vulnerability selection criteria to include;Households with children in Stabilization Centre, Outpatient Therapeutic feeding centres, Member of family recently affected by AWD. QRCS will use Participatory Community-Based method to mitigate exclusion and inclusion errors. Provide unconditional cash grants to 800 HHS for 3 months covering 66-80% of the Cost of Minimum Expenditure Basket specific to rural Lower Shabelle or if the situation deteriorates then 100% of MEB will be transferred to the most affected. This will be used to cover both food and non-food items.

Activity 1.1.2

Standard Activity : Conditional or unconditional Cash transfer

Provide unconditional cash grants to 800 vulnerable households including 50% screened SAM and MAM cases beneficiaries for 3 months covering 66-80% of the Cost of Minimum Expenditure Basket specific to rural Lower Shabelle or if the situation deteriorates then 100% of MEB will be transferred to the most affected. This will be used to cover both food and non-food items.

Activity 1.1.3

Standard Activity : Conditional or unconditional Cash transfer

Select, vet and qualify local money transfer companies undertaking all efforts to include female vendors and or ensure that protection concerns are considered for cash transfer.

Activity 1.1.4

Standard Activity : Capacity building

Capacity building 8 members of staff on Cash Transfer Programming- Project manager, Food Security Officer, Monitoring and Evalution officer, and 5 Post Distribution Monitiors by Cash Working Group.

Activity 1.1.5

Standard Activity : Monitoring Market to determine the immediate impact

Undertake Post Distribution Monitoring to determine effects on the local market, any inclusion and exclusion errors detected in the targeting and collecting feedback from beneficiaries

Additional Targets :

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential life-saving 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	60
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	40

Contribution to Cluster/Sector Objectives : The project will contribute to health objectives (i) Improved access to essential lifesaving health services (quality primary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality and (ii) To contribute to the reduction of maternal and child morbidity and mortality. This will be through increasing access and affordability of integrated emergency and life-saving Hutrition, WASH and health care services to vulnerable IDPs, returnees, migrants and host communities.

Outcome 1

Improved access to emergency and lifesaving primary health care services to vulnerable and mobile populations (8907 men, 20061 women, 20653 boys, and 22,380 girls) in Afgoye through additional 3 mobile teams delivering integrated Health, WASH, and Nutrition interventions

Output 1.1

Description

Improved capacity delivery of health care workers composed of 15 mobile clinic staff (6 male, 9 female) 60 Community Health Workers (24 male, 36 female).

Assumptions & Risks

Existing pool of health care workers, Community Health Workers whose skills can be enhanced

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					75

Means of Verification : Training reports and attendance sheets.

Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					1

Means of Verification : MOH reports

Activities

Activity 1.1.1

Standard Activity : Emergency Preparedness and Response capacities

Capacity building 15 health staff (40% males and 60% female) (3 registered nurses, 6 auxiliary nurses, 3 medical doctors, 3 midwives) on integrated health delivery to support the delivery of quality emergency health support, 60 Community Health Workers (60% female, 40% male) on control and prevention of epidemics, Child Health Care, EPI and AWD/cholera and measles

Activity 1.1.2

Standard Activity : Emergency Obstetric Care - Basic and Advacned

15 Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC).

Output 1.2

Description

Established Mobile Health Team in place and provide 25 days of health provision, health education and referral services from the Mobile Clinics for screened cases requiring further treatment and observation per month, and Integrated Emergency Response. (IER).

Assumptions & Risks

Improved security and accessibility of risk settlements

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of consultations per clinician per day by Health facility					3,500
Means of Verification : Mobile team reports							
Indicator 1.2.2	Health	Number of health facilities supported					4
Means of Verification : MOH reports							
Indicator 1.2.3	Health	Number of PLW reached by ANC and PNC servicies					16,200
Means of Verification : IERT and Mobile Team Reports							
Indicator 1.2.4	Health	Beneficiaries reached by IERT compressive servicies					54,001
Means of Verification : IERT reports, MOH reports							

Activities

Activity 1.2.1

Standard Activity : Primary health care services, consultations

Undertake 25 days per month Mobile medical units health care delivery consisting of three Mobile Health Teams of 5 health personnel each (1 medical doctor supported by 1 registered nurses and 2 auxiliary nurses and one mid-wife) providing scheduled mobile outreach health provision to 4 settlements in Afgoye town and IDP settelements and timely requisition and distribution of essential medical supplies for the 3 Mobile Health Teams.

Activity 1.2.2

Standard Activity : Secondary health care and referral services

Offer referral services from functional hospital-Afgoye and four outpost Health facility for screened cases requiring further observation and care (especially pregnant women) as part of the outreach services and complicated malnourished children. Health facilities supported SRC MCH, ZAMZAM TB centre, SHADCO/CONCERN MCH/OPD and Swiss Kalmo.

Activity 1.2.3

Standard Activity : Emergency Obstetric Care - Basic and Advacned

Provide ANC and PNC services to pregnant and lactating women (PLW) through the 3 mobile clinics and IERT. Target PLW-16,200,

Activity 1.2.4

Standard Activity : Emergency Preparedness and Response capacities

Undertake outreach interventions through IERT (1 medical doctor supported by 1 registered nurses and 2 auxiliary nurses and one mid-wife) offering case management and health education , sanitation and hygiene promotion, treatment of uncomplicated SAM and MAM, provide lifesaving medical servicies including case management of AWD/Cholera and measles. Target Men=6680, Women=15046, Boys=15490, Girls=16785)

Output 1.3

Description

Improved delivery of Expanded Programme on Immunization (EPI) targeting under five and women of child-bearing age dis-aggregated by gender.

Assumptions & Risks

Accessibility of population in mobility and hard to reach areas

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					38,004
Means of Verification : IERT reports and Mobile Team Reports							
Indicator 1.3.2	Health	Coverage of measles vaccination (%)					90
Means of Verification : IERT, MOH and Mobile Team Reports							

Activities

Activity 1.3.1

Standard Activity : Immunisation campaign

Undertake 2 immunization campaign sessions in each of the target settlements during the project period each lasting 10 days. This will compliment beneficiaries reached through mobile team. (Boys=6765, Girls=7169, Women of Child Bearing Age=24070).

Activity 1.3.2

Standard Activity : Immunisation campaign

Undertake 2 measles vaccination campaign sessions targeting below five. Boys=8118 Girls=8630

Additional Targets :

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve equitable access to quality lifesaving curative nutrition services through systematic identifi cation, referral and treatment of acutely malnourished cases	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
Reduction of nutrition related morbidity and mortality rates to below emergency thresholds	2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response	30
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions	2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response	30

Contribution to Cluster/Sector Objectives : The proposed initiative seek to contribute to HRP Strategic Objective 2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response through increasing nutrition access to vulnerable women and treatment of Moderately Malnutrition Children.

Outcome 1

Improved access to treatment of severly and moderately malnourished children and vulnerable Women in Afgoye contributing to reduction of GAM rate to below Alert (5.0-9.9%)

Output 1.1

Description

24000 children and vulnerable women identified, screened and treated for uncomplicated severe and moderate malnutrition.

Assumptions & Risks

Identified beneficiares adherence to the treatment regime

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					24,000
Means of Verification : Nutrition centre reports/Admission records							
Indicator 1.1.2	Nutrition	MAM treatment programs achieve > 85% cured rates, default rate <15%, and < 3% death rate					19,600
Means of Verification : Admission and treament records							
Indicator 1.1.3	Nutrition	SAM treatment programmes achieve 75% cured rate,<15% defaulter rate and <5% death rate					4,400
Means of Verification : Mobile team and outreach servicies records							
Indicator 1.1.4	Nutrition	Number of Mother to Mother support groups trained on compressive health, nutrition and WASH services					10
Means of Verification : Field reports							
Indicator 1.1.5	Nutrition	Number of school children screened and reffered for AWD/Cholera and malnutrition.					1,500
Means of Verification : IERT reports,							

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

Children and vulnerable PLW screened, registered and admitted for treatment for SAM and MAM and respectively. Those found with complicated Severe Acute Malnutrition reffered to OTP/SC partners centres. Those reffered/discharged from Outpatient Therapeutic care and SC also considered for MAM admission. The screening will also involve Integrated Emergency Response Team (IERT) targeting school screening and referral of school children on AWD/Cholera and malnutrition to QRCS team and partners SC and OTP and health facilities. This will be done as part of the IERT outreach component with follow-up done by community workers.

Activity 1.1.2

Standard Activity : Treatment of moderately malnourished pregnant and lactating women

Identified children and vulnerable women treated for MAM without medical complications. This will include Nutritional counselling/health and nutrition education, and food ration distribution

Activity 1.1.3

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

Identified children treated for SAM without medical complications with those with complication refferred to Stabilization Centre and Outpatient Theraputic Centre for further treatment. This will include nutritional counselling/health and nutrition education, and food ration distribution fo their families.

Activity 1.1.4

Standard Activity : Infant and young child feeding counselling

Capacity building 10 Mother to Mother support groups on Nutrition Education Sessions and Exclusive Breastfeeding (EBF) and breast feeding counselling session. Training to include appropriate food giving and preparation methodologies.15 mothers per group of children 6-24 months old children selected from the stabilization/nutrition centers.A mix of mothers who breastfed their children well and those who did it poorly by observing will be included.

Activity 1.1.5

Standard Activity : Community screening for malnutrition and referral

Screening and referral of school children on AWD/Cholera and malnutrition. This will be done as part of the IERT outreach component Target Girls=825 Boys=675.

Output 1.2

Description

Improved capacity of 4 nutrition staff and 60 Community Health Workers in order to strengthen effective delivery of emergency nutrition programmes.

Assumptions & Risks

Availability of staff and community workers with requisite foundation/Knowlege

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					64

Means of Verification : Training records

Activities

Activity 1.2.1

Standard Activity : Capacity building

Develop context appropriate comprehensive training plan and resource materials. 64 Nutrition staff including Community workers capacity build on appropriate nutrition based programing responses. 3 screeners and 1 nutrition officer- (2 women, 2 men), 60 CHW (women=36, men=24). Training for four days on Integrated management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding in Emergencies IYCF-E for nutrition staff.

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	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	60
Emergency Wash Response Preparedness	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

Contribution to Cluster/Sector Objectives : The project will seek to contribute to HRP STRATEGIC OBJECTIVE 1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable people and cluster objective. This will through improving access to safe water and sanitation to 29,091 vulnerable population integrated with nutrition and health intervention to create synergy. The community resilience to emergency WASH preparedeness will be enhanced through capacity building a pool of Community Health Workers working closely with religious and community leaders. The CHW will undertake integrated health, Nutrition and WASH interventions to act as a backstopping measure aganist communicable diseases.

Outcome 1

Improved safe water access, sanitation and hygiene status within Afgoye IDPs camps and host rural community settlements 29, 091 (3599 men, 8104 women, 8346 boys, 9042 girls).

Output 1.1

Description

Improved support and knowledge dissemination and assimilation on AWD/Cholera prevention and control.

Assumptions & Risks

Improved access of the beneficiaries through improved security situation especially Marka and K50.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of Cholera Treatment Centre (CTC) facilities supported with disinfected water supply					1

Means of Verification : CTC records about the patients supported for water, physical verification of delivery notes and water test reports on chlorination.

Code	Cluster	Indicator	Men	Women	Boys	Girls	End cycle Target
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people who have participated in AWD/Cholera management, prevention and Control					5,000

Means of Verification : WASH commitee reports/MOH reports

Code	Cluster	Indicator	Men	Women	Boys	Girls	End cycle Target
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of wash committee members who have participated in capacity building activities					64

Means of Verification : Number of Community Hygine Workers including WASH commitee members trained on appropriate hygine and sanitation practices,hygiene promotion, AWD/Cholera management, prevention and control.

Activities

Activity 1.1.1

Standard Activity : Water trucking/water Vouchers

Provision of 38,250 litres (60 litres per day patient and 15 litres per day per caretaker) of disinfected water (0.2 – 0.5mg/l FRC) to Afgoye Hospital CTC per month for three months. The water will be supplied 4 times per month. The CTC has a capacity of 20 patients and 5 caretakers. This will be 1275 litres per day.

Activity 1.1.2

Standard Activity : Community Hygiene promotion

Undertaking community hygiene promotions including Afgoye CTC, through CHW and IERT team, on management and prevention of AWD/Cholera. Men=600, Women=1650, Boys=1250, Girls=1500

Activity 1.1.3

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

Community hygiene workers trained on Cholera/AWD management, prevention and control for 4 days. (Men=24, Women=36) and WASH Officer and 2 WASH assistant and Technician.

Output 1.2

Description

Improved access to appropriate hygiene and sanitation practices through PHAST methodology and CHAST Methodology

Assumptions & Risks

Availability and accessibility of targeted Households.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					27,048

Means of Verification : Hygiene promotion activities

Code	Cluster	Indicator	Men	Women	Boys	Girls	End cycle Target
Indicator 1.2.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					2,000

Means of Verification : Field Distribution Reports.

Code	Cluster	Indicator	Men	Women	Boys	Girls	End cycle Target
Indicator 1.2.3	Water, Sanitation and Hygiene	Number of Mother to Mother Support groups with improved hygiene and sanitation knowledge					10

Means of Verification : Training reports, CHWs reports

Code	Cluster	Indicator	Men	Women	Boys	Girls	End cycle Target
Indicator 1.2.4	Water, Sanitation and Hygiene	Coordination meeting held with WASH commitees with MOH officials present					9

Means of Verification : Meeting minutes

Activities

Activity 1.2.1

Standard Activity : Community Hygiene promotion

Undertake community mobilization, dialogues and sensitization campaigns on hygiene sessions each lasting 5 days per month and distribution of IEC materials for social mobilization. Men=3246, Women=8926, Boys=6762, Girls=8114.

Activity 1.2.2

Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)

Distribution of Hygiene Kits, to 2000 most vulnerable households with PLW and under five children households and those discharged from CTC/U given priority.

Activity 1.2.3

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

Capacity building 10 mother-to-mother support groups on proper hygiene for 4 days. Will comprise 15 mothers per group and those with 6-24 months old given priority

Activity 1.2.4

Standard Activity : Community Hygiene promotion

Closely coordinate with the MOH,CHWs, elders, Sheikhs all involved in activities on mobilizing communities.

Output 1.3

Description

Improved access to safe water through rehabilitation and construction of water infrastructure by vulnerable households including 1DPs

Assumptions & Risks

Water infrastructures in rehabilitable condition,
Water adequate to ensure justification for allocation of resource
Water safe for domestic and productive use

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.3.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					22,500
Means of Verification : Verification of working rehabilitated community water infrastructure							
Indicator 1.3.2	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					22,500
Means of Verification : Outreach promotion reports, aquatabs distributed							

Activities

Activity 1.3.1

Standard Activity : Water point construction or rehabilitation

10 shallow wells rehabilitated in selected IDP settlements and 5 new wells constructed to complement them as per the Sphere standards/WASH technical guidelines including undertaking the replacement of Water Wells abstraction equipment including procure and fit Hand-Pumps on the rehabilitated and newly developed replacement Water Wells.

Activity 1.3.2

Standard Activity : Household water treatment

Households, through outreach promotion activities trained on Household Water Treatment and aquatabs (targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection) distribution

Output 1.4

Description

Enhanced access to proper and adequate gender responsive sanitation facilities

Assumptions & Risks

Availability of sites for construction of new sanitation facilities
Inadequacy of the existing infrastructure due to influx of IDPs
The current sanitation facilities in rehabilitable conditions

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.4.1	Water, Sanitation and Hygiene	Number of people assisted with access to sustainable sanitation					7,401
Means of Verification : Physical verification of rehabilitation and constructed facilities							

Activities

Activity 1.4.1

Standard Activity : Latrine construction or rehabilitation

5 Ventilated Improved Pit Latrines (VIP) latrines constructed and 10 VIP latrines rehabilitated to Sphere standards/Minimum WASH cluster technical guidelines for Somalia. One will be constructed at the Cholera Treatment Centre (CTC). In each of the constructed VIP latrines a handwashing facilities will be installed and 10 in existing facilities rehabilitated with provision for handwashing soap for 6 months.

Additional Targets :

M & R

Monitoring & Reporting plan

Project monitoring shall be a continuous process throughout the project life period. Monitoring of activities shall be done by QRCS Monitoring and Evaluation staff jointly and in conjunction with team composed of the region's Ministry of Health, Health cluster, Nutrition cluster, WASH, Food Security-Cash Working Group and WHO. All trainings shall have proper workshop reports for ease of monthly reference.

Feedbacks and other information shall be collected through focus group discussion, key informant interviews, transect, weekly reports, minutes and field visits to settlements, local communities documenting success stories and verification of results with local communities. The project will develop user friendly tools. Such will include activity participant lists, ration and patients records, Biometric Registration of UCT beneficiaries, WASH team records on hygiene promotion, physical verification of rehabilated/constructed facilities project photos and other data as may be required. Key indicators and outcomes will be tracked and reported to measure the success of the interventions; principally the rate of new communicable disease outbreak cases in the target areas including AWD/Cholera outbreak, rate of nutrition situation prevalence, and HHs benefiting and food security situation. Project staff will share bi-weekly, monthly progress and financial reports with MoH, WHO, UNICEF and relevant clusters. A progress reports will be presented to donor and key stakeholders, consisting of progress data showing the results achieved against pre-defined targets at the output level.Community members and elders and key stakeholders will be involved in selection of beneficiaries, monitoring and evaluation throughout project delivery and will provide feedback on how effectively the activities met their needs.

Lessons learnt shall be incorporated in subsequent projects to improve on past gaps and failure as part of organization growth and change At the end of the project a final narrative report shall be produced and submitted by QRCS and encourage peer reviews to assess the project implementation, impact and results.

Progress data against the results indicators will be collected and analysed to assess the progress of the project in achieving the agreed upon outputs. The field mission will be conducted on a regular basis to monitor the implementation of the project. The monitoring mission to include direct meetings and discussions with the stakeholders, among which beneficiaries will be targeted primarily. The project team will jointly with local authorities identify specific risks that may threaten achievement of intended results and create mitigation measures. The quality of the project will be assessed, on a quarterly basis, against agreed upon quality standards to identify project strengths and weaknesses and to inform management decision making to improve on the project.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Capacity building 15 health staff (40% males and 60% female) (3 registered nurses, 6 auxiliary nurses, 3 medical doctors, 3 midwives) on integrated health delivery to support the delivery of quality emergency health support, 60 Community Health Workers (60% female, 40% male) on control and prevention of epidemics, Child Health Care, EPI and AWD/cholera and measles	2017											X	
	2018		X										
Activity 1.1.1: Children and vulnerable PLW screened, registered and admitted for treatment for SAM and MAM and respectively. Those found with complicated Severe Acute Malnutrition reffered to OTP/SC partners centres. Those reffered/discharged from Outpatient Therapeutic care and SC also considered for MAM admission. The screening will also involve Integrated Emergency Response Team (IERT) targeting school screening and referral of school children on AWD/Cholera and malnutrition to QRCS team and partners SC and OTP and health facilities. This will be done as part of the IERT outreach component with follow-up done by community workers.	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.1: Community mobilization and sensitization involving beneficiaries, Nutrition Workers and Mobile Team/IERT community representatives and other key stakeholders in identification, registration and targeting 800 vulnerable HH including 50% screened SAM and MAM cases. Vulnerability selection criteria to include;Households with children in Stabilization Centre, Outpatient Therapeutic feeding centres, Member of family recently affected by AWD. QRCS will use Participatory Community-Based method to mitigate exclusion and inclusion errors. Provide unconditional cash grants to 800 HHS for 3 months covering 66-80% of the Cost of Minimum Expenditure Basket specific to rural Lower Shabelle or if the situation deteriorates then 100% of MEB will be transferred to the most affected. This will be used to cover both food and non-food items.	2017										X	X	X
	2018												
Activity 1.1.1: Provision of 38,250 litres (60 litres per day patient and 15 litres per day per caretaker) of disinfected water (0.2 – 0.5mg/l FRC) to Afgoye Hospital CTC per month for three months. The water will be supplied 4 times per month. The CTC has a capacity of 20 patients and 5 caretakers. This will be 1275 litres per day.	2017												
	2018	X	X	X									
Activity 1.1.2: 15 Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC).	2017										X		
	2018		X										
Activity 1.1.2: Identified children and vulnerable women treated for MAM without medical complications. This will include Nutritional counselling/health and nutrition education, and food ration distribution	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.2: Provide unconditional cash grants to 800 vulnerable households including 50% screened SAM and MAM cases beneficiaries for 3 months covering 66-80% of the Cost of Minimum Expenditure Basket specific to rural Lower Shabelle or if the situation deteriorates then 100% of MEB will be transferred to the most affected. This will be used to cover both food and non-food items.	2017											X	X
	2018	X											
Activity 1.1.2: Undertaking community hygiene promotions including Afgoye CTC, through CHW and IERT team, on management and prevention of AWD/Cholera. Men=600, Women=1650, Boys=1250, Girls=1500	2017									X	X	X	X
	2018	X	X	X	X	X	X						

Activity	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.3: Community hygiene workers trained on Cholera/AWD management, prevention and control for 4 days. (Men=24, Women=36) and WASH Officer and 2 WASH assistant and Technician.	2017										X		
	2018		X										
Activity 1.1.3: Identified children treated for SAM without medical complications with those with complication refferred to Stabilization Centre and Outpatient Theraputic Centre for further treatment. This will include nutritional counselling/health and nutrition education, and food ration distribution fo their families.	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.3: Select, vet and qualify local money transfer companies undertaking all efforts to include female vendors and or ensure that protection concerns are considered for cash transfer.	2017										X	X	
	2018												
Activity 1.1.4: Capacity building 10 Mother to Mother support groups on Nutrition Education Sessions and Exclusive Breastfeeding (EBF) and breast feeding counselling session. Training to include appropriate food giving and preparation methodologies.15 mothers per group of children 6-24 months old children selected from the stabilization/nutrition centers.A mix of mothers who breastfed their children well and those who did it poorly by observing will be included.	2017										X		
	2018	X			X								
Activity 1.1.4: Capacity building 8 members of staff on Cash Transfer Programming- Project manager, Food Security Officer, Monitoring and Evalution officer, and 5 Post Distribution Monitiors by Cash Working Group.	2017										X		
	2018												
Activity 1.1.5: Screening and referral of school children on AWD/Cholera and malnutrition. This will be done as part of the IERT outreach component Target Girls=825 Boys=675.	2017											X	
	2018		X			X							
Activity 1.1.5: Undertake Post Distribution Monitoring to determine effects on the local market, any inclusion and exclusion errors detected in the targeting and collecting feedback from beneficiaries	2017												X
	2018	X	X										
Activity 1.2.1: Develop context appropriate comprehensive training plan and resource materials. 64 Nutrition staff including Community workers capacity build on appropriate nutrition based programing responses. 3 screeners and 1 nutrition officer- (2 women, 2 men), 60 CHW (women=36, men=24). Training for four days on Integrated management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding in Emergencies IYCF-E for nutrition staff.	2017										X		
	2018		X										
Activity 1.2.1: Undertake 25 days per month Mobile medical units health care delivery consisting of three Mobile Health Teams of 5 health personnel each(1 medical doctor supported by 1 registered nurses and 2 auxiliary nurses and one mid-wife) providing scheduled mobile outreach health provision to 4 settlements in Afgoye town and IDP settelements and timely requisition and distribution of essential medical supplies for the 3 Mobile Health Teams.	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.2.1: Undertake community mobilization, dialogues and sensitization campaigns on hygiene sessions each lasting 5 days per month and distribution of IEC materials for social mobilization. Men=3246, Women=8926, Boys=6762, Girls=8114.	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.2.2: Distribution of Hygiene Kits, to 2000 most vulnerable households with PLW and under five children households and those discharged from CTC/U given priority.	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.2.2: Offer referral services from functional hospital-Afgoye and four outpost Health facility for screened cases requiring further observation and care (especially pregnant women) as part of the outreach services and complicated malnourished children. Health facilities supported SRC MCH, ZAMZAM TB centre, SHADCO/CONCERN MCH/OPD and Swiss Kalmo.	2017									X	X	X	X
	2018	X	X	X	X	X							
Activity 1.2.3: Capacity building 10 mother-to-mother support groups on proper hygiene for 4 days. Will comprise 15 mothers per group and those with 6-24 months old given priority	2017										X		
	2018		X										
Activity 1.2.3: Provide ANC and PNC services to pregnant and lactating women (PLW) through the 3 mobile clinics and IERT. Target PLW-16,200,	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.2.4: Closely coordinate with the MOH,CHWs, elders, Sheikhs all involved in activities on mobilizing communities.	2017									X	X	X	X
	2018	X	X	X	X	X							
Activity 1.2.4: Undertake outreach interventions through IERT (1 medical doctor supported by 1 registered nurses and 2 auxiliary nurses and one mid-wife) offering case management and health education , sanitation and hygiene promotion, treatment of uncomplicated SAM and MAM, provide lifesaving medical servicies including case management of AWD/Cholera and measles. Target Men=6680, Women=15046, Boys=15490, Girls=16785)	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.3.1: 10 shallow wells rehabilitated in selected IDP settlements and 5 new wells constructed to complement them as per the Sphere standards/WASH technical guidelines including undertaking the replacement of Water Wells abstraction equipment including procure and fit Hand-Pumps on the rehabilitated and newly developed replacement Water Wells.	2017											X	
	2018		X										

Activity 1.3.1: Undertake 2 immunization campaign sessions in each of the target settlements during the project period each lasting 10 days. This will compliment beneficiaries reached through mobile team. (Boys=6765, Girls=7169, Women of Child Bearing Age=24070).	2017											X	
	2018			X									
Activity 1.3.2: Households, through outreach promotion activities trained on Household Water Treatment and aquatabs (targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection) distribution	2017									X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.3.2: Undertake 2 measles vaccination campaign sessions targeting below five. Boys=8118 Girls=8630	2017											X	
	2018				X								
Activity 1.4.1: 5 Ventilated Improved Pit Latrines (VIP) latrines constructed and 10 VIP latrines rehabilitated to Sphere standards/Minimum WASH cluster technical guidelines for Somalia. One will be constructed at the Cholera Treatment Centre (CTC). In each of the constructed VIP latrines a handwashing facilities will be installed and 10 in existing facilities rehabilitated with provision for handwashing soap for 6 months.	2017										X		
	2018		X										

OTHER INFO

Accountability to Affected Populations

In all project activities benefeciaries criteria selection, identification and selection will be through participatory community approach. Target population will be sensitized and mobilized on the project objectives to create ownership and enhance seamless implimentation of the project. In all project components, QRCS will work with local authorities, Ministry of Health, local leaders including religious leaders. These will form part of the Monitoring, Evaluation and Learning

In case of Food Security components, QRCS shall display in identified market, a notice to inform the public on the registration exercise, allocation per beneficiary and provide directions where the public can view the final list of registered beneficiaries. The meetings will be held in the open to explain the project. Minorities and vulnerable groups will be part of the selection committee with the selection criteria developed with the whole community. Community representatives will prepare the beneficiaries list with veriification done by the project staff.

QRCS will demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into organizations' strategies, monitoring and evaluations, recruitment, staff inductions and training and this will be highlighted in reporting. The feedback mechanism will be provided through Community Workers, and Village Committees with the project team collating the information to be used for interventions delivery improvement. QRCS will promote accountability and provide information to beneficiaries, MoH, WHO, clusters, partners and donors about the progress of the programme in terms of project activities and financials, where relevant. During the project implementation in all the targeted settlements a village committee which will work with the project Team will be capacity build on project activities. The village committee will form part of the team to cascade programme information including beneficiaries, activities to the target population.

Feedback and complaints: QRCS will 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. The agency shall establish and implement complaints-handling procedures that are effective, accessible and safe for intended beneficiaries, affected communities, agency staff, humanitarian partners and Government.

QRCS will enable beneficiaries to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalized and affected are represented and have influence.

Implementation Plan

Project Manager will be overall in-charge for coordinating various activities and clusters, hiring staff, authorizing supply requests for all locations and clusters, follow up and ensure reports are sent on time and coordinate with the Mobile Team Head/IERT and food security project officer. Joint Mobile Team will be led by a Medical Doctor, working closely with a nutrition and WASH officers. Three mobile health teams are targeted for Afgoye with the team sharing facilities with the Community Workers trained on integrated health, Nutrition and WASH delivery. The mobile team will undertake Integrated Emergency Response offering compressive health, WASH and Nutrition interventions buttressed by the Community Workers and supporting static facilities run by Swiss Kalmo, SRC centre, SHADCO and ZAMZAM..

The Mobile Team head will do project monitoring of all the outreach with help from CHWs and responsible for all the daily basis supervision for all compressive integrated Health, WASH and Nutrition delivery services following the Minimum standards, key actions relevant to the prevailing context and guidance notes as laid down by the respective clusters. During the mobile outreach sessions those cases that cannot be handled at the field level will be referred to the nearest health centre or hospital or Stabilization Center. The village committee leveraging religious leaders as agents of change and CHWs will assist in community mobilization and sensitization activities with CHWs assisting the team in project activities implementation.

The target beneficiaries will receive compressive integrated interventions delivery and promotions, 40 CHW will be capacity build on AWD/cholera prevention, management and control essential and public health promotion. Mother to Mother strengthening groups will be established and capacity build. Those with previous experience will be prioritized to complement the delivery of the servicies. The Project Manager and Head of mobile team will conduct bi-weekly and monthly monitoring respectively with MOH. CHWs will be trained on mobilization, detection, referral and defaulter tracing of nutrition and communicable diseases including treatment and prevention of common illnesses that predispose one to malnutrition. The PLW and U5 will be registered and files stored for future reference as well as the weekly and monthly reporting tools and minutes of any meeting conducted. The cadre of staff implementing the program is as follows: doctor will offer quality health care to all patients in the primary healthcare facility and work closely with other staff in all departments providing support and guidance.Nurse -They will ensure the smooth running of project activities at sites, Mid-wife, Auxiliary Nurse -Are the healthcare assistants. Nutrition interventions staff will consist of Nutrition Officer and Community Nutrition Workers trained as Screeners. Mother to mother support groups will be trained to offer a back-stopping measures for early detection of communicable diseases, malnutrition and mitigate escalation to serious levels of malnutrition. WASH will be led by a WASH officer working in conjunction with WASH Assistants and WASH technician who will be incharge of repair and rehabilitation of water infrastructures. CHWs will be trained as Hygiene Promoters.

Food security component will be led by a project officer assisted by Post Distribution Monitors. Logistician will be incharge of the warehouse and managing transportation and storage of food stuff. The unconditional transfer will be monitored through Post Distribution Monitoring mechanism in order to ensure cash transferred is used for intended purposes. Participatory Community-Based through cross-referencing methods will be used. Each location, local committees with women, vulnerables and minority representatives will vet beneficiary in liason with local authorities; community participation: including open public meetings, and community leaders.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MOH	Coordination of activities and information sharing
WFP	MAM and TSFP supplies
WHO	Medical supplies, Capacity building staff on heallth
Other non-state actors	Coordination of activities and information sharing and cross and intra referrals
UNICEF	Provision of hygiene kits and water treatment kits/Aquatabs (WASH supplies), coordinating cluster refferals, contribute in training on Nutrition and Staff and Nutrition supplies
SRC	Support their MCH and refer OTP beneficiaries
ZAMZAM	Have a TB centre. Complicated patients will be reffered
SHADCO/Concern	Have an MCH, OPD and OTP for referral and coordination
Swiss Kalmo	Have a stabilization centre, and MCH for referral and coordination

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will take into consideration gender dimensions ensuring adequate representation of all genders with at least 50% female representation in all project activities including capacity building and interventions. A gender sensitive and well representative community committee will work with QRCS staff in the various stages of the project including in the identification/selection of project direct benefeciaries, as well as identification of strategic mobile team sites and Outreach areas that are easily accessible by PLW and children will be constituted at the initial stage of the project in each district. The project will also mainstream gender with emphasis on female representation in the Community Workers and Village Committees. Under nutrition,the project will have children under 5-years and pregnant and lactating women as the principal beneficiaries whilst giving each gender equal opportunity to participate in the intervention. Of the total beneficiaries 16% of the direct beneficiaries will be <5 years and 18% being Pregnant and Lactating Women (PLW). The project will seek to increase women access to ANC and PNC services and under five access to Child Healthcare. Under unconditional transfers, women headed households will be given priority to access cash vouchers. Under WASH, QRCS will undertake training of Mother to Mother support groups that together with Community Health Workers will play a key role in sensitizing and mobilizing beneficiaries on proper hygiene and promotion, and water treatment.

Protection Mainstreaming

QRCs will promote protection mainstreaming through the project period is the process with protection principles incorporated in the capacity building of the health staff including Community Health Workers and Community Mobilizers. To strengthen this, community committees will equally be sensitized.

The project components will prioritize dignity, and avoid causing harm: prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks, ensure meaningful Access: Arrange for people's access to assistance and services – in proportion to need and without any barriers (e.g. discrimination). Pay special attention to marginalized individuals and groups who may experience difficulty accessing health assistance and services.

The village committee will form part of the Monitoring and Evaluation team and their opinion will be sort during the project implementation. Thus, the target beneficiaries affected populations will be able to measure the adequacy of interventions, and address concerns and complaints. The community during mobilization and sensitization and health promotion will participate and empowered on accessing health rights.

Marginalized groups including minority clans such as Somali bantus, Gibilad, Barawe and other marginalized tribes at risk of being neglected will be given equal opportunity to participate as well as the disabled. During the selection of nutrition sites, and trainings access to these groups will be factored.

Country Specific Information

Safety and Security

Due to the unpredictability of the security situation especially in some of the settlements, QRCS will undertake regular monitoring of security environment and consultations with local authorities. In areas that are at higher risk, QRCS will reduce exposure through low-profile approach in sensitive areas; training of staff on security and safety measures; adapt communication strategy and visibility to the security risks; Regular community security assessments and inclusive dialogue processes to reduce risks.

Access

QRCs has been working in Somalia since 2004. In all this time QRCS has been working with local communities in order to deliver interventions to in most needy populations. This has ensured a strong and amiable working relationship with local communities and authorities and relevant government ministries. In all the programs the implementing staff are locals thus, QRCS prides itself as being well versed with local customs and having well-established relationships with local communities. These strong links have enabled QRCS, as well as funding agencies, to quickly gain peoples trusts and implement projects successfully.

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							
1.1	Project Manager	D	1	2,000.00	9	100.00	18,000.00
	Project Manager will facilitate the conceptualization development and actualization of integrated multi-cluster delivery of the response package ensuring that cross-cutting themes such as do-no-harm, gender etc. are fully integrated into the project. S/he will be the principle contact person of the project. Will work closely with the head of mobile teams and Food security officer in order to ensure project activities are implimented seamlessly and are coherent. The proposed renumeration is as a result of the complexicity of an integrated program that will reuire hiring someone with combined competencies. so this project manager will work on this project.						
1.2	Medical Doctor	D	3	1,000.00	9	100.00	27,000.00
	Each Mobile team will be headed by a Medical Doctor. Provide up to date information on implementation of health activities through preparation and submission of weekly mobile team reports. Ensure that all integrate multi-cluster activities are implemented as outlined in the work plans prepared in collaboration with the Mobile team and Project Manager Review the Mobile Team/IERT activities and priorities on a regular basis updating the Project manager on gaps and/or provide recommendations on how to improve quality of services. The mobile team will also be the IERT.						
1.3	Nutrition Officer	D	3	800.00	9	100.00	21,600.00
	Will be incharge of the nutrition component of the project and capacity building of Community Health Workers on nutrition aspects including screening, registration, treatment, active case finding and follow-up. Will also participate in selection of relevant training materials and schedule of training. Also assess the capacity of the selected Workers. Participate in the training of Mother to Mothers Nutrition support groups. Will act as registar at the mobile team sites. this employee will Specifically work on this project.						
1.4	WASH Officer	D	1	800.00	9	100.00	7,200.00
	Will be incharge of the WASH component of the project and capacity building of Community Health Workers and WASH commitees on PHAST- aspects including hygiene promotion and behaviour change, management and control of AWD/Chlolera. Will also participate in selection of relevant training materials and schedule of training. Also assess the capacity of the selected Workers. Participate in the training of Mother to Mothers WASH support groups. this employee will Specifically work on this project.						
1.5	Food Security Officer	D	1	800.00	9	100.00	7,200.00
	Will be incharge of coordinating the Food security component of the project including participating in identification, selection and registration of beneficiaries for unconditional transfer/ Rehabilitation of community assets, in procuring inputs . this employee will Specifically work on this project.						
1.6	Registered Nurse	D	3	400.00	9	100.00	10,800.00
	Help to organise and carry out patient care and treatment, according to laid down's prescriptions and WHO guidelines Participate in surveillance of the patient regarding alimentation, hydration, elimination and general health status. Be proactive in identification of emergency situations. Communicate regularly with other Mobile Team staff. this employee will Specifically work on this project						
1.7	Auxilliary Nurse	D	6	200.00	9	100.00	10,800.00

	Assist clinical officers and nurses during consultations. Conduct duties like dressing of wounds and helping the midwives during delivery. Implement and evaluate individual treatment plans for patients with a known long-term condition. Identify and manage as appropriate treatment plans for patients at risk of developing a long-term condition. Prioritize health problems and intervene appropriately to assist the patient in complex, urgent or emergency situations, including initiation of effective emergency care. Support patients to adopt health promotion laid down strategies that encourage patients to live healthily and apply principles of self-care. Deliver opportunistic health promotion using opportunities such as new patient-medicals. Provide information and advice on prescribed or over-the-counter medication on medication regimens, side effects and interactions Assess and care for patients with present with uncomplicated wounds. Support and advice women requesting information relating to family planning needs. Implement and participate in vaccination and immunization programs for both adults and children this employees will Specifically work on this project						
1.8	Finance Officer	D	1	1,050.00	9	50.00	4,725.00
	In charge of the financial aspect of the program-reporting, Monthly, Adhoc and and doing financial aquittal report.						
1.9	Unconditional cash Post Distribution Monitors	D	5	350.00	6	100.00	10,500.00
	They will participate in registration of beneficiaries, ensure the cash reach the right beneficiary and is used by the targeted individuals mitigating possible resale. After beneficiaries identification and registration, with the intervention for Unconditional Cash Transfer scheduled for the lean season which end in December, their position will thereafter be rendundant. The targeting is scheduled for October-November and there is only one Food Security component-The unconditional Cash Transfer. After the sixth month the position will be rendundant.						
1.10	Community Health workers/Hygiene Promoters	S	60	70.00	9	100.00	37,800.00
	Identified staff will be trained on all integrated compressive WASH, Nutrition and Health in order to improve efficiency of the project activities and reduce cost assisting the Mobile Team in the integrated health, nutrition and WASH delivery. Each Mobile Team will have 20 CHWs supporting it delivering compressive servicies. They will mostly undertake the Outreach program with support from IERT team. They will be trained to deliver the services as a package; compressive services. They will be engaged in active case finding. Will be trained on inter and cross referrals of the health and nutrition components of the project. this employee will Specifically work on this project						
1.11	Security for Warehouse	S	2	200.00	9	100.00	3,600.00
	Provide security for supplies and equipment including procured foodstuffs and supplies. One for day and other for evening.						
1.12	WASH Technician	D	1	1,000.00	3	70.00	2,100.00
	Ensure WASH structures meet the required minimum WASH requirements Participate in identifying structures that can be rehabilitated Participate in idenification of location for putting up new structures in concert with CAMP WASH commitees. this employee will Specifically work on this project and will work for only three months.						
1.13	Screeners	D	3	200.00	9	100.00	5,400.00
	1 per mobile team will screen and refer for admission in consult with the nutrition officer. this employees will Specifically work on this project						
1.14	WASH Assistants	D	2	450.00	9	100.00	8,100.00
	Help to organise and carry out patient care and treatment, according to laid down's prescriptions and WHO/UNICEF guidelines Participate in surveillance of the patient regarding alimentation, hydration, elimination and general health status. Be proactive in identification of emergency situations. Communicate regularly with other Mobile Team staff especially WASH and Nutrition officer attached to the mobile team. this employee will Specifically work on this project						
1.15	Mid Wives	D	3	400.00	9	100.00	10,800.00
	Ensure admission of patient and follow up of labor. -Direct normal delivery, -Carry out prolonged deliveries in collaboration with the doctor -Ensure the follow up of the new-borns and the mothers -Prepare the discharge of mothers and their babies -Counselling mothers pre and post delivery this employee will Specifically work on this project.						
	Section Total						**185,625.00**
21. Supplies, Commodities, Materials							
2.1	Medical Supplies-Drugs	D	1	26,851.46	1	100.00	26,851.46

	Drugs and medical supplies are necessary to manage health service care. the number of beneficiaries will benefit of the drugs and the medical consumables. Drugs will be procured in consultation with WHO Somalia and Ministry of Health to ensure applicable standards are upheld as well as quality assurance. Drugs will be procured through invitation for bids with WHO prequalified suppliers preffered, selection criteria will include;price and quality, and availability of sufficient stock. The supplies are buffer stock before WHO supplies arrive and incase of emergencies. The medical supplies target 72,001 benefeciaries.						
2.2	Medical Stationery	D	1	10,900.00	1	100.00	10,900.00
	This are daily stationary and nutrition stationies needed to run the day to day activities in the health facilities to record the patient information and treatment. Patient cards, and facility registers for each department are needed and will also be used as verification means. BOQ attached. this include Outpatient cards, vaccination log books and other facility register						
2.3	Mobile Team Furniture	D	1	5,250.00	1	100.00	5,250.00
	Tables, chairs and tents will be used in the 3 mobile teams and the IERT.						
2.4	Medical Supplies-Non-Pharmaceutical	D	1	44,150.72	1	100.00	44,150.72
	Will ensure quality delivery of servicies to estimated 72,001 direct beneficiaries. *Non-pharmaceutical supplies are necessary to manage health service care and ensure health quality delivery and management of emergencies. Supplies will be procured in consultation with WHO Somalia and Ministry of Health to ensure applicable standards are upheld as well as quality assurance. Supplies will be procured through invitation for bids with WHO prequalified suppliers preffered, selection criteria will include;price and quality, and availability of sufficient stock. The supplies are buffer stock before WHO supplies arrive and incase of emergencies.*						
2.5	Nutrition Supplies	D	1	1,135.00	1	100.00	1,135.00
	Items to be used for measuring Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition cases. 72,001 will benefit the nutrition supplies.						
2.6	Mobile Staff BeMonc and IMCI Training	D	1	3,128.50	1	100.00	3,128.50
	15 staff will be trained on Reproductive Maternal Neonatal Child Health (RMNCH)/Basic Emergency Obstetric Newborn Care (BEmONC) training, and Integrated Management of Child Illiness; Antenatal Care (ANC) postnatal Care (PNC). Enhance capacity to treat and mitigate life-threatening complications during pregnancy and childbirth and postpartum period. Training will be a total of 4 days. Training will be 2 days per session-one for BEmONC and one for IMCI.						
2.7	EPI, AWD/Cholera and Measles training	D	1	9,180.00	1	100.00	9,180.00
	64 staff will be trained on prevention, management and treatment of AWD/Cholera and measles and on Expanded Programme on Immunization (EPI). Training will be 4 days. Two EPI and Two AWD/Cholera and measles.						
2.8	10 mother to mother support groups trained on IYCF	D	1	22,749.00	1	100.00	22,749.00
	10 mother to mother support groups each consisting of 15 mothers wil be trained on exclusive breast feeding and hygein in the infant young child feeding						
2.9	EPI Supplies	D	1	12,561.50	1	100.00	12,561.50
	To be used by the Mobile Team and during immunization campaigns. *Expanded program on Immunization vaccines to be administered to 38, 004 children under five, pregnant women and Women of Child Bearing Age against vaccine preventable diseases including measles. This supplies include the vaccine carriers that will aid in storage and transportation of vaccines, vaccination cards for the children and women as well as for women.*						
2.10	Polyethylene tanks	D	3	900.00	1	100.00	2,700.00
	3 tanks of 10, 000 litres each will be procured and mounted to Afgoi Hospital for water supply storage.						
2.11	Unconditional Cash Transfer	D	800	70.00	3	100.00	168,000.00
	800 households translating into 5600 beneficiaries are targeted through unconditional cash transfer through selected money vendors in order to access the Minimum Expenditure Basket (MEB) for FSNAU Rural Shabelle at USD 70 per household for three months. The Food Security team will work in concert with Nutrition team and the Mobile team for selection of beneficiaries.						
2.12	Unconditional Cash Transfer commission to remittance companies	S	1	10,080.00	1	100.00	10,080.00
	*Money Remittance companies will be paid 6% commision and encouraged to travel directly to the target villages and camps to reduce the travel times and cost for the beneficiaries. The total commission will be equal to 6%*168000=10080.*						
2.13	Provision of disinfected water to Afgoye Hospital	D	3	120.00	3	100.00	1,080.00
	Supplies of water to Afgoi Hospital Facility for drinking-water, handwashing points, toilets and showers. *It is very important there is never a shortage of water. Ensuring there is sufficient water may require interventions to install basic emergency water treatment units, or organise water trucking. It may also involve the installation of temporary water storage facilities such as demountable steel water tanks, bladder tanks or polyethylene tanks. There should be at least three days quantity of water stored in a closed tank in case of a break in supply.* *The prevailing market price for 10,000 litres tanker is USD 120. This translates to three tracks* USD 120 which will be USD 360 for 30,000 litres.* *Water will be supplied during Jilaal season of January to March*						

2.14	Warehouse cost.	S	1	9,050.00	1	100.00	9,050.00
	QRCS doesn't have a suitable warehouse to store all the expected supplies. 2 Knaspack sprayers@250. Fumigation chemicals -USD 50 per month Gunny bags for repackaging @.80 per bag. 500 bags per month=450						
2.15	Training on IYCF and IMAM	S	1	5,266.00	1	100.00	5,266.00
	2 days Infant Young Child Feeding in emergencies and 2 days Integrated Management of Acute Malnutrition training for 64. 60 CHW, 1 nutrition officer, 3 screeners. This will improve delivery of context responsive nutrition interventions.						
2.16	Food security Training on CTP	S	1	897.00	1	100.00	897.00
	2 days training of Cash Transfer Programme on targeting ensuring inclusion and exclusion errors are mitigated. Development of selection criteria, identification, selection and registration of beneficiaries, Post Distribution Monitoring.						
2.17	Latrine construction and rehabilitation.	D	1	5,981.50	1	100.00	5,981.50
	The construction of 5 VIP latrines will improve access to sanitation contributing to improving hgyiene standards of 4934 beneficiaries. Latrine construction and rehabilitation will target 7401. One of the latrines will be constructed in QRCS run Afgoye CTC. The rehabilitation of 10 VIP latrines will improve access to sanitation contributing to improving hgyiene standards of 2467 beneficiaries. Cost aspects will be as per Sphere standard that include digging of the pit, Cement, Sand, Gravel, Stone, Concrete Blocks (20x40)cm, Iron bar @12mm dia, 12 meter length, Corrugated galvanized Iron (CGI) sheets; for walls and roof (2.4x.8)m, 32 Gauge, Local hard poles for Vertical post- 5 inch diameter, 4m length each, White timber 50x50 mm for horizontal frames, roofing, 4 meter each , White timber 25x50 mm for horizontal frames, roofing, 4 meter each , Nails of different sizes 7cm (0.5kg,) 6cm (1 kg)) 5cm (0.5 kg)), Binding wire, good quality, 100 mm (4 Inch) dia PVC pipe for connecting latrine P-trap & septic tank, 75 mm (3 inch) dia PVC pipe with wire mes for ventilation, 2.5 cm plywood for shuttering RC Septic Tank cover slab, Door fabricated of 30 Gauge CGI sheets(complete in all aspects with hinges, screw and lock with keys), Material transport, cost to site, Skilled Labor (Mason) and Unskilled Labor.						
2.18	Shallow well construction and rehabilitation	D	1	19,270.00	1	100.00	19,270.00
	The construction of 5 shallow wells will increase and improve access to safe water for domestic use and contribute to reduction of waterborne diseases and walking distances to fetch water. Additionally, improve households disposable income that was used to buy water at exorbitant prices improving access of water to 7500 beneficiaries. Shallow wells construction and rehabilitation target 22500 beneficiaries. The construction areas will be jointly identified with WASH commitees. The rehabilitation of 10 shallow wells will increase and improve access to safe water for domestic use and contribute to reduction of waterborne diseases and walking distances to fetch water. Additionally, improve households disposable income that was used to buy water at exorbitant prices improving access of water to 15000 beneficiaries. Rehabilitated shallow wells will be jointly identified by WASH commitees. Cost Aspect as per SPHERE standard will include; Digging, Cement -50kg,, Sand, Ballast , Hard core, Reinforcement bars (Y10 bars), Timber -9 by 1, Metal drums 200 litre capacity, Nails 2" , Nails 3" , Masons -skilled , Unskilled labour and Hand pump: Afridev Handpump, Yield 40 strokes/min, 1.3m3/h; installed at 15m (average depth 10m-45m).						
2.19	Hygiene kits	D	2000	50.00	1	50.00	50,000.00
	Hygiene kits are composed of: Jerrycan 20 litres, 3 months supply of water purification tablets, 2400grams of bar soap equivalent to 3 month supply, and 3 sanitary cloth for 2000HHs. SHF will cater for 50% of the kits with the rest supplied by the regional WASH hub.						
2.20	Installation of Handwash facility	S	1	2,325.00	1	100.00	2,325.00
	Installation of hand wash facility. Each of the 15 rehabilitated and constructed VIP latrine equipped with a handwashing facility with six months supply of handwash soap.						
	Section Total						**410,555.68**
22. Equipment							
3.1	Medical Equipment	D	1	3,225.00	1	100.00	3,225.00
	These are instruments, apparatus, machines, appliances intended to assist the medical personnel and include items providing information by means of examination, disinfection machinery and those that assist specific nursing interventions and procedures.						
3.2	Computer equipment for commodity tracking	S	1	1,500.00	1	100.00	1,500.00
	To be used for management of stock and logistics. Will aid in accurate estimation of food supplies required and proper estimates to avoid delay in supply. Will also be used in planning of logistics. Cost to include training of Procurement and Logistics Staff.						
3.3	Computer equipment for biometric registration for UCT beneficiaries	S	3	700.00	1	100.00	2,100.00

	3 devices bought to aid in data capture of Unconditional Cash Transfer beneficiaries						
	Section Total						**6,825.00**
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
24. Travel							
5.1	Vehicle Rental	S	3	1,950.00	9	100.00	52,650.00
	The mobile clinic will use the cars for mobile teams to facilitate medical movement of staff.						
5.2	Accomodation	S	1	1,330.00	1	100.00	1,330.00
	At the prevailing market rates, accomodate facilitators for training in WASH (Compressive), Nutrition- IMAM and IYCF, health- IMCI and BeMONc and Food Security. Breakdown provided in the attached BoQ. Total 14 days.						
	Section Total						**53,980.00**
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	S	3	80.00	9	10.00	216.00
	This is communication costs (phone and internet) for key project staffs during project implementation necessary for urgent referral of patients between facilities, technical consultation between the project teams, communication with other partners as well as community members including organizing for outreach services. internet is also critical for reporting purposes and official communication with the donors and other stake holders this communication is only for mobile health clinics.						
7.2	Fuel for the generator	S	3	190.00	9	50.00	2,565.00
	Fuel (petrol) for generator of (0.95 per liter for 600 liters for the three teams), approximately 200 liters for each team per month. Generator used for light duties including lighting. Cost of fuel as per the FSNAU Nominal Price with inflation and fluctuation factored.						
	Section Total						**2,781.00**
SubTotal			2,932.00				**659,766.68**
Direct							530,387.68
Support							129,379.00
PSC Cost							
PSC Cost Percent							6.00
PSC Amount							39,586.00
Total Cost							**699,352.68**

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Shabelle -> Afgooye -> Afgooye	35	4,988	11,233	11,567	12,532	40,320	Activity 1.1.1 : Capacity building 15 health staff (40% males and 60% female) (3 registered nurses, 6 auxiliary nurses, 3 medical doctors, 3 midwives) on integrated health delivery to support the delivery of quality emergency health support, 60 Community Health Workers (60% female, 40% male) on control and prevention of epidemics, Child Health Care, EPI and AWD/cholera and measles Activity 1.1.1 : Children and vulnerable PLW screened, registered and admitted for treatment for SAM and MAM and respectively. Those found with complicated Severe Acute Malnutrition reffered to OTP/SC partners centres. Those reffered/discharged from Outpatient Therapeutic care and SC also considered for MAM admission. The screening will also involve Integrated Emergency Response Team (IERT) targeting school screening and referral of school children on AWD/Cholera and malnutrition to QRCS team and partners SC and OTP and health facilities. This will be done as part of the IERT outreach component with follow-up done by community workers. Activity 1.1.1 : Provision of 38,250 litres (60 litres per day patient and 15 litres per day per caretaker) of disinfected water (0.2 – 0.5mg/l FRC) to Afgoye Hospital CTC per month for three months. The water will be supplied 4 times per month. The CTC has a capacity of 20 patients and 5 caretakers. This will be 1275 litres per day. Activity 1.1.2 : Undertaking community hygiene promotions including Afgoye CTC, through CHW and IERT team, on management and prevention of AWD/Cholera. Men=600, Women=1650, Boys=1250, Girls=1500 Activity 1.1.2 : 15 Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC). Activity 1.1.3 : Community hygiene workers trained on Cholera/AWD management, prevention and control for 4 days. (Men=24, Women=36) and WASH Officer and 2 WASH assistant and Technician. Activity 1.1.2 : Identified children and vulnerable women treated for MAM without medical complications. This will include Nutritional counselling/health and nutrition education, and food ration distribution Activity 1.1.3 : Identified children treated for SAM without medical complications with those with complication refferred to Stabilization Centre and Outpatient Theraputic Centre for further treatment. This will include nutritional counselling/health and nutrition education, and food ration distribution fo their families.

Lower Shabelle -> Afgooye -> Arrinmoog	18	2,565	5,777	5,949	6,445	20,736	Activity 1.1.1 : Capacity building 15 health staff (40% males and 60% female) (3 registered nurses, 6 auxiliary nurses, 3 medical doctors, 3 midwives) on integrated health delivery to support the delivery of quality emergency health support, 60 Community Health Workers (60% female, 40% male) on control and prevention of epidemics, Child Health Care, EPI and AWD/cholera and measles Activity 1.1.1 : Children and vulnerable PLW screened, registered and admitted for treatment for SAM and MAM and respectively. Those found with complicated Severe Acute Malnutrition reffered to OTP/SC partners centres. Those reffered/discharged from Outpatient Therapeutic care and SC also considered for MAM admission. The screening will also involve Integrated Emergency Response Team (IERT) targeting school screening and referral of school children on AWD/Cholera and malnutrition to QRCS team and partners SC and OTP and health facilities. This will be done as part of the IERT outreach component with follow-up done by community workers. Activity 1.1.1 : Provision of 38,250 litres (60 litres per day patient and 15 litres per day per caretaker) of disinfected water (0.2 – 0.5mg/l FRC) to Afgoye Hospital CTC per month for three months. The water will be supplied 4 times per month. The CTC has a capacity of 20 patients and 5 caretakers. This will be 1275 litres per day. Activity 1.1.2 : Undertaking community hygiene promotions including Afgoye CTC, through CHW and IERT team, on management and prevention of AWD/Cholera. Men=600, Women=1650, Boys=1250, Girls=1500 Activity 1.1.2 : 15 Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC). Activity 1.1.3 : Community hygiene workers trained on Cholera/AWD management, prevention and control for 4 days. (Men=24, Women=36) and WASH Officer and 2 WASH assistant and Technician. Activity 1.1.2 : Identified children and vulnerable women treated for MAM without medical complications. This will include Nutritional counselling/health and nutrition education, and food ration distribution Activity 1.1.3 : Identified children treated for SAM without medical complications with those with complication refferred to Stabilization Centre and Outpatient Theraputic Centre for further treatment. This will include nutritional counselling/health and nutrition education, and food ration distribution fo their families.

Lower Shabelle -> Afgooye -> Kaysaney		22	3,135	7,061	7,271	7,877	25,344	Activity 1.1.1 : Capacity building 15 health staff (40% males and 60% female) (3 registered nurses, 6 auxiliary nurses, 3 medical doctors, 3 midwives) on integrated health delivery to support the delivery of quality emergency health support, 60 Community Health Workers (60% female, 40% male) on control and prevention of epidemics, Child Health Care, EPI and AWD/cholera and measles Activity 1.1.1 : Children and vulnerable PLW screened, registered and admitted for treatment for SAM and MAM and respectively. Those found with complicated Severe Acute Malnutrition reffered to OTP/SC partners centres. Those reffered/discharged from Outpatient Therapeutic care and SC also considered for MAM admission. The screening will also involve Integrated Emergency Response Team (IERT) targeting school screening and referral of school children on AWD/Cholera and malnutrition to QRCS team and partners SC and OTP and health facilities. This will be done as part of the IERT outreach component with follow-up done by community workers. Activity 1.1.1 : Provision of 38,250 litres (60 litres per day patient and 15 litres per day per caretaker) of disinfected water (0.2 – 0.5mg/l FRC) to Afgoye Hospital CTC per month for three months. The water will be supplied 4 times per month. The CTC has a capacity of 20 patients and 5 caretakers. This will be 1275 litres per day. Activity 1.1.2 : Undertaking community hygiene promotions including Afgoye CTC, through CHW and IERT team, on management and prevention of AWD/Cholera. Men=600, Women=1650, Boys=1250, Girls=1500 Activity 1.1.2 : 15 Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC). Activity 1.1.3 : Community hygiene workers trained on Cholera/AWD management, prevention and control for 4 days. (Men=24, Women=36) and WASH Officer and 2 WASH assistant and Technician. Activity 1.1.2 : Identified children and vulnerable women treated for MAM without medical complications. This will include Nutritional counselling/health and nutrition education, and food ration distribution Activity 1.1.3 : Identified children treated for SAM without medical complications with those with complication refferred to Stabilization Centre and Outpatient Theraputic Centre for further treatment. This will include nutritional counselling/health and nutrition education, and food ration distribution fo their families.

Lower Shabelle -> Afgooye -> Lafoole	25	3,563	8,024	8,262	8,952	28,801	Activity 1.1.1 : Capacity building 15 health staff (40% males and 60% female) (3 registered nurses, 6 auxiliary nurses, 3 medical doctors, 3 midwives) on integrated health delivery to support the delivery of quality emergency health support, 60 Community Health Workers (60% female, 40% male) on control and prevention of epidemics, Child Health Care, EPI and AWD/cholera and measles Activity 1.1.1 : Children and vulnerable PLW screened, registered and admitted for treatment for SAM and MAM and respectively. Those found with complicated Severe Acute Malnutrition reffered to OTP/SC partners centres. Those reffered/discharged from Outpatient Therapeutic care and SC also considered for MAM admission. The screening will also involve Integrated Emergency Response Team (IERT) targeting school screening and referral of school children on AWD/Cholera and malnutrition to QRCS team and partners SC and OTP and health facilities. This will be done as part of the IERT outreach component with follow-up done by community workers. Activity 1.1.1 : Provision of 38,250 litres (60 litres per day patient and 15 litres per day per caretaker) of disinfected water (0.2 – 0.5mg/l FRC) to Afgoye Hospital CTC per month for three months. The water will be supplied 4 times per month. The CTC has a capacity of 20 patients and 5 caretakers. This will be 1275 litres per day. Activity 1.1.2 : Undertaking community hygiene promotions including Afgoye CTC, through CHW and IERT team, on management and prevention of AWD/Cholera. Men=600, Women=1650, Boys=1250, Girls=1500 Activity 1.1.2 : 15 Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC). Activity 1.1.3 : Community hygiene workers trained on Cholera/AWD management, prevention and control for 4 days. (Men=24, Women=36) and WASH Officer and 2 WASH assistant and Technician. Activity 1.1.2 : Identified children and vulnerable women treated for MAM without medical complications. This will include Nutritional counselling/health and nutrition education, and food ration distribution Activity 1.1.3 : Identified children treated for SAM without medical complications with those with complication refferred to Stabilization Centre and Outpatient Theraputic Centre for further treatment. This will include nutritional counselling/health and nutrition education, and food ration distribution fo their families.

Documents

Category Name	Document Description
Budget Documents	Integrated Response 2017.xls
Budget Documents	QRCS Integrated Response 2017 Revised Budget-1.xls
Budget Documents	QRCS Integrated Response 2017 Revised Budget-2.xls
Budget Documents	QRCS Integrated Response 2017 Revised Budget.xls
Budget Documents	QRCS Integrated Response 2017 Revised Budget-3.xls
Budget Documents	QRCS Integrated Response 2017 Revised Budget-4.xls
Budget Documents	Final revised QRCS Integrated Response 2017 Revised Budget-4.xls
Budget Documents	QRC NFI memo.pdf

Budget Documents	QRC cash memo.pdf