

<b>Requesting Organization :</b>	Cooperazione E Sviluppo - CESVI				
<b>Allocation Type :</b>	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Education		12.00			
Food Security		22.00			
Health		21.00			
Nutrition		27.00			
Water, Sanitation and Hygiene		18.00			
		<b>100</b>			
<b>Project Title :</b>	Integrated life-saving and humanitarian support programme to drought- affected communities In Galmudug ( Somalia).				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/R/Ed-FSC-H-Nut-WASH/INGO/6676		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	850,000.40		
<b>Planned project duration :</b>	9 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	06/10/2017	<b>Planned End Date :</b>	06/07/2018		
<b>Actual Start Date:</b>	06/10/2017	<b>Actual End Date:</b>	06/07/2018		
<b>Project Summary :</b>	<p>The project will provide integrated humanitarian support to 23,440 drought affected beneficiaries. In particular:</p> <ul style="list-style-type: none"> <li>- improved access to education will be provided through retention campaigns and rolling out of feeding programme as well as rehabilitation of learning spaces.This activity will reach 250 individuals.</li> <li>- improved access to food security will be boosted through 3 rounds of unconditional cash transfer ( 60USD par month). This activity will reach 450 HHS ( 2700 individuals).</li> <li>- improved access to emergency health services will be reached through 3 mobile clinics. This activity will reach 23.440 individuals</li> <li>- decreased of malnutrition caseloads will be reached through the rolling up of SAM ( severe acute malnutrition) treatment in 3 mobile OTPs ( Out-patients).This activity will reach 15590.</li> <li>- improved access to water and sanitation will be achieved through both water trucking and rehab/ construction of water sources as well as latrines.This activity will reach 21070 beneficiaries</li> </ul> <p>BCC ( Behavior change communication) and protection are embedded in this proposal. All the activities are complemented by the delivering of health/ nutrition/ wash/ food security/ education. Men, women, boys and girls actively participate in the programme design and in the implementation through a gender sensitive approach: all groups are consulted regularly through targeted single-sex and age-based Focus Group Discussions (FGDs) and interviews. Dis aggregate data are recorded and analyzed at every stage of the action.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	7,887	7,993	3,969	3,591	23,440
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	2,693	2,895	1,439	2,347	9,374
Agro-Pastoralists	5,194	0	2,530	1,244	8,968
Pregnant and Lactating Women	0	5,098	0	0	5,098
<b>Indirect Beneficiaries :</b>					
<p>The indirect beneficiaries of the integrated programme are 140.640 individuals. Please note that the total number of beneficiaries is not given by the sum of the beneficiaries under all the activities. Beneficiaries are calculated by adding beneficiaries of WASH and beneficiaries of HEALTH. In fact, though this is an integrated programme, at this stage we cannot quantify how many beneficiaries will fall sick and seek medical attention.</p>					

**Catchment Population:**

292,160

**Link with allocation strategy :**

The proposed project is in line with the SHF Reserve – Integrated Response (round 2) as it is designed to provide INTEGRATED ( Health, Nutrition, WASH, Education and FSL) support to vulnerable communities in Galmudug that are coping with prolonged drought condition. The programme will be implemented by Cesvi that is working in the region since 2011 and since September 2016 has started a massive scaling up of activities to prevent famine. The programme is, as such, going to insert in a larger strategy which will likely increase the impact of the activities as well as achieve value for money ( bulk procurements and savings in support costs).

**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
Isabella Garino	Head of Mission	isabellagarino@cesvioverseas.org	+254 (0)714517381
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**BACKGROUND****1. Humanitarian context analysis**

The ongoing drought in Somalia is marked by repeated shock cycles and insufficient recovery periods in-between. This has further deteriorated the humanitarian situation and resulted in an elevated risk of famine in several parts of the country. Consecutive poor GU and failed Deyr seasons in 2016 have severely affected livelihoods and production systems leading to a spike in food insecurity and malnutrition with some areas at risk of famine in 2017. The 2016 Deyr (October-December) rainfall was much below average and poorly distributed across most parts of Somalia. Following a late onset of the April to June Gu rains, as well as below average rains in many part of Somalia as the rains ended early May, a third poor harvest season is expected in January 2018, with cereal production at 50-60% of average. Though water for pasture has shown some improvement, this also varies significantly across the country. Livestock herd sizes have reduced substantially due to the impact of the prolonged drought and recovery is expected to take at least two consecutive seasons of good rainfall. The number of people in need of humanitarian assistance has increased to 6.9 million people , according to the latest projections by the Food Security and Nutrition Analysis Unit (FSNAU). This accounts to a further increase since February when 2.9 million were in IPC 3&4 and 3.3 in IPC 2 ( 6.2 million in total). 363,000 U5 are acutely malnourished. Despite ongoing efforts to scale up AWD response, the outbreak is not under control. According to data obtained from the Ministry of Health, 53,000 persons were suspected AWD (Acute Watery Diarrhoea.) /Cholera cases of which 798 deaths were recorded. Major concerns for AWD/Cholera are in the over-crowded IDP settlements in urban towns. Scaling up sanitation assistance, access to chlorinated water and to hygiene promotion activities, including distribution of hygiene kits in IDPs settlements, host communities and in rural areas that are still affected by drought, is critical to contain the disease outbreaks. Over 13,800 were the measles cases reported in 2017. The devastating drought sweeping through a large part of Somalia is displacing many residents, forcing them to abandon their homes to seek food and shelter in displacement camps. Since November 2016, around 761.000 people have been internally displaced in Somalia due to drought. On average, over 8,000 people a day are forced to abandon their homes in search of water and food, mainly from rural to urban areas (OCHA 2017), ending up in IDP settlements, and adding additional burden to the already thin resources and on the scarce available infrastructures ( Galkayo being one of the major cities of arrival). Somalia has one of the weakest education systems in the world, even though 45.6% of its population is under the age of 15 .Student absenteeism is increasing in schools in areas affected by drought, as families rely on negative coping strategies including enlisting children to search for water resources. In the action area of Central and Southern regions an estimated of 90% of schools do not have access to safe drinking water. According to a report from the education cluster, currently 378,741 children (165,739 girls) are enrolled in schools in drought-affected areas. 30% of these children are in immediate risk of dropping.

**2. Needs assessment**

In most of Galmudug, pasture conditions are far below average. Rainfall performance was poor in most parts of Hawd, Addun and Coastal Deeh livelihood zones as rainfall delayed, erratic and below average in amount. In agro pastoral livelihood zones of Elder and parts of Haradhere and Ceel Bur districts, the above average rainfall in April and May, was followed by a prolonged dry spell during critical stage of cowpea crop growth and development. This has serious repercussion for the food security situation in these regions and this part of Somalia remains one of the hardest hit by the drought. Due to substantial livestock losses, destitution and reduced income from the sale of livestock and livestock products, food security among poor pastoral and agro pastoral households is therefore expected to remain precarious and only improve gradually. Due to atypical livestock deaths and distress selling, low to no conception during the 2016/2017 Deyr season, and high off-take during the 2017 Jilaal, herd sizes have declined 30-60 % from baseline levels in many areas. Conception during the 2017 Gu season was also lower than normal in most regions, and most areas reported medium to low conception. Some 19,000 individuals have been displaced to different parts of Galgaduud region by June this year, with drought and conflict, acting as major triggers. An escalation of tensions between rival clans in Abudwaq district has resulted in the displacement of around 2,300 households in July 2017, with many more likely to flee. Amid ongoing drought, inadequate local absorption capacities, and weak protective structures, access to humanitarian assistance and protection remain a major concern in receiving host communities. Women, children and the elderly are the most affected among the displaced. Health and nutrition situation in Mugud remains worrisome. Primary data coming from Cesvi MCHs ( Mother-children Centers) in South Galkayo, for example, showed a steady increase in consultations since beginning of 2017 with a peak in April (9.796 against an average of 8.000). The increase was more consistent in the 3 Health Posts in Galkayo IDPs than in the MCHS ( Mother -children Centers) in the rural settings (that is explained with the movement of population towards the urban center). 108 measles (50% male, 50% female) and 236 AWD (61% female and 39 % male) cases were treated in 5 months. Inadequate quantity/quality of water due to drought accounted for the major drivers of this outbreak. In South Mudug (both in the IDPs and in the rural settlements) several water points are dysfunctional due to over-use forcing HHs to buy water at prohibitive costs. Provision of adequate, clean and safe water through rehabilitation of sustainable water structures (boreholes, shallow wells) and immediate water distribution for the most vulnerable HHs is crucial. Additional emergency latrines, especially in the in IDP camps, need to be built (Cesvi, August 2017). With the upcoming Deyr rainfall season rehabilitation of water points and latrines remains very critical. Preliminary data from the post-Jilaal assessment and recent SMART (Standardized Monitoring and Assessment of Relief and Transitions) surveys indicate that Crisis (IPC Phase 3) and Emergency (IPC Phase 4) levels of acute food insecurity persist in Galkayo South. In 5 months, Cesvi has admitted 791 SAM U5 admission - 47% U5 girls and 53% U5 boys. Notwithstanding the high number of admission, the agency has reached 97 % of cure rate. According to the latest FSNAU survey, around 9685 are MAM U5 children in South Galkayo district. Actors on the ground are strained to cope with such high number of cases especially in face of the shortage of nutrition supplies (RUSF) In Galkayo South, approximately 204.000 IDPs (new and old displacement) are dwelling in 115 sites (DTM-Displacement Tracking Matrix, June 2017). Most of the children IDPs, do not have access to school or any informal education.

### **3. Description Of Beneficiaries**

Agro-Pastoralists and Destitute Pastoralists = Agro-pastoralists derive the majority of their food from their own crop production, own milk production and some purchase. Income comes from the sale of livestock and livestock products, the sale of crops, and for poorer groups a variety of petty trade, casual labour and collection of bush products.

Pasture and water resources are very limited, forcing them to move and causing livestock deterioration (PET:2-1) and deaths. Harvest prospects are poor where Deyr harvests are likely to be 60-70 percent below the five-year average. Prices of basic commodities have experienced a sharp increase while livestock prices and casual labor wage levels are both up to 29% due to poor livestock conditions and limited agricultural labor opportunities. As a result, household purchasing power is falling and many poor households are facing increasing difficulty accessing sufficient food to meet their basic needs leaving for them no other options of burrowing money (debt level increase around from 100 USD to 200 USD in Galkayo district) and/or migrate to urban areas and join settlements for internally displaced. Famine (IPC Phase 5) is possible in a worst-case scenario where the Gu rains fail, leaving pastoralists without livestock to sell, and humanitarian actors are unable to distribute large-scale assistance to those in need (FSNAU 2017).

Urban Poor (IDPs and Marginalised Groups): The living conditions of displaced population are dire and continuously deteriorating, mainly due to adverse weather conditions, forced evictions and lack of urban services. South Gaalkacyo hosts both a high number of protracted IDP settlements, with many more being formed during this drought. IDPs exhibit the highest food insecurity and malnutrition rates in Somalia. 75% of the recorded gender based violence (GBV) incidents are perpetrated in IDP settlements.

The programme will target the following beneficiaries ( listed par sector). selection criteria and targeting are also provided.

HEALTH: 23, 440 individuals ( 6750 girls U5, 6100 boys U5, 5350 women ( out of which 2232 will be Pregnant and lactating women) and 5240 men. Pregnant and lactating women and Under 5 are the main targets of the action, Cesvi, however, will guarantee free access to services to the whole population without discrimination of sex, age and groups. In South Galkayo, expected beneficiaries will be both IDPs and local communities.

NUTRITION: 7280 individuals (735 girls U5, 765 boys U5, 1050 males and 4730 Pregnant and lactating women ). - Selection criteria will be based on Somalia IMAM ( Integrated Management of Acute Malnutrition ) guideline. Children 6 -59 months whose MUAC is less than 11.5 cm or Z-score less than -3 to -2 without medical complications and/or Oedema will be admitted in Cesvi outpatients points. The criteria for MAM( moderate acute malnutrition) transfer is MUAC >11.5 and <12.5 or Z-score of -2 , while those with poor appetite and medical complications (regardless of their MUAC and Z-score) and those below 6 months will be transferred to Stabilization centers.

WASH: 21700 individuals ( 4165 girls U5, 4181 boys U5, 6583 women and 6771 males).- Children in schools and IDPs families will benefit to enhanced access to water and hygiene promotion.

FSL: 2700 individuals (156 U5 girls and 209 U5 boys 1182 women and 1153 male). - Unconditional cash grants will target 30% of the families with children enrolled in the nutrition programme.

EDUCATION: 250 individuals. 250-122 U5 girls, 128 U5 boys) -Children three schools where also nutrition / wash activities will be implemented.

The total number of beneficiaries without double-counting is: 23,440 ( equal to the number health beneficiaries based on the rationale that their beneficiaries under the other activities will be overlapping).

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

The proposed project is in line with the SHF Reserve – Integrated Response (round 2) as it is designed to provide INTEGRATED ( Health, Nutrition, WASH, Education and FSL) support to vulnerable communities in Galmudug that are coping with prolonged drought condition. The programme will be implemented by Cesvi that is working in the region since 2011 and since September 2016 has started a massive scaling - up of activities to prevent famine. The programme is, as such, going to insert in a larger strategy which will likely increase the impact of the activities as well as achieve value for money ( bulk procurements and savings in support costs).

The project targets drought affected communities and, in particular, communities already integrated phase classification (IPC) 3 & 4. and, as explained above, constitutes a life-savings response. Finally, embeds the "Do no harm approach": all activities are planned considering protection risks especially for children and women.

### **5. Complementarity**

Cesvi overall approach is to provide integrated programming in order to meet the needs of communities in a consistent manner. In line with this approach, the proposed action has strong synergies with the agency's on-going programmes in the target areas (synergies are hereby listed par sector):

**NUTRITION:** with funds from United Nations Children's Fund (UNICEF), Cesvi is currently providing Basic Nutrition Service Package (BNSP) services in the rural areas South Mudug. The propose action is intended to build upon the extensive experience of the Agency in the area and extend the services to drought affected population living in GK internally displaced populations (IDPs) camps.

**HEALTH:** the integration among health and nutrition activities is a fundamental part of the Integrated management of acute malnutrition (IMAM) strategy, which entails health treatment alongside the nutritional one (systematic treatment, expanded programme on immunization (EPI), deworming, and supplement in vitamins are provided for all Severe acute malnutrition (SAM) and Moderate acute malnutrition (MAM) cases). Treatment of the most common diseases and the enhancement of health status is the starting point for an appropriate and positive nutritional evolution for children 0-59 months. CESVI is currently delivering health service in Galkayo IDPs (3 Health Posts). The programme is funded by European Commission Humanitarian Aid (ECHO) and has been active since 2012.

**RESILIENCE:** Cesvi, in the framework of the building resilient communities in Somalia (BRCiS) consortium (Norwegian Refugee Council-NRC, International Rescue Committee-IRC, Save the Children-SCI, Concern World Wide-CWW) funded by Department for International Development (DFID) is implementing resilience activities in Mudug, Hiraan and Banadir. Communities were provided -through a Community Process Analysis- with Community-Based Disaster Management Plans (CBDMPs) and Community Action Plans (CAPs). The plans build on, complement and strengthen the community's own coping capacities and are adapted to the local reality and needs, in a manner that aims at reducing chronic vulnerability and facilitate inclusive growth.

**EMERGENCY RELIEF:** The agency is currently engaged in alleviating the needs of Mudug, Hiraan, Banadir and Lower Shabelle population affected by drought through cash transfer, wash interventions and emergency health services.

## LOGICAL FRAMEWORK

### Overall project objective

The overall objective of the project is to provide an integrated response to drought affected communities by improving access to food, water, education and basic health services and by contributing to the reduction of maternal and child morbidity and mortality in Galmudug (Galkayo South and Hobyo District),

### Education

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Ensure emergency and crisis-affected children and youth have access to safe and protective learning environments that encourage retention and increased enrolment	2017-SO4: Support the protection and restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions.	100

**Contribution to Cluster/Sector Objectives :** The project will ensure that drought affected children in IDPS camp and in rural areas have access to safe infrastructure and quality learning. The activities under this result are meant to promote enrolment of children from marginalised and excluded groups, such as girls generally, as well as children with disabilities and children from minority ethnic groups, IDP and returnee communities and will also focus on retention of children in communities affected by drought.

### Outcome 1

Improving access to safe and quality primary education for children affected by drought and related displacement

### Output 1.1

#### Description

250 vulnerable children ( 122 girls and 128 boys) have access to high quality primary education, including access to safe drinking water

### Assumptions & Risks

The security situation in the area remain stable.  
There is no additional emergency event in the area  
The acceptance form the community and the collaboration from Local Authorities remain high.

#### Risks:

- Fighting between Puntalnd and Galmudug does result in additional displacement.
- Lack of support from Communities, Local Authorities, Traditional Leaders for project staff and activities
- Programme implementation causes significant jealousy and disharmony within communities
- Other major shocks/emergencies occur which result in humanitarian needs exceeding the project's capacity

#### Mitigation measures:

- monitoring of the situation and, if needed, move the services close to the beneficiaries
- Existing and enhanced relationships through already established Cesvi services in Mudug, spirit of cooperation and trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensure good collaboration and will promote the perception of Cesvi as capable and reliable agency.
- Cesvi staff will held regular meetings with the communities in order to explain the programme and to share the criteria used for the selection of the beneficiaries. A complain mechanism will be put in place.

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of children (Male&Female) enrolled in protected learning spaces					250

<b>Means of Verification</b> : School Registers						
Indicator 1.1.2	Education	Number of temporary learning spaces or rehabilitated classrooms				3
<b>Means of Verification</b> : Project reports , MOU with the schools						
Indicator 1.1.3	Education	Number of children benefitting with safe drinking water in the school				250
<b>Means of Verification</b> : Project database						
Indicator 1.1.4	Education	Number of hygiene promotion sensitization sessions run in the schools				6
<b>Means of Verification</b> : Pictures, events report						
<b>Activities</b>						
<b>Activity 1.1.1</b>						
<b>Standard Activity : Back to school Campaign</b>						
Carry out 6 enrollment and retention campaigns in target communities. The campaigns will be conducted at both community level and school level and aim to change the attitudes of parents and the wider community towards the importance and benefits of education for all children during emergencies. This will specifically promote enrollment of children from marginalized and excluded groups, such as girls generally, as well as children with disabilities and children from minority ethnic groups, IDP and returnee communities. We will also focus on retention of children in communities affected by drought. the campaigns aims at avoiding the drop-out of at least 250 children						
<b>Activity 1.1.2</b>						
<b>Standard Activity : Refurbishment of learning spaces</b>						
Rehabilitation of school infrastructure (including furniture). 3 schools will receive rehabilitation/enhancement of learning spaces, latrines and water points. Cesvi will also procure desks, teaching material and essential furniture. The activity aims at reaching 250 children in schools and 16 teachers. Where needed, latrines and water point will be enhanced.						
<b>Activity 1.1.3</b>						
<b>Standard Activity : Water distribution in schools</b>						
Provision of clean potable water (900 litres par 90 days par 100 USD par trip) in 3 locations and provision of bulk storage facilities. 250 children and 16 teachers will access to temporary safe drinking water.						
<b>Activity 1.1.4</b>						
<b>Standard Activity : Hygiene promotion</b>						
Hygiene sensitization will be carried out by Cesvi staff into the schools with the distribution of hygiene promotion materials to be used to decorate in order to strengthen the link between education and practice, basic equipment for drinking water provision, hand washing. On top of that, on the occasion of the Hand Washing Day in October, the agency will organize two events par school.						
<b>Additional Targets :</b>						
<b>Food Security</b>						
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>		<b>Percentage of activities</b>		
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		
<b>Contribution to Cluster/Sector Objectives :</b> The proposed activities are meant to alleviate the most immediate food security needs of 450 HHs ( 2700 beneficiaries) in drought affected communities. The UCTs will specifically target new IDP arrivals, existing IDPs who are faced with crisis and emergency situations and other destitute households in both rural and urban settings who have not yet been assisted by other similar humanitarian interventions. The transfer will enable households to access a diversified food basket from their local markets as well as meeting other priority non-food needs, thus improving food intake (frequency of meals and dietary diversity) while at the same time reducing the prevalence of crisis and emergency related food security coping mechanisms among the target population.						
<b>Outcome 1</b>						
Increasing access to food through unconditional cash transfer						
<b>Output 1.1</b>						
<b>Description</b>						
2700 individuals ( 450 HHs) receive unconditional cash transfers and safety net						
<b>Assumptions &amp; Risks</b>						

The security situation in the area remain stable.  
 There is no additional emergency event in the area  
 The acceptance form the community and the collaboration from Local Authorities remain high.  
 Risks:  
 a) Fighting between Puntalnd and Galmudug does result in additional displacement.  
 b)Lack of support from Communities, Local Authorities, Traditional Leaders for project staff and activities  
 c) Programme implementation causes significant jealousy and disharmony within communities  
 D) Other major shocks/emergencies occur which result in humanitarian needs exceeding the project's capacity  
 Mitigation measures:  
 A) monitoring of the situation and, if needed, move the services close to the beneficiaries  
 b)Existing and enhanced relationships through already established Cesvi services in Mudug , spirit of cooperation and trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensure good collaboration and will promote the perception of Cesvi as capable and reliable agency.  
 c) Cesvi staff will held regular meetings with the communities in order to explain the programme and to share the criteria used for the selection of the beneficiaries. A complain mechanism will be put in place.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					2,700

**Means of Verification** : Transaction list

Please note that UTC will be provided to 2700 individuals ( 450 HHs)

**Activities**

**Activity 1.1.1**

**Standard Activity : Conditional or unconditional Cash transfer**

Provision of 3 rounds of unconditional cash grants to 450 households ( 2700 individuals) : Cesvi adheres to the transfer values at 80% of the cost of the minimum expenditure basket (MEB). Priority will be given to mobile payments where network coverage exists. Where network coverage is inadequate and the Hawala money transfer system would need to be used accountability measures will be put in place to ensure all registered beneficiaries are genuine and that the money transfer agencies accept to assume responsibility for transporting cash to targeted locations for distribution. Beneficiary identification will be conducted in coordination with by community committees

**Additional Targets :**

**Health**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	2017-SO3: Reinforce gender sensitive protection of the displaced and other vulnerable groups at risk	50
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	50

**Contribution to Cluster/Sector Objectives :** The emergency outreach health activities are designed to reach far off and movable population that have not, currently, access to basic health services. On top of this, locations were identified with the LAs as being hotspots of outbreaks ( measles and AWD/ cholera).

**Outcome 1**

To contribute to the decrease of morbidity and mortality in target communities

**Output 1.1**

**Description**

23.440 vulnerable individuals in targeted areas have access to basic, life-savings health services

**Assumptions & Risks**

The security situation in the area remain stable.  
 There is no additional emergency event in the area  
 The acceptance form the community and the collaboration from Local Authorities remain high.  
 Risks:  
 a) Fighting between Puntalnd and Galmudug does result in additional displacement.  
 b)Lack of support from Communities, Local Authorities, Traditional Leaders for project staff and activities  
 c) Programme implementation causes significant jealousy and disharmony within communities  
 D) Other major shocks/emergencies occur which result in humanitarian needs exceeding the project's capacity  
 Mitigation measures:  
 A) monitoring of the situation and, if needed, move the services close to the beneficiaries  
 b)Existing and enhanced relationships through already established Cesvi services in Mudug , spirit of cooperation and trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensure good collaboration and will promote the perception of Cesvi as capable and reliable agency.  
 c) Cesvi staff will held regular meetings with the communities in order to explain the programme and to share the criteria used for the selection of the beneficiaries. A complain mechanism will be put in place.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of consultations per clinician per day by Health facility					62

#### Means of Verification : Registers

Indicator 1.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					2,329
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#### Means of Verification : Training reports

Indicator 1.1.3	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					50
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#### Means of Verification : Registers, training report

#### Activities

##### Activity 1.1.1

##### Standard Activity : Primary health care services, consultations

3 mobile clinics will deliver emergency health services in target communities. The mobile teams will be equipped with personnel (every team comprises 1 Nurse, 1 Auxiliary, 1 Midwife, 1 Vaccinator, 1 Drug Dispenser) and adequate supplies. Where the beneficiaries cannot be treated on the spot, the mobile unit will provide referral to Cesvi MCHs and or hospitals (Galkayo Main Hospital run by IMC and IRC ). 25,368 individuals are expected to have access to health services under this activity.

##### Activity 1.1.2

##### Standard Activity : Immunisation campaign

Provision of immunization to 2329 children and women in child- bearing age.

##### Activity 1.1.3

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

AWD/Cholera and measles case management training: the training will be provided to 50 Cesvi staff to enhance timely response capacities in line with Cesvi contingency plan in place

#### Output 1.2

##### Description

2322 pregnant and lactating women have access to ante and post natal care

##### Assumptions & Risks

The security situation in the area remain stable.  
 There is no additional emergency event in the area  
 The acceptance form the community and the collaboration from Local Authorities remain high.  
 Risks:  
 a) Fighting between Puntalnd and Galmudug does result in additional displacement.  
 b)Lack of supplies

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of women accessing pre-natal and postnatal care ( ANC 1, 2, 3, 4 and PNC)					2,322
<b>Means of Verification</b> : Reports, project database							
Indicator 1.2.2	Health	Number of people (men, women, boys and girls) reached by health promotion message.	0	2,322	0	0	2,322
<b>Means of Verification</b> : Project records							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : Not Selected</b>							
Provision of antenatal and postnatal care services through 3 mobile outreach teams to 2322 pregnant and lactating women.							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Awareness campaigns and Social Mobilization</b>							
Women accessing ANC/ PNC will be receiving health education, especially regarding the importance of ANC and PNC care and children feeding practices. The aim is to sensitize them as well as to channel through them messaging to reach other women in the communities ( cascade effect).							
<b>Additional Targets</b> : Please note that the 50 staff/ CHWs trained are not added up to the total number of beneficiaries. Kindly note that also 2322 Pregnant and lactating women are not added up to the total number of beneficiaries due to overlap under services under Output 1.							
<b>Nutrition</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>				
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, 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					100
<b>Contribution to Cluster/Sector Objectives</b> : The project objective is directly contributing the cluster objective in scaling up nutrition services to treat and prevent acute malnutrition and related morbidity and mortality among under-five children and pregnant and lactating women in Galkayo internally displaced populations camps as well as among host community.							
<b>Outcome 1</b>							
Improving access to emergency nutrition services for children under five and pregnant and lactating women in Galkayo South IDP settlements and for host community.							
<b>Output 1.1</b>							
<b>Description</b>							
7280 individuals ( 5465 female and 1815 males) have guaranteed access to Basic Nutrition Service Package (BNSP) through direct provision and referral by the end of the project.							
<b>Assumptions &amp; Risks</b>							
<p>The security situation in the area remain stable.  There is no additional emergency event in the area  The acceptance form the community and the collaboration from Local Authorities remain high.</p> <p>Risks:  a) Fighting between Puntalnd and Galmudug does result in additional displacement.  b)Lack of support from Communities, Local Authorities, Traditional Leaders for project staff and activities  c) Programme implementation causes significant jealousy and disharmony within communities  D) Other major shocks/emergencies occur which result in humanitarian needs exceeding the project's capacity</p> <p>Mitigation measures:  A) monitoring of the situation and, if needed, move the services close to the beneficiaries  b)Existing and enhanced relationships through already established Cesvi services in Mudug , spirit of cooperation and trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensure good collaboration and will promote the perception of Cesvi as capable and reliable agency.  c) Cesvi staff will held regular meetings with the communities in order to explain the programme and to share the criteria used for the selection of the beneficiaries. A complain mechanism will be put in place</p>							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					1,500
<b>Means of Verification</b> : OTP registers ( U5 SAM TREATMENT)							
Indicator 1.1.2	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					3,500
<b>Means of Verification</b> : IYCF registers							
Indicator 1.1.3	Nutrition	Number of PLW receiving multiple micronutrients					2,280
<b>Means of Verification</b> : OTP registers							
Indicator 1.1.4	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					25
<b>Means of Verification</b> : Training report							
Indicator 1.1.5	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					2,280
<b>Means of Verification</b> : Project database IYCF sessions							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
<p>Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community health workers (CHWs) and nutrition teams.</p> <p>The screening will also be performed in the three schools the agency will support under education.</p> <p>Children who are SAM cases with medical complications will be referred to the stabilization centre in Galkayo main hospital run by IMC for stabilization of the clinical conditions. Meanwhile, all children who have recovered from the mobile site will be referred to TSFP facility run by SDRO in partnership with WFP.</p>							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>							
<p>Admission of 1500 children 6-59 month with uncomplicated SAM ( severe acute malnutrition) into the outpatient (OTP) programme.</p> <p>After the screening, severe acute malnutrition (SAM) cases are referred to the nutritional staff</p> <p>The nutrition programme, run by the agency, is designed to achieve full integration of services: for the purpose health and nutrition staff works.</p> <p>closely. All children entering into the nutrition programme are immunized. Health teams and nutrition teams develop a monthly expanded programme on immunization (EPI)-Nutrition plan which stipulates the days in which the vaccinators will work with the nutrition teams. On top of that, nurses in the health facilities ensure that all under five (U5) children coming for outpatient department (OPD) consultations are screened for malnutrition. At the same time, the nutrition staff refers to the health facilities screened children/pregnant and lactating women (PLW) with pathologies for further evaluation and treatment (inter-referral between health and nutrition teams).</p> <p>Expected Severe acute malnutrition (SAM) cases entering in the programme in 9 months are 1500 ( 735 girls and 765 boys) . SAM+ will be referred to the Stabilization Center run by IMC.</p>							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>							
<p>2280 Pregnant and lactating women accessing health &amp; nutrition services will receive micro nutrients supplementation.</p> <p>The agency will provide to all the Pregnant and lactating women ( PLW) accessing health&amp; nutrition services with iron and folic acid supplementation to reduce the risk of iron deficiency anaemia.</p>							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Capacity building</b>							
<p>Conduct training for community health workers (CHWs) and outpatient (OTP) staff on key NHHP nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) and will constantly, monitoring the awareness/ Behaviour Change Communication (BCC) activities. Training activities will reach 25 individuals.</p>							
<b>Activity 1.1.5</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							

Conduct infant and young child feeding ( IYCF) education sessions ( individual & group) for community and caretakers attending outpatient OTP centres.

Activities to improve infant and young child feeding practices among beneficiaries are as follows:

- House to house visits: CHWs are trained to provide house to house infant and young child feeding (IYCF) counselling sessions.
- Infant and young child feeding (IYCF) group sessions: on weekly basis, the community health workers (CHWs) conduct infant and young child feeding (IYCF) group sessions for 10 mothers.
- Mother-to-mother support groups: Cesvi will set-up 12 groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition, child spacing and maternal health. The involvement of mothers plays a role as both recipients and providers of information, being of pivotal importance to transfer their knowledge and increase the awareness at the community level.
- Community conversation: Once a month, CHWs walk around in the villages holding conversations with community members on health, nutrition and WASH issues affecting them at personal or household level with the purpose of guiding them on solution.
- Follow-up of individual cases and provide tailor made message at household level.

On top of sensitize the pregnant and lactating women (PLW), this BCC will also target 1050 men among elders, village/ camps leaders, local authorities in order to increase the impact.

**Additional Targets :** Please note that the 25 staff/ CHWs trained are not added up to the total number of beneficiaries.

### 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	100

**Contribution to Cluster/Sector Objectives :** The activities are meant to improve the access to reliable water sources as well as sanitation facilities in order to avoid water related morbidity and mortality as well as malnutrition.

### Outcome 1

To provide emergency access to safe water, sanitation facilities and hygiene promotion in drought affected population

### Output 1.1

#### Description

21070 vulnerable individuals ( 10.324 female and 10.746 males) have improved access to safe and sufficient water and sanitation facilities

#### Assumptions & Risks

The security situation in the area remain stable.

There is no additional emergency event in the area

The acceptance form the community and the collaboration from Local Authorities remain high.

Risks:

- a) Fighting between Puntalnd and Galmudug does result in additional displacement.
- b) Lack of support from Communities, Local Authorities, Traditional Leaders for project staff and activities
- c) Programme implementation causes significant jealousy and disharmony within communities
- D) Other major shocks/emergencies occur which result in humanitarian needs exceeding the project's capacity

Mitigation measures:

- A) monitoring of the situation and, if needed, move the services close to the beneficiaries
- b) Existing and enhanced relationships through already established Cesvi services in Mudug , spirit of cooperation and trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensure good collaboration and will promote the perception of Cesvi as capable and reliable agency.
- c) Cesvi staff will held regular meetings with the communities in order to explain the programme and to share the criteria used for the selection of the beneficiaries. A complain mechanism will be put in place.

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					3,000
<b>Means of Verification :</b> Field monitoring visits; Physical observation; Construction contracts; Interviews with beneficiaries (reports), project reports and pictures.							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					8,050
<b>Means of Verification :</b> Field monitoring visits; Physical observation; Interviews with beneficiaries (reports), project reports and pictures,							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					3,000

**Means of Verification :** Field monitoring visits; Physical observation; Construction contracts; Interviews with beneficiaries (reports), project reports and pictures.

Indicator 1.1.4	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities						7,000
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**Means of Verification** : Field monitoring visits;; Interviews with beneficiaries (reports), project reports and pictures.

Indicator 1.1.5	Water, Sanitation and Hygiene	Number of wash committee members who have participated in capacity building activities						20
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**Means of Verification** : Training Attendance lists, O&M kits distribution lists, training reports, pictures.

## Activities

### Activity 1.1.1

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

Building on area based mapping of the most strategic water points linked to migratory routes and drought, the action will identify priority water sources for rehabilitation. Chlorination materials will also be provided to rehabilitate water sources in case of contamination. Well Chlorination will be complemented with Bucket chlorination at the source and Household water Treatment (HHWT). Aqua Tabs to be distributed to the most vulnerable families will be requested to the WASH cluster. This will also link to the strategic water sources that will serve communities displaced by the current drought where possible acting as a pull factor to encourage return. In order to provide immediate water supply for drought-affected communities, the project will rehabilitate 1 shallow well and 1 borehole. The rehabilitation and upgrade of the shallow wells will entail, as a minimum (and in line with the WASH Cluster guidelines):

1. Desilting of well and removal of debris
  2. Repair of concrete apron, minimum radius of 1.5m
  3. Repair/construction of 5m long drainage channel
  4. Repair/construction of 1m<sup>3</sup> soakage pit filled with large stones – no soak pits should be constructed in impermeable soils
  5. Repair of well lining using concrete rings or stone masonry – whichever is appropriate
  6. Repair of lining of at least top 2m in areas of hard rock
  7. Repair of head wall
  8. Concrete work at 1:2:4, cured for 7 days
  9. Repair/construction of 5m radius fencing
  10. If handpump is to be installed there must be a separate lockable access hatch to allow water to be extracted when handpump is not functioning
  11. Shock chlorination after works are completed with at least 50mg/l
- Where possible, and in consultation with the beneficiaries, animal troughs will be constructed.

The rehabilitation and upgrade of the borehole will entail, as a minimum (and in line with the WASH Cluster guidelines):

1. Redevelopment if yield has shown greater than 20% decrease
2. Well head should be sealed to at least 3.5m
3. Well head works should include a flow meter, a non-return valve, a gate valve to stop flow to the distribution system, a valve that allows pumping tests to be undertaken Somalia WASH Cluster - 4. 1.5m concrete apron around the borehole casing, concrete work at 1:2:4, cured for 7 days.
5. 10m diameter fencing around the borehole
6. If no borehole records are available a pumping test should be undertaken
7. Pumping tests should be at least 24 hours constant discharge with 80% recovery
8. Results of pump test to be sent to SWALIM
9. If high yielding (greater than 5m<sup>3</sup>/hr): i. Submersible pump ii. Generator or solar/wind if applicable iii. Generator room – at least 40% of wall area should be ventilated iv. Storage (at least 3 litres per person of storage capacity) v. Two animal troughs with an area of 5m x 2m each vi. Ensure that at least two people are trained on the O&M of the generator, electrical workings and piping system vii. 1 tool kit and 1 years worth of generator spare parts will be provided.
10. Shock chlorination after works are completed with at least 50mg/l 11. The depth of well, water level, pump level and yield and the organisation undertaking the work should be marked on the well.

### Activity 1.1.2

#### Standard Activity : Water trucking/water Vouchers

Distribution of clean water through water trucking in the IDPs: 10,000 Lt/day per 30 days will be transported in order to grant that the most needy will be reached, the following approach will be adopted: a) The targeted community will be involved in design of the response in order to select the most vulnerable HHs and to determine how the response will be implemented (this is already a good practice adopted by Cesvi in all projects, especially for the resilience programme in GK, and also already adopted with the IDPs in Hawl-wadagad district in GK). b) The selected vulnerable HHs will receive a voucher, giving them priority for water collection (a certain amount per day) at the newly established distribution points (4 tanks with taps). c) 4 Community water committees (max 3 people, majority women) will be formed and will be in charge of monitoring the water collection process, ensuring the families with the vouchers are given priority. On the voucher, date of water collection and quantity will be indicated. Distribution of water will be done as per the cluster guidelines (SOF will be used as guidance): drought - 6 litres per person per day of chlorinated (0.2-0.5mg/l FRC) water. This should be sufficient for 5 litres per person, with additional water for 6 shoats per family to provide lifesaving milk and meat (Water requirement for shoats from Agriculture & Livelihood Cluster). IDP settings - 7.5 litres per person per day of chlorinated (0.2 – 0.5mg/l FRC) water. Water trucking in Schools - 3 litres per student per day will be distributed (total 300 Lt per day per 3 schools x 120 days). Cesvi staff (Project Manager, Hygiene Promoters, M&E officer, Logistician) will conduct spot checks at the water points on a daily basis. Interviews with the beneficiaries will be regularly done in order to get feedback on the process. During the first months of the project, Cesvi will be working with the targeted communities to find and help establish alternative solutions to water trucking, so that people will still have access to safe water for drinking and household purposes. The issue is to engage them in choosing, establishing, and promoting the alternative solutions to ensure sustainability.

### Activity 1.1.3

#### Standard Activity : Latrine construction or rehabilitation

400 people receive appropriate and gender sensitive sanitation facilities inclusive of hand washing stations. Construction of 100 gender sensitive family shared latrines. Each latrine will be composed of 2 separated units (one for women and one for men) and will be equipped with a hand washing station. As per Sphere standards, each family latrine is supposed to serve from 20 to 50 persons ("Family toilets are the preferred option where possible. One toilet for a maximum of 20 people should be the target. Where there are no existing toilets, it is possible to start with one for 50 people and lowering the number of users to 20 as soon as possible"). The HHs sharing the latrines will be sensitized on latrines cleaning and maintenance and will be in charge of the maintenance itself. Cesvi staff (the Project Manager, the Hygiene Promoters and the Community Mobilizers) will perform spot checks to monitor the situation. The activity will be preceded by a number of focus group discussions with the beneficiaries in order to agree on the location and final design and to adapt it to the needs of the most vulnerable groups (women, girls, elderly, disabled, people with health problems).

#### Activity 1.1.4

##### Standard Activity : Community Hygiene promotion

Trained Hygiene promoters from the target communities will deliver hygiene education to about 7,000 individuals IDPs and host communities, with a special focus on AWD/cholera, thus contributing to reducing the incidence of water borne diseases outbreak. Priority will be on the most affected AWD areas, schools, health facilities including CTCs. Cesvi will ensure gender balance is respected when selecting and training the 10 community mobilizers (CM), and after assessing the action will not lead to retaliation against the vulnerable groups: a fair percentage of CMs will be women. Hygiene promotion messaging will be also delivered by health and nutrition staff during routine services.

#### Activity 1.1.5

##### Standard Activity : Operation and Maintenance of WASH Infrastructure

Training on Operation and Maintenance of water points to Community Members and WASH Committees from 2 villages.

In line with the Minimum WASH Guidelines for SOMALIA, Operation and Maintenance training will include as a minimum:

1. Formation of Water and Environmental Sanitation Committee (WES Committee) – should be based on existing community structures;

a. WES Committee to be comprised of a minimum of 10 - 12 persons (7 or 9 males, 3 females):

i. Chairperson

ii. Vice Chairperson

iii. Secretary

iv. Treasurer

v. Operator – if mechanised system of handpump

vi. Operator - if mechanised system of handpump

vii. Chlorinator – chlorination of water sources

viii. Chlorinator – chlorination of water sources

ix. Village Hygiene Promoter

x. Village Hygiene Promoter

xi. Mason – for repair of berkhads, shallow wells

xii. Mason – for repair of berkhads, shallow wells

2. WES committees are trained in their respective roles and responsibilities, PHAST, Sanitary Surveys, financial management and book keeping, conflict resolution, environmental sanitation (keeping the area around water sources clean) and community mobilisation methods.

3. WES committees are to develop a set of by-laws for water sources that detail rules and regulations concerning use of the water source, and punitive measures for failing to observe the by-laws.

4. WES committees will be provided with sanitation tools comprising:

a. 2 x wheelbarrows

b. 2 x shovels

c. 2 x rakes

5. WES committees will be provided with hand-pump/generator kits as required.

The technical component of the training will entail:

1) Identification of the main component of the shallow well/borehole

2) Functions of the key component of the shallow well/borehole

3) Well maintenance (basics)

4) Development of an O&M plan for the borehole

Spare tools for the well maintenance will be provided to the committees (shovel, bucket, ropes and ladder for desilting the well and masonry tools for repairing of wellhead and apron, chlorine for well disinfection, materials for the extraction system).

**Additional Targets :** Please note the total number of beneficiaries under WASH is not given by the sum of the beneficiaries per activity as the hygiene promotion will most target beneficiaries reached by other activities. The agency has calculated that 41% of beneficiaries receiving HP will be also reached by other water/ sanitation services.

## M & R

### Monitoring & Reporting plan

Cesvi monitoring system is based on the collection of both qualitative and quantitative data. Qualitative data gathering: a 2-levels system is in place. First level: on site monitoring is conducted by the field monitoring and evaluation (M&E) and is based on 3 tools (monitoring and evaluation (M&E) monthly plan, weekly reports and standard checklists). Monthly plans set the goals and objectives of the monitoring. The weekly report comprises info on methodology used in data collection; findings/critical observation; recommendations and follow up action recommended, pictures. Standard checklists are developed to monitor a particular activity. The monitoring is carried out with a mix of methodologies: FGDs, HHs interviews, conversation with Cesvi staff, general observation. All the tools are compiled by Field monitoring and evaluation (M&E) officer and sent to monitoring and evaluation (M&E) Unit in Nairobi (NBO). Second level: control is performed by the monitoring and evaluation M&E Unit based in Nairobi (NBO). Coordination Office for Somalia & Kenya that supervises overall the implementation/quality and performance of the programmes. Activities are monitored with a focus on risks, achievements compared to objectives, selection of beneficiaries, quality of implementation and impact. Cesvi has in place a strong downward accountability mechanism (Complaint and Response mechanism) to enable beneficiaries and other stakeholders to report areas of concern. The mechanism is based on a free toll line available to all beneficiaries and stakeholders, boxes placed in all project areas, Focus Group Discussions (FGDs) and beneficiaries interviews. Beneficiaries are also encouraged to give feedbacks on quality and accountability. Complaints and other feed backs received are categorized and recorded in a specific table and the field monitoring and evaluation (M&E), in coordination with the project management (both at Somali and Nairobi (NBO). level), follows up on all relevant complaints in order to seek resolution. Since the Somali culture is a very oral culture, Cesvi prioritizes this mean for the spreading of information in target communities.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: 3 mobile clinics will deliver emergency health services in target communities. The mobile teams will be equipped with personnel (every team comprises 1 Nurse, 1 Auxiliary, 1 Midwife, 1 Vaccinator, 1 Drug Dispenser) and adequate supplies. Where the beneficiaries cannot be treated on the spot, the mobile unit will provide referral to Cesvi MCHs and or hospitals (Galkayo Main Hospital run by IMC and IRC ). 25,368 individuals are expected to have access to health services under this activity.	2017										X	X	X
	2018	X	X	X	X	X							



Activity 1.1.1: Provision of 3 rounds of unconditional cash grants to 450 households ( 2700 individuals) : Cesvi adheres to the transfer values at 80% of the cost of the minimum expenditure basket (MEB). Priority will be given to mobile payments where network coverage exists. Where network coverage is inadequate and the Hawala money transfer system would need to be used accountability measures will be put in place to ensure all registered beneficiaries are genuine and that the money transfer agencies accept to assume responsibility for transporting cash to targeted locations for distribution. Beneficiary identification will be conducted in coordination with by community committees	2017																	X	X	X		
	2018																					
Activity 1.1.2: Admission of 1500 children 6-59 month with uncomplicated SAM ( severe acute malnutrition) into the outpatient (OTP) programme.  After the screening, severe acute malnutrition (SAM) cases are referred to the nutritional staff The nutrition programme, run by the agency, is designed to achieve full integration of services: for the purpose health and nutrition staff works closely. All children entering into the nutrition programme are immunized. Health teams and nutrition teams develop a monthly expanded programme on immunization (EPI)-Nutrition plan which stipulates the days in which the vaccinators will work with the nutrition teams. On top of that, nurses in the health facilities ensure that all under five (U5) children coming for outpatient department (OPD) consultations are screened for malnutrition. At the same time, the nutrition staff refers to the health facilities screened children/pregnant and lactating women (PLW) with pathologies for further evaluation and treatment (inter-referral between health and nutrition teams). Expected Severe acute malnutrition (SAM) cases entering in the programme in 9 months are 1500 ( 735 girls and 765 boys) . SAM+ will be referred to the Stabilization Center run by IMC.	2017																		X	X	X	
	2018	X	X	X																		
Activity 1.1.2: Distribution of clean water through water trucking in the IDPs: 10,000 Lt/day per 30 days will be transported in order to grant that the most needy will be reached, the following approach will be adopted: a) The targeted community will be involved in design of the response in order to select the most vulnerable HHs and to determine how the response will be implemented (this is already a good practice adopted by Cesvi in all projects, especially for the resilience programme in GK, and also already adopted with the IDPs in Hawl-wadagad district in GK). b) The selected vulnerable HHs will receive a voucher, giving them priority for water collection (a certain amount per day) at the newly established distribution points (4 tanks with taps). c) 4 Community water committees (max 3 people, majority women) will be formed and will be in charge of monitoring the water collection process, ensuring the families with the vouchers are given priority. On the voucher, date of water collection and quantity will be indicated. Distribution of water will be done as per the cluster guidelines (SOF will be used as guidance): drought - 6 litres per person per day of chlorinated (0.2-0.5mg/l FRC) water. This should be sufficient for 5 litres per person, with additional water for 6 shoats per family to provide lifesaving milk and meat (Water requirement for shoats from Agriculture & Livelihood Cluster). IDP settings - 7.5 litres per person per day of chlorinated (0.2 – 0.5mg/l FRC) water. Water trucking in Schools - 3 litres per student per day will be distributed (total 300 Lt per day per 3 schools x 120 days). Cesvi staff (Project Manager, Hygiene Promoters, M&E officer, Logistician) will conduct spot checks at the water points on a daily basis. Interviews with the beneficiaries will be regularly done in order to get feedback on the process. During the first months of the project, Cesvi will be working with the targeted communities to find and help establish alternative solutions to water trucking, so that people will still have access to safe water for drinking and household purposes. The issue is to engage them in choosing, establishing, and promoting the alternative solutions to ensure sustainability.	2017																		X			
	2018																					
Activity 1.1.2: Provision of immunization to 2329 children and women in child-bearing age.	2017																			X	X	X
	2018	X	X	X	X	X																
Activity 1.1.2: Rehabilitation of school infrastructure (including furniture). 3 schools will receive rehabilitation/enhancement of learning spaces, latrines and water points. Cesvi will also procure desks, teaching material and essential furniture. The activity aims at reaching 250 children in schools and 16 teachers. Where needed, latrines and water point will be enhanced.	2017																			X	X	
	2018																					
Activity 1.1.3: AWD/Cholera and measles case management training: the training will be provided to 50 Cesvi staff to enhance timely response capacities in line with Cesvi contingency plan in place	2017																					
	2018																					
Activity 1.1.3: 2280 Pregnant and lactating women accessing health & nutrition services will receive micro nutrients supplementation. The agency will provide to all the Pregnant and lactating women ( PLW) accessing health& nutrition services with iron and folic acid supplementation to reduce the risk of iron deficiency anaemia.	2017																			X	X	X
	2018	X	X	X	X	X																

Activity 1.1.3: 400 people receive appropriate and gender sensitive sanitation facilities inclusive of hand washing stations. Construction of 100 gender sensitive family shared latrines. Each latrine will be composed of 2 separated units (one for women and one for men) and will be equipped with a hand washing station. As per Sphere standards, each family latrine is supposed to serve from 20 to 50 persons ("Family toilets are the preferred option where possible. One toilet for a maximum of 20 people should be the target. Where there are no existing toilets, it is possible to start with one for 50 people and lowering the number of users to 20 as soon as possible"). The HHs sharing the latrines will be sensitized on latrines cleaning and maintenance and will be in charge of the maintenance itself. Cesvi staff (the Project Manager, the Hygiene Promoters and the Community Mobilizers) will perform spot checks to monitor the situation. The activity will be preceded by a number of focus group discussions with the beneficiaries in order to agree on the location and final design and to adapt it to the needs of the most vulnerable groups (women, girls, elderly, disabled, people with health problems).	2017																		X	X	
	2018	X																			
Activity 1.1.3: Provision of clean potable water (900 litres par 90 days par 100 USD par trip) in 3 locations and provision of bulk storage facilities. 250 children and 16 teachers will access to temporary safe drinking water.	2017																		X	X	X
	2018																				
Activity 1.1.4: Conduct training for community health workers (CHWs) and outpatient (OTP) staff on key NHHP nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) and will constantly, monitoring the awareness/ Behaviour Change Communication (BCC) activities. Training activities will reach 25 individuals.	2017																				
	2018																				
Activity 1.1.4: Hygiene sensitization will be carried out by Cesvi staff into the schools with the distribution of hygiene promotion materials to be used to decorate in order to strengthen the link between education and practice, basic equipment for drinking water provision, hand washing. On top of that, on the occasion of the Hand Washing Day in October, the agency will organize two events par school.	2017																		X	X	X
	2018	X	X	X	X	X	X														
Activity 1.1.4: Trained Hygiene promoters form the target communities will deliver hygiene education to about 7,000 individuals IDPs and host communities, with a special focus on AWD/cholera, thus contributing to reducing the incidence of water borne diseases outbreak. Priority will be on the most affected AWD areas, schools, health facilities including CTCs. Cesvi will ensure gender balance is respected when selecting and training the 10 community mobilizers (CM), and after assessing the action will not lead to retaliation against the vulnerable groups: a fair percentage of CMs will be women. Hygiene promotion messaging will be also delivered by health and nutrition staff during routine services.	2017																		X	X	X
	2018	X	X	X	X	X	X														
Activity 1.1.5: Conduct infant and young child feeding ( IYCF) education sessions ( individual & group) for community and caretakers attending outpatient OTP centres. Activities to improve infant and young child feeding practices among beneficiaries are as follows: - House to house visits: CHWs are trained to provide house to house infant and young child feeding (IYCF) counselling sessions. - Infant and young child feeding (IYCF) group sessions: on weekly basis, the community health workers (CHWs) conduct infant and young child feeding (IYCF) group sessions for 10 mothers. - Mother-to-mother support groups: Cesvi will set-up 12 groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition, child spacing and maternal health. The involvement of mothers plays a role as both recipients and providers of information, being of pivotal importance to transfer their knowledge and increase the awareness at the community level. - Community conversation: Once a month, CHWs walk around in the villages holding conversations with community members on health, nutrition and WASH issues affecting them at personal or household level with the purpose of guiding them on solution. - Follow-up of individual cases and provide tailor made message at household level. On top of sensitize the pregnant and lactating women (PLW), this BCC will also target 1050 men among elders, village/ camps leaders, local authorities in order to increase the impact.	2017																		X	X	X
	2018	X	X	X	X	X	X														

<p>Activity 1.1.5: Training on Operation and Maintenance of water points to Community Members and WASH Committees from 2 villages.</p> <p>In line with the Minimum WASH Guidelines for SOMALIA, Operation and Maintenance training will include as a minimum:</p> <p>1. Formation of Water and Environmental Sanitation Committee (WES Committee) – should be based on existing community structures;</p> <p>a. WES Committee to be comprised of a minimum of 10 - 12 persons (7 or 9 males, 3 females):</p> <p>i. Chairperson  ii. Vice Chairperson  iii. Secretary  iv. Treasurer  v. Operator – if mechanised system of handpump  vi. Operator - if mechanised system of handpump  vii. Chlorinator – chlorination of water sources  viii. Chlorinator – chlorination of water sources  ix. Village Hygiene Promoter  x. Village Hygiene Promoter  xi. Mason – for repair of berkhads, shallow wells  xii. Mason – for repair of berkhads, shallow wells</p> <p>2. WES committees are trained in their respective roles and responsibilities, PHAST, Sanitary Surveys, financial management and book keeping, conflict resolution, environmental sanitation (keeping the area around water sources clean) and community mobilisation methods.</p> <p>3. WES committees are to develop a set of by-laws for water sources that detail rules and regulations concerning use of the water source, and punitive measures for failing to observe the by-laws.</p> <p>4. WES committees will be provided with sanitation tools comprising:</p> <p>a. 2 x wheelbarrows  b. 2 x shovels  c. 2 x rakes</p> <p>5. WES committees will be provided with hand-pump/generator kits as required.</p> <p>The technical component of the training will entail:</p> <p>1) Identification of the main component of the shallow well/borehole  2) Functions of the key component of the shallow well/borehole  3) Well maintenance (basics)  4) Development of an O&amp;M plan for the borehole</p> <p>Spare tools for the well maintenance will be provided to the committees (showel, bucket, ropes and ladder for desilting the well and masonry tools for repairing of wellhead and apron, chlorine for well disinfection, materials for the extraction system).</p>	2017																				
	2018	X	X																		
<p>Activity 1.2.1: Provision of antenatal and postnatal care services through 3 mobile outreach teams to 2322 pregnant and lactating women.</p>	2017																		X	X	X
	2018	X	X	X	X	X															
<p>Activity 1.2.2: Women accessing ANC/ PNC will be receiving health education, especially regarding the importance of ANC and PNC care and children feeding practices. The aim is to sensitize them as well as to channel through them messaging to reach other women in the communities ( cascade effect).</p>	2017																		X	X	X
	2018	X	X	X	X	X															
<b>OTHER INFO</b>																					
<b><u>Accountability to Affected Populations</u></b>																					
<p>Cesvi will be accountable to affected populations by increasing their participation and feedback in the programme identification, design, delivery and lesson learning. This will ensure a programme of higher quality, with greater and more sustainable impact, while enhancing the space for communities to shape their own recovery. Effective information sharing and communication channels will be promoted. Sharing information about Cesvi programmes with Local Authorities, community leaders/representatives, the beneficiaries and other relevant stakeholders in a timely, accessible and inclusive way will allow communities to be in a position to understand and shape decisions that impact their lives. Moreover, Cesvi is committed to ensure that people receiving support participate in and influence all steps of the programme cycle, including initial assessment, project design, beneficiary selection, implementation, monitoring and evaluations. The agency has in place a Complaint and Response mechanism (box, hotline, person in charge) to enable both beneficiaries and other stakeholders to report areas of concern. This is enabling Cesvi knowing what impact programmes are having on participants and incorporating feedback or addressing problems rapidly, including prevention of sexual abuse and exploitation. In addition, Cesvi will be opened to provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue. Systems of community representation will fair and representative, enabling the most marginalized, vulnerable and affected to have a voice.</p>																					
<b><u>Implementation Plan</u></b>																					

Cesvi's project management structure has 3 tiers:

At field level: CESVI is committed to direct implementation. As such, Galkayo base is staffed with One Base Manager that supervises and coordinates all the programmes in the region (guaranteeing also the synergies between the actions). The project activities will be directly supervised by a Project officer (Nutritionist) . The Area Coordinator (Health Specialist) will provide guidance and technical inputs: he will make frequent visits to the field to assess the activities. Cesvi technical staff (nurses, screeners etc..) will be deployed in the facilities. The monitoring & evaluation of the activities is guaranteed by the presence of field monitoring and evaluation (M&Es).

At country level. At country level, Cesvi has a Program Unit that is closely involved in supervising the action and in supporting the field team to access more advanced technical advice when necessary.

The monitoring and evaluation (M&E) Unit also coordinates and supports the monitoring and evaluation (M&Es) in the field, gathers and analyses data and trends and is also in charge of mid-term and final evaluation, baseline and studies i.e. knowledge, attitude and practice (KAP). Due to the increased insecurity, both Units are temporarily relocated in the Coordination office in Nairobi. At regional level.

Administrative, finance controls are carried out by the Head of finance based in Nairobi. Finance and admin support includes internal audit and regular follow-ups. The Head of Mission represents the agency in relevant meetings while experts (Area Coordinators) attend cluster and sectorial meetings.

The programme will target the following beneficiaries ( listed par sector).

HEALTH: 7850 individuals ( 2750 girls U5, 2100 boys U5, 1350 women ( out of which 368 will be PLW) and 1650 men.

NUTRITION: 7280 individuals (735 girls U5, 765 boys U5, 1050 males and 4730 PLW)

WASH: 15590 individuals ( 3055 girls U5, 3181 boys U5, 4583 women and 4771 males).

FSL: 3600 individuals (256 U5 girls and 309 U5 boys 1482 women and 1553 male)

EDUCATION: 266 individuals. 250 children ( 122 U5 girls, 128 U5 boys) and 16 teachers.

The total number of beneficiaries without double-counting is: 23,440 ( equal to the number of wash and health as all the other beneficiaries do overlap. There is a chance that health beneficiaries might overlap. However, at this stage, we cannot foreseen how many individuals targeted under the other activities will seek health services).

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

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
IMC	Nutrition MAM treatment in GK IDPS and health activities in GK Hospital
IRC	referral system Galkayo South Hospital + FSL, Education WASH activities ( BRCiS Partner)
United Nations Children's Fund (UNICEF)	Receiving of supply and data sharing ( Health & education)
Nutrition, Health, WASH Education and FSL Clusters	Cesvi is an active member of the Nutrition, Health, WASH Education and FSL clusters. The clusters will be constantly updated on the project activities and possible joint visits to the project locations/groups will be organized.
SCI	Education and WASH activities ( BRCiS Partner)
IOM	WASH activities ( coordination avoiding overlapping)
Local Authorities	Cesvi is already liaising with the Local Authorities in the area. The collaboration will be enhanced in order to grant the maximum level of coordination and sustainability
MOH, MOECHE	data sharing and collaboration, identification of key needs

#### **Environment Marker Of The Project**

C+: High environmental impact with mitigation(ESSA or EIA & CEAP)

#### **Gender Marker Of The Project**

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

#### **Justify Chosen Gender Marker Code**

In the implementation of the activities, CESVI will carefully consider gender and age issues. Men, women, boys and girls actively participate in the programme design and in the implementation through a gender sensitive approach: all groups are consulted regularly through targeted single-sex and age-based Focus Group Discussions (FGDs) and interviews. Disaggregate data are recorded and analyzed at every stage of the action. The overall strategy of the project is designed to address the needs of most vulnerable women and children. The beneficiaries of the nutrition intervention are majorly children and pregnant and lactating women (PLW). The sensitization of all participants on basic nutrition practices (dietary diversity, food hygiene and infant and young child feeding (IYCF) practices) will help prevent gendered vulnerabilities to micro-nutrient deficiency and malnutrition and ensure health improvement for both boys and girl. Gender balance is also respected in the recruitment process and field level positions have been allocated to ensure access to both genders within the community. Cesvi has also carefully accessed any risk related to the engagement of women in the project and will continue to do so during the course of the action. Movement of female staff (especially long travelling) will be cleared by Cesvi security focal point and monitored throughout. Trainings on nutrition health and hygiene promotion (NHHP) and hygiene are also tailor made and focus, particularly, on women for the important role they play in feeding and behavior change. Cesvi has also carefully accessed any risks related to the engagement of women in the project. Preference for outreach services and community based activities were also taken to avoid long travel for women and ensure their involvement in the project.

Cesvi is committed to gender equality and carefully selects and includes in its programmes all the gender categories and age groups. This principle applies to the proposed grant.

The project will reach 23.440 beneficiary: out of this 13.388 (57%) will be female ( adult and U5). 34% of the beneficiaries will be children U5.

#### **Protection Mainstreaming**

The 3 key protection principles will be embedded in all phases. The Do Not Harm principle will be incorporated in the project in order to avoid exposing people to further harm as a result of your actions, and ensure that: the environment and the way in which assistance is provided does not expose people to further hazards, violence or human rights abuses information will be managed in a sensitive manner. The proposed nutrition activities do not undermine local capacities for self protection. Moreover, the Nondiscrimination principle will be adopted in order to ensure equitable and impartial access to assistance, without discrimination on any grounds:

Provide support and assistance on the basis of need and guard against any form of direct or indirect discrimination.

Finally, a Human rights based approach will be ensured to:

ensure consultation with the target population at all stages, and the participation of all in the design and targeting of interventions, in particular vulnerable and marginalized groups. CESVI is part of the Gender base violence technical working group (GBV TWG) and protection cluster: communities will also be informed about sexual exploitation and abuse and how to report incidences of abuse if they arise. The programme is designed to protect and provide services to vulnerable groups pregnant and lactating women (PLW) and under five (U5). On top of that, special attention will be given to HIV affected individuals that, due to cultural reasons, might be affected by stigma and might see denied the access to nutrition and health services. Cesvi will make sure that those vulnerable individuals access health and nutrition services provided by the agency. In case more specialized care is required, the agency will refer the cases to partners. The same will be done to people with disabilities and elderly that due to mobility problems might be hindered access to static facilities: for this reason the agency decided to run also outreach activities ( mobile clinics) that will services closer to everyone in need.

## Country Specific Information

### Safety and Security

The situation in the target areas is, at the moment, calm though eruption of violence ( especially clan- related) cannot be ruled out. This might result in limited accessibility to the areas/ disruption of activities. Against this risk, the agency will put in place the following contingency measures:

- Utilize local staff to gain access to and conduct mobilization activities at the community level to ensure acceptability and buy-in of the activities
- Coordination with local stakeholders and partners with local connections
- Continuous security risk assessment and monitoring, relocation and hibernation
- Continuously implement effective security management measures and standard operating procedures.
- Advocacy through all levels of the governance; NGO consortium; donor through the consortium structures; Close coordination with INSO
- Ensure staff daily behavior is respectful of the culture and a detailed acceptance strategy is designed and implemented.

### Access

Cesvi has a proven working history in the targeted areas. The relationship with local communities, traditional leaders and Local Authorities is strong and well established. Existing and enhanced relationships through already established Cesvi services ,the spirit of cooperation and the trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensuring good collaboration and will promote the perception of Cesvi as capable and reliable agency. Moreover, Cesvi staff deployed on the ground will be national and, where possible, from the targeted communities ( community health workers-CHWs) so as to enhance the acceptance from the community and accessibility to the project areas.

## BUDGET

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

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

17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0	0.00
	NA							
	<b>Section Total</b>							<b>0.00</b>
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0	0.00
	NA							
	<b>Section Total</b>							<b>0.00</b>
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0	0.00
	NA							
	<b>Section Total</b>							<b>0.00</b>
20. Staff and Other Personnel Costs								
1.1	Head of Mission	S	1	6,100.00	9	18.68		10,255.32
	<i>Head of Mission based in Country with frequent travel to the field which will guarantee the overall monitoring and evaluation of Cesvi Somalia programme and provide strategic guidance. 19% of the related costs charged on the project 18.68%. Remaining months, CESVI contribution.</i>							
1.2	Operational Manager	S	1	4,500.00	9	27.00		10,935.00
	<i>Medium, level figure based in Nairobi. Work with the programmes team, HR department, Admin/Finance Department and the Logistic Department to understand and define roles and responsibilities in unison with the Operations (support services) team. Charged under this action in 27 %. Remaining months are CESVI contribution.</i>							
1.3	Country Administrator	S	1	2,500.00	9	30.00		6,750.00
	<i>MEDIUM LEVEL position. She will be responsible for backstopping finance/admin field staff to ensure that funds are utilized and reported according to donor's and the agency's policy. 30% of the related costs charged on the project. Remaining months, CESVI contribution. Remaining months are CESVI contribution.</i>							
1.4	Project Manager (National)	D	1	2,500.00	9	100.00		22,500.00
	<i>The PM will directly be in charge of the programme. Design tools for the activity, lead the field team and ensure the achievements of the results. He/ she will directly report to the PUM and to the Emergency Coordinator. The PM will be directly involved in the action. Thus is charged accordingly on the budget ( 100%)</i>							
1.5	Water Hygiene and Sanitation (WASH) Engineer	D	1	3,000.00	9	11.11		2,999.70
	<i>The WASH Engineer, in close coordination with the Project Manager, the Emergency Coordinator and other sections as appropriate, will be responsible for overseeing the technical aspect of the WASH componenet of the project. In particular, he will be involved in planning, implementation, monitoring and evaluation of Cesvi's WASH action under this grant, in activities and results related to safeguard and improve public health of the affected population by ensuring access to safe drinking water and the progressive restoration and improvement of water facilities and services, including appropriate use and maintenance; ensuring overall efficiency, effectiveness and delivery of results in accordance with national and international humanitarian standards (SPHERE and WASH Cluster). Charged 11.11 % on the action.</i>							
1.6	Education Officer	D	1	900.00	9	66.67		5,400.27
	<i>The education officer will work in close collaboration with the PM will be involved in the planning, implementation, monitoring and evaluation of Cesvi's Education activities under this grant.Charged 66.67 % on the action.</i>							
1.7	Hygiene Promoters	D	6	300.00	9	100.00		16,200.00
	<i>They will work closely with communities for the establishment of WASH and sanitation facilities in the operation areas, to reduce the risk of water and sanitation related communicable diseases by promoting good hygiene practice in communities.</i>							
1.8	Field M&E Officer	D	1	1,400.00	9	44.12		5,559.12
	<i>The M&amp;E will monitor the activities and ensure that beneficiaries complains and feedback are timely addressed by the programme. The Nutrition and Health components of the project entail a strong and close monitoring process, due to the high volume of data gathered in the Health/Nut centres/teams. 44.12% of the related costs charged on the project . Remaining months, CESVI contribution. Remaining months are CESVI contribution.</i>							
1.9	Data Quality Controller-	S	1	600.00	9	100.00		5,400.00

	<i>He will be responsible for the management, database development, data management, analysis and results interpretation/reporting and oversight for the action.</i>						
1.10	Finance officer Galkayo	S	1	1,500.00	9	34.00	4,590.00
	<i>Medium level national position based in Galkayo office. He manages the cash and update the cash ledger; receives and checks the eligibility of invoices submitted for payment (compliance with purchase voucher, required information); checks purchase approval and releases required funds ; issues advances to the logistics for purchases; codify the invoices and apply them to the corresponding; files invoices according to accounting procedures. 34 % of the related costs charged on the project . Remaining months, CESVI contribution. Remaining months are CESVI contribution.</i>						
1.11	Cashier- Nairobi based	S	3	1,010.00	9	22.00	5,999.40
	<i>Administrative support fundamental for for: 1) providing technical support, training and mentorship to the finance/admin field staff to ensure that funds are utilized and reported according to policy/ procedures and in compliance with Cesvi/donor requirements. Managing the accountant system for the action and all related documents in order to guarantee the maximum level of control of the documentation and the highest level of transparency and accountability to the donor. 2) Managing the cash of the base, receiving and checking the eligibility of invoices submitted for payment, check purchase approval and release required funds. 22% of the related costs charged on the project (corresponding to 2 month at 100% spread over 9 months). Remaining months, CESVI contribution. Remaining months are CESVI contribution.</i>						
1.12	Logistician -Nairobi based	S	1	1,200.00	9	45.00	4,860.00
	<i>Overseeing all the procedures and the logistics aspects of the project. Charged 45 % on the action. Remaining months Cesvi contribution</i>						
1.13	Community Mobilizers	D	6	300.00	9	84.00	13,608.00
	<i>The Community Mobilizers ensure the running of activities on the field and reports periodically on the constraints emerged. Charged 84 % on the action</i>						
1.14	Nutrition Staff (see budget file attached)	D	1	121,860.00	1	100.00	121,860.00
	<i>See descriptions in the budget file attached. The Nutrition staff have been incorporated in one comprehensive BL due to the limited number of BLs that can be added under each chapter in the GMS platform.</i>						
1.15	Health Staff (see budget file attached)	D	1	41,040.00	1	100.00	41,040.00
	<i>See descriptions in the budget file attached. The Health staff have been incorporated in one comprehensive BL due to the limited number of BLs that can be added under each chapter in the GMS platform.</i>						
	<b>Section Total</b>						<b>277,956.81</b>
<b>21. Supplies, Commodities, Materials</b>							
2.1	Essential medical drugs ( including cargo cost)- boq attached	D	1	23,472.56	1	100.00	23,472.56
	<i>Costs related to the purchase of essential medical drugs and their shipment from Nairobi to Galkayo. The supplies will be covering the needs of up 25,368 individuals.</i>						
2.2	Supplies transportation loading and uploading	D	1	400.00	2	100.00	800.00
	<i>Cost covering the transportation of the drugs and medical equipment. Costs comprised personnel for the loading and uploading of drugs and truck rental of up to 15 tons ( please see BOQ attached). The supplies transportation will be performed twice in 9 months.</i>						
2.3	Stationary and consumables for mobile clinics	D	1	165.00	1	100.00	165.00
	<i>Expenses will cover registers and other materials used for the health &amp; nutrition programme. BOQ attached.</i>						
2.4	Information Education Communication (IEC) materials	D	1	550.00	1	100.00	550.00
	<i>The IEC material will be purchased to increase the uptake of the Behaviour change communication ( BCC)activities. It will be distributed to beneficiaries during the Hygiene promotion sessions. The cost comprises banners, and IEC material ( please see BOQ attached).</i>						
2.5	Training on Integrated Management of Childhood Illness (IMCI)	D	1	7,676.00	1	100.00	7,676.00
	<i>One training - with two sessions ( including refreshments) to be performed over 9 months. Costs includes rent of the premises,refreshments and support material. Expected participants 25 for the first session and 50 for the second. PLease see BOQ attached.</i>						
2.6	Beneficiaries selection and registration	D	450	1.00	1	100.00	450.00
	<i>Cost related to mobilization and beneficiaries selection activities from the project staff (UCTs). Cost covers the participation of UCTs beneficiaries ( 450) into the selection process. Expenses based on Cesvi experience.</i>						
2.7	Unconditional Cash transfer ( UTCs) fees	D	1	2,430.00	1	100.00	2,430.00

	<i>Transfer fees to be paid to Hormud for the money transfer service to 450 beneficiaries. Equal to 2% of the total amount transferred to the beneficiaries ( 121.500 USD), as per MoU between Cesvi and Hormud.</i>						
2.8	Unconditional Cash transfer (UTCs)	D	450	90.00	3	100.00	121,500.00
	<i>Unconditional cash transfers for the most vulnerable beneficiaries (including PLWs, women headed HHs, disabled, widows). 450 persons x 90 USD x 3 months. The rate of 90\$ is calculated considering 80% of the full Monthly Expenditure Basket (MEB) for Mudug, according to the revised rates proposed by the FSL cluster. The amounts will be sent via mobile phone on a monthly bases. Cesvi will contract Hormud Company for the money transfer service.</i>						
2.9	Operations & Maintenance training on boreholes and shallow wells management	D	1	400.00	2	100.00	800.00
	<i>1 training sessions ( including refreshments) to be performed over 9 months in two locations. Costs include rent of the premises, refreshments and support material. The training will give practical guidance on timely and daily operation of the components of a Water Supply and how keeping the structures, plants, machinery and equipment and other facilities in an optimum working order. Expected participants 20. PLease see BOQ attached.</i>						
2.10	Water point Operations & Maintenance kits	D	2	250.00	1	100.00	500.00
	<i>The cost cover the purchase and distribution of Water point Operations &amp; Maintainance kits to the 2 Water point committees who will take care of the water supplies see BOQ attached</i>						
2.11	Rehabilitation of schools infrastructures	D	1	22,763.00	1	100.00	22,763.00
	<i>Cost of rehabilitation works for latrines, classrooms and water sources in 3 schools. Expenses based upon Cesvi's experience per 1 school. See attached estimations.</i>						
2.12	AWD/ cholera screening in schools & enrollment in schools campaign & hygiene promotion in schools	D	1	41,724.00	1	100.00	41,724.00
	<i>COMULATIVE BL : This BL is designed to cover the costs related to the sensitization and training of school teachers and school staff on AWD/Cholera and malnutrition so as to enable them to detect and report possible cases in their schools. The teachers will work in close collaboration with Cesvi Health and Nutrition staff. Cesvi mobile teams will conduct routine checks and visits in the 3 schools targeted by the action. Retention Campaigns aiming at changing attitudes of parents and the wider community towards the importance and benefits of education for all children, and as such will specifically promote enrollment of children from marginalized and excluded groups. Iputs such as uniform, transport costs will be covered in order to throw down the barriers to enrollment. CESVI: Expenses include venue, printed materials, refreshments, transport etc. WASH in Schools aims to improve the health and learning performance of school-aged children – and, by extension, that of their families – by reducing the incidence of waterand sanitation-related diseases. The HP in the 3 targeted schools will be run according to UNICEF standards and guidelines (Child Friendly Schools Manual). The costs include: Hygiene promotion materials to be used to decorate in order to strengthen the link between education and practice, basic equipment for drinking water provision, hand washing, and waste disposal. Boqs attached</i>						
2.13	Purchase of furniture for the schools	D	1	2,737.50	1	100.00	2,737.50
	<i>The BL covers the purchase of furniture ( desks, blackboards) for the classroom in the 3 schools in GK.</i>						
2.14	Water Trucking	D	1	24,210.00	1	100.00	24,210.00
	<i>Clean potable water provision for both schools and IDPs. Specification of the costs are provided in the BOQ. Cost is calculated per truck and considering the water transported will be clean and potable. The cost per truck is high because of the current ongoing drought and consequent scarcity of water. See boq attached</i>						
2.15	Hygiene promotion	D	1	6,000.00	1	100.00	6,000.00
	<i>Cesvi plans to conduct HP campaigns in each targeted location for the whole duration of the project to promote behaviour change towards hygiene Cesvi plans to conduct HP campaigns in each targeted location for the whole duration of the project to promote behavior change towards hygiene and AWD/cholera prevention</i>						
2.16	Rehabilitation/ construction of water supplies ( shallow wells and boreholes)	D	1	25,002.08	1	100.00	25,002.08
	<i>Construction/ rehabilitation of 2 water sources.This will enable the beneficiary (especially women and children) to have easier access to clean drinkable water stations. See attached estimations. GENSET costs set as par previous purchase of the same item in the same location.</i>						
2.17	Construction of latrines	D	100	450.00	1	100.00	45,000.00
	<i>Construction of 100 family shared latrines with separate cubicles for women and men, and hand washing. BOQ attached</i>						
2.18	Mother to Mother support programme & nutrition referral fees	D	1	20,016.00	1	100.00	20,016.00
	<i>Mother-to-mother support groups (MtMSG) are groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition (IYCN). One member of each group is trained on IYCN, as well as on basic group facilitation techniques. This person is responsible for engaging group members in discussion about infant and young child nutrition and providing basic health education in an interactive, participatory manner. The involvement of mothers plays a role as both recipients and providers of information, being of pivotal importance to transfer their knowledge and increase the awareness at the community level. Cesvi will set up 12 groups. REFERRAL FEES: for services not directly provided by the agency, Cesvi will cover the costs of trasport to Gakayo Hospital ( secondary care), TSFP programme ( MAM cases) and Stabilization centers ( SAM+). 56 are the average referral cases Cesvi performs in similar projects/ context.</i>						

2.19	Warehouse rent Galkayo	D	1	800.00	9	60.00	4,320.00
	<i>Rent of the warehouse for the medical and nutrition supplies. Charged 60 % Remaining : Cesvi contribution.</i>						
2.20	Non food items (NFIs)	D	1	3,390.00	1	100.00	3,390.00
	<i>Cost covering the purchase of NFIs for the mobile clinics (mattress, chairs, water). BoQ is attached.</i>						
	<b>Section Total</b>						<b>353,506.14</b>
<b>22. Equipment</b>							
3.1	Telephone and SIM cards for UCTs	D	450	17.00	1	100.00	7,650.00
	<i>450 beneficiaries will be provided with a simple mobile phone and SIM card. They will be receiving the UCTs on their allocated phone numbers. Cost of 1 SIM card= 1\$, whole the cost of 1 phone = 16\$ (tot \$17). This will guarantee the maximum level of transparency in the transactions and Post Distributing Monitoring process.</i>						
3.2	Laptop for data base management	S	1	480.00	1	100.00	480.00
	<i>1 laptop needed for data gathering, processing and monitoring.</i>						
	<b>Section Total</b>						<b>8,130.00</b>
<b>23. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>24. Travel</b>							
5.1	Flights to/from Somalia / Visas and flight fees (EC flight)	D	3	1,050.00	1	100.00	3,150.00
	<i>Cost of flights to/from Somalia for Project staff. see BoQ attached.</i>						
5.2	Per diem and accommodation during monitoring missions	D	1	1,260.00	1	100.00	1,260.00
	<i>The per diem is needed to cover the costs incurred by the project staff (both local and international) during the following kind of missions: 1) missions organized for monitoring purposes, where senior programme staff (such as the Area Coordinator and the Programme Unit Manager) and the M&amp;E coordinator travel to Mogadishu to evaluate and monitor the project progresses. 2) missions organized for coordination purposes, where project staff travel either to NBi or Mogadishu in order to attend project coordination meetings. The Per Diem covers the cost of movements, accommodation and food when the staff are outside their duty station (for more details see BoQ attached).</i>						
5.3	Health and Nutrition vehicles hire ( mobile clinincs)	D	6	1,800.00	9	100.00	97,200.00
	<i>Cost of Hiring 6 Outreach vehicles @ 1800 USD/Vehicle/Month for 9 months. the 3 vehicles(Minibuses) will be used by the 6 outreach teams to further reach the vulnerable internally displaced persons who are geographically not able to access the MCH, This activity helps increase lifesaving interventions . see BoQs attached</i>						
5.4	Vehicle rent Galkayo (inclusive fuel and driver)	S	1	1,800.00	9	100.00	16,200.00
	<i>The car will be utilize for the movement of the Project Manager and Project Officers on project sites and to monitor the activity. For those reasons is charged 100% on the budget.</i>						
	<b>Section Total</b>						<b>117,810.00</b>
<b>25. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>26. General Operating and Other Direct Costs</b>							
7.1	Coordination office rent	S	1	4,500.00	9	26.00	10,530.00
	<i>This cost will be used to cover the office rent cost for Nairobi Office. The Nairobi office exists to support in the implementation of the project through providing technical support during the implementation of the project. It houses the country management team (Country Representative, Programme Unit Manager and Country Administrator, Emergency Manager etc). Charged 26%. Remaining : Cesvi contribution. This cost cannot be paid by the PSC BL since the latter is used to cover HQ expenses.</i>						
7.2	Galkayo Office rent	S	1	800.00	9	45.00	3,240.00

	<i>Rent and maintenance of the office in Galakyo . Charged 45% (corresponding to 4 months costs spread over 9 months). Remaining : Cesvi contribution.</i>						
7.3	Security for field missions SPUs	S	1	1,800.00	1	100.00	1,800.00
	<i>Security escort needed for field visits in Galkayo rural areas. Boq attached</i>						
7.4	Communications (phone and internet)	S	1	700.00	9	70.00	4,410.00
	<i>9 months contribution on Galkayo and Nairobi Office's costs. The amounts are calculated on the basis of the Agency's Cost Sharing plan and the phone allowance policy (for the project staff). Phone: allowance for project staff. Internet: contribution to internet monthly fees in Galkayo. See BoQ for the breakdown.</i>						
7.5	Utilities office Galkayo	S	1	700.00	9	45.00	2,835.00
	<i>Expenses charged on this line are meant to cover costs for utilities (Electricity, water, ) of the office in Galkayo where the action is located. The allocation on this budget is 45% of the total cost. Remaining costs are allocated to other projects implemented in the same region based on Cesvi internal cost-sharing. BOQ attached.</i>						
7.6	Consumable office Galkayo	S	1	1,279.59	1	100.00	1,279.59
	<i>Expenses charged on this line are meant to cover costs for consumables ( Stationary, water ) of the office in Galkayo where the action is located. The allocation of this budget accounts to cover the cost related only to personnel charged under this programme.</i>						
7.7	Financial costs (bank fees)	S	1	781,537.00	1	1.65	12,895.36
	<i>Monthly bank charges and transfer Kenya- Somalia. The amount is less than 1.5% of the direct costs. Calculation done considering transfer fees: for transparency and accountability reasons all the main bank accounts of Cesvi projects are in Nairobi. Payments are preferably done via transfers from the main accounts. Cesvi also have field bank accounts used to manage small amounts, such as salaries, cash payments and small payments. The cost for transfer is equal to 1.65%: These figures are based on Cesvi's current projects.</i>						
	<b>Section Total</b>						<b>36,989.95</b>
<b>SubTotal</b>			1,514.00				<b>794,392.90</b>
Direct							691,933.23
Support							102,459.67
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							55,607.50
<b>Total Cost</b>							<b>850,000.40</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Mudug -> Gaalkacyo -> Dhardhar	5	419	402	179	172	1,172	Activity 1.1.1 : 3 mobile clinics will deliver emergency health services in target communities. The mobile teams will be equipped with personnel (every team comprises 1 Nurse, 1 Auxiliary, 1 Midwife, 1 Vaccinator, 1 Drug Dispenser) and adequate supplies. Where the beneficiaries cannot be treated on the spot, the mobile unit will provide referral to Cesvi MCHs and or hospitals (Galkayo Main Hospital run by IMC and IRC ). 25,368 individuals are expected to have access to health services under this activity. Activity 1.1.2 : Distribution of clean water through water trucking in the IDPs: 10,000 Lt/day per 30 days will be transported in order to grant that the most needy will be reached, the following approach will be adopted: a) The targeted community will be involved in design of the response in order to select the most vulnerable HHs and to determine how the response will be implemented (this is already a good practice adopted by Cesvi in all projects, especially for the resilience programme in GK, and also

							<p>already adopted with the IDPs in Hawl-wadagad district in GK). b) The selected vulnerable HHs will receive a voucher, giving them priority for water collection (a certain amount per day) at the newly established distribution points (4 tanks with taps). c) 4 Community water committees (max 3 people, majority women) will be formed and will be in charge of monitoring the water collection process, ensuring the families with the vouchers are given priority. On the voucher, date of water collection and quantity will be indicated. Distribution of water will be done as per the cluster guidelines (SOF will be used as guidance): drought - 6 litres per person per day of chlorinated (0.2-0.5mg/l FRC) water. This should be sufficient for 5 litres per person, with additional water for 6 shoats per family to provide lifesaving milk and meat (Water requirement for shoats from Agriculture &amp; Livelihood Cluster). IDP settings - 7.5 litres per person per day of chlorinated (0.2 – 0.5mg/l FRC) water. Water trucking in Schools - 3 litres per student per day will be distributed (total 300 Lt per day per 3 schools x 120 days). Cesvi staff (Project Manager, Hygiene Promoters, M&amp;E officer, Logistician) will conduct spot checks at the water points on a daily basis. Interviews with the beneficiaries will be regularly done in order to get feedback on the process. During the first months of the project, Cesvi will be working with the targeted communities to find and help establish alternative solutions to water trucking, so that people will still have access to safe water for drinking and household purposes. The issue is to engage them in choosing, establishing, and promoting the alternative solutions to ensure sustainability.</p> <p>Activity 1.1.4 : Conduct training for community health workers (CHWs) and outpatient (OTP) staff on key NHP nutrition health and hygiene promotion (NHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHP) and infant and young child feeding (IYCF) and will constantly, monitoring the awareness/ Behaviour Change Communication (BCC) activities. Training activities will reach 25 individuals.</p> <p>Activity 1.1.4 : Trained Hygiene promoters from the target communities will deliver hygiene education to about 7,000 individuals IDPs and host communities, with a special focus on AWD/cholera, thus contributing to reducing the incidence of water borne diseases outbreak. Priority will be on the most affected AWD areas, schools, health facilities including CTCs. Cesvi will ensure gender balance is respected when selecting and training the 10 community mobilizers (CM), and after assessing the action will not lead to retaliation against the vulnerable groups: a fair percentage of CMs will be women. Hygiene promotion messaging will be also delivered by health and nutrition staff during routine services.</p>
Mudug -> Gaalkacyo -> Duqaaqo	5	419	425	221	107	1,172	<p>Activity 1.1.1 : 3 mobile clinics will deliver emergency health services in target communities. The mobile teams will be equipped with personnel (every team comprises 1 Nurse, 1 Auxiliary, 1 Midwife, 1 Vaccinator, 1 Drug Dispenser) and adequate supplies. Where the beneficiaries cannot be treated on the spot, the mobile unit will provide referral to Cesvi MCHs and or hospitals (Galkayo Main Hospital run by IMC and IRC ). 25,368 individuals are expected to have access to health services under this activity.</p> <p>Activity 1.1.1 : Building on area based mapping of the most strategic water points linked to migratory routes and drought, the action will identify priority water sources for rehabilitation.</p>

Chlorination materials will also be provided to rehabilitate water sources in case of contamination. Well Chlorination will be complemented with Bucket chlorination at the source and Household water Treatment (HHWT). Aqua Tabs to be distributed to the most vulnerable families will be requested to the WASH cluster. This will also link to the strategic water sources that will serve communities displaced by the current drought where possible acting as a pull factor to encourage return. In order to provide immediate water supply for drought-affected communities, the project will rehabilitate 1 shallow well and 1 borehole. The rehabilitation and upgrade of the shallow wells will entail, as a minimum (and in line with the WASH Cluster guidelines):

1. Desilting of well and removal of debris
2. Repair of concrete apron, minimum radius of 1.5m
3. Repair/construction of 5m long drainage channel
4. Repair/construction of 1m<sup>3</sup> soakage pit filled with large stones – no soak pits should be constructed in impermeable soils
5. Repair of well lining using concrete rings or stone masonry – whichever is appropriate
6. Repair of lining of at least top 2m in areas of hard rock
7. Repair of head wall
8. Concrete work at 1:2:4, cured for 7 days
9. Repair/construction of 5m radius fencing
10. If handpump is to be installed there must be a separate lockable access hatch to allow water to be extracted when handpump is not functioning
11. Shock chlorination after works are completed with at least 50mg/l

Where possible, and in consultation with the beneficiaries, animal troughs will be constructed.

The rehabilitation and upgrade of the borehole will entail, as a minimum (and in line with the WASH Cluster guidelines):

1. Redevelopment if yield has shown greater than 20% decrease
2. Well head should be sealed to at least 3.5m
3. Well head works should include a flow meter, a non-return valve, a gate valve to stop flow to the distribution system, a valve that allows pumping tests to be undertaken Somalia WASH Cluster - 4. 1.5m concrete apron around the borehole casing, concrete work at 1:2:4, cured for 7 days.
5. 10m diameter fencing around the borehole
6. If no borehole records are available a pumping test should be undertaken
7. Pumping tests should be at least 24 hours constant discharge with 80% recovery
8. Results of pump test to be sent to SWALIM
9. If high yielding (greater than 5m<sup>3</sup> /hr): i. Submersible pump ii. Generator or solar/wind if applicable iii. Generator room – at least 40% of wall area should be ventilated iv. Storage (at least 3 litres per person of storage capacity) v. Two animal troughs with an area of 5m x 2m each vi. Ensure that at least two people are trained on the O&M of the generator, electrical workings and piping system vii. 1 tool kit and 1 years worth of generator spare parts will be provided.
10. Shock chlorination after works are completed with at least 50mg/l
11. The depth of well, water level, pump level and yield and the organisation undertaking the work should be marked on the well.

							<p>women accessing health &amp; nutrition services will receive micro nutrients supplementation. The agency will provide to all the Pregnant and lactating women ( PLW) accessing health&amp; nutrition services with iron and folic acid supplementation to reduce the risk of iron deficiency anaemia.</p> <p>Activity 1.1.4 : Trained Hygiene promoters form the target communities will deliver hygiene education to about 7,000 individuals IDPs and host communities, with a special focus on AWD/cholera, thus contributing to reducing the incidence of water borne diseases outbreak. Priority will be on the most affected AWD areas, schools, health facilities including CTCs. Cesvi will ensure gender balance is respected when selecting and training the 10 community mobilizers (CM), and after assessing the action will not lead to retaliation against the vulnerable groups: a fair percentage of CMs will be women. Hygiene promotion messaging will be also delivered by health and nutrition staff during routine services.</p>
Mudug -> Gaalkacyo -> Gaalkacyo	55	5,603	5,422	2,490	2,265	15,780	<p>Activity 1.1.1 : Carry out 6 enrollment and retention campaigns in target communities. The campaigns will be conducted at both community level and school level and aim to change the attitudes of parents and the wider community towards the importance and benefits of education for all children during emergencies. This will specifically promote enrollment of children from marginalized and excluded groups, such as girls generally, as well as children with disabilities and children from minority ethnic groups, IDP and returnee communities. We will also focus on retention of children in communities affected by drought. the campaigns aims at avoiding the drop-out of at least 250 children</p> <p>Activity 1.1.1 : Building on area based mapping of the most strategic water points linked to migratory routes and drought, the action will identify priority water sources for rehabilitation. Chlorination materials will also be provided to rehabilitate water sources in case of contamination. Well Chlorination will be complemented with Bucket chlorination at the source and Household water Treatment (HHWT). Aqua Tabs to be distributed to the most vulnerable families will be requested to the WASH cluster. This will also link to the strategic water sources that will serve communities displaced by the current drought where possible acting as a pull factor to encourage return. In order to provide immediate water supply for drought-affected communities, the project will rehabilitate 1 shallow well and 1 borehole. The rehabilitation and upgrade of the shallow wells will entail, as a minimum (and in line with the WASH Cluster guidelines):</p> <ol style="list-style-type: none"> <li>1. Desilting of well and removal of debris</li> <li>2. Repair of concrete apron, minimum radius of 1.5m</li> <li>3. Repair/construction of 5m long drainage channel</li> <li>4. Repair/construction of 1m<sup>3</sup> soakage pit filled with large stones – no soak pits should be constructed in impermeable soils</li> <li>5. Repair of well lining using concrete rings or stone masonry – whichever is appropriate</li> <li>6. Repair of lining of at least top 2m in areas of hard rock</li> <li>7. Repair of head wall</li> <li>8. Concrete work at 1:2:4, cured for 7 days</li> <li>9. Repair/construction of 5m radius fencing</li> <li>10. If handpump is to be installed there must be a separate lockable access hatch to allow water to be extracted when handpump is not functioning</li> <li>11. Shock chlorination after works are completed with at least 50mg/l</li> </ol>

Where possible, and in consultation with the beneficiaries, animal troughs will be constructed.

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3. Well head works should include a flow meter, a non-return valve, a gate valve to stop flow to the distribution system, a valve that allows pumping tests to be undertaken Somalia WASH Cluster - 4. 1.5m concrete apron around the borehole casing, concrete work at 1:2:4, cured for 7 days.
5. 10m diameter fencing around the borehole
6. If no borehole records are available a pumping test should be undertaken
7. Pumping tests should be at least 24 hours constant discharge with 80% recovery
8. Results of pump test to be sent to SWALIM
9. If high yielding (greater than 5m<sup>3</sup>/hr):
  - i. Submersible pump
  - ii. Generator or solar/wind if applicable
  - iii. Generator room – at least 40% of wall area should be ventilated
  - iv. Storage (at least 3 litres per person of storage capacity)
  - v. Two animal troughs with an area of 5m x 2m each
  - vi. Ensure that at least two people are trained on the O&M of the generator, electrical workings and piping system
  - vii. 1 tool kit and 1 years worth of generator spare parts will be provided.
10. Shock chlorination after works are completed with at least 50mg/l
11. The depth of well, water level, pump level and yield and the organisation undertaking the work should be marked on the well.

Activity 1.1.1 : Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community health workers (CHWs) and nutrition teams.

The screening will also be performed in the three schools the agency will support under education. Children who are SAM cases with medical complications will be referred to the stabilization centre in Galkayo main hospital run by IMC for stabilization of the clinical conditions. Meanwhile, all children who have recovered from the mobile site will be referred to TSFP facility run by SDRO in partnership with WFP.

Activity 1.1.2 : Admission of 1500 children 6-59 month with uncomplicated SAM ( severe acute malnutrition) into the outpatient (OTP) programme.

After the screening, severe acute malnutrition (SAM) cases are referred to the nutritional staff The nutrition programme, run by the agency, is designed to achieve full integration of services: for the purpose health and nutrition staff works closely. All children entering into the nutrition programme are immunized. Health teams and nutrition teams develop a monthly expanded programme on immunization (EPI)-Nutrition plan which stipulates the days in which the vaccinators will work with the nutrition teams. On top of that, nurses in the health facilities ensure that all under five (U5) children coming for outpatient department (OPD) consultations are screened for malnutrition. At the same time, the nutrition staff refers to the health facilities screened children/pregnant and lactating women (PLW) with pathologies for further evaluation and treatment (inter-referral between health and

nutrition teams).

Expected Severe acute malnutrition (SAM) cases entering in the programme in 9 months are 1500 ( 735 girls and 765 boys) . SAM+ will be referred to the Stabilization Center run by IMC.

Activity 1.1.2 : Distribution of clean water through water trucking in the IDPs: 10,000 Lt/day per 30 days will be transported in order to grant that the most needy will be reached, the following approach will be adopted: a) The targeted community will be involved in design of the response in order to select the most vulnerable HHs and to determine how the response will be implemented (this is already a good practice adopted by Cesvi in all projects, especially for the resilience programme in GK, and also already adopted with the IDPs in Hawl-wadagad district in GK). b) The selected vulnerable HHs will receive a voucher, giving them priority for water collection (a certain amount per day) at the newly established distribution points (4 tanks with taps). c) 4 Community water committees (max 3 people, majority women) will be formed and will be in charge of monitoring the water collection process, ensuring the families with the vouchers are given priority. On the voucher, date of water collection and quantity will be indicated. Distribution of water will be done as per the cluster guidelines (SOF will be used as guidance): drought - 6 litres per person per day of chlorinated (0.2-0.5mg/l FRC) water. This should be sufficient for 5 litres per person, with additional water for 6 shoats per family to provide lifesaving milk and meat (Water requirement for shoats from Agriculture & Livelihood Cluster). IDP settings - 7.5 litres per person per day of chlorinated (0.2 – 0.5mg/l FRC) water. Water trucking in Schools - 3 litres per student per day will be distributed (total 300 Lt per day per 3 schools x 120 days). Cesvi staff (Project Manager, Hygiene Promoters, M&E officer, Logistician) will conduct spot checks at the water points on a daily basis. Interviews with the beneficiaries will be regularly done in order to get feedback on the process. During the first months of the project, Cesvi will be working with the targeted communities to find and help establish alternative solutions to water trucking, so that people will still have access to safe water for drinking and household purposes. The issue is to engage them in choosing, establishing, and promoting the alternative solutions to ensure sustainability.

Activity 1.1.2 : Provision of immunization to 2329 children and women in child- bearing age.

Activity 1.1.2 : Rehabilitation of school infrastructure (including furniture). 3 schools will receive rehabilitation/enhancement of learning spaces, latrines and water points. Cesvi will also procure desks, teaching material and essential furniture. The activity aims at reaching 250 children in schools and 16 teachers. Where needed, latrines and water point will be enhanced.

Activity 1.1.3 : 400 people receive appropriate and gender sensitive sanitation facilities inclusive of hand washing stations. Construction of 100 gender sensitive family shared latrines. Each latrine will be composed of 2 separated units (one for women and one for men) and will be equipped with a hand washing station. As per Sphere standards, each family latrine is supposed to serve from 20 to 50 persons ("Family toilets are the preferred option where possible. One toilet for a maximum of 20 people should be the target. Where there are no existing toilets, it is possible to start with one for 50 people and lowering the number of users to 20 as soon as possible"). The HHs sharing the latrines will be sensitized on latrines cleaning and maintenance and will be in charge of the maintenance itself. Cesvi staff (the Project

								<p>Manager, the Hygiene Promoters and the Community Mobilizers) will perform spot checks to monitor the situation. The activity will be preceded by a number of focus group discussions with the beneficiaries in order to agree on the location and final design and to adapt it to the needs of the most vulnerable groups (women, girls, elderly, disabled, people with health problems).</p> <p>Activity 1.1.3 : Provision of clean potable water (900 litres par 90 days par 100 USD par trip) in 3 locations and provision of bulk storage facilities. 250 children and 16 teachers will access to temporary safe drinking water.</p> <p>Activity 1.1.4 : Conduct training for community health workers (CHWs) and outpatient (OTP) staff on key NHHP nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) and will constantly, monitoring the awareness/ Behaviour Change Communication (BCC) activities. Training activities will reach 25 individuals.</p> <p>Activity 1.1.4 : Trained Hygiene promoters form the target communities will deliver hygiene education to about 7,000 individuals IDPs and host communities, with a special focus on AWD/cholera, thus contributing to reducing the incidence of water borne diseases outbreak. Priority will be on the most affected AWD areas, schools, health facilities including CTCs. Cesvi will ensure gender balance is respected when selecting and training the 10 community mobilizers (CM), and after assessing the action will not lead to retaliation against the vulnerable groups: a fair percentage of CMs will be women. Hygiene promotion messaging will be also delivered by health and nutrition staff during routine services.</p> <p>Activity 1.1.5 : Conduct infant and young child feeding ( IYCF) education sessions ( individual &amp; group) for community and caretakers attending outpatient OTP centres.</p> <p>Activities to improve infant and young child feeding practices among beneficiaries are as follows:</p> <ul style="list-style-type: none"> <li>- House to house visits: CHWs are trained to provide house to house infant and young child feeding (IYCF) counselling sessions.</li> <li>- Infant and young child feeding (IYCF) group sessions: on weekly basis, the community health workers (CHWs) conduct infant and young child feeding (IYCF) group sessions for 10 mothers.</li> <li>- Mother-to-mother support groups: Cesvi will set-up 12 groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition, child spacing and maternal health. The involvement of mothers plays a role as both recipients and providers of information, being of pivotal importance to transfer their knowledge and increase the awareness at the community level.</li> <li>- Community conversation: Once a month, CHWs walk around in the villages holding conversations with community members on health, nutrition and WASH issues affecting them at personal or household level with the purpose of guiding them on solution.</li> <li>- Follow-up of individual cases and provide tailor made message at household level.</li> </ul> <p>On top of sensitize the pregnant and lactating women (PLW), this BCC will also target 1050 men among elders, village/ camps leaders, local authorities in order to increase the impact.</p>
Mudug -> Gaalkacyo -> Laanwaaley	5	300	452	225	195	1,172	Activity 1.1.1 : 3 mobile clinics will deliver emergency health services in target communities. The mobile teams will be equipped	

with personnel (every team comprises 1 Nurse, 1 Auxiliary, 1 Midwife, 1 Vaccinator, 1 Drug Dispenser) and adequate supplies. Where the beneficiaries cannot be treated on the spot, the mobile unit will provide referral to Cesvi MCHs and or hospitals (Galkayo Main Hospital run by IMC and IRC ). 25,368 individuals are expected to have access to health services under this activity.

Activity 1.1.1 : Building on area based mapping of the most strategic water points linked to migratory routes and drought, the action will identify priority water sources for rehabilitation. Chlorination materials will also be provided to rehabilitate water sources in case of contamination. Well Chlorination will be complemented with Bucket chlorination at the source and Household water Treatment (HHWT). Aqua Tabs to be distributed to the most vulnerable families will be requested to the WASH cluster. This will also link to the strategic water sources that will serve communities displaced by the current drought where possible acting as a pull factor to encourage return. In order to provide immediate water supply for drought-affected communities, the project will rehabilitate 1 shallow well and 1 borehole. The rehabilitation and upgrade of the shallow wells will entail, as a minimum (and in line with the WASH Cluster guidelines):

1. Desilting of well and removal of debris
2. Repair of concrete apron, minimum radius of 1.5m
3. Repair/construction of 5m long drainage channel
4. Repair/construction of 1m<sup>3</sup> soakage pit filled with large stones – no soak pits should be constructed in impermeable soils
5. Repair of well lining using concrete rings or stone masonry – whichever is appropriate
6. Repair of lining of at least top 2m in areas of hard rock
7. Repair of head wall
8. Concrete work at 1:2:4, cured for 7 days
9. Repair/construction of 5m radius fencing
10. If handpump is to be installed there must be a separate lockable access hatch to allow water to be extracted when handpump is not functioning
11. Shock chlorination after works are completed with at least 50mg/l

Where possible, and in consultation with the beneficiaries, animal troughs will be constructed.

The rehabilitation and upgrade of the borehole will entail, as a minimum (and in line with the WASH Cluster guidelines):

1. Redevelopment if yield has shown greater than 20% decrease
2. Well head should be sealed to at least 3.5m
3. Well head works should include a flow meter, a non-return valve, a gate valve to stop flow to the distribution system, a valve that allows pumping tests to be undertaken Somalia WASH Cluster - 4. 1.5m concrete apron around the borehole casing, concrete work at 1:2:4, cured for 7 days.
5. 10m diameter fencing around the borehole
6. If no borehole records are available a pumping test should be undertaken
7. Pumping tests should be at least 24 hours constant discharge with 80% recovery
8. Results of pump test to be sent to SWALIM
9. If high yielding (greater than 5m<sup>3</sup> /hr): i. Submersible pump ii. Generator or solar/wind if applicable iii. Generator room – at least 40% of wall area should be ventilated iv. Storage (at least 3 litres per person of storage capacity) v. Two animal troughs with an area of 5m x 2m each vi. Ensure that at least two people are trained on the O&M of the generator, electrical workings and piping system vii.

							<p>1 tool kit and 1 years worth of generator spare parts will be provided.</p> <p>10. Shock chlorination after works are completed with at least 50mg/l 11. The depth of well, water level, pump level and yield and the organisation undertaking the work should be marked on the well.</p> <p>Activity 1.1.2 : Provision of immunization to 2329 children and women in child- bearing age.</p> <p>Activity 1.1.3 : 2280 Pregnant and lactating women accessing health &amp; nutrition services will receive micro nutrients supplementation. The agency will provide to all the Pregnant and lactating women ( PLW) accessing health&amp; nutriition services with iron and folic acid supplementation to reduce the risk of iron deficiency anaemia.</p>
Mudug -> Gaalkacyo -> Laaso Cadale	5	221	455	195	301	1,172	<p>Activity 1.1.1 : 3 mobile clinics will deliver emergency health services in target communities. The mobile teams will be equipped with personnel (every team comprises 1 Nurse, 1 Auxiliary, 1 Midwife, 1 Vaccinator, 1 Drug Dispenser) and adequate supplies. Where the beneficiaries cannot be treated on the spot, the mobile unit will provide referral to Cesvi MCHs and or hospitals (Galkayo Main Hospital run by IMC and IRC ). 25,368 individuals are expected to have access to health services under this activity.</p> <p>Activity 1.1.2 : Distribution of clean water through water trucking in the IDPs: 10,000 Lt/day per 30 days will be transported in order to grant that the most needy will be reached, the following approach will be adopted: a) The targeted community will be involved in design of the response in order to select the most vulnerable HHs and to determine how the response will be implemented (this is already a good practice adopted by Cesvi in all projects, especially for the resilience programme in GK, and also already adopted with the IDPs in Hawl-wadagad district in GK). b) The selected vulnerable HHs will receive a voucher, giving them priority for water collection (a certain amount per day) at the newly established distribution points (4 tanks with taps). c) 4 Community water committees (max 3 people, majority women) will be formed and will be in charge of monitoring the water collection process, ensuring the families with the vouchers are given priority. On the voucher, date of water collection and quantity will be indicated. Distribution of water will be done as per the cluster guidelines (SOF will be used as guidance): drought - 6 litres per person per day of chlorinated (0.2-0.5mg/l FRC) water. This should be sufficient for 5 litres per person, with additional water for 6 shoats per family to provide lifesaving milk and meat (Water requirement for shoats from Agriculture &amp; Livelihood Cluster). IDP settings - 7.5 litres per person per day of chlorinated (0.2 – 0.5mg/l FRC) water. Water trucking in Schools - 3 litres per student per day will be distributed (total 300 Lt per day per 3 schools x 120 days). Cesvi staff (Project Manager, Hygiene Promoters, M&amp;E officer, Logistician) will conduct spot checks at the water points on a daily basis. Interviews with the beneficiaries will be regularly done in order to get feedback on the process. During the first months of the project, Cesvi will be working with the targeted communities to find and help establish alternative solutions to water trucking, so that people will still have access to safe water for drinking and household purposes. The issue is to engage them in choosing, establishing, and promoting the alternative solutions to ensure</p>

sustainability.

Activity 1.1.4 : Conduct training for community health workers (CHWs) and outpatient (OTP) staff on key NHHP nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) and will constantly, monitoring the awareness/ Behaviour Change Communication (BCC) activities. Training activities will reach 25 individuals.

Activity 1.1.4 : Trained Hygiene promoters from the target communities will deliver hygiene education to about 7,000 individuals IDPs and host communities, with a special focus on AWD/cholera, thus contributing to reducing the incidence of water borne diseases outbreak. Priority will be on the most affected AWD areas, schools, health facilities including CTCs. Cesvi will ensure gender balance is respected when selecting and training the 10 community mobilizers (CM), and after assessing the action will not lead to retaliation against the vulnerable groups: a fair percentage of CMs will be women. Hygiene promotion messaging will be also delivered by health and nutrition staff during routine services.

Mudug -> Gaalkacyo -> Sadax-Higlo	5	272	255	350	295	1,172	<p>Activity 1.1.2 : Provision of immunization to 2329 children and women in child- bearing age.</p> <p>Activity 1.1.2 : Rehabilitation of school infrastructure (including furniture). 3 schools will receive rehabilitation/enhancement of learning spaces, latrines and water points. Cesvi will also procure desks, teaching material and essential furniture. The activity aims at reaching 250 children in schools and 16 teachers. Where needed, latrines and water point will be enhanced.</p> <p>Activity 1.1.3 : 2280 Pregnant and lactating women accessing health &amp; nutrition services will receive micro nutrients supplementation. The agency will provide to all the Pregnant and lactating women ( PLW) accessing health&amp; nutrition services with iron and folic acid supplementation to reduce the risk of iron deficiency anaemia.</p> <p>Activity 1.1.3 : AWD/Cholera and measles case management training: the training will be provided to 50 Cesvi staff to enhance timely response capacities in line with Cesvi contingency plan in place</p> <p>Activity 1.1.4 : Conduct training for community health workers (CHWs) and outpatient (OTP) staff on key NHHP nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) and will constantly, monitoring the awareness/ Behaviour Change Communication (BCC) activities. Training activities will reach 25 individuals.</p> <p>Activity 1.1.4 : Trained Hygiene promoters from the target communities will deliver hygiene education to about 7,000 individuals IDPs and host communities, with a special focus on AWD/cholera, thus contributing to reducing the incidence of water borne diseases outbreak. Priority will be on the most affected AWD areas, schools, health facilities including CTCs. Cesvi will ensure gender balance is respected when selecting and training the 10 community mobilizers (CM), and after assessing the action will not lead to retaliation against the vulnerable groups: a fair percentage of CMs will be women. Hygiene promotion messaging will be also delivered by health and nutrition staff during routine services.</p>
Mudug -> Hobyo -> Ceelguula	20	653	582	309	256	1,800	<p>Activity 1.1.1 : Provision of 3 rounds of unconditional cash grants to 450 households ( 2700 individuals) : Cesvi adheres to the transfer values at 80% of the cost of the minimum expenditure basket (MEB). Priority will be given to mobile payments where network coverage exists. Where network coverage is inadequate and the Hawala money transfer system would need to be used accountability measures will be put in place to ensure all registered beneficiaries are genuine and that the money transfer agencies accept to assume responsibility for transporting cash to targeted locations for distribution. Beneficiary identification will be conducted in coordination with by community committees</p>

#### Documents

Category Name	Document Description
Budget Documents	OLD DISREGARD CESVI_GK_Budget_BLS_narrative and BoQs.xlsx
Budget Documents	REV 1_CESVI_SHF integrated GK_Budget_all BLS_narrative and BoQs.xlsx
Budget Documents	CESVI Budget shf 06.09.xlsx
Budget Documents	CESVI Budget - HFU comments.xlsx

Budget Documents	_CESVI Budget - HFU commentscomments addressed final 18 09 17 final to upload.xlsx
Budget Documents	_CESVI Budget - HFU commentscomments addressed final 25 09 17 final to upload.xlsx
Budget Documents	_CESVI Budget - HFU commentscomments addressed final 26 09 17 final.xlsx
Budget Documents	_CESVI Budget - TO DISREGARD
Budget Documents	_CESVI Budget - HFU commentscomments addressed final 27 09 17.xlsx
Grant Agreement	HC SIGNED GA for CESVI 6676.pdf