OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Save the Children
Allocation Type :	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)

Primary Cluster	Sub Cluster	Percentage
Education		4.00
Food Security		17.00
Health		27.00
Nutrition		23.00
Water, Sanitation and Hygiene		29.00
		100

Project Title :	Integrated Lifesaving Assistance for drought-affected populations in Buhodle district, Togdheer region
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-17/3485/R/Ed-FSC-H-Nut-WASH/INGO/6669
Cluster :		**Project Budget in US$:**	549,999.67
Planned project duration :	9 months	**Priority:**	
Planned Start Date :	06/10/2017	**Planned End Date :**	06/07/2018
Actual Start Date:	06/10/2017	**Actual End Date:**	06/07/2018

Project Summary :

The proposed project seeks to provide a multi-sectoral, fully integrated response that addresses the multi-dimensional needs of children and their families in Buuhoodle district – Sooljoogto, Horufadhi and Buhodle town. Health, nutrition, food security, education, and water, sanitation and hygiene (WASH) services will be delivered focusing primarily on Internally Displaced Persons (IDP) settlements in urban centres of the district. Health services will include Acute Watery Diarrhea (AWD)/cholera treatment alongside primary healthcare services, routine immunisation and maternal health services (ante natal care (ANC), post natal care (PNC), skilled deliveries). Screening for acute malnutrition will take place for all under-fives and pregnant and lactating women (PLW) at community level as well as during outpatient consultations and at schools, with treatment administered through outpatient therapeutic programmes (OTP), targeted supplementary feeding programmes (TSFP) and, in the most severe cases, referral to stabilisation centres (SC). Infant and young child feeding (IYCF) messages will be delivered through group and one-to-one sessions. WASH services will ensure the provision of clean potable water for the targeted communities, through water trucking in schools and health/nutrition centres and rehabilitation of water sources in the target communities, whilst aiming to increase knowledge and practice of positive hygiene practices, thus mitigating the spread of communicable diseases including AWD/cholera. Food security will be improved through the provision of three monthly unconditional cash transfers, targeting the most vulnerable households, with a particular focus on households with children admitted into the nutrition program to prevent relapsing.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
2,425	4,136	3,709	3,994	14,264

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,709	3,994	7,703
Pregnant and Lactating Women	0	3,209	0	0	3,209

Indirect Beneficiaries :

Where the 7,157 parents/caregivers have received sensitization on positive health, nutrition and hygiene messages, this will also benefit other members of the household, especially children (approximately 50,099) through improved household behavior and practices. For the unconditional cash transfers, the indirect beneficiaries will be local market stalls/vendors/traders who will benefit from continued trade through the improved purchasing power of the households.

Catchment Population:

Buhodle district has an estimated total population of 71,318 people. This project will specifically target vulnerable populations in Sooljoogto, Horufadhi and Buhodle town which have a population of approximately 38,515.

Link with allocation strategy :

SC is proposing a multi-sector integrated response that addresses the multi-dimensional needs of children and their families in Buuhoodle district, targeting the same beneficiaries with multiple activities, with a particular emphasis on the prevention of and response to AWD/cholera. As the project will build on SC's existing programming in Buhodle, which is already focused on the AWD/cholera response, this will allow an immediate scale-up to ensure a rapid response for the most vulnerable populations.

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
Laura Jepson-Lay	Head of Program Development	laura.jepson@savethechildren.org	0732888852
Beatrix Masime	Director for Awards Management	Beatrix.Masime@savethechildren.org	0722 816 684

BACKGROUND

1. Humanitarian context analysis

According to FSNAU and FEWSNET Quarterly Brief (June 2017), the much-awaited Gu rains (April to June) started one to two weeks late, was 30-50 percent below average, and erratically distributed in many parts of Somalia. The amount of Gu rainfall was near average in pastoral livelihoods in Sool, Sanaag, Bari and Nugaal regions, with the exception of parts of agro-pastoral areas of Togdheer (specifically localized parts of Hawd in Burao, Buhoodle and Odweyne), among others; where below average to poor pasture and water conditions persist. As a result, farming activities are likely to be constrained by the prevailing drought condition in agro-pastoral areas, and most of the rural livelihoods resorted to expensive livestock feeding using cereals and fodder purchased from the market to save their declining livestock.
As a result of the persisting drought conditions, current food security outcomes and humanitarian needs are expected to persist in most parts Somalia through the end of 2017, and in some pastoral and agro-pastoral livelihoods, food security outcomes are actually expected to deteriorate through the end of the year. The latest FSNAU technical release (May 2017) states 3.2 million people will be in Crisis (Integrated Phase Classification (IPC) 3) and Emergency (IPC 4), and an additional 3.5 million will be Stressed (IPC 2). Famine (IPC Phase 5) is still a possibility in the event that there is significant interruption to current food assistance programs, prices rise sharply and household food access declines further, and an effective response to ongoing disease outbreaks is not implemented. Food security related factors (poor food consumption and high food prices), , as well as increased in diseases (primarily AWD/ cholera) due to poor water, sanitation and hygiene (WASH) conditions are considered contributing factors for the reported high levels of acute malnutrition, with 15-30% Global Acute Malnutrition (GAM) among rural pastoral and agro-pastoral populations. Data obtained from the Nutrition Cluster indicate substantial increase in new admission of acutely malnourished children to treatment and feeding centers since the beginning of the year.
Levels of morbidity are also high (>20%) (FSNAU, June 2017) and high levels of acute malnutrition is likely one of the main contributing factors as the immune system in malnourished children becomes compromised. Despite ongoing and scaled up efforts, AWD/cholera outbreak in Somalia has not yet been brought under control. According to data obtained from the Ministry of Health (MOH) and World Health Organisation (WHO) covering the period from January 1 to June 18, 2017, a cumulative total of 53 015 suspected AWD/cholera cases and 795 deaths have been recorded across Somalia which can be primarily attributed to the reduced access to safe drinking water as the drought has dried up existing strategic water points, meaning families are forced to travel long distances to access functioning water points, pay increased prices from priate water vendors, or utilize unsafe water sources. The increased time required to collect water, as well as family splitting, migration in search of water/pasture, and increasing pressure to contribute to household income, is resulting in children dropping out of school. Currently, more than 379,000 children are enrolled in schools in drought affected areas and at least 30% of these are in immediate risk of dropping out (according to the Education Cluster 'Keeping Children Safe' report #5).

2. Needs assessment

Parts of Togdheer received less than 50% average rainfall between March and June and less than 50% of the affected population have been reached with humanitarian assistance in much of this region. According to a rapid needs assessment in Buhoodle (HADMA, February 2017), Berkeds were totally dried out and empty in the rural villages with one strategic borehole broken due to overuse. The acute water shortage, exacerbated by lack of sanitation facilities and poor hygiene practices, has been a primary driver in the AWD/cholera outbreak in the district. There have been 15,716 cases and 293 deaths reported in Somaliland, of which 11,181 cases and 225 deaths were in Togdheer region alone (as of 10th July 2017) , an attack rate in entire Togdheer region is 1.6% . Buuhoodle has been badly affected with many recorded cases coming through the porous border from Ethiopia. Furthermore, cases of measles continue to rise across Somalia. A total of 5,689 cases have been reported as of 23 April, 700 more than the previous week. Of the reported cases, 51 per cent are children under age 5. Furthermore, suspected cases of measles were reported from all regions in 2017 – but Banadir (1,419) and Togdheer (1,075) regions accounted for almost 44 per cent of the cases. In Togdheer, there are 24 Health Centres and 32 Primary Health Units. There is poor referral system due to lack of transport means (ambulances) or support to referral system. According MOH HMIS, the prevalent morbidities are: AWD, Measles, Acute respiratory disease, Skin diseases, Eye diseases. Access to health care for women and girls is a challenge, with responsibility for decisions related to health-seeking behavior, such as when to travel to a clinic for treatment, residing with male members of the household and contributing to delays in seeking care.

By April 2017, Togdheer was cited as one of the worst-affected regions in terms of livelihoods. According to the FSNAU June 2017-January 2018 food security outlook report, the food security situation in the Hawd livelihood zone (that covers Togdheer) sharply declined during the Jilaal period. Pasture and water availability in Togdheer is still below average and thus livestock body conditions have not improved. In many areas herd sizes have declined 30-60 percent from baseline levels. As a result, households have fewer sellable animals thus reducing their purchasing power. According to FSNAU, emergency food security outcomes (IPC 4) are projected in the south-eastern parts of Somaliland through to January 2018. The Northern Inland Pastoral zone showed the greatest increase in MAM rates from 18% at Deyr 2016/2017 to Critical levels of 25.7% post-Jilaal. SAM rates saw similar increases. Sub-optimal infant and young child care and feeding practices are common and have a significant impact on malnutrition

With regards to education, assessments indicate that close to 30,000 children have dropped out of school in Puntland and Somaliland due to the drought. In Somaliland 41% of school children do not have access to safe water and 77% have no access to food provision. In Somaliland, large numbers of people remain displaced, with Buuhoodle district specifically receiving large numbers in 2017. This has also compromised access to education services for many displaced children, as well as putting increased pressure on already limited and overstretched resources.

3. Description Of Beneficiaries

Save the Children will implement an integrated response whereby beneficiaries will benefit from multiple activities and services provided with a view to address the multi-dimensional and inter-related needs of drought-affected people.
Health: Primary healthcare services will be made available to men, women, girls and boys who need them in the catchment population, but based on our other health programming across the country, this will primarily benefit children under five, who are the most vulnerable to common illnesses, as well as pregnant and lactating women who will benefit from maternal health. Health promotion activities will target all segments of the population, targeting both men and women, particularly taking into account the gender dynamic on women's decision making power in the Somalia context.
Nutrition: Nutrition services will be provided to boys and girls aged 0 -59 months and Pregnant & Lactating Women who will be screened and identified with Moderate and Severe Acute Malnutrition according to the admissions criteria. IYCF promotion will target parents/caregivers of children <2yr, both men and women, as well as other decision makers in the household on child nutrition, such as grandmothers , and community leaders/opinion makers to foster environment of support for optimal IYCF practices. Nutrition beneficiaries will also benefit from access to health services and WASH provision.
WASH: The rehabilitation of water sources will benefit everyone in the catchment population – men, women, boys and girlsSC will target 160 vulnerable households from the IDP population to benefit from latrine construction, which will prioritise the most vulnerable households, such as child and female headed households, and households with high number of children, disabled or elderly members.
FSL: Unconditional cash assistance will target poor and very poor IDP households as defined by wealth ranking and further narrowed down to child-headed households without other forms of support; households headed by disabled persons or elderly persons without support; poor female-headed households; poor households with children admitted in nutrition programs, destitute IDPs; and poor pregnant and lactating women who are at increased risk of malnutrition. SC will also prioritise households with children in the nutrition program (see above) to prevent relapsing.

4. Grant Request Justification

According to FSNAU, emergency food security outcomes (IPC 4) are projected in the south-eastern parts of Somaliland through to January 2018. Current projections show food security outcomes in the region deteriorating to Emergency levels (IPC Phase 4) and remaining there through to January 2018. With this comes the risk of increased morbidity and mortality in Buuhoodle, particularly in rural IDP communities where services and resources are already limited and overburdenedscarce. Buuhoodle is in the top five districts to receive large numbers of drought-triggered displacements in 2017 so, in addition to reaching out to rural communities, urban IDP settlements must be prioritised in service delivery. Due to the late start and early cessation of the 2017 Gu rains, pasture and water conditions remain below average to poor in Buuhoodle and many of the existing water sources are compromised by poor hygiene practices. With cases in Buuhoodle district contributing 26% of the total AWD/cholera cases reported in May, measures to increase access to safe potable water and to promote safe hygiene practices are necessary to mitigate the continued spread of disease and prevent future outbreaks. Complementary health services will improve access to emergency healthcare interventions toand reduce morbidity and mortality, particularly among children under five years of age and pregnant and lactating women who are the most vulnerable in any crisis situation, especially those that are malnourished as their immune systems become compromised exposing them to disease. The formation of mobile IERTs will ensure increased access to these life-saving services in hard to reach rural areas. Furthermore, the general population will also benefit through provision of care for communicable and non-communicable diseases among adult and elderly, along with the development of a health response plan as contingency to any outbreak conditions. Through the integration of screening for acute malnutrition and IYCF practices, this programme will pre-empt and mitigate a worsening of the nutrition situation due to continued drought in the region. IIn particular, the promotion of optimal IYCF practices, especially breastfeeding, is a crucial life-saving intervention in a context where water sanitation and hygiene condition is poor. From February 2017, households in Buuhoodle reported selling of assets to pay for water and food and many in pastoral communities were resorting to purchasing food on credit. In a context where households do not have enough food stocks, have accumulated food debt, lack sufficient incomes to purchase food from the markets and the local markets are functioning well; interventions that seek to enhance household purchasing power become highly relevant. Based on current projections, communities in Buuhoodle are likely to see conditions deteriorate without significant intervention. Even with above average Deyr rains predicted, recovery will be slow and current trends in morbidity and mortality are unlikely to improve.
This integrated multi-sector approach will enhance the impact of the intervention in Buuhoodle by providing a holistic response to the multiple needs of the most vulnerable communities. Access to education for displaced and/or drought affected children does not only give them an opportunity to continue or begin their education, but also provide a safe space and access to food and water. The significant increase in displacement is putting additional pressure on the already strained education system in the urban areas and support to these facilities is urgently needed. Furthermore, in areas, like Buhodle, experiencing AWD/cholera outbreaks. Schools provide an essential entry point through which clean water, sanitation facilities and hygiene promotion can be provided to protect children who are most at risk.

5. Complementarity

SC is currently implementing several projects in Togdheer region as part of the drought response with which this project will build on the existing country infrastructure, lessons learnt, and achievements to leverage value for money and impact. Through internal SC appeal funds, we have been implementing an AWD/Cholera response. German Federal Foreign Office is funding Integrated life-saving health, nutrition and WASH assistance for drought-affected communities in Burao district. DANIDA is supporting static and mobile health teams, integrated with child protection prevention and response services. In terms of coordination, SC will work with other humanitarian actors operating in Buhodle, including ARC and SRCS who are implementing health responses in the district. SC is also actively participating in Somaliland-level drought response coordination meetings and cluster meetings across the thematic sectors to ensure our response is well coordinated with other actors across the region. Due to SC's long operational history and broad geographical coverage in Somalia, it has established positive working relationships with key stakeholders, including national government, local authorities, donors, international and local NGOs, as well as the trust and acceptance of the communities themselves. SC is highly active in national and regional coordination mechanisms in Puntland, Somaliland, South Somalia and Nairobi. We regularly participate in regional and national Cluster coordination - Health, and Nutrition, WASH, Protection, Food Security (including the Cash Working Group), Education, and is the Cluster Co-Coordinator for the Health and Education clusters, and the Chair for the Health NGO forum. This means SC is proactively sharing information with other health agencies; assisting in jointly assessing/analyzing information; prioritizing in-country interventions and locations to fill gaps and avoid the duplication of efforts; monitoring the humanitarian situation and the sector response; adapting/re-planning as necessary; mobilizing resources; and advocating for humanitarian action. As SC intends to prioritise IDPs and new displacements, we will work closely with UNOCHA who coordinates humanitarian partners and local authorities to monitor and assess the influx of IDPs.

LOGICAL FRAMEWORK

Overall project objective

Reduction of vulnerabilities of drought-affected population of Buhodle district in Togdheer region

Education

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Ensure emergencies and crises affected children and youth have access to safe and protective learning environments	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 1st priority for the Education Cluster is to support children where they live and ensure they can stay in school through provision of community-based school feeding and water in the schools, AWD/Cholera prevention and hygiene promotion, and the provision of appropriate teaching/learning materials. Due to the ongoing AWD/cholera outbreak in Buhodle district, SC's response under this project will primarily focus on WASH, specifically water supply and hygiene promotion, as a preventative measure to the outbreak. As such, school children will be benefit from water trucking to schools, rehabilitation of school latrines as well as be targeted with hygiene promotion activities.

Outcome 1

Increased access to clean, safe water and improved hygiene awareness in drought affected schools

Output 1.1

Description

Provide safe and clean drinking water to learners in 4 drought affected schools

Assumptions & Risks

- security remains stable to ensure continuned access to target communities
- local communities are willing and able to support the schools

Indicators

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of school children (boys/ girls) with access to safe drinking water			400	400	800

Means of Verification : Activity report, school attendance list, project monitoring reports

Activities

Activity 1.1.1

Standard Activity : Water distribution in schools

SCI will provide safe and clean water to 4 public school in Buhoodle through water trucking. The water will be disinfected with chlorination before delivering to the school centers. During the project period 800 children within these school will have access 3.5l/p/d for a period of four consecutive months for drinking and hand washing after the toilet as well as flashing of human waste

Output 1.2

Description

Provide gender-segregated latrines in 4 drought affected schools

Assumptions & Risks

- security remains stable to ensure continued access to target communities
- local communities are willing and able to support the schools

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Education	number of school children (boys/girls) l that have access to latrines and hand washing facilities			100	100	200

Means of Verification : Activity reports, project monitoring reports, school attendance lists

Activities

Activity 1.2.1

Standard Activity : Water and sanitation infrastructure construction/refurbishment

Rehabilitation of gender segregate latrines in schools with hand washing facilities: SCI will rehabilitate 4 gender segregated twin latrines for Buhoodle public schools. The rehabilitation works will be involved with the repairing of septic tank, sewage pipes, repairing of wall cracks, casting of new floor slab, replacing old doors, removing old plastering and apply two coats of plastering as well as white washing and painting. the septic tank will be covered with 10cm thick RCC cover mounted with 4 inch vent pipe. Finally hand washing facilities will be installed so that children will be able to wash their hands after the toilet use

Output 1.3

Description

Promotion of hygiene and sanitation awareness in schools

Assumptions & Risks

- security remains stable to ensure continued access to target communities
- schools, children and teachers are receptive and willing to adopt new hygiene practices

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	Education	Number of school children (boys and girls) reached with hygiene promotion messages			100	100	200

Means of Verification : Hygiene promotion volunteer reports, monitoring reports, key informant interviews

Activities

Activity 1.3.1

Standard Activity : Hygiene promotion

Hygiene sessions will be carried out in 4 target schools through hygiene promotion volunteers identified from the targeted communities and trained on basic hygiene promotion. They will undertake hygiene promotion with both the children, as well as with teachers and CEC members, on the basic steps of participatory hygiene and sanitation transformation (PHAST), which are appropriate for emergency situations. Awareness raising with children will be conducted using age-appropriate messages and approaches. Messages will focus on good personal hygiene practices, safe handling of water for consumption, good use/maintenance of latrines (and ending open defecation), hand washing with soap as well as menstrual hygiene practices. This will have a particular focus on preventing AWD/cholera. This will complement and strengthen hygiene promotion sessions with men and women (a 1.3.1 under the WASH sector) to ensure that there is consistency and consensus in the household on positive hygiene practices.

Additional Targets : n/a

Food Security

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods	2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response	100

Contribution to Cluster/Sector Objectives : Based on the dire FSL and nutrition data in the region, SC will provide vulnerable households with monthly unconditional cash transfers for 3 months (via mobile phone) to enable them to meet their immediate food and non-food needs, with a particular focus on supporting households with children enrolled in nutrition programs to prevent relapsing

Outcome 1

Improved capacity of vulnerable households to meet their essential food and non-food needs.

Output 1.1

Description

Provision of unconditional cash transfers to #205 drought affected households in urban IDP settlements

Assumptions & Risks

- Beneficiaries are able to continue access to markets
- Beneficiaries are willing and bale to use mobile money
- There is no significant changes to cost of MEB over course of the transfer period

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					1,230

Means of Verification : Beneficiary registration data base, HH beneficiary master list , third party monitoring, PDM

Activities

Activity 1.1.1

Standard Activity : Conditional or unconditional Cash transfer

Identification of beneficiaries: poor and vulnerable households will be selected to receive unconditional cash transfers especially prioritizing those that have one of the following within their household: children with acute malnutrition newly identified in screening; children in stabilization centers; children in outpatient therapeutic feeding centers or a member of the family recently affected by AWD. Sensitization sessions with communities and authorities will be held, in order to ensure the understanding of the project's aims and develop and agree selection and targeting criteria. Project committees composed of community representatives and local leaders will be strengthened to engage effectively with the project sensitization campaigns. Gender equity will be ensured in establishing project committees. Suppliers, including money transfer agents (mobile phone firm) will be trained on beneficiary identification process during distributions and the project compliance requirements.
Distribute unconditional cash transfer: SC will distribute unconditional cash grants to 205 vulnerable households through mobile cash transfer, building on SC's current experience with mobile transfers, reaching approx. 43,000 HHs). Cash grants will be distributed on a monthly basis, according to a schedule agreed upon with beneficiaries, authorities, and mobile phone companies. Beneficiaries will receive 3 transfers of US$78 at the rate of at least 80% of the current MEB based on the latest guidance provided by the Cash & Markets Working Group (June 2017).
Post distribution monitoring: Regular post-distribution and market price monitoring and monitoring by independent monitors. SC will employ cash transfer tools and protocols that have been implemented in past projects to improve understanding on the context, measure impact and enhance accountability to beneficiaries and general compliance with SC and donor financial requirements.

Additional Targets : n/a

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	100

Contribution to Cluster/Sector Objectives : In order to improve access to primary health care and therefore reduce excess morbidity and mortality, SC will support 3 static health facilities in urban areas, with a particular focus on IDP settlements - two Health Centres (Sooljoogto & Horufadhi HCs) and Buhodle hospital..The health facilities will provide outpatient consultations, routine immunisations, maternal healthcare as well as disease surveillance and health promotion.

Outcome 1

Targeted beneficiaries have improved access to quality primary health services in Buhodle district

Output 1.1

Description

Provision of emergency basic health services IDPs in Urban Settlements through three static facilities

Assumptions & Risks

- no disruption to logistic supply chain to ensure timely delivery of materials
- security remains stable to ensure continuned access to target communities
- communities are willing and able to utilise services available
- MOH are willing to provide quantity and quality health facility staff required to run the facilities

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Health	Number of health facilities supported					3
Means of Verification : Facility reports, project monitoring reports							
Indicator 1.1.2	Health	Number of pregnant women that complete recommended 4 antenatal care (ANC) visits					1,070
Means of Verification : Mobile clinic and static facility reports, midwife 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.					6
Means of Verification : Training records, attendance sheets, participant lists							

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Outpatient consultations: Qualified MOH staff (nurses, midwifes etc.) will provide outpatient consultations, including diagnosis and treatment of common illnesses, like diarrhea, pneumonia and malaria, including route immunisation for children and PLWs. Given AWD/cholera is so prominent, health worker will be trained on identification of AWD and case management and control of cases. All cases presenting with AWD/cholera will be given prompt rehydration through the administration of oral rehydration salts (ORS) or intravenous fluids, depending of the severity of cases. For children up to five years, supplementary administration of zinc has a proven effective in reducing duration of diarrhea as well as reduction in successive diarrhea episodes. In order to ensure timely access to treatment, cases will be immediately referred to existing cholera treatment centres for further care if needed. Services will be provided through 3 static facilities in urban areas - two Health Centres (Sooljoogto & Horufadhi HCs) and Buhodle hospital. The team will be equipped with essential drugs, vaccines, and the necessary medical equipment and supplies. Financial incentives will be provided to MOH facility personnel. It should be noted that the health services will be integrated with the nutrition services to ensure smooth referrals between the different services. Children under 5 and PLWs will be screened for malnutrition during outpatient consultations and referred accordingly. Through the 3 support health facilities, SC will conduct 12,124 outpatient consultations.
SC will also ensure there is a referral network for health related emergencies whereby CHWs will refer patients to nearby health centres, referral health centres who further refer to regional hospital for secondary care. SC will provide support of fuel and salary for the driver for referral of obstetric emergencies and for birth spacing. Obstetric emergencies will be referred to hospital and provided with free CEmONC services

Activity 1.1.2

Standard Activity : Primary health care services, consultations

Maternal healthcare services: Provision of preventative and curative care through trained health workers for women of reproductive age, including provision of antenatal care, post natal care, safe deliveries by Skilled Birth Attendant (SBAs, and referrals for complicated deliveries. Survivors of rape will be referred for clinical management of rape to Burao hospital.

Activity 1.1.3

Standard Activity : Emergency Preparedness and Response capacities

In order to build the capacity of health facility staff, SCI will conduct training with six health workers for five days on Integrated Management of Childhood Illnesses (IMCI), to enable participants to classify , identify treatment and treat childhood illnesses; and on Basic Emergency Obstetric and neonatal care(BEmONC) which covers provision of antenatal care, post natal care, safe deliveries and neonatal care. This will improve the quality of the services being provided in the immediate term as well as beyond the life of the project.

Output 1.2

Description

Strengthened surveillance of communicable diseases, including AWD/Cholera, and creation of a preparedness response plan to respond to outbreaks

Assumptions & Risks

- security remains stable to ensure continuned access to target communities
- CHWs and facility staff are willing and able to collate information and report on a weekly basis

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					12
Means of Verification : Training reports, attendance sheets							

Indicator 1.2.2	Health	Numbers of facilities providing regular weekly DEWS reports					3

Means of Verification : Health facility reports/DEWS reports

Activities

Activity 1.2.1

Standard Activity : Epidemic disease surveillance

Recognising the vital role of disease surveillance in ensuring timely and effective response to disease outbreaks, especially in relation to cholera prevention and control, SCI will ensure that information is collected on a routine basis and information on suspected cases shared immediately with the MOH and WHO to trigger immediate action and timely response. To ensure the timely, relevant collection of data, SCI will ensure that the Integrated Disease Surveillance and Response (IDSR) forms are available in all supported facilities. Health workers will fill in the forms and submit them to the district health authorities on a weekly basis for onward transmission to the regional level, and thereafter to the central government. At the community level, health workers will identify and report any outbreak-prone diseases through the nearest facility. The majority of health workers are familiar with this system, but SCI will monitor the correct use of the forms and community reporting and include orientation in any refresher training to ensure that the system is followed. SCI will train and equip response teams comprising of local leaders, health workers and community volunteers on disease surveillance .

Output 1.3

Description

Men, women, boys, and girls reached health promotion messages

Assumptions & Risks

- security remains stable to ensure continuned access to target communities
- communities are willing and able to utilise services available

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	Health	Number of people (men, women, boys and girls) reached by health promotion message.	2,795	2,909	698	727	7,129

Means of Verification : Hygiene promoter reports, project monitoring reports

Activities

Activity 1.3.1

Standard Activity : Awareness campaigns and Social Mobilization

SC will disseminate Health promotion messages amongst drought affected communities at the facility level and at the community level. SC will develop, print and disseminate translated health and hygiene messages that will be used by CHW for conducting awareness session to target beneficiaries at the community level, via house-to-house visits as well as through small groups. As well as standard positive health practices and behaviours, messages will particularly focus on the prevention of and treatment for AWD/cholera, as well as promote positive health seeking behavior to boost demand for and utilization of the supported health facilities.

Additional Targets : n/a

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve equitable access to quality lifesaving curative nutrition services through systematic identifi cation, referral and treatment of acutely malnourished cases	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

Contribution to Cluster/Sector Objectives : To improve access to quality nutrition services for children under 5 and pregnant and lactating women identified with severe and moderate acute malnutrition, SC will support a network of community nutrition volunteers to undertake community-level screening, and operate OTP services (for SAM) and TSFP services (for MAM) through 3 static health facilities in urban areas - two Health Centres (Sooljoogto & Horufadhi HCs) and Buhodle hospital. These services are integrated with the health services described above to ensure effective referrals as needed. The curative services will be complemented by IYCF promotion with parents/caregivers at the facility and community level.

Outcome 1

Targeted communities have improved access to quality nutrition services for children and pregnant and lactating women to prevent and treat acute malnutrition

Output 1.1

Description

Provision of effective treatment for children under-five and Pregnant lactating women with acute malnutrition at targeted therapeutic supplementary feeding programmes (TSFP) and Outpatient Therapeutic Programme (OTP)

Assumptions & Risks

- no disruption to logistic supply chain to ensure timely delivery of materials
- security remains stable to ensure continuned access to target communities
- communities are willing and able to utilise services available
- MOH is willing to provide the quantity and quality of nutrition staff to run the facilities

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children U5 screened at the community level by CNVs					4,838
Means of Verification : CNV reports							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					1,212
Means of Verification : Referral reports, OTP reports, TSFP reports, project monitoring reports							
Indicator 1.1.3	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					10
Means of Verification : Training records/attendance sheets Note that the target includes 6 facility staff + 4 CNVs							

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

Community screening for malnutrition and referral: A network of Community Nutriton Volunteers (CNVs) will undertake mass community-level screening and referral for treatment of acute malnutrition. This will be conducted for all children under five years of age as well as pregnant and lactating women. Screenings for malnutrition will also be conducted at the health facilities during outpatient consultations, as well as in targeted schools. Children 6-59 months with MUAC of 11.5 to 12.4 cm and/or weight for height z-scores =< -2 and > -3, and pregnant and lactating women with a MUAC less than 21.0 cm are categorized as MAM and referred to TSFP. Children over 6 months of age with MUAC of <11.5cm and/or bilateral pitting edema, who have appetite and are free of medical complication are categorized as Severe Acute Malnutrition (SAM) and referred directly to OTP. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC assessment will be done both by trained community nutrition volunteers and at OTP/TSFP centres, whereas the W/Hz scores will be assessed at nutrition centres.

Activity 1.1.2

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

OTPs (outpatient therapeutic programme) will be supported in 3 static facilities in Buhodle in order to admit and treat 274 children (137 boy and 137 girls) with SAM. Treatment will be administered by trained nutrition nurses. After admission SAM children will be monitored on weekly basis to monitor weight, do routine medical check-up and provide micro-nutrient supplementation and de-worming. Children without complication will be managed outpatient with Plumpy'Nut, and rations given weekly as per the weight. Children admitted in the program will also be provided routine drugs as per the IMAM guidelines upon recovery. Based on the discharge criteria (when MUAC >=12.5 and/or weight for height z-scores => -2 for two consecutive weeks) for the OTP, children will be admitted to the TSFP program to ensure that children do not relapse. Caretakers will receive instruction on how to give the therapeutic food. Severe acute malnourished children with complications will be referred for inpatient care at Stabilization Centres with transport provided by Stabilization Center (SC). With regards to nutrition supplies for SAM treatment, we do not currently have an active PCA with UNICEF that covers Togdheer region. We have been trying to request UNICEF that we submit documents for PCA but they have not approved this so we shall need to procure all nutrition supplies required under this project.

Activity 1.1.3

Standard Activity : Tretament of Moderate Acute malnutrition in children 0-59months

Therapeutic Supplementary Feeding Programme (TSFP) sites will be supported in 3 static facilities in Buhodle to admit and treat 494 children (242 boys and 252 girls) with MAM. Community Volunteers will be supported to carry out home visits where necessary. Children under five and PLWs with moderate acute malnutrition will be admitted to TSFP where treatment will be administered by a trained nutritionist. This will be conducted every fortnight in accordance with the Somalia IMAM guidelines for the treatment of moderate acute malnutrition. During follow-up, weight progress monitoring, routine treatment medication, de-worming, micro nutrient supplementation and immunization services, and RUSF will be provided. Household investigation for children who are deteriorating will be conducted per case by the community nutrition Volunteers (CNVs) and nutrition workers. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation. Children will be discharged when MUAC >=12.5 and/or weight for height z-scores => -2 for two consecutive visits and after 6 weeks' minimum stay in TSFP.

Activity 1.1.4

Standard Activity : Treatment of moderately malnourished pregnant and lactating women

Therapeutic Supplementary Feeding Programme (TSFP) sites will be supported in 3 static facilities in Buhodle to admit and treat 444 PLW with MAM. Community Volunteers wil be supported to carry out home visits where necessary. Children under five and PLWs with moderate acute malnutrition will be admitted to TSFP where treatment will be administered by a trained nutrition. Children will be screened, enrolled and managed fortnightly. During follow-up, weight progress monitoring, routine treatment medication, de-worming, micro nutrient supplementation and immunization services, and RUSF will be provided. Household investigation for children who are deteriorating will be conducted per case by the community nutrition Volunteers (CNVs) and nutrition workers. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation.

Activity 1.1.5

Standard Activity : Capacity building

Four (4) Community nutrition workers (CNVs) will be trained on early detection and screening using Mid-Upper Arm Circumference (MUAC) tape referral and home visits. Training will also cover key health, nutrition, and sanitation and hygiene messages to support and reinforce key messages during home visits.
In addition, six (6) nutrition facility staff will be trained on integrated management of acute malnutrition (IMAM) and IYCF. The training will cover the basic concept, types and causes of malnutrition, treatment protocols of OTP and TSFP, community mobilization, and recording and reporting. IYCF training will also be organized for IYCF councilors and nutrition workers, and emphasis will be put on counselling and communication skills.

Output 1.2

Description

Promotion of optimal IYCF practices to caregivers at nutrition centers, mobile clinics, and at the community level

Assumptions & Risks

- security remains stable to ensure continuned access to target communities
- communities are willing and able to utilise services available

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					7,157

Means of Verification : Facility records/reports, IYCF councellor reports, project monitoring reports

Activities

Activity 1.2.1

Standard Activity : Infant and young child feeding promotion

SC will conduct regular group sessions at nutrition centres and in the community, reaching caregivers, bot men and women, to promote optimal infant and young child feeding with support from community mobilisers and community nutrition volunteers. In addition to care givers of children admitted to the OTP and TSFP, fathers, religious and clan leaders will be targeted to sensitize and increase awareness about IYCF.
SC will also employ Infant and Young Child Feeding (IYCF) counsellors to increase knowledge and practices of key nutrition actions. All mothers/caretakers will be screened for IYCF practices at nutrition centres. One-to-one counselling using illustrative IYCF counselling cards will be provided to PLW/mothers found to have breastfeeding difficulties or sub optimal IYCF practices. Key messages will be designed as small, do-able actions, and communications techniques will be used to promote the adoption of these actions.

Additional Targets : n/a

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 : Due to the ongoing AWD/cholera outbreak in Buhodle district, SC's response will have a significant focus on WASH - specifically water supply through rehabilitation of existing infrastructures and water trucking for schools and health/nutrition facilities, construction of shared latrines to reduce open defecation, and hygiene promotion at community level and in schools- as a preventative measure to the outbreak.

Outcome 1

Targeted communities have improved access to safe water, sanitation infrastructures and increased awareness of public health risks and positive hygiene practices

Output 1.1

Description

Provision of safe and clean drinking water to rural communities and IDPs in urban settlements through the construction of mini-water system that can provide treated piped water consequently reducing the rate AWD/Cholera outbreaks

Assumptions & Risks

- no disruption to logistic supply chain to ensure timely delivery of materials
- security remains stable to ensure continuned access to target communities

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					4,500
Means of Verification : Field monitoring reports							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of 10,000L water bladders procured and installed					5
Means of Verification : procurement/distribution reports, monitoring reports, final project reports							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of health and nutrition centers provided with safe and clean water					3

Means of Verification : water trucking reports, monitoring reports, final project reports

Activities

Activity 1.1.1

Standard Activity : Water point construction or rehabilitation

Rehabilitation of borehole: Rehabilitation and upgrading of Buhodle borehole through installation of hybrid power supply and construction of Mini-water system package: SCI will upgrade the existing borehole at Buhoodle through construction of new elevated water tank with 48 cubic meter, supply new pipeline from the borehole to the distribution point at the water kiosk that will be constructed for the IDP communities 500m away from the borehole, bigger submersible will be installed and the existing main riser pipes will replaced with 2 inch new GI Pipes. Also hybrid system of power supply will be created through installation of Solar power and submersible pump that can operate both the generator and solar system, so that communities will have alternative source of power consequently ensuring that the most vulnerable communities will have access with cheap and avoidable water.

Activity 1.1.2

Standard Activity : Water point construction or rehabilitation

Procurement of Water Bladders: Save the children will procure 5 x 10,000 liters water bladders with house pipes and will be distributed to the communities where means of storage is not available. Water bladders will be used during water trucking activities in the dry season so that clean and safe storage is maintained. SCI will sign MoU with the water management committee of the village as well as the village committee so that the bladder is handed over to them and they keep it in a safe place. The MoU will clearly indicate that all the members of the communities will have the same access with the resource prioritizing the most vulnerable members of the community

Activity 1.1.3

Standard Activity : Water trucking/water Vouchers

SCI will provide safe and clean water to 3 health and nutrition centers in Buhoodle through water trucking with a period of eight (8) consecutive months to ensure access to clean potable water for the most vulnerable and most susceptible to disease, namely children and PLWs, whilst the rehabilitation of strategic water sources is undertake. Each center will receive 2 trucks of water with 8 cubic meter capacity for each month. By the end each center will receive 16 trucks of water equivalent with 128 cubic meter. The water will be disinfected through chlorination before delivering to the beneficiaries

Output 1.2

Description

Households in Bulhoodle IDPs will have access with shared household latrines to stop open defection

Assumptions & Risks

- no disruption to logistic supply chain to ensure timely delivery of materials
- security remains stable to ensure continued access to target communities
- target communities/households are willing and able to manage and maintain the latrines

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					960

Means of Verification : Construction reports, monitoring reports

Activities

Activity 1.2.1

Standard Activity : Latrine construction or rehabilitation

Construction shared Household latrines: SCI will construct 50 shared household latrines in three different IDPs in Buhoodle namely as Maygaagle IDP camp, Shangale IDP and Riiga IDP camp. Each latrine will be shared between two families, hence 160 families will have access with sanitary facilities and will quit the practice of open defecation consequently the rate of AWD/Cholera outbreak is reduced. Prioritised households will be those with discharged AWD/cholera patients and with children in the OTP for SAM will be prioritised and discharged nutrition patients to help prevent relapse into malnutrition. The latrines will be constructed from Hollow concrete block walls plastering and while washing both internal and external facades. 10cm mass concrete will be floored on the surface, cemented with 1:4 cement screed. The foundation will be construction will rubble stone foundation and should 20cm above the ground level. The septic tank will be excavated behind the latrine and will be covered with 10cm thick RRC cover slab extended 20cm to each corner. Before covering the septic tank rubble stone foundation will enclosed with the mouth of the septic tank so that leakage of rain water inside the pit is avoided. Vent pipe covered with mesh wire will be embedded on top of the septic so that good ventilation is created. the sewage pipe to the septic should be installed with an angle 45 degree to avoid blockade due insufficient amount of flushing water.

Output 1.3

Description

Provision of community based hygiene promotion campaigns and sessions

Assumptions & Risks

- security remains stable to ensure continuned access to target communities
- communities are willing to adopt new hygiene practices

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					3,000

Means of Verification : Training records, attendance sheets, participant lists							
Indicator 1.3.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					663
Means of Verification : Distribution reports, post distribution monitoring							

Activities

Activity 1.3.1

Standard Activity : Community Hygiene promotion

Hygiene sessions will be carried out through 20 hygiene promotion volunteers identified from the targeted communities and trained on basic hygiene promotion, Child to Child (C2C) through schools, and basic steps of participatory hygiene and sanitation transformation (PHAST), which are appropriate for emergency situations. Hygiene promotion sessions will be conducted at household and community level with the help of community hygiene promotion volunteers. Men, women and children will be targeted during hygiene promotion sessions (by both male and female community volunteers) to ensure that there is consistency and consensus in the household on positive hygiene practices. The key approach will be the use of public gatherings and focus group discussions (where men and women will travel together), and messages will focus on good personal hygiene practices, treatment of drinking water at Point-of-Use (POU), safe handling of water for consumption, good use/maintenance of latrines (and ending open defecation), safe disposal of children excreta and hand washing with soap before breastfeeding and meals and after visiting the toilet as well as menstrual hygiene practices.. 20 Hygiene volunteers will be incentivized with $100 for period of 4 month (20x100x4=$8000) while the remaining balace of 2000 will be used to carryout for mobilization of 10 campaigns about Practical demonstrations on use of household water treatment options (e.g. Aqua tabs) as well as practical hand washing activities carried publicly

Activity 1.3.2

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

SCI will procure 663 emergency hygiene kits and will be distributed to 663 families in Buhoodle IDPs. Hygiene Promotion staff and volunteers will conduct demonstrations on practical hand washing techniques to promote better hand washing practices and at the same time provide hygiene kits including aqua tabs, sanitary pads, 2 jerry cans(20L) and Laundry soaps. During selecting of households (those with children admitted into TSFP and OTP) will be prioritized, in an effect to promote good hygiene practice hence reduce the risks of relapse in malnutrition, and AWD/Cholera outbreaks. Each kit containing with 2 jerry cans (20L), handwashing soap, 10 pcs of laundry soup, 200 pieces of Aqua-tabs and underwear with 2mx2m local shiid

Additional Targets : n/a

M & R

Monitoring & Reporting plan

SC's Monitoring, Evaluation, Accountability and Learning (MEAL) strategy is an integrated system that generates detailed, field-based information and continuously improves program quality and learning. Led by an independent MEAL team, this system ensures stakeholder's opinions are actively sought, activities are assessed against quality benchmarks, program improvement actions are planned and completed, and findings feedback into management decision making and organizational knowledge. A monitoring and evaluation plan will be developed for the project. This will include a detailed indicator performance tracking table that will be used to track progress towards performance targets. SC data collection tools will be used to collect and analyze project data. At project level, there will be a monthly reviews and analysis of data from program implementation, and the results will be used to make any required implementation adjustments. Monthly review meetings with SC staff will also include discussions, key challenges and actions on how to address the challenges. The last project review meeting will include an analysis of the overall project performance and of lessons learnt. SC MEAL team will conduct independent monitoring of program quality following standards that are agreed upon by the child protection and health technical teams and the MEAL team. Outcomes of these monitoring visits will be discussed with the project teams to address quality shortcomings and identify solutions/actions. In addition, monthly narrative reports on the project progress will be documented as well as data on attendance and participation of targeted beneficiaries in project activities. With the consent of beneficiaries, photographs will be taken as appropriate, and cases studies developed to highlight the project impact.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Community screening for malnutrition and referral: A network of Community Nutriton Volunteers (CNVs) will undertake mass community-level screening and referral for treatment of acute malnutrition. This will be conducted for all children under five years of age as well as pregnant and lactating women. Screenings for malnutrition will also be conducted at the health facilities during outpatient consultations, as well as in targeted schools. Children 6-59 months with MUAC of 11.5 to 12.4 cm and/or weight for height z-scores =< -2 and > -3, and pregnant and lactating women with a MUAC less than 21.0 cm are categorized as MAM and referred to TSFP. Children over 6 months of age with MUAC of <11.5cm and/or bilateral pitting edema, who have appetite and are free of medical complication are categorized as Severe Acute Malnutrition (SAM) and referred directly to OTP. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC assessment will be done both by trained community nutrition volunteers and at OTP/TSFP centres, whereas the W/Hz scores will be assessed at nutrition centres.	2017										X	X	X
	2018	X	X	X	X	X							

Activity 1.1.1: Identification of beneficiaries: poor and vulnerable households will be selected to receive unconditional cash transfers especially prioritizing those that have one of the following within their household: children with acute malnutrition newly identified in screening; children in stabilization centers; children in outpatient therapeutic feeding centers or a member of the family recently affected by AWD. Sensitization sessions with communities and authorities will be held, in order to ensure the understanding of the project's aims and develop and agree selection and targeting criteria. Project committees composed of community representatives and local leaders will be strengthened to engage effectively with the project sensitization campaigns. Gender equity will be ensured in establishing project committees. Suppliers, including money transfer agents (mobile phone firm) will be trained on beneficiary identification process during distributions and the project compliance requirements. Distribute unconditional cash transfer: SC will distribute unconditional cash grants to 205 vulnerable households through mobile cash transfer, building on SC's current experience with mobile transfers, reaching approx. 43,000 HHs). Cash grants will be distributed on a monthly basis, according to a schedule agreed upon with beneficiaries, authorities, and mobile phone companies. Beneficiaries will receive 3 transfers of US$78 at the rate of at least 80% of the current MEB based on the latest guidance provided by the Cash & Markets Working Group (June 2017). Post distribution monitoring: Regular post-distribution and market price monitoring and monitoring by independent monitors. SC will employ cash transfer tools and protocols that have been implemented in past projects to improve understanding on the context, measure impact and enhance accountability to beneficiaries and general compliance with SC and donor financial requirements.	2017												
	2018												
Activity 1.1.1: Outpatient consultations: Qualified MOH staff (nurses, midwifes etc.) will provide outpatient consultations, including diagnosis and treatment of common illnesses, like diarrhea, pneumonia and malaria, including route immunisation for children and PLWs. Given AWD/cholera is so prominent, health worker will be trained on identification of AWD and case management and control of cases. All cases presenting with AWD/cholera will be given prompt rehydration through the administration of oral rehydration salts (ORS) or intravenous fluids, depending of the severity of cases. For children up to five years, supplementary administration of zinc has a proven effective in reducing duration of diarrhea as well as reduction in successive diarrhea episodes. In order to ensure timely access to treatment, cases will be immediately referred to existing cholera treatment centres for further care if needed. Services will be provided through 3 static facilities in urban areas - two Health Centres (Sooljoogto & Horufadhi HCs) and Buhodle hospital. The team will be equipped with essential drugs, vaccines, and the necessary medical equipment and supplies. Financial incentives will be provided to MOH facility personnel. It should be noted that the health services will be integrated with the nutrition services to ensure smooth referrals between the different services. Children under 5 and PLWs will be screened for malnutrition during outpatient consultations and referred accordingly. Through the 3 support health facilities, SC will conduct 12,124 outpatient consultations. SC will also ensure there is a referral network for health related emergencies whereby CHWs will refer patients to nearby health centres, referral health centres who further refer to regional hospital for secondary care. SC will provide support of fuel and salary for the driver for referral of obstetric emergencies and for birth spacing. Obstetric emergencies will be referred to hospital and provided with free CEmONC services	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.1: Rehabilitation of borehole: Rehabilitation and upgrading of Buhodle borehole through installation of hybrid power supply and construction of Mini-water system package: SCI will upgrade the existing borehole at Buhoodle through construction of new elevated water tank with 48 cubic meter, supply new pipeline from the borehole to the distribution point at the water kiosk that will be constructed for the IDP communities 500m away from the borehole, bigger submersible will be installed and the existing main riser pipes will replaced with 2 inch new GI Pipes. Also hybrid system of power supply will be created through installation of Solar power and submersible pump that can operate both the generator and solar system, so that communities will have alternative source of power consequently ensuring that the most vulnerable communities will have access with cheap and avoidable water.	2017										X		
	2018												
Activity 1.1.1: SCI will provide safe and clean water to 4 public school in Buhoodle through water trucking. The water will be disinfected with chlorination before delivering to the school centers. During the project period 800 children within these school will have access 3.5l/p/d for a period of four consecutive months for drinking and hand washing after the toilet as well as flashing of human waste	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.2: Maternal healthcare services: Provision of preventative and curative care through trained health workers for women of reproductive age, including provision of antenatal care, post natal care, safe deliveries by Skilled Birth Attendant (SBAs, and referrals for complicated deliveries. Survivors of rape will be referred for clinical management of rape to Burao hospital.	2017										X	X	X
	2018	X	X	X	X	X							

Activity 1.1.2: OTPs (outpatient therapeutic programme) will be supported in 3 static facilities in Buhodle in order to admit and treat 274 children (137 boy and 137 girls) with SAM. Treatment will be administered by trained nutrition nurses. After admission SAM children will be monitored on weekly basis to monitor weight, do routine medical check-up and provide micro-nutrient supplementation and de-worming. Children without complication will be managed outpatient with Plumpy'Nut, and rations given weekly as per the weight. Children admitted in the program will also be provided routine drugs as per the IMAM guidelines upon recovery. Based on the discharge criteria (when MUAC >=12.5 and/or weight for height z-scores => -2 for two consecutive weeks) for the OTP, children will be admitted to the TSFP program to ensure that children do not relapse. Caretakers will receive instruction on how to give the therapeutic food. Severe acute malnourished children with complications will be referred for inpatient care at Stabilization Centres with transport provided by Stabilization Center (SC). With regards to nutrition supplies for SAM treatment, we do not currently have an active PCA with UNICEF that covers Togdheer region. We have been trying to request UNICEF that we submit documents for PCA but they have not approved this so we shall need to procure all nutrition supplies required under this project.	2017										X	X	X
	2018	X	X	X	X	X								
Activity 1.1.2: Procurement of Water Bladders: Save the children will procure 5 x 10,000 liters water bladders with house pipes and will be distributed to the communities where means of storage is not available. Water bladders will be used during water trucking activities in the dry season so that clean and safe storage is maintained. SCI will sign MoU with the water management committee of the village as well as the village committee so that the bladder is handed over to them and they keep it in a safe place. The MoU will clearly indicate that all the members of the communities will have the same access with the resource prioritizing the most vulnerable members of the community	2017											X	X
	2018												
Activity 1.1.3: In order to build the capacity of health facility staff, SCI will conduct training with six health workers for five days on Integrated Management of Childhood Illnesses (IMCI), to enable participants to classify , identify treatment and treat childhood illnesses; and on Basic Emergency Obstetric and neonatal care(BEmONC) which covers provision of antenatal care, post natal care, safe deliveries and neonatal care. This will improve the quality of the services being provided in the immediate term as well as beyond the life of the project.	2017										X	X	X
	2018	X	X	X	X	X								
Activity 1.1.3: SCI will provide safe and clean water to 3 health and nutrition centers in Buhoodle through water trucking with a period of eight (8) consecutive months to ensure access to clean potable water for the most vulnerable and most susceptible to disease, namely children and PLWs, whilst the rehabilitation of strategic water sources is undertake. Each center will receive 2 trucks of water with 8 cubic meter capacity for each month. By the end each center will receive 16 trucks of water equivalent with 128 cubic meter. The water will be disinfected through chlorination before delivering to the beneficiaries	2017										X	X	X
	2018												
Activity 1.1.3: Therapeutic Supplementary Feeding Programme (TSFP) sites will be supported in 3 static facilities in Buhodle to admit and treat 494 children (242 boys and 252 girls) with MAM. Community Volunteers will be supported to carry out home visits where necessary. Children under five and PLWs with moderate acute malnutrition will be admitted to TSFP where treatment will be administered by a trained nutritionist. This will be conducted every fortnight in accordance with the Somalia IMAM guidelines for the treatment of moderate acute malnutrition. During follow-up, weight progress monitoring, routine treatment medication, de-worming, micro nutrient supplementation and immunization services, and RUSF will be provided. Household investigation for children who are deteriorating will be conducted per case by the community nutrition Volunteers (CNVs) and nutrition workers. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation. Children will be discharged when MUAC >=12.5 and/or weight for height z-scores => -2 for two consecutive visits and after 6 weeks' minimum stay in TSFP.	2017										X	X	X
	2018	X	X	X	X	X								
Activity 1.1.4: Therapeutic Supplementary Feeding Programme (TSFP) sites will be supported in 3 static facilities in Buhodle to admit and treat 444 PLW with MAM. Community Volunteers wil be supported to carry out home visits where necessary. Children under five and PLWs with moderate acute malnutrition will be admitted to TSFP where treatment will be administered by a trained nutrition. Children will be screened, enrolled and managed fortnightly. During follow-up, weight progress monitoring, routine treatment medication, de-worming, micro nutrient supplementation and immunization services, and RUSF will be provided. Household investigation for children who are deteriorating will be conducted per case by the community nutrition Volunteers (CNVs) and nutrition workers. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation.	2017										X	X	X
	2018	X	X	X	X	X								

Activity 1.1.5: Four (4) Community nutrition workers (CNVs) will be trained on early detection and screening using Mid-Upper Arm Circumference (MUAC) tape referral and home visits. Training will also cover key health, nutrition, and sanitation and hygiene messages to support and reinforce key messages during home visits. In addition, six (6) nutrition facility staff will be trained on integrated management of acute malnutrition (IMAM) and IYCF. The training will cover the basic concept, types and causes of malnutrition, treatment protocols of OTP and TSFP, community mobilization, and recording and reporting. IYCF training will also be organized for IYCF councilors and nutrition workers, and emphasis will be put on counselling and communication skills.	2017										X		
	2018												
Activity 1.2.1: Construction shared Household latrines: SCI will construct 50 shared household latrines in three different IDPs in Buhoodle namely as Maygaagle IDP camp, Shangale IDP and Riiga IDP camp. Each latrine will be shared between two families, hence 160 families will have access with sanitary facilities and will quit the practice of open defecation consequently the rate of AWD/Cholera outbreak is reduced. Prioritised households will be those with discharged AWD/cholera patients and with children in the OTP for SAM will be prioritised and discharged nutrition patients to help prevent relapse into malnutrition. The latrines will be constructed from Hollow concrete block walls plastering and while washing both internal and external facades. 10cm mass concrete will be floored on the surface, cemented with 1:4 cement screed. The foundation will be construction will rubble stone foundation and should 20cm above the ground level. The septic tank will be excavated behind the latrine and will be covered with 10cm thick RRC cover slab extended 20cm to each corner. Before covering the septic tank rubble stone foundation will enclosed with the mouth of the septic tank so that leakage of rain water inside the pit is avoided. Vent pipe covered with mesh wire will be embedded on top of the septic so that good ventilation is created. the sewage pipe to the septic should be installed with an angle 45 degree to avoid blockade due insufficient amount of flushing water.	2017											X	X
	2018	X	X										
Activity 1.2.1: Recognising the vital role of disease surveillance in ensuring timely and effective response to disease outbreaks, especially in relation to cholera prevention and control, SCI will ensure that information is collected on a routine basis and information on suspected cases shared immediately with the MOH and WHO to trigger immediate action and timely response. To ensure the timely, relevant collection of data, SCI will ensure that the Integrated Disease Surveillance and Response (IDSR) forms are available in all supported facilities. Health workers will fill in the forms and submit them to the district health authorities on a weekly basis for onward transmission to the regional level, and thereafter to the central government. At the community level, health workers will identify and report any outbreak-prone diseases through the nearest facility. The majority of health workers are familiar with this system, but SCI will monitor the correct use of the forms and community reporting and include orientation in any refresher training to ensure that the system is followed. SCI will train and equip response teams comprising of local leaders, health workers and community volunteers on disease surveillance .	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.2.1: Rehabilitation of gender segregate latrines in schools with hand washing facilities: SCI will rehabilitate 4 gender segregated twin latrines for Buhoodle public schools. The rehabilitation works will be involved with the repairing of septic tank, sewage pipes, repairing of wall cracks, casting of new floor slab, replacing old doors, removing old plastering and apply two coats of plastering as well as white washing and painting. the septic tank will be covered with 10cm thick RCC cover mounted with 4 inch vent pipe. Finally hand washing facilities will be installed so that children will be able to wash their hands after the toilet use	2017										X	X	X
	2018												
Activity 1.2.1: SC will conduct regular group sessions at nutrition centres and in the community, reaching caregivers, bot men and women, to promote optimal infant and young child feeding with support from community mobilisers and community nutrition volunteers. In addition to care givers of children admitted to the OTP and TSFP, fathers, religious and clan leaders will be targeted to sensitize and increase awareness about IYCF. SC will also employ Infant and Young Child Feeding (IYCF) counsellors to increase knowledge and practices of key nutrition actions. All mothers/caretakers will be screened for IYCF practices at nutrition centres. One-to-one counselling using illustrative IYCF counselling cards will be provided to PLW/mothers found to have breastfeeding difficulties or sub optimal IYCF practices. Key messages will be designed as small, do-able actions, and communications techniques will be used to promote the adoption of these actions.	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.3.1: Hygiene sessions will be carried out in 4 target schools through hygiene promotion volunteers identified from the targeted communities and trained on basic hygiene promotion. They will undertake hygiene promotion with both the children, as well as with teachers and CEC members, on the basic steps of participatory hygiene and sanitation transformation (PHAST), which are appropriate for emergency situations. Awareness raising with children will be conducted using age-appropriate messages and approaches. Messages will focus on good personal hygiene practices, safe handling of water for consumption, good use/maintenance of latrines (and ending open defecation), hand washing with soap as well as menstrual hygiene practices. This will have a particular focus on preventing AWD/cholera. This will complement and strengthen hygiene promotion sessions with men and women (a 1.3.1 under the WASH sector) to ensure that there is consistency and consensus in the household on positive hygiene practices.	2017										X	X	X
	2018	X	X	X	X	X							

Activity 1.3.1: Hygiene sessions will be carried out through 20 hygiene promotion volunteers identified from the targeted communities and trained on basic hygiene promotion, Child to Child (C2C) through schools, and basic steps of participatory hygiene and sanitation transformation (PHAST), which are appropriate for emergency situations. Hygiene promotion sessions will be conducted at household and community level with the help of community hygiene promotion volunteers. Men, women and children will be targeted during hygiene promotion sessions (by both male and female community volunteers) to ensure that there is consistency and consensus in the household on positive hygiene practices. The key approach will be the use of public gatherings and focus group discussions (where men and women will travel together), and messages will focus on good personal hygiene practices, treatment of drinking water at Point-of-Use (POU), safe handling of water for consumption, good use/maintenance of latrines (and ending open defecation), safe disposal of children excreta and hand washing with soap before breastfeeding and meals and after visiting the toilet as well as menstrual hygiene practices.. 20 Hygiene volunteers will be incentivized with $100 for period of 4 month (20x100x4=$8000) while the remaining balace of 2000 will be used to carryout for mobilization of 10 campaigns about Practical demonstrations on use of household water treatment options (e.g. Aqua tabs) as well as practical hand washing activities carried publicly	2017										X	X	X
	2018	X	X	X	X	X								
Activity 1.3.1: SC will disseminate Health promotion messages amongst drought affected communities at the facility level and at the community level. SC will develop, print and disseminate translated health and hygiene messages that will be used by CHW for conducting awareness session to target beneficiaries at the community level, via house-to-house visits as well as through small groups. As well as standard positive health practices and behaviours, messages will particularly focus on the prevention of and treatment for AWD/cholera, as well as promote positive health seeking behavior to boost demand for and utilization of the supported health facilities.	2017										X	X	X
	2018	X	X	X	X	X								
Activity 1.3.2: SCI will procure 663 emergency hygiene kits and will be distributed to 663 families in Buhoodle IDPs. Hygiene Promotion staff and volunteers will conduct demonstrations on practical hand washing techniques to promote better hand washing practices and at the same time provide hygiene kits including aqua tabs, sanitary pads, 2 jerry cans(20L) and Laundry soaps. During selecting of households (those with children admitted into TSFP and OTP) will be prioritized, in an effect to promote good hygiene practice hence reduce the risks of relapse in malnutrition, and AWD/Cholera outbreaks. Each kit containing with 2 jerry cans (20L), handwashing soap, 10 pcs of laundry soup, 200 pieces of Aqua-tabs and underwear with 2mx2m local shiid	2017												
	2018			X	X								

OTHER INFO

Accountability to Affected Populations

SC consulted with key stakeholders, community members, including women and girls, health facility personnel, Community Health Committees and the MoH at both Federal and State level. SC conducted a rapid needs assessment to generate basic descriptive statistics of health service access and utilization. A survey with structured questionnaire was conducted between the 6th and 12th of September 2016 in 22 communities from seven districts across Somalia (including Mogadishu and Afmadow). The survey covered 258 households with over 1,500 members and 429 under five children, ensuring consultation of women and girls. The assessment also included key informant interviews with health facility staff and health committee members. The survey enabled SC to gather information about the key barriers in access to health services, and gaps in health service provision and quality. Accountability to beneficiaries will focus on extensive sharing of information about this program in terms of what it is aimed at achieving, avenues for community participation and mechanisms for beneficiaries to give feedback or log complaints upon dissatisfaction. In terms of participation, beneficiaries are given information on activities or processes in which they can participate and are invited to participate. Some of the activities where beneficiaries participate include identification of community needs and priorities, selection of beneficiaries, monitoring and evaluation of the program. Specific attentions to mechanisms for child participation are created. The program will establish community preferred mechanisms for giving feedback during the different formative assessment activities. Based on the findings, appropriate feedback and complaints mechanisms will be put in place to gather feedback that will be used to improve the program and the overall response.

Implementation Plan

SCI will implement this as an integrated project whereby beneficiaries will benefit from multiple activities to address their multi-dimensional and integrated needs.
HEALTH: Primary healthcare services will be provided through static facilities. The team will be equipped with essential drugs, vaccines, and the necessary medical equipment and supplies. Qualified MOH staff will provide outpatient consultations, including diagnosis and treatment of common illnesses. Children <5 and PLW will also be screened for malnutrition during consultations and referred to nutrition services accordingly. Pregnant women will antenatal care (ANC), postnatal care (PNC), safe deliveries, and referral for birth complications. Survivors of rape will be referred for clinical management of rape to Burao hospital. Disease surveillance records will be reported to the MOH on a weekly basis to ensure potential outbreaks are detected, investigated and controlled. The capacity of the health workers and volunteers will be strengthened to ensure quality programming through refresher training on IMCI and BEmONC.
NUTRITION: To enhance early detection and timely referral of malnutrition cases, SC will establish and train Community Nutrition Volunteers (CNVs) who undertake screening of children <5yr and Pregnant & Lactating Women (PLW) using the Mid-Upper Arm Circumference (MUAC) measurement , checking for oedema and visible signs of malnutrition for infants <6m. Children and PLW are also routinely screened during outpatient consultations at our health clinics. Each child will receive a 2-week supply of Ready to Use Supplementary Food (RUSF), deworming tablets and vitamin A supplementationSAM cases with medical complications are referred to the nearest stabilization centre where they receive intensive in-patient care and treatment. This will be complemented by IYCF-E promotion with parents and caregivers. Nutrition services are provided at the same facilities health facilities to ensure integration of services and referrals between health and nutrition.
WASH: As highlighted above, SC has a specific focus on AWD/cholera prevention and as such will focus on improved access to clean drinking water through the rehabilitation of borehole, and water trucking to health and nutrition facilities. This will be complemented by the construction of shared household latrines and hygiene promotion, including the distribution of hygiene kits. This will also help to address some of the root causes of morbidity and malnutrition among vulnerable groups.
EDUCATION: SC's response under this project will primarily focus on WASH, specifically water supply, sanitation infrastructure and hygiene promotion, as a preventative measure to the AWD outbreak and to mitigate school drop outs/absenteeism.
FSL: It is imperative that vulnerable households continue to receive support to meet their immediate food needs until the end of the year considering the September/October harvests will likely be minimal. SC will support 250 households with 3 monthly electronic unconditional cash transfers of $99 to cover 80% of the MEB. All transfers will be followed by Post Distribution Monitoring. Nutrition beneficiaries will be targeted to receive unconditional cash transfers to enable them to meet their immediate food needs and prevent relapsing.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
World Health Organisation (WHO)	Coordination of the response activities and oversight and disease early warning system
Health Cluster	Coordination of the response activities and cluster approach and disease early warning system
Ministry of Health	Coordination of the response, joint monitoring and supervision, allocation of supplies
UNICEF	Supplies and cluster coordination
WFP	Supplies and cluster coordination
UNOCHA	Coordination of the response activities by providing and getting regular drought response updates
Food Security Cluster	Coordination of the response activities and oversight and market price monitoring and early warning system
WASH Cluster	Joint mapping and site identification will be undertaken with cluster partners in the proposed locations to ensure no sites are duplicated. Regular meetings both bilateral and cluster will be conducted to update on the progress.
HADMA and local drought response committees	Regular updates and Information sharing regarding the drought affected beneficiaries
ARC and SRCS	Coordination of health response in Buhoodle district
Cash Working Group	Weekly meeting to share information, new findings and harmonization of approaches, interventions

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

SC Somalia is dedicated to ensuring all our programs, across all the thematic sectors, are gender sensitive as a minimum, whereby we take into account the unique needs and challenges of men, women, boys and girls. Wherever possible, SC strives to also tackle the root causes of gender inequality and make our programs gender transformative. To ensure gender equality integration there are two gender focal points in the SC Somalia, as well as a regional Gender Advisor in Nairobi, to provide technical support to the project design and implementation. A Gender Advisor from SC Canada will provide technical assistance to this project. SC has a gender equality policy and is guided by a set of guiding principles for gender equality integration. SC promotes gender balance in staffing and organizational leadership as best as possible.Based on our gender analysis, lessons learned and good practices from previous interventions, this project will:
• High levels of community mobilization is employed through Community Health Volunteers (50%F), which act as a linkage between the community and the health facilities and support improved health seeking behavior, and increased demand and service use by helping women and their families to know what services are available and the benefits to their health and wellbeing. CNVs are trusted community members and this helps to ease concerns that may arise around health centre utilization. CNVs are both women and men, in order to engage women, men, girls and boys in an inclusive, participatory manner.
• SC will employ several strategies for IYCF promotion: PLW, women of child bearing age, as well as men (particularly husbands/fathers) and those who influence IYCF behaviour, such as grandmothers and mothers-in-law, will all receive sensitizing messages on IYCF, so that they contribute to improving practices/changing behaviours. Men will be encouraged to play a role in IYCF promotion - through the participation of respected leaders such as religious leaders and village elder - to encourage improved health seeking behaviour, breastfeeding and other key child feeding and caring practices. All the IYCF counselors working in the nutrition centres will be female. This is important due to the fact that the main targets of the nutrition program are PLWs and caretakers of the under-five. PLWs and women caretakers are more likely to build a positive relationship and feel more comfortable discussing the issues (including barriers) with another female due to the sensitivity of the topic under the cultural context.
• Women and girls will be consulted, along with other members of the community, on the best location for the construction of water points and gender segregated communal latrines.
• As women are often excluded from the public sphere and from decision making processes on issues that affect their day-to-day lives, both men and women will be selected (50/50) as WASH/water user committee members. To ensure meaningful participation of women in the committees, sensitization will be carried out with both men and women in the community, and particularly with community leaders and the committee members, to highlight the importance of women's participation, thereby encouraging their acceptance. Female committee members will also be supported in building their public speaking and decision making skills to raise their voice.

Protection Mainstreaming

Increased protection risks and violations are common in situations of drought, mostly as a consequence of the disaster and ensuing displacement, but also due to the increased stress disaster creates in a community and fragmentation of informal protection structures. Save the Children implements do-no-harm principle in its entire humanitarian and development work. This is ensured through the quality benchmarks that have been developed for all the specific activities carried out by the organisation. Save the Children promotes impartiality at the heart of its work, and this is reflected in our Code of Conduct signed by Save the Children staff, as well as MOH health facility personnel, and it is included in MOUs with the MOH and community groups. Health and nutrition services at both the facility and community level are provided on based need and vulnerability criteria, regardless of religion, socio-economic status, sex or clan. For activities requiring beneficiary selection/targeting, such as cash transfers, beneficiary selection will be conducted through project committees with adequate knowledge on the target population, their needs, conflict dynamics and vulnerability of different groups. Use of community structures will ensure the project does not cause conflict or escalate existing tensions through unfair targeting processes.

Children who come into contact with Save the Children as a result of our activities must be safeguarded to the maximum possible extent from deliberate or inadvertent actions and failings that place them at risk of child abuse, sexual exploitation, injury and any other harm. This responsibility falls upon all of our staff and representatives and is reflected across many policies. This duty of care is enshrined in our Child Safeguarding Policy. All staff are required to undertake child safeguarding training as part of their induction process and are required to sign and adhere to the child safeguarding policy. The Policy requires that everyone associated with the organisation is aware of their obligations and responds appropriately to issues of child abuse and the sexual exploitation of children. In this way we make Save the Children safe for children and by creating a child safe organisation; we honour their rights and our aspirations.

Country Specific Information

Safety and Security

Located in Togdheer region approximately 220km southeast of Burao, Buuhoodle is a border town for movements of goods to and from Somaliland, Puntland and the Somali region of Ethiopia. The security situation in Buuhoodle remains unstable due to clan conflict, occasional political violence (Somaliland vs Puntland, Khatumo vs both), youth gang violence, and resource-based and social violence. Although 'formally' under the control of Somaliland administration, the district is also served by both Puntland and Khatumo administrations. Boundary dispute between Somaliland and Puntland exist and results in occasional conflict between the two administrations.

The clan conflict frequently occurs over competition for recourses including water, land and pasture. There is longstanding hostility between the sub clans hailing from Solow Modow, Haber Jeclo sub clan and Baharsame sub clan of Dhubahante clan. Based on the traditions of pastoralism, land in the eastern regions has long been communally owned, with different grazing zones controlled and accessed by specific clans. Violence is often seasonal, with groups seeking to control pasture-rich areas during the rainy season and water sources during periods of drought. This is partly due to territorial interests and efforts to increase power and control, but genuine needs also triggers clan conflict.
Despite the sporadic conflict in the region, humanitarian access and security stability have continued to slowly improve across all eastern regions particularly in Buhuoodle. Humanitarian actors are not targeted, however wrong place wrong time is a risk for staff operating in the area. Clan/political conflict has the potential to cause temporary suspension of operations, resulting in delays in programme implementation. Previously the border dispute was complicated by the presence of Khatumo militia, however the ongoing peace talks between Khatumo and Somaliland are projected to improve the overall situation once a peace deal is agreed.
Save the Children currently has access to Buuhoodle and robust security measures are implemented to ensure staff safety. These include information gathering, community acceptance, use of national staff with good knowledge of the area and liaison with other agencies. Save the Children's safety & security manual outlines procedures for managing an emergency or incident. This is complemented by a country specific safety and security management plan.
We have a fully-fledged safety and security department centrally led by the Head of Safety & Security who oversees a team of dedicated area security managers based in each area office. Weekly staff meetings are held at both Nairobi and field level which include updating all staff about security incidents, how these impact our programmes and staff, and the decisions/actions taken. The safety and security team work closely with the regional security forums as well national security bodies such as the NSP (NGO security programme), UNDSS (UN department for safety and security) and the local security authorities to access security information for early warning and early action. All staff are required to complete Personal Safety & Security training course as part of their induction; receive Basic First Aid training at least twice a year, and Psychological First Aid training at least once a year; and newly recruited staff must participate in a Resilience Profiling Training prior to starting their mission. Traumatic and Stress Management Training is required for Managers running programmes so they are able to support their junior staff. All staff, both national and expat, are provided with comprehensive health insurance and personal accident and disability insurance.

Access

Save the Children currently has access to Buuhoodle but will continue to participate in the regular INGO – Donor – UN coordination group that is monitoring humanitarian access in critical areas of Somalia. Should access to the area of intervention (or parts of it) be limited due to political/military events/decisions Save the Children will do everything possible to negotiate access without compromising security. Should the area become and remain inaccessible Save the Children will discuss with the donor about further procedures

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Supplies (materials and goods)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
2. Transport and Storage							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
3. International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
4. Local Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Training of Counterparts							
NA	NA	NA	0	0.00	0	0	0.00

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

17. F:6 Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
18. G:7 General Operating and Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
19. H.8 Indirect Programme Support Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
20. Staff and Other Personnel Costs							
1.1	Health Technical Specialist	D	1	4,500.00	9	6.00	2,430.00
	The Health Technical Specialist based in Hargeisa will provide technical guidance and oversight for the project, which is crucial for quality implementation. He will also provide supervision and technical support to the team ensuring they offer quality and timely program deliverables. The unit cost is $4,500 which is inclusive of medical, terminal grants and eid bonus in accordance with the Save The children policy and SHF will contribute 6% over the life of the project.						
1.2	Nutrition Technical Specialist	D	1	4,500.00	9	6.00	2,430.00
	The Nutrition technical Specialist will be based in Hargeisa and will be responsible for project design ensuring the implementation is in line with the minimum international standards in place to include Sphere standards. Will be giving overall technical support to the project manager. The unit cost is $4,500 which is inclusive of Social security, terminal benefits and medical insurance and SHF will contribute 6%.						
1.3	Health and Nutrition Project Manager	D	1	3,000.00	9	25.00	6,750.00
	Health and Nutrition Project Manager based in Hargeisa has the overall responsibility of ensuring quality reporting of nutrition projects in SSC and provides support to the nutrition staff by building capacities, supplies, reporting through the database and coordination, thus health and Nutrition Project manager will expect to extend support to SHF project team and dedicate part of his time to the quality programming. The unit cost is $3,000 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 25% over the life of the award.						
1.4	HMIS Officer	D	1	1,200.00	9	60.00	6,480.00
	HMIS Officer will be responsible for compiling, analyzing and report from Health Facilities operating in the district, reports disease surveillance data. The unit cost is $1200 which is inclusive of medical, terminal grants and eid bonus in accordance with the save the children policy and SHF will contribute 60% over the life of the project.						
1.5	Health project Officer	D	1	1,200.00	9	100.00	10,800.00
	Health Project Officer will be based in Burao and therefore responsible for the day to day project implementation, follow up of the Nurses and midwives in health facilities, provide technical support , capacity building of MOH staff. The unit cost is $ 1,200 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 100%.						
1.6	WASH Program Manager	D	1	2,700.00	9	25.00	6,075.00
	The WASH Program Manager will be based in Hargeisa and will be responsible the overal management of the project. He will also be responsible the overal coordination and implementation of the Project activities as well as financial management of the project. He will provide technical guidelines to the project staff. The unit cost is $ 2700 which is inclusive of medical, terminal grants and eid bonus in accordance with the SC policy and SHF will contribute 25% over the life of the project.						
1.7	Hygiene Promotion Officer	D	1	1,100.00	9	100.00	9,900.00
	The Hygiene Promotion officer based in Burao and will be responsible for the day-to-day implementation of the project activities and will provide routine supervision to the project sites and provide support to the HP assistant and CHP volunteers. The unit cost is $1,100 which is inclusive of medical, terminal grants and eid bonus in accordance with the SC policy and SHF will contribute 100% over the life of the project.						
1.8	WASH Engineer	D	1	2,000.00	9	25.00	4,500.00
	The WASH Engineer based in Somaliland will also be responsible for all construction works. He will develop the BOQs, vet the contractors as well as supervise the construction activities. The unit cost is $2,000 which is inclusive of medical, terminal grants and eid bonus in accordance with the Save the Children policy and SHF will contribute 25% over the life of the project.						

1.9	FSL Deputy Programe Manager	D	1	2,500.00	9	20.00	4,500.00
	The Food Security & Livelihoods Deputy Program Manager will be responsible for the implementation of the cash activities as well as monitoring. he will prepare the narrative reports and the monthly progress reports. The unit cost is $ 2500 inclusive of terminal benefits and medical insurance and CHF will contribute 20% over the life of the award.						
1.10	FSL Data officer	D	1	1,200.00	9	25.00	2,700.00
	The FSL data officer based in Burao will lead in project data collection and data management. They will prepare periodic progress data for consolidation by the manager. They will be responsible for the day to day implementation of project activities with communities .The unit cost is $ 1,200 inclusive of terminal benefits, eid bonus and medical insurance and SHF will contribute 25% over the life of the award.						
1.11	Project Assistant	D	1	700.00	9	100.00	6,300.00
	The project assistant based in Burao will be responsible for all community mobilization activities to support beneficiary selection, registration, distributions and training. The unit cost is $ 700 inclusive of terminal benefits, eid bonus and medical insurance and SHF will contribute 100% over the life of the award.						
1.12	Nutrition Project Officer	D	1	1,200.00	9	100.00	10,800.00
	Nutrition Project Officer- Deputy to the Project manager will be based in Burao and therefore responsible for the day to day project implementation, follow up of the OTP and TSFP staff. The unit cost is $ 1,200 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 100%.						
1.13	IYCF Officer	D	1	1,200.00	9	50.00	5,400.00
	IYCF Project Officer based in Burao will be directly responsible for the IYCF programming to include activities in the nutrition centers and overseeing the activities in the community. This person will also be responsible for training the IYCF Community Nutrition Volunteers and the mother to mother support group leaders ensuring the weekly sessions are implemented as per the protocol. The unit cost is $1,200 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 50%.						
1.14	Project support staff	D	1	11,505.00	1	100.00	11,505.00
	This will cover support staff time spent on this project and also on proportionate share of the shared costs. The total cost is $11505.The breakdown is attached.						
1.15	WASH Assistant	D	1	700.00	9	100.00	6,300.00
	The WASH Assistant based in Burao and Buhodle will also be responsible for the day-to-day implementation of the project activities and will ensure that all they hygiene promotion activities are implemented as per the standard. He/she will supervise the community hygiene promoters. The unit cost is $700 which is inclusive of medical, terminal grants and eid bonus in accordance with the Save the Children policy and SHF will contribute 100% over the life of the project.						
1.16	2 health facility (Sooljoogto & Horufadhi) staff Incentives and Buhoodle Hospital	D	1	94,600.00	1	100.00	94,600.00
	This will cover support to Buhodle hospital maternity unit Staff including Doctors, Midwives, nurses, Auxiliary nurses, Lab technicians, Pharmacists, Watchman, cleaner for period of 4 months (Dec 2017 - March 2018). This hospital will be supported for 4 months as there is another project covering the other months. This also includes incentives for ministry of health staff in the 2 health facilities for 8 months. The total cost will be 94,600. See attached BOQ.						
1.17	Hygiene Promtion Volunteers	D	20	100.00	4	100.00	8,000.00
	20 hygiene promotion volunteerswill be identified from the targeted communities and trained on basic hygiene promotion, Child to Child (C2C) and basic steps of participatory hygiene and sanitation transformation (PHAST), which are appropriate for emergency situations. They will conduct the hygiene promotion campaigns. 20 Hygiene promotion volunteers will be incentivized with $100 for period of 4 month (20x100x4=$8000)						
1.18	Country Shared Costs - International salaries (Including Benefit)	s	1	43,094.00	9	1.23	4,770.51
	This is related to international staff costs relating to shared activities/tasks. These activities/tasks benefit the whole Country office portfolio, and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The shared activities/tasks are primarily pertaining to the standard support function such as Human Resources, Finance, Administration, Grant management, Security and Logistic. The time spent by each support staff in performing tasks not specific for a grant (financial internal control, pre-selection of qualified suppliers, development of internal polices – i.e anti-fraud, child safeguarding -, coordination with peers' organization and local authorities etc.) will be recorded (and documented) via the SCI Effort Reporting System (timesheet). The fair portion of the shared costs will be determined by the SCI Cost Allocation Methodology (CAM). Fair allocation to this award is $4770.51 which is a contribution of 1.23% of the monthly cost of $43,094 over the project period.						
1.19	Country Shared Costs - National salaries (Including Benefit)	s	1	200,406.00	9	1.51	27,235.18

	This is related to national staff costs concerning to shared activities/tasks. These activities/tasks benefit the whole Country Office and are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The shared activities/tasks are primarily pertaining to the standard support functions such as Human Resources, Finance, Administration, Grant Management, Security and Logistics. The time spent by each support staff in performing tasks that benefit all awards (financial internal control, pre-selection of qualified suppliers, development of internal polices – e.g. anti-fraud, child safeguarding -, coordination with peers' organization and local authorities, negotiating programmatic access etc.) will be recorded (and documented) via the SCI Effort Reporting System (timesheet). The fair portion of the shared costs will be determined by the SCI Cost Allocation Methodology (CAM). Fair allocation to this award is $27,235.18 which is a contribution of 1.51% of the monthly cost of $ 200,406 over the project life.						
1.20	Technical Assistant Support	D	1	250.00	4	100.00	1,000.00
	The Technical assistance will be involved in the kick off meetings, project monitoring and review of the reports hence SHF will contribute 4 days of their cost at $250 each.						
	Section Total						**232,475.69**
21. Supplies, Commodities, Materials							
2.1	Training of health workers on IMCI and disease surveillance	D	1	2,760.00	1	100.00	2,760.00
	This will cover the cost of conducting training for 6 participants for 6 days .The participants will be members of the Health Centre. They will be trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.The participants will be able to classify , identify treatment and treat childhood illnesses. The costs of training will $ 2,760 See BOQ attached.						
2.2	Training of health workers on Basic Emergency Obstetric and neonatal care(BEmONC)-SL	D	1	2,332.00	1	100.00	2,332.00
	This will cover the cost of conducting training for 6 participants for 5 days. The participants will be the members of the health centers.They will be trained on provision of antenatal care, post natal care, safe deliveries by Skilled Birth Attendant . The costs of training will $ 2,332. See BOQ attached.						
2.3	Procurement and distrubtion of Medicines and supplies	D	1	31,974.00	1	100.00	31,974.00
	All the medicines as per the agreed list of essential medicines in accordance to Somalia treatment guidelines will be purchased by Save the Children. These will administered to the beneficiaries through the hospital and the two health centers. The total procurement cost of medical drugs are $ 31,974 which includes freight that is included as 25% of the value of the drugs. This will be used to treat 12,124 beneficiaries. See BOQ attached.						
2.4	Cleaning material, Furniture, Water & electricity running costs, Buhodle hospital maternity unit	D	1	5,763.00	1	100.00	5,763.00
	This will cover the cost of purchasing cleaning materials, furniture, running cost of the two Health Centers and Buhoodle hospital operation costs of the maternity including provision of cleaning supplies, fuel for the ambulance and generator, stationeries. The total cost is $ 5,763 which is 100% of the overall cost. see BOQ attached						
2.5	Training of OTP/TSFP staff on IMAM	D	1	3,288.00	1	100.00	3,288.00
	This will cover the cost of conducting 1 integrated management of acute malnutrition (IMAM) training for 8 participants. The cost of training will be $3,288. The participants will be OTP/TSFP staff.						
2.6	Training of OTP/TSFP staff on Infant and Young Child Feeding (IYCF)-SL	D	1	2,332.00	1	100.00	2,332.00
	This will cover the cost of conducting Infant and Young Child Feeding(IYCF) for 6 participants. The cost of the training will be $2,332 . The participants will be OTP/TSFP staff.						
2.7	Training Community Nutrition Volunteers(CNV) on screening and active case finding	D	1	1,537.00	1	100.00	1,537.00
	The participants will be the 4 Community Nutrition Volunteers. Community mobilization is big component of Community Management of Acute malnutrition(CMAM) programs. Community nutrition volunteers will be playing central role in the outreach activities. The will conduct community screening and referrals. This budget will be used to provide training that includes refreshments, stationaries, and to cover the transportation cost - The cost will be $ 1,537. See the budget break down.						
2.8	Procurement and distribution of Nutrition supplies	D	1	26,100.00	1	100.00	26,100.00
	We will purchase Ready-to-use supplementary food (RUSF)/Ready to Use Therapeutic Food (RUTF)(currently we do not have an existing agreement with WFP in this districts) & medical drugs for treatment of SAM and MAM cases. Nutrition supplies will be procured and distributed on time the unit cost for this will be $26,100. This will be used by 1212 beneficiaries. See breakdown attached.						
2.9	Printing of IEC materials and HMIS registers- SL	D	1	1,140.00	1	100.00	1,140.00
	IEC material on key messages related to nutrition and hygiene will be printed and used during the trainings/ sessions with the nutrition staffs and Community nutrition volunteers. We plan to Print IEC Material A4&A3 as well as HMIS Register @ $1,140.						
2.10	Rehabilitation and upgrading of Buhodle borehole through installation of hybrid power supply and construction of Mini-water system package	D	1	39,794.00	1	100.00	39,794.00

	We will upgrade the existing borehole at Buhoodle through construction of new elevated water tank with 48 cubic meter, supply new pipeline from the borehole to the distribution point at the water kiosk that will be constructed for the IDP communities 500m away from the borehole, bigger submersible will be installed and the existing main riser pipes will replaced with 2 inch new GI Pipes. Also hybrid system of power supply will be created through installation of Solar power and submersible pump that can operate both the generator and solar system, so that communities will have alternative source of power consequently ensuring that the most vulnerable communities will have access with cheap and avoidable water. The total cost is estimated to be $39,794. This will target 4,500 additional beneficiaries. See the attached BOQ for the breakdown.						
2.11	Construction shared House hold latrines	D	50	650.00	1	100.00	32,500.00
	We will construct 50 shared household latrines at a unit cost of $650 each in three different internally displaced person in Buhoodle namely as Maygaagle IDP camp, Shangale Internally displaced people and Riiga Internally displaced person camp. Each latrine will be shared between two families, hence 200 families will have access with sanitary facilities and will quit the practice of open defecation consequently the rate of AWD/Cholera outbreak is reduced. The latrines will be constructed from Hollow concrete block walls plastering and while washing both internal and external facades. 10cm mass concrete will be floored on the surface, cemented with 1:4 cement screed. the foundation will be construction will rubble stone foundation and should 20cm above the ground level. the septic tank will be excavated behind the latrine and will be covered with 10cm thick RRC cover slab extended 20cm to each corner. Before covering the hole rubble stone foundation will enclosed with the month of the septic tank so that leakage of rain water inside the pit is avoided. vent pipe covered with mesh wire will be embedded on top of the septic so that good ventilation is created. the sewage pipe to the septic should be installed with an angle 45 degree to avoid blockade due insufficient amount of flashing water. This will be used by 1250 beneficiaries and the total cost will be $32,500. See attached BOQ and design.						
2.12	Rehabilitation of Gender Segregated Latrines in Schools	D	4	2,500.00	1	100.00	10,000.00
	We will rehabilitate 4 gender segregated twin latrines at a unit cost of $ 2,500 each for Buhoodle public schools. The rehabilitation works will be involved with the repairing of septic tank, sewage pipes, repairing of wall cracks, casting of new floor slab, replacing old doors, removing old plastering and apply two coats of plastering as well as white washing and painting. the septic tank will be covered with 10cm thick RCC cover mounted with 4 inch vent pipe. Finally hand washing facilities will be installed so that children will be able to wash their hands after the toilet use. This will be used by 220 students.						
2.13	Procurement of Water Bladders	D	5	800.00	1	100.00	4,000.00
	Save the children will procure 5 (10,000 liters) water bladders at a unit cost of $800 each with house pipes and will be distributed to the communities where means of storage is not available. Water bladders will be used during water trucking activities in the dry season so that clean and safe storage is maintained. Save The Children will sign Memorandum of Understanding with the water management committee of the village as well as the village committee so that the bladder is handed over to them and they keep it in a safe place. The Memorandum of Understanding will clearly indicate that all the members of the communities will have the same access with the resource prioritizing the most vulnerable members of the community. Total cost will be $ 4,000. See BOQ attached.						
2.14	Supply Clean water to the Health/Nutrition centers in Buhoodle	D	6	100.00	8	100.00	4,800.00
	We will provide safe and clean water to 3 health and nutrition centers in Buhoodle through water trucking with a period of eight consecutive months. Each center will receive 2 trucks of water with 8 cubic meter capacity for each month. By the end each center will receive 16 trucks of water equivalent with 128 cubic meter. The water will be treated through chlorination before delivering to the beneficiaries. This will translate to 6 trucks of water per month for the 3 facilities at $100 per truck for eight months.The total cost will be $4,800.						
2.15	Hygiene Promotion campaigns at the IDPs in Buhoodle including hygiene kits	D	1	16,586.00	1	100.00	16,586.00
	10 hygiene promotion campaigns will be carried out at $2,000 about Practical demonstrations on use of household water treatment options (e.g. Aqua tabs) as well as practical handwashing activities carried publicly. Promotion staff and volunteers will conduct demonstrations on practical hand washing techniques to promote better hand washing practices and at the same time provide hygiene kits including aqua tabs, sanitary pads, 2 jerry cans(20L) and Laundry soaps. During selecting of households (those with children admitted into OTP) will be prioritized, in a effect to promote good hygiene practice hence reduce the risks of malnutrition. each containing with 2 jerry cans (20L), 5 pieces of laundry soup, 200 pieces of Aqua-tabs and 2 pieces of underwear with 2mx2m local shiid . 663 kits @$22 per with packaging will cost $14,586. The overall cost for the campaign will be $ 16,586.						
2.16	Project sensitization, targeting and registration for UCTs	D	4	297.00	1	100.00	1,188.00
	This will involve community level meetings to sensitize local communities on the project, to select beneficiaries and conduct public verification as required under Save The Children cash based programming protocols. The total cost will be $1,188. This is the cost of conducting 4 meetings each at $297.See BOQ attached						
2.17	Unconditional cash transfer	D	205	78.00	3	100.00	47,970.00
	This is cash transfers will be distributed to the vulnerable beneficiaries selected. unconditional transfer - 3 monthly cash transfers to 205 HHs to cater for food and non-food needs of the target households. The transfer rate calculated at 80% of the prevailing cost of minimum expenditure basket for Eastern region total of 205 HHs (target poor and very poor pastoralists households as defined by wealth ranking and further narrowed down to child-headed households without other forms of support; households headed by disabled persons or elderly persons without support; poor female-headed households; poor households with children admitted in nutrition programs, destitute IDPs and poor pregnant and lactating women who are at increased risk of malnutrition) will be selected and each will get 3 transfers of $78. Total cost will be $47,970.See BOQ attached						
2.18	Cash transfer fee & beneficiary ID cards	D	1	1,164.40	1	100.00	1,164.40
	This is a 2% commission charged by mobile phone firms to transfer cash to beneficiaries. Beneficiary ID cards are photographic cards used by beneficiaries to identify themselves to project staff and contractors. The costs are based on prevailing market prices of USD 1 to produce similar cards. USD205 has been allocated for this.Total cost is $1,164.40						
2.19	Baseline, Routine Monitoring and Accountability	D	1	6,440.00	1	100.00	6,440.00

	Routine Monitoring will be done to track the achievement of the project against the baseline data. The costs include expenses for printed materials and communication costs. The Monitoring and Evaluation team will be making random calls to the beneficiaries for verification purposes. The Post distribution monitoring will monitor the distribution process as well as the impact of the project on household food security and impact on local market. We plan doing 5 monitoring visits each at a cost of $600.A baseline will be conducted before any cash distribution using a random sample. The baseline will produce data on food security trends (such as food intake, dietary diversity, coping mechanisms), household incomes, assets etc. The baseline will form the basis for subsequent outcome monitoring. The costs include expenses for digital data gathering, subsistence for enumerators, printed materials, vehicle hire and communication costs. This will be a one off activity costing USD 2,440. Beneficiaries will receive a pamphlet containing unconditional food transfer accountability standards and for those unable to read or in the case of children will receive visual illustrations of the standards. The pamphlet will contain a toll free telephone number through which they can call and register their complaints. The costs constitute monthly expenses for printed materials, toll free line and proactive calls. The costs will be incurred for 5 months, with a monthly cost of USD 200.The total cost will be $6,440.BOQ is attached						
2.20	Supply Clean water at Public Schools in Buhoodle	D	42	100.00	1	100.00	4,200.00
	We will provide safe and clean water to 4 public school in Buhoodle through water trucking. The water will be disinfected with chlorination before delivering to the school centers. During the project period 1200 children within these school will have access 3.5 liter per day for 20 days for a period for four consecutive months for drinking and hand washing after the toilet as well as flashing of human waste.This will be 42 trucks @ $100 per truck.The total cost will be$4,200. BOQ is attached.						
	Section Total						**245,868.40**
22. Equipment							
3.1	Procurement of Mobile hand sets and simcards	D	205	20.00	1	100.00	4,100.00
	The beneficiaries will receive their cash through mobile phones hence the need to buy them reliable phone handsets to receive the cash and maintain contact with project staff and suppliers. The cost of the handsets is based on prevailing market prices for similar phones used in other Save The Children projects. USD4,100 has been allocated for this. $ 20 dollars per phone for 205 mobile phones.						
	Section Total						**4,100.00**
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
24. Travel							
5.1	Monitoring of program activities(SC & MOH) SL	S	1	3,240.00	1	100.00	3,240.00
	*This is monitoring and Supervision of Ministry of Health Regional Staff and Save the Children staff 3 times in the project implementation period. We approximately roughly 6 people will travel to the field for joint monitoring and we will give them perdiem of $45*4days(approximately per trip). In total there will be 3 monitoring visits. In grand total of $3,240. See BOQ attached.*						
5.2	Staff travel and Lodging	S	1	4,525.00	1	100.00	4,525.00
	The costs include travel costs for 5 key project staff based in the field consisting staff movement between Hargeisa and Nairobi & Burao and Hargeisa. This includes flight costs, per diems and accommodation expenses for the FSL deputy program manager, health & Nutrition Project manager and WASH Program manager for monitoring, kick off, project implementation, program review meetings and close out. It also includes travel cost for the Field manager and Monitoring and Evaluation Officer for kick off meetings , program review meetings and close out meetings. This is will also cover 4 staff allowance during the routine monitoring visits and the project implementation. This will cover accommodation and meals for the program staff Food Security & Livelihoods deputy program manager, Food Security & Livelihoods Data officer, project assistant and Monitoring and Evaluation Officer going to the field site.The cost is $4,525. See BOQ attached						
5.3	Vehicle Hire Including (Fuel/Driver costs) for Monitoring	S	1	1,800.00	9	45.00	7,290.00
	The costs constitute monthly costs for hiring 1 vehicle including monthly rental plus associated costs such as vehicle fuel and driver. The vehicle will be used for activities monitoring .The unit cost is $ 1,800.Rates based on prevailing market rates.SHF will contribute 45% the total cost is $7,290 BOQ is attached						
	Section Total						**15,055.00**
25. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
26. General Operating and Other Direct Costs							
7.1	Office rent_burao	S	1	3,950.00	9	10.00	3,555.00

	This covers office rent for the office in Burao .The office will be directly supporting the project activities. The program review meetings, kick off meetings, close out meetings and budget variance meetings will held in this office. Where possible some trainings will also be conducted in the office. The unit cost for is $3,950 and SHF will contribute 10%.See BOQ attached.						
7.2	Office Utilities_burao	S	1	450.00	9	10.00	405.00
	This covers the cost of electricity and water. This is meant to ensure the office has electricity which powers the laptops/desktops, the servers thus enabling communication and also water for staff to drink and maintain a clean working environment. The unit cost for is $450($150-water bill and $300 for electricity bill) and SHF will contribute 10%. See BOQ attached.						
7.3	office Internet & Communication Costs_burao	S	1	1,200.00	9	10.00	1,080.00
	This will cover internet costs which enables the staff to communicate, exchange of project documents, storing of digital data gathered and also liaison with the different stakeholders. The unit cost for is $1200($900-internet and $300 for communication) and SHF will contribute 10%. See BOQ attached.						
7.4	Office Supplies & Consumables_burao	S	1	400.00	9	10.00	360.00
	This will cover the cost of office supplies which will be used by the project team when printing Term of reference for documentation, training attendance sheets, work plans and monthly reports. The unit cost for is $400 and SHF will contribute 10%.						
7.5	Country Shared Costs - Premise costs	S	1	32,593.00	9	2.06	6,042.74
	The Project will be required to make a contribution towards the rental costs, the Electricity and water, the security cost and Internet cost of Central Office costs, zone office and 1 districts offices. The fair portion of the shared costs will be determined by the Save The Children Costs Allocation Methodology (CAM). Fair allocation to this award is $6,042.74 which is a contribution of 2.06% of the monthly cost of $ 32,593 over the project life.						
7.6	Bank Charges	S	1	4,369.10	1	100.00	4,369.10
	This will cover Dahabshil Bank commission 1% of the total amount being transferred. Save The Children has provided 1% of the total project direct cost excluding cash transfers. Total SHF contribution is $ 4,369.10						
7.7	Country Shared Costs - Travel & Lodging	S	1	1,000.00	9	3.90	351.00
	This is costs associated with travel to Somalia for general tasks/activities that benefit the entire country office portfolio and for which the Country Office could not operate effectively without. This will includes any flight costs, visa fee, airport taxes, meals and accommodation that benefit the whole country office portfolio. Fair allocation to this award is $351 which is a contribution of 3.9% of the monthly cost of $1,000 over the project life.						
7.8	Country Shared Costs – Vehicle & transport costs	s	1	6,601.00	9	0.60	356.45
	This is costs associated with vehicle usage for general tasks/activities that benefit the entire country office portfolio and for which the Country Office could not operate effectively without. This will include any vehicle rental or lease, fuel, maintenance, registration and insurance costs that benefit the whole country office portfolio. Fair allocation to this award is $356.45 which is a contribution of 0.6% of the monthly cost of $6,601 over the project life.						
	Section Total						**16,519.29**
SubTotal			584.00				**514,018.38**
Direct							450,438.40
Support							63,579.98
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							35,981.29
Total Cost							**549,999.67**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Togdheer -> Buuhoodle	100	2,425	4,136	3,709	3,994	14,264	Activity 1.1.1 : Outpatient consultations: Qualified MOH staff (nurses, midwifes etc.) will provide outpatient consultations, including diagnosis and treatment of common illnesses, like diarrhea, pneumonia and malaria, including route immunisation for children and PLWs. Given AWD/cholera is so prominent, health worker will be trained on identification of AWD and case management and control of cases. All cases

presenting with AWD/cholera will be given prompt rehydration through the administration of oral rehydration salts (ORS) or intravenous fluids, depending of the severity of cases. For children up to five years, supplementary administration of zinc has a proven effective in reducing duration of diarrhea as well as reduction in successive diarrhea episodes. In order to ensure timely access to treatment, cases will be immediately referred to existing cholera treatment centres for further care if needed. Services will be provided through 3 static facilities in urban areas - two Health Centres (Sooljoogto & Horufadhi HCs) and Buhodle hospital. The team will be equipped with essential drugs, vaccines, and the necessary medical equipment and supplies. Financial incentives will be provided to MOH facility personnel. It should be noted that the health services will be integrated with the nutrition services to ensure smooth referrals between the different services. Children under 5 and PLWs will be screened for malnutrition during outpatient consultations and referred accordingly. Through the 3 support health facilities, SC will conduct 12,124 outpatient consultations.
SC will also ensure there is a referral network for health related emergencies whereby CHWs will refer patients to nearby health centres, referral health centres who further refer to regional hospital for secondary care. SC will provide support of fuel and salary for the driver for referral of obstetric emergencies and for birth spacing. Obstetric emergencies will be referred to hospital and provided with free CEmONC services

Activity 1.1.1 : Community screening for malnutrition and referral: A network of Community Nutriton Volunteers (CNVs) will undertake mass community-level screening and referral for treatment of acute malnutrition. This will be conducted for all children under five years of age as well as pregnant and lactating women. Screenings for malnutrition will also be conducted at the health facilities during outpatient consultations, as well as in targeted schools. Children 6-59 months with MUAC of 11.5 to 12.4 cm and/or weight for height z-scores =< -2 and > -3, and pregnant and lactating women with a MUAC less than 21.0 cm are categorized as MAM and referred to TSFP. Children over 6 months of age with MUAC of <11.5cm and/or bilateral pitting edema, who have appetite and are free of medical complication are categorized as Severe Acute Malnutrition (SAM) and referred directly to OTP. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC assessment will be done both by trained community nutrition volunteers and at OTP/TSFP centres, whereas the W/Hz scores will be assessed at nutrition centres.
Activity 1.1.1 : Rehabilitation of borehole: Rehabilitation and upgrading of Buhodle borehole through installation of hybrid power supply and construction of Mini-water system package: SCI will upgrade the existing borehole at Buhoodle through construction of new elevated water tank with 48 cubic meter, supply new pipeline from the borehole to the distribution point at the water kiosk that will be constructed for the IDP communities 500m away from the borehole, bigger submersible will be installed and the existing main riser pipes will replaced with 2 inch new GI Pipes. Also hybrid system of power supply will be created through installation of Solar power and submersible pump that can operate both the generator and solar system, so that communities will have alternative source of power consequently ensuring that the most vulnerable communities will have access with

cheap and avoidable water.
Activity 1.1.1 : Identification of beneficiaries: poor and vulnerable households will be selected to receive unconditional cash transfers especially prioritizing those that have one of the following within their household: children with acute malnutrition newly identified in screening; children in stabilization centers; children in outpatient therapeutic feeding centers or a member of the family recently affected by AWD. Sensitization sessions with communities and authorities will be held, in order to ensure the understanding of the project's aims and develop and agree selection and targeting criteria. Project committees composed of community representatives and local leaders will be strengthened to engage effectively with the project sensitization campaigns. Gender equity will be ensured in establishing project committees. Suppliers, including money transfer agents (mobile phone firm) will be trained on beneficiary identification process during distributions and the project compliance requirements.
Distribute unconditional cash transfer: SC will distribute unconditional cash grants to 205 vulnerable households through mobile cash transfer, building on SC's current experience with mobile transfers, reaching approx. 43,000 HHs). Cash grants will be distributed on a monthly basis, according to a schedule agreed upon with beneficiaries, authorities, and mobile phone companies. Beneficiaries will receive 3 transfers of US$78 at the rate of at least 80% of the current MEB based on the latest guidance provided by the Cash & Markets Working Group (June 2017).
Post distribution monitoring: Regular post-distribution and market price monitoring and monitoring by independent monitors. SC will employ cash transfer tools and protocols that have been implemented in past projects to improve understanding on the context, measure impact and enhance accountability to beneficiaries and general compliance with SC and donor financial requirements.
Activity 1.1.1 : SCI will provide safe and clean water to 4 public school in Buhoodle through water trucking. The water will be disinfected with chlorination before delivering to the school centers. During the project period 800 children within these school will have access 3.5l/p/d for a period of four consecutive months for drinking and hand washing after the toilet as well as flashing of human waste
Activity 1.1.2 : Procurement of Water Bladders: Save the children will procure 5 x 10,000 liters water bladders with house pipes and will be distributed to the communities where means of storage is not available. Water bladders will be used during water trucking activities in the dry season so that clean and safe storage is maintained. SCI will sign MoU with the water management committee of the village as well as the village committee so that the bladder is handed over to them and they keep it in a safe place. The MoU will clearly indicate that all the members of the communities will have the same access with the resource prioritizing the most vulnerable members of the community
Activity 1.1.2 : OTPs (outpatient therapeutic programme) will be supported in 3 static facilities in Buhodle in order to admit and treat 274 children (137 boy and 137 girls) with SAM. Treatment will be administered by trained nutrition nurses. After admission SAM children will be monitored on weekly basis to monitor weight, do routine medical check-up and provide micro-nutrient supplementation and de-worming. Children without complication will be managed outpatient with Plumpy'Nut, and rations given weekly as per the weight. Children admitted in the program will also be provided routine drugs

as per the IMAM guidelines upon recovery. Based on the discharge criteria (when MUAC >=12.5 and/or weight for height z-scores => -2 for two consecutive weeks) for the OTP, children will be admitted to the TSFP program to ensure that children do not relapse. Caretakers will receive instruction on how to give the therapeutic food. Severe acute malnourished children with complications will be referred for inpatient care at Stabilization Centres with transport provided by Stabilization Center (SC). With regards to nutrition supplies for SAM treatment, we do not currently have an active PCA with UNICEF that covers Togdheer region. We have been trying to request UNICEF that we submit documents for PCA but they have not approved this so we shall need to procure all nutrition supplies required under this project.
Activity 1.1.2 : Maternal healthcare services: Provision of preventative and curative care through trained health workers for women of reproductive age, including provision of antenatal care, post natal care, safe deliveries by Skilled Birth Attendant (SBAs, and referrals for complicated deliveries. Survivors of rape will be referred for clinical management of rape to Burao hospital.
Activity 1.1.3 : Therapeutic Supplementary Feeding Programme (TSFP) sites will be supported in 3 static facilities in Buhodle to admit and treat 494 children (242 boys and 252 girls) with MAM. Community Volunteers will be supported to carry out home visits where necessary. Children under five and PLWs with moderate acute malnutrition will be admitted to TSFP where treatment will be administered by a trained nutritionist. This will be conducted every fortnight in accordance with the Somalia IMAM guidelines for the treatment of moderate acute malnutrition. During follow-up, weight progress monitoring, routine treatment medication, de-worming, micro nutrient supplementation and immunization services, and RUSF will be provided. Household investigation for children who are deteriorating will be conducted per case by the community nutrition Volunteers (CNVs) and nutrition workers. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation. Children will be discharged when MUAC >=12.5 and/or weight for height z-scores => -2 for two consecutive visits and after 6 weeks' minimum stay in TSFP.
Activity 1.1.3 : SCI will provide safe and clean water to 3 health and nutrition centers in Buhoodle through water trucking with a period of eight (8) consecutive months to ensure access to clean potable water for the most vulnerable and most susceptible to disease, namely children and PLWs, whilst the rehabilitation of strategic water sources is undertake. Each center will receive 2 trucks of water with 8 cubic meter capacity for each month. By the end each center will receive 16 trucks of water equivalent with 128 cubic meter. The water will be disinfected through chlorination before delivering to the beneficiaries
Activity 1.1.4 : Therapeutic Supplementary Feeding Programme (TSFP) sites will be supported in 3 static facilities in Buhodle to admit and treat 444 PLW with MAM. Community Volunteers wil be supported to carry out home visits where necessary. Children under five and PLWs with moderate acute malnutrition will be admitted to TSFP where treatment will be administered by a trained nutrition. Children will be screened, enrolled and managed fortnightly. During follow-up, weight progress monitoring, routine treatment medication, de-worming, micro nutrient supplementation and immunization

							services, and RUSF will be provided. Household investigation for children who are deteriorating will be conducted per case by the community nutrition Volunteers (CNVs) and nutrition workers. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation. Activity 1.1.3 : In order to build the capacity of health facility staff, SCI will conduct training with six health workers for five days on Integrated Management of Childhood Illnesses (IMCI), to enable participants to classify , identify treatment and treat childhood illnesses; and on Basic Emergency Obstetric and neonatal care (BEmONC) which covers provision of antenatal care, post natal care, safe deliveries and neonatal care. This will improve the quality of the services being provided in the immediate term as well as beyond the life of the project. Activity 1.1.5 : Four (4) Community nutrition workers (CNVs) will be trained on early detection and screening using Mid-Upper Arm Circumference (MUAC) tape referral and home visits. Training will also cover key health, nutrition, and sanitation and hygiene messages to support and reinforce key messages during home visits. In addition, six (6) nutrition facility staff will be trained on integrated management of acute malnutrition (IMAM) and IYCF. The training will cover the basic concept, types and causes of malnutrition, treatment protocols of OTP and TSFP, community mobilization, and recording and reporting. IYCF training will also be organized for IYCF councilors and nutrition workers, and emphasis will be put on counselling and communication skills.

Documents

Category Name	Document Description
Budget Documents	SHF Budget proposal- consolidated 310717.xls
Budget Documents	SHF Budget proposal- Final 090817.xlsx
Budget Documents	SHF Budget proposal-revised 01.09.2017.xls
Budget Documents	15. Memo for cash grants.docx
Budget Documents	SHF Budget proposal-revised 06.09.2017.xls
Budget Documents	Cash Grant memo save the children.pdf
Budget Documents	SHF Budget proposal-revised 15.09.2017.xls
Budget Documents	SHF Budget proposal-revised 28.09.2017.xls
Grant Agreement	HC signed GA for SC 6669.pdf