

Requesting Organization :	Somali Young Doctors Association		
Allocation Type :	Standard Allocation 2 (Nov-Dec 2017)		
Primary Cluster	Sub Cluster	Percentage	
Education		15.00	
Food Security		30.00	
Health		20.00	
Nutrition		20.00	
Water, Sanitation and Hygiene		15.00	
		100	
Project Title :	Provision of integrated life saving Emergency Response (WASH, Nutrition, Health, Food Security and Education) to internally displaced persons and host communities program in Afgooye corridor.		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SOM-17/3485/SA2/Ed-FSC-H-Nut-WASH/NGO/7402
Cluster :		Project Budget in US\$:	925,306.40
Planned project duration :	9 months	Priority:	
Planned Start Date :	29/12/2017	Planned End Date :	28/09/2018
Actual Start Date:	29/12/2017	Actual End Date:	28/09/2018

Project Summary :

The project aims reducing morbidity through integrated package of education, food security, WASH, health and nutrition interventions. The project activities are linked across Education, Food Security, health, nutrition WASH activities for maximum synergies and sustainable impacts in the following manner:

Health: Emphasis will be on maternal, neonatal and child health including emergency immunization to the host communities and IDPs as well as treatment of severe acute malnutrition, building the capacity of health workers through training on integrated management of acute illness IMCI, Cholera/measles case management and community case management CCM will be done to equip health workers with the required skills to deliver quality healthcare services. Also 500 school going children will be screened of AWD/cholera, measles and malnutrition and provided appropriate treatment through health and nutrition services

Nutrition: Capacity building of nutrition staff on IMAM/IYCF services, infants young child feeding best practices (IYCF), as well as conduct caregivers infant and young child feeding practices, IYCF promotion session for better information dissemination to the caregivers in the project area. Referral of malnourished children with complicated cases will be done to the Outpatient Therapeutic Programme integrated with primary health care services managed by SOYDA and other actors in Afgooye corridor

WASH: WASH services will be improved through conducting comprehensive hygiene promotion activities, hygiene kits, increasing access to sustainable safe water and sanitation facilities to the IDPs and schools.

Food security: The drought affected IDPs with malnourished children aged under 5 years and households with school aged children and ready to enroll their children to the schools will be provided food vouchers for 3 months successively to enhance their food security status, prevent relapse upon treatment of malnutrition and increase children going to school.

Education: SOYDA will support to functional school to absorb 200 IDP children (the school will be at two shifts, morning and afternoon) through provision of teaching/learning materials and emergency teaching incentives. To increase school-aged children to go to school, SOYDA will provide school feeding to 500 children (200 new children and 300 children at the school) shared equally boys and girls to attract parents to allow their children to schools, avoid malnutrition among the children and prevent excess dropouts. In addition to that SOYDA will employ 10 volunteers (5 men and 5 women) from the IDPs to sensitize and mobilize the IDP parents to enroll their children particularly girls to the schools through visiting house-to-house, community gathering squares and mosques. Mitigating drought and AWD/Cholera outbreak SOYDA will screen and treat as well as treatment of measles and other vaccine preventable illnesses & malnutrition among children before they go to schools.

Through this project, Food Security, health, WASH, Nutrition and Education activities will be integrated in the sense that under five children boys, girls admitted at the OTP sites will be immunized against measles and other communicable disease and as well the SAM complicated cases referred to the stabilization centers for proper medical treatment, also malnourished children aged under 5 years and households with school aged children and ready to enroll their children to the schools will be provided food vouchers for 3 months successively to enhance their food security status, prevent relapse upon treatment of malnutrition and increase children going to school, on the same note the mothers visiting ANC/PNC at the mobile clinic will be provided both NHHP/IYCF-E and shall be integrated with hygiene promotions activities such as hand washing practices as well as distribution of hygiene to the beneficiaries visiting CTCs. SOYDA will also coordinate all clusters to maximum impact to beneficiarie

Direct beneficiaries :

Men	Women	Boys	Girls	Total
4,500	5,500	7,500	7,500	25,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	7,500	7,500	15,000
Pregnant and Lactating Women	0	1,000	0	0	1,000
People in Host Communities	2,810	3,100	0	0	5,910
Internally Displaced People/Returnees	1,690	1,400	0	0	3,090

Indirect Beneficiaries :

The project indirect beneficiary will be the drought affected population and host community in Afgooye corridor IDPs particularly, For Lafole village IDPs (Bandar Wanag Umbrella IDPs, Calimeey IDPs, Abrone IDPs, Nafada iyo agoonta IDPs, Musbah Camp IDPs), Elasha Village IDPs (Horseed IDPs, Nafada Alnur IDP, Alfaraj Umbrella IDPs, Shareeca Camp IDPs and Al-Nasri IDPs), Arbis and Hawa Abdi IDP camps. They will be also indirectly benefitting the integrated response targeting all. The total indirect beneficiaries are targeted at 18,800 vulnerable populations of both men, women, boys and girls.

Catchment Population:

The area has a catchment population of 58,800 of which mainly are concentrated in scattered internally displaced IDPs due to displacement by the drought and conflicts, the project will target and deliver live saving essential service to internally displaced IDPs living in Afgooye corridor IDPs particularly, For Lafole village IDPs (Bandar Wanag Umbrella IDPs, Calimeey IDPs, Abrone IDPs, Nafada iyo agoonta IDPs, Musbah Camp IDPs), Elasha Village IDPs (Horseed IDPs, Nafada Alnur IDP, Alfaraj Umbrella IDPs, Shareeca Camp IDPs and Al-Nasri IDPs), Arbis and Hawa Abdi IDP camps.

Link with allocation strategy :

The main objective of this proposal is reducing morbidity through food security, nutrition, health and WASH interventions for IDPs and host communities in Afgooye corridor and using education as key entry point, which is inline with the 2nd SHF 2017 standard allocation strategy under the integrated package of education, food security, health, nutrition and WASH. The project support functional permanent school at Eelasha IDP settlements to absorb 200 IDP children by providing teaching/learning materials, teachers and head teacher incentives. Also SOYDA will provide school feeding to 500 children (200 new children and 300 children at the school) shared equally boys and girls to attract parents to allow their children to schools, avoid malnutrition among the children and prevent excess dropouts. In addition to that SOYDA will employ 10 volunteers (5 men and 5 women) from the IDPs to sensitize and mobilize the IDP parents to enroll their children particularly girls to the schools through visiting house-to-house, community gathering squares and mosques. Mitigating drought and AWD/Cholera outbreak SOYDA will screen and treat as well as treatment of measles and other vaccine preventable illnesses & malnutrition among children before they go to schools. The project will also provide lifesaving food voucher for the drought affected IDPs and host communities to address acute food insecurity needs for populations in emergency, particularly with families with malnourished children, and families who are ready to enroll their school aged children particularly girls to schools including appropriate monitoring measures for ensuring continued attendance. The project will provide timely essential basic life saving emergency health services to sick patients including AWD/cholera patients, referral services, screening and treatment of severe acute malnourished (SAM) boys and girls aged under 5 and pregnant lactating women (PLW) as well as conducting treatment of MAM and SAM with and without medical complications through our nutrition programme including breast feeding promotion and support to infant and young child nutrition. As an integrated project, the project will ensure and provide emergency and sustainable WASH services (latrines with hand washing facilities and safe drinking water by upgrading one borehole to improve its water quality and reduce its running cost, in order to receive water in affordable cost through construction of water kiosks nearer to the IDP settlements to avoid rape against women and girls. The project will also promote adaption of good hygiene and sanitation practices through carrying out comprehensive hygiene promotion activities including distribution of 2000 Hygiene Promotion kits (HP kits) to 2000 to HH with discharged AWD/cholera affected patients and drought driven HH with malnourished children to reduce the risk of AWD/cholera diseases and malnutrition among the drought affected IDPs and host communities. The Project will directly be implemented in Afgooye corridor IDPs particularly, For Lafole village IDPs (Bandar Wanag Umbrella IDPs, Calimeey IDPs, Abrone IDPs, Nafada iyo agoonta IDPs, Musbah Camp IDPs), Elasha Village IDPs (Horseed IDPs, Nafada Alnur IDP, Alfaraj Umbrella IDPs, Shareeca Camp IDPs and Al-Nasri IDPs), Arbis and Hawa Abdi IDP camps through providing this comprehensive integrated responses in order to have maximum impact and sustainability in the target locations.

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
Ubah Ahmed Haji	Program Manager	somyoungdoctors@gmail.com	+252619443366

BACKGROUND

1. Humanitarian context analysis

According FSNAU/ FEWS-NET Post-Gu-Technical-Release (Sep. 2017), the overall nutrition situation in Somalia has continued to deteriorate, especially in northern and central parts of Somalia. Results from 31 separate nutrition surveys conducted FSNAU and partners between June and July 2017 indicate that an estimated 388 000 children under the age of five are acutely malnourished, including 87 000 who are severely malnourished and face an increased risk of morbidity and death. In two-thirds of the 31 nutrition surveys conducted, Global Acute Malnutrition (GAM) prevalence were considered Critical (15-30%) or Very Critical (>30%). In one-thirds of the surveys, Severe Acute Malnutrition (SAM) was also considered Critical (≥4.0-5.6%) or Very Critical (>5.6%). Morbidity rates are at least 20 percent or higher in more than half of the surveyed populations, contributing to the reported high levels of acute malnutrition in most of these populations. Mortality rates have also increased. Crude Death Rates (CDR) and/or Under-Five Death Rate (U5DR) have surpassed emergency thresholds in seven of the population groups surveyed (i.e. CDR > 1/10 000/day and U5DR > 2/10 000/day, respectively). Over 701,500 people were displaced due to drought in the first half of 2017. With limited livelihood and coping options and poor living conditions, exacerbated by recent large-scale displacement due to drought, food security and nutrition outcomes across most of the 13 main settlements for internally displaced persons (IDPs) indicated deterioration. Accordingly, most of the IDP settlements are classified as Crisis (IPC Phase 3) or Emergency (IPC Phase 4). Impacted by high food prices, increased completion from displaced populations and localized trade disruptions, poor households in some of the major urban areas of the country face acute food security Crisis (IPC Phase 3). Scaled up humanitarian assistance must be sustained in order to prevent further deterioration of food security and nutrition situation of the affected population. Over 4.4 million people are still projected to need humanitarian WASH services into 2018. Displacement, due to drought and conflict, continues in mass scale with 975,000 people displaced in 2017, including 130,000 people newly displaced in the month of July alone; making internally displaced among the most vulnerable in Somalia. In Banadir region alone, 137,000 people are in need (IPC 4) with GAM and SAM rates of 13.8% and 2.8% among the urban population and, 20.4% and 6.6% in the IDP settlements respectively. (FSNAU report August 2017). In 2017, Somalia has seen two major communicable disease outbreaks take place across Somalia – measles and cholera. For the period through to the end of August, more than 77,000 cases of cholera/AWD and 16,000 cases of measles have been reported. The drought has triggered huge displacement in 2017, with negative coping strategies leading to violations of rights. IDPs face insecurity and violence in their displacement settings, especially women and children. The majority, 76 percent, of reported GBV incidents was reported by IDPs. Vulnerable groups such as women-headed households, unaccompanied children, socially marginalized and discriminated communities are at particular risk and face specific protection concerns. Overall about 1.2 million children are expected to be suffering from acute malnutrition. Internally Displaced Persons (IDPs), both protracted and newly displaced, and civilians in conflict-affected areas, are among the most vulnerable, with many lacking access to essential basic services including health, education and Water, Sanitation and Hygiene (WASH) services.

2. Needs assessment

According to UNHCR-led PRMN, 2017, Displacement arrivals to Afgooye corridor are estimated around 87,000 individuals. Current IPC projections show in Afgooye corridor populations in Emergency Acute Food Insecurity (IPC 4). SOYDA has strong physical presence in Afgooye corridor since 2017 and implemented 13 health and Nutrition projects funded by UNICEF and SHF and currently implementing integrated multiple sectors in targeted IDP settlements in Afgooye Corridor including WASH, Nutrition, Health and protection (GBV crisis centers) and outreach to communities. A Joint Multi Cluster Needs Assessment (JMCNA) made in Mogadishu and Lower Shabelle in September 2017 indicated that (1) food is available in the market but 80% reported lack of purchasing power as since they left behind their livelihood assets and displaced in Afgooye corridor. In Mogadishu long Afgooye corridor 137,000 people are in need (IPC 4) with GAM and SAM rates of 13.8% and 2.8% among the urban population and, 20.4% and 6.6% in the IDP settlements respectively (FSNAU-August 2017). (2) A combination of poor access to safe water lack of adequate sanitation facilities especially in the assessed IDP settlements and poor hygienic practices combine to threaten the survival of the IDPs. Limited access to WASH facilities and services poses a huge burden on women and children. (3) Women who lack safe water are more prone to WASH related illnesses, such as hookworm infestation and hepatitis, which, when occurring during pregnancy, is linked to low birth weight and slow child growth. (4) The number of patients who come to SOYDA functioning health center is increasing due to the conflict in L/Shabelle region. (5) 65% and 57% of the new arrived IDP children and PLW have no health services. (6) The Afgooye Corridor has witnessed a continued influx of IDPs over the last six months driven not only by drought, but also by conflict in Lower Shabelle and the movement of IDPs out of Mogadishu city toward the outskirts, in part due to forced evictions. This IDP influx is likely to continue in the months ahead, and it is unlikely that large numbers of IDPs will return to their point of origin, while anticipated military campaigns in Lower Shabelle in upcoming months could create large numbers of additional IDP arrivals. (6) 64% of the school aged IDP children who mostly left their schools due to the displacement have no schools for due to the high cost of the privately owned school fees, which their parents cannot afford. (7) In addition to the hosting the evictees/displaced persons in Afgooye corridor which currently host more than 18,148 IDPs as at June whom are affected by drought as per UNHCR Displacement Report for November 2016 – June 2017 has led to many school going children no alternative means for their education quest hence might led to exploitation of these young generation. In short, the level of need will likely continue to increase in Mogadishu and the Afgooye Corridor through at least the first half of 2018. (8) Protection concerns become a root cause of other vulnerabilities such as susceptibility to communicable diseases or malnutrition, as lack of safety prohibits women, children or other at-risk groups from effectively accessing basic services. Thus, coordinated management of IDP sites is critical to ensure communities to address these protection concerns. This integrated proposal is supposed to improve the lives of the vulnerable drought driven IDPs in Afgooye corridor to meet their basic lifesaving need including WASH, Health, Nutrition, Food Security and Education. SOYDA have well-established, strong relationships with community leaders in a number of IDP sites in Afgooye Corridor and SOYDA is the only rationalized partner in Afgooye by both health and Nutrition to be providing humanitarian assistance. SOYDA propose intervention as complementary aimed at providing integrated emergency lifesaving health, food security, and education, nutrition and WASH services.

3. Description Of Beneficiaries

The target beneficiaries shall be boys, girls, women and men irrespective of their status, mainly the Internally Displaced Persons IDPs and all the people who were affected by the drought in the target area. The project will ensure that design of activities is informed by a thorough analysis of gender and cultural dynamics across different livelihood groups. In addition, the involvement of women, youth, IDPs and marginalized communities in decision-making will be promoted. SOYDA will propose the following vulnerability and selection criteria to selected beneficiaries, following the approval of these criteria by the community and local authorities. There are many newly displaced drought affected communities who displaced to the nearby water points without proper settlement and whose livelihood strategies have collapsed or are severely weakened due to displacement, lack social support, and are consequently facing Health, food security, education, WASH, nutrition and food access crisis, SOYDA will also target more female-headed households who are at risk/affected of AWD to hygiene promotion activity, as women and girls are by large responsible for ensuring good hygiene practices at the household level. SOYDA will support to functional school to absorb 200 IDP children (the school will be at two shifts, morning and afternoon) through provision of teaching/learning materials and emergency teaching incentives. To increase school-aged children to go to school, SOYDA will provide school feeding to 500 children (200 new children and 300 children at the school) shared equally boys and girls to attract parents to allow their children to schools, avoid malnutrition among the children and prevent excess dropouts. In addition to that SOYDA will employ 10 volunteers (5 men and 5 women) from the IDPs to sensitize and mobilize the IDP parents to enroll their children particularly girls to the schools through visiting house-to-house, community gathering squares and mosques. Mitigating drought and AWD/Cholera outbreak SOYDA will screen and treat as well as treatment of measles and other vaccine preventable illnesses & malnutrition among children before they go to schools.

4. Grant Request Justification

The project has come at a time when impacts of severe droughts are overwhelming in Afgooye corridor. A number of emergency drought response projects in the area has come to an end while needs for quality primary health services owing to AWD/cholera outbreak and increased morbidity and mortality as well as current severe food insecurity situation coupled by escalating malnutrition among boys and girls under 5 years hence strong need for funding of this project. SOYDA through the funding will established 4 Integrated emergency response teams to carry out primary health care service delivery, treatment of acute malnutrition and distribution of basic hygiene kits to people in need to improve the environmental sanitation that will reduce the expansion of AWD as integrated way in Afgooye corridor Internally Displaced Persons IDPs and the project aims to improve the status of the Internally Displaced Persons IDPs in Afgooye corridor particularly For Lafole village IDPs (Bandar Wanag Umbrella IDPs, Calimeey IDPs, Abrone IDPs, Nafada iyo agoonta IDPs, Musbah Camp IDPs), Elasha Village IDPs (Horseed IDPs, Nafada Alnur IDP, Alfaraj Umbrella IDPs, Shareeca Camp IDPs), Arbis and Hawa Abdi camps. This Somalia Humanitarian Fund (SHF) grant will enable SOYDA to continue its life-saving interventions including response to severe acute malnutrition targeting <5 children boys, girls and pregnant and lactating women under nutrition interventions as well as Acute Water Diarrhea (AWD/cholera) and measles treatment under the health and WASH interventions. However nutrition, WASH, food security, education and health intervention shall be able to work in more integrated and coordinated response to enable realize the closer referral and treatment of both severely acute complicated malnourished as well as those with other related medical complication. Due to the high incidence of gender base violence in the IDPs. SOYDA will be able to coordinates with those partners working in the area of psychosocial services to sort for any assistance such as dignity kits to such beneficiaries and hence improve the response wholesomely among the IDPs in the target locations. SOYDA shall work in liaison with other partners and sector active service providers to provide protection through the support of medical services and the needed referral services in case of complication cases to further treatment to Banadir and Daynile Hospital. In addition families Households (HH) of 50% of the total number of the targeted malnourished children's aged under 5 years and households with school children will be provided food by vouchers for 3 months successively to enhance their food security status and prevent relapse upon treatment of malnutrition. Through this project, Education, Food Security, health, WASH and Nutrition activities will be integrated in the sense that under five children boys, girls admitted at the OTP sites will be immunized against measles and other communicable disease and as well the SAM complicated cases referred to the stabilization centers for proper medical treatment, on the same note the mothers visiting ANC/PNC at the mobile clinic will be provided both NHHP/IYCF-E and shall be integrated with hygiene promotions activities such as hand washing practices as well as distribution of hygiene to the beneficiaries visiting CTCs through this interlinks of the of the three main cluster activities will response to the current AWD/drought affected population. SOYDA will support to functional school to absorb 200 IDP children (the school will be at two shifts, morning and afternoon) through provision of teaching/learning materials and emergency teaching incentives. To increase school-aged children to go to school, SOYDA will provide school feeding to 500 children (200 new children and 300 children at the school) shared equally boys and girls to attract parents to allow their children to schools, avoid malnutrition among the children and prevent excess dropouts.

5. Complementarity

Somali Young Doctors Association (SOYDA) has been working in Afgooye since 2007 and has implemented humanitarian emergency, WASH, health and nutrition since its inception. The proposed project shall complement the ongoing Mogadishu long corridor Dharkenley and Daynile district Integrated WASH, health and nutrition project that is going to end on 31 December 2017, as well as effectively addressing on the gaps of the WASH intervention to the ongoing drought affected people. For the physical presence in the target area, SOYDA has just finished SHF Health and Nutrition Project on October 2017 in Afgooye corridor, this will be an opportunity for the IDPs to be sustained the already existed services in the IDP camps and avoiding sudden gap that can cause the deterioration of already gained efforts. Through complementarity with clusters and other actors all severe malnourished children with complications will be referred to Daynile and Benadir Hospital Stabilization Centers SCs for further treatment. Also SOYDA will refer all complicated cases both children and women related to communicable diseases including pneumonia, severe dehydrated children, measles complications, and pregnancy or labour related problems. SOYDA shall strive to provide primary health care to the affected children under five boys, girls and pregnant women within the same facilities. To address Acute Watery Diarrhea AWD response, sanitation and hygiene promotion SOYDA shall be able to provide the services within its proposed project hence easing the beneficiaries time and protecting them from time wasting and longer distance to seek the same services. The WASH, food security and education interventions will complement these projects and will be designed to ensure the highest level of integration into Program were made available. The program will strive to layer and sequence the activities in such a way that the program produces tangible impacts on the vulnerable communities being targeted and shall strive to avoid any kind of overlap with local implementing partners within and outside the target sites. SOYDA will enhance IDPs children by providing a space for learning as well as provide feeding for the children to enable enhance their livelihood and support their continuity of their learning hence this will provide more robust response to the drought affected families in Afgooye corridor. With the new concept of integrating all cluster activities, SOYDA having experience on the previous IERT project will ensure to linked the different cluster activities to work harmoniously to achieve this it will ensure each health, food security, nutrition, Education and WASH cluster activities and indicator are rationalized to suit SOYDA internal monitoring matrix hence each will be prioritized to achieve the intended result for the poor and vulnerable IDPs and host communities. Consequently, activities have been designed to complement each other in order to maximize impact and to leverage on already ongoing projects in areas where SOYDA has been strongly operationally present. SOYDA will however, coordinate closely with regional and sub clusters such as health, Nutrition, Food security, education and WASH through monthly sub cluster meeting in Mogadishu and lower Shabelle region as well as regional monthly/quarterly meeting in Nairobi to enable it share its integrated intervention lesson learnt and challenges as well as the existing gaps in line with changing situations in the country. SOYDA will also coordinates with Federal ministry of health and WHO for technical guidelines and supportive supervision as well as UNICEF for supply provision of the program as we have active PCA/PDs. SOYDA will endeavor to work with regional administration and local community opinion leaders for better services delivery to the vulnerable population and enable to realize an integrated emergency response. SOYDA will also closely work with HIJRA, SWIS Kalmo and WARDI for good referral systems.

LOGICAL FRAMEWORK

Overall project objective

To provide access to integrated life-saving Food Security, health, WASH, Nutrition and Education, services to the most vulnerable drought and AWD/cholera affected IDPs and host communities in Afgooye corridor.

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 project will contribute to the cluster objective by prevention and control of AWD/Cholera and malnutrition among school going children in targeted schools in the project targeted locations at school level through integrated responses

Outcome 1

Reduced cases of AWD/ cholera, measles and malnutrition for school going children that are screened and provided appropriate treatment through integrated responses

Output 1.1

Description

School going children are screened for AWD/ cholera, measles and malnutrition and provided of appropriate treatment through Integrated responses

Assumptions & Risks

1. conducive security situation
2. Availability of learners in the targeted schools

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of children enrolled in protected learning spaces					500

Means of Verification : 1. GPS tagged photos 2. Interim and final report

Indicator 1.1.2	Education	Number of teachers (M&F) trained					30
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Means of Verification : Training reports, project reports, case studies

Indicator 1.1.3	Education	Number of CECs members trained					20
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Means of Verification : Training reports, project reports, case studies

Activities

Activity 1.1.1							
Standard Activity : Back to school Campaign							
SOYDA will conduct community mobilization and back to school campaigns in the target areas aimed to retain the learners in the schools and bring the dropouts back to the schools. The campaigns will focus on topics include inclusive education and importance of education etc. SOYDA staff and the CEC will conduct the mobilizations and no cost will be incurred in these mobilizations. (Education)							
Activity 1.1.2							
Standard Activity : Capacity building							
Train teachers /increase teachers capacity on education in emergencies and prevention of AWD The training will also focus on the head teachers and teachers to help them understand the management of their schools and to be able to mobilize the community to participate and support the school management, Hygiene promotions, sustainability and durability of the schools. (Education)							
Activity 1.1.3							
Standard Activity : CEC training							
Community education committees (CECs) oversee the running, management and administration of the schools. 2 CEC per school will be trained on basic roles and responsibilities to support management of the existing public target schools in an emergency context. The CECs will also oversee the school AWD screening as part of their core responsibilities. The training will help them to understand their primary roles in order to effectively manage the schools in core areas of disaster risk reduction, resource management, community participation, child protection and other social-cultural and economic issues. Improving the capacity of the CECs will contribute to continuity of the activities and ownership of the project well after the project has come to an end which is key for sustainability. This training will be carried out in consultation with the Ministry of Education. (Education)							
Outcome 2							
Encouraged 200 (100 girls and 100 boys) IDP school aged children particularly girls to enroll to the schools							
Output 2.1							
Description							
More than 200 school aged IDP children with equal share of boys and girls have provided basic education through supporting the functioning permanent school at Eelasha IDP settlement to absorb IDP school aged children through provision of teaching and learning materials and emergency teachers incentives.							
Assumptions & Risks							
Community willingness, parents willingness to support their children, no security threats and conflict among the communities							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Education	Number of children enrolled in protected learning spaces					200
Means of Verification : photos, signed agreement between SOYDA and school management, third part monitoring report.							
Indicator 2.1.2	Education	Number of volunteers employed for community mobilization					10
Means of Verification : photos during the mobilization, contacts of the volunteers, third part monitoring report							
Indicator 2.1.3	Education	Number of school children (boys/girls) reached with school feeding			250	250	500
Means of Verification : photos during the mobilization, contacts of the volunteers, third part monitoring report							
Indicator 2.1.4	Education	Number of teachers receiving emergency incentives					11
Means of Verification : Photos, teachers signed payment sheets, contacts of the teachers and third part monitoring report							
Indicator 2.1.5	Education	Number of children(Boys&Girls) provided with learning supplies					500
Means of Verification : Delivery notes and received notes signed by the school heads							
Activities							
Activity 2.1.1							
Standard Activity : Student enrolment							
SOYDA will negotiate with the existing permanent functioning school at Elasha/Sinka dheer IDP settlements' management to absorb more than 200 school aged children with equal share of boys and girls (100 girls and 100 boys). SOYDA will also support the school (WASH section) construction of water kiosk supplied water through piping system and construction of 6 gender sensitive IDP school latrines. (Education)							
Activity 2.1.2							
Standard Activity : Community based participation							
SOYDA will employ 10 volunteers (5 men and 5 women) from the IDPs to sensitize and mobilize the IDP parents to enroll their children particularly girls to the schools through visiting house-to-house, community gathering squares and mosques. (Education)							
Activity 2.1.3							
Standard Activity : School feeding							

Support school feeding programmes to 500 pupils (200 new children and 300 children already enrolled in the school) to attract parents to allow their children to schools, avoid malnutrition to the pupil and prevent excess dropouts. The children will be given two-times/ day meals (break time and lunch time). The action will also include distribution of food voucher through our integrated food security project to the households who allow their children to go to school particularly school aged girls.. (Education)

Activity 2.1.4

Standard Activity : Incentive for teachers

Support emergency incentives to 10 teachers (100 \$ cost salary per teacher/month) and 1 head teacher (150 \$ cost salary per month) to encourage the permanent function of the school management at Elasha to absorb 200 children and encourage the teachers to teach the IDP pupils and to work two shifts (morning and afternoon). (Education)

Activity 2.1.5

Standard Activity : School equipment and material learning distribution

Since the drought weakened the purchasing power of the community and most of these parents are now unable to purchase learning materials for their children, the project will procure and distribute basic learning and teaching materials for the students and the schools to help them continue their education. The items to distributed include exercise books, pen, pencil, sharpeners, erasers, mathematic sets for both teachers and students and mixed color dustless chalk. These materials are intended to contribute to the retention of the children and improved quality of teaching and learning system in the target schools. 500 students will benefit these learning supplies. (Education)

Additional Targets :

Food Security

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

Contribution to Cluster/Sector Objectives : The project will contribute to the cluster objective through provision of food by vouchers to the 1400 most vulnerable drought affected Households (HH)with Severe acute malnourished (SAM) and moderate acute malnourished (MAM) children/ boys and girls aged under 5 years and also families with children in school in the project targeted location in Afgooye corridor IDPs.

Outcome 1

Improved access to food for 1400 most vulnerable drought affected Households (HH) with severe acute and moderate malnourished children (boys and girls) aged under 5 years and also families with children in school through food voucher for 3 months in the project targeted locations

Output 1.1

Description

1400 most vulnerable Households (HH) with severe acute and moderate malnourished children (boys and girls) aged under 5 years and also families with children in school receive food through vouchers in the project targeted locations

Assumptions & Risks

1. conducive security situation
2. Availability of food for distribution

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					1,400

Means of Verification : 1. GPS tagged photos 2. Food distribution reports
3. Monitoring report

Indicator 1.1.2	Food Security	Number of Households (HH) receiving food by voucher for 3 months in the project targeted location					1,400
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Means of Verification : 1. GPS tagged photos 2. Project interim and Final reports
3. Signed vouchers with details of beneficiaries

Activities

Activity 1.1.1

Standard Activity : Conditional or unconditional Cash transfer

Identification and selection of the most vulnerable drought affected Households (HH) with severe acute and moderate malnourished children (boys and girls) aged under 5 and families with children in school in the project targeted locations. (Food Security)

Activity 1.1.2

Standard Activity : Voucher distribution

Selection of traders for food vouchers, signing of agreement and provision of food through vouchers (value of Minimum expenditure Basket 74.7\$ in Afgooye Corridor is to the most vulnerable 1400 Households (HH) with severe acute and moderate malnourished children (boys and girls) aged under 5 years and families with children in school in the project targeted locations. (1400 households to be targeted each receiving 50 kg Rice @ \$0.8/kg, 6 liter @\$1.2/Liter, 10 pulse @ \$1.4/kg and 15 sugar @ \$0.9/kg for a duration of three months)

Additional Targets :

Health							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			50		
To contribute to the reduction of maternal and child morbidity and mortality		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			50		
Contribution to Cluster/Sector Objectives : The project objective is directly contributing the cluster objective through providing basic primary and life-saving health care services for affected IDPs and members of their host communities in Afooye corridor							
Outcome 1							
Improved access to essential life-saving health services with special focus on maternal/child health and prevention, response and control of AWD outbreaks to drought affected populations at Afooye corridor IDPs.							
Output 1.1							
Description							
A total of 25,000 (4500 men, 5500 women, 7500 girls and 7500 boys) vulnerable drought/AWD affected have access to integrated primary health care services that will include maternal, Neonatal and child health services for the target areas of Afooye corridor IDPs.							
Assumptions & Risks							
Sustained the improved security situation and adequately supplies received							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					25,000
Means of Verification : Health Management Information System (HMIS) data and project reports, OPD registers, Field visit reports, OPD							
Indicator 1.1.2	Health	Number (15%) of severe complicated cases detected and referred through active and passive response					3,750
Means of Verification : Health Management Information System (HMIS) data and project reports, OPD registers, Field visit reports, OPD registers							
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					20,500
Means of Verification : Health Management Information System (HMIS) data and project reports, OPD registers, Field visit reports, OPD registers							
Activities							
Activity 1.1.1							
Standard Activity : Primary health care services, consultations							
Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections, sexually transmitted infections among others to 4500 men, 5500 women, 7500 girls and 7500 boys Afooye corridor IDPs/Host Communities. (Health)							
Activity 1.1.2							
Standard Activity : Secondary health care and referral services							
Identify through active case detection and refer IDP patients with medical severe cases (Severe dehydrated patients, severe Pneumonia, pregnancy related bleedings, hypertension, diabetic patients) that requires admission at health facilities after providing first aid services. (Health)							
Activity 1.1.3							
Standard Activity : Immunisation campaign							
Provide quality and safe routine and supplementary immunization to 15000 children under the age of five years (7500 boys and 7500 girls) and to 5500 Women of child bearing age at through outreach Integrated Emergency response service delivery. (Health)							
Outcome 2							
Improved service delivery through capacity building of health care providers as well as community volunteers and target beneficiaries							
Output 2.1							
Description							
Enhanced capacity of health staff and community health workers on effective management of Community case management and IMCI.							
Assumptions & Risks							
Improved service delivery quality							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					40
Means of Verification : interim and final reports, participants contact details including names and telephone numbers							
Indicator 2.1.2	Health	Number of trained staff participated in awareness raising session both at facility and community levels					35
Means of Verification : Training report with dully filled attendance sheets and photos.							
Activities							
Activity 2.1.1							
Standard Activity : Emergency Preparedness and Response capacities							
Conduct one training for 15 Male and 25 female SOYDA staff on integrated management of childhood illness IMCI, cholera and measles case management. (Health)							
Activity 2.1.2							
Standard Activity : Awareness campaigns and Social Mobilization							
Conduct community awareness raising sessions 15 Female and 20 Male to create awareness on common communicable diseases with emphasis on AWD, malaria, maternal health, child and maternal malnutrition through the front line health workers and Community health educators. (Health)							
Additional Targets :							
Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people					50
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people					30
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions		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					20
Contribution to Cluster/Sector Objectives : The project objective is directly contributing the cluster objective in scaling up nutrition services to treat and prevent acute malnutrition and related morbidity and mortality among under-five children and pregnant and lactating women in Afgooye corridor IDPs							
Outcome 1							
Increased access to emergency nutrition services to children under five and pregnant and lactating women in Afgooye corridor IDPs.							
Output 1.1							
Description							
Improved case detection, prevention and treatment intervention for the acutely malnourished among the vulnerable groups (1400 boys, 1400 girls and 1000 pregnant and lactating women).							
Assumptions & Risks							
Adequate supply for the treatment of the target group, Improved security							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					3,800
Means of Verification : Screening reports, Monthly reports, HMIS registers, activity reports GPS tagged activity photos							
Indicator 1.1.2	Nutrition	Number of severe acutely malnourished children 6 -59 months cases referred to Stabilization Centers					600
Means of Verification : Screening reports, Monthly reports, HMIS registers, activity reports GPS tagged activity photos							

Indicator 1.1.3	Nutrition	Number of boys, girls and PLW receiving multiple micronutrients						3,800
Means of Verification : Screening reports, Monthly reports, HMIS registers, activity reports GPS tagged activity photos								
Activities								
Activity 1.1.1								
Standard Activity : Community screening for malnutrition and referral								
Screen and admit 1400 boys, 1400 girls and 1000 PLWs of severely malnourished without medical complications in Afogooye corridor IDPs . (Nutrition)								
Activity 1.1.2								
Standard Activity : Community screening for malnutrition and referral								
Identify and refer children with severe malnutrition cases having medical complications that require admission to Afogooye hospital Stabilization Centers for further treatment. (Nutrition)								
Activity 1.1.3								
Standard Activity : Maternal child health and nutrition (MCHN) packages								
Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2800 acutely malnourished children (boys (1400) and girls (1400) and 1000 pregnant and lactating women in Afogooye corridor IDPs . (Nutrition)								
Outcome 2								
Increased awareness regarding infant young child feeding practices in emergency (IYCF-E) among the target communities in Afogooye corridor IDPs								
Output 2.1								
Description								
Target communities living in Afogooye corridor IDPs have improved knowledge on infant young child feeding practices in emergency (IYCF-E)								
Assumptions & Risks								
Availability of IEC materials,								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 2.1.1	Nutrition	Number of IYCF promotion sessions held					12	
Means of Verification : Monthly reports, HMIS registers, activity reports								
Indicator 2.1.2	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					3,800	
Means of Verification : Monthly reports, HMIS registers, activity reports, field photos, OTP registers								
Indicator 2.1.3	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					18	
Means of Verification : NHHP Registers, reports, attendance sheets, photos								
Activities								
Activity 2.1.1								
Standard Activity : Infant and young child feeding promotion								
Conduct community and outreach-based IYCF –E promotion in target areas. IYCF-E counselor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition sites, the staff will also organize ten session on IYCF-E at community level targeting 400 men and 630 women. (Nutrition)								
Activity 2.1.2								
Standard Activity : Infant and young child feeding counselling								
Conduct IYCF Counseling-both individual and group counseling for mothers/caregivers visiting the nutrition sites in Afogooye corridor IDPs. (Nutrition)								
Activity 2.1.3								
Standard Activity : Nutrition health and Hygiene promotion								
Conduct weekly education on nutrition and hygiene targeting mothers/caretakers of children 6-59 months and the general population to enhance optimum nutrition and hygiene practices in Afogooye corridor IDPs. (Nutrition)								
Outcome 3								
Improved service delivery through capacity building of the staff, community volunteers both men and women on nutrition management both basic and refresher IMAM, IYCF trainings								
Output 3.1								
Description								
Enhanced capacity of staff and community health workers on effective Integrated Management of Acute Malnutrition (IMAM and Infant and Young Child Feeding (IYCF) treatment guidelines								
Assumptions & Risks								

Availability of qualified staffs,							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					39
Means of Verification : Training reports, activity reports, photos							
Indicator 3.1.2	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					39
Means of Verification : Training reports, activity reports, photos							
Activities							
Activity 3.1.1							
Standard Activity : Capacity building							
Conduct one session of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 female staff. (Nutrition)							
Activity 3.1.2							
Standard Activity : Capacity building							
Conduct one session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers. (Nutrition)							
Additional Targets :							
Water, Sanitation and Hygiene							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Provide access to safe water, sanitation and hygiene for people in emergency		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people					100
Contribution to Cluster/Sector Objectives : To increase access to sustainable water, sanitation and comprehensive hygiene practices among 25,000 (4500 men, 5500 women, 7500 girls and 7500 boys) drought and AWD affected men, women, boys and girls in Afgooye corridor IDPs through Integrated response service for IDPs settlements, in order to reduce the incidence of AWD/cholera diseases to IDPs and vulnerable communities at risk							
Outcome 1							
Improved awareness and knowledge on preventive measures to WASH related diseases and Hand washing with soap practices among 25,000 (4500 men, 5500 women, 7500 girls and 7500 boys) vulnerable drought/AWD affected men, women, boys and girls in Afgooye corridor IDPs.							
Output 1.1							
Description							
Improved 25,000 (4500 men, 5500 women, 7500 girls and 7500 boys) drought/AWD affected IDPs and host communities their knowledge on preventive measures to WASH related diseases by implementing appropriate comprehensive hygiene promotion activities with increased widespread adaption of safe hygiene practices both at public and household level to practice safe hygiene by participating in hygiene promotion campaigns (e.g. door to door campaigns, institutional campaigns and public awareness activities).							
Assumptions & Risks							
Community willingness, no security threats and conflict among the communities							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					30
Means of Verification : photos during the distribution, signed distribution forms, beneficiaries telephones, third part monitoring report.							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					2,000
Means of Verification : photos during the distribution, signed distribution forms, beneficiaries telephones, third part monitoring report.							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					25,000
Means of Verification : photos, CHPs' telephones, third part monitoring report.							
Activities							
Activity 1.1.1							
Standard Activity : Community Hygiene promotion							

In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local authority shared equally men and women to conduct 3 days training on best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, markets and etc. (WASH)

Activity 1.1.2

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

Distribute 2000 Hygiene Promotion kits (HP kits) to 2000 to HH with discharged AWD/cholera affected patients and drought driven HH with malnourished children to reduce the risk of AWD/cholera diseases and malnutrition among the drought affected IDPs and host communities. Each HP kit consists (200 aqua tabs, 5 bars of soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity). (WASH)

Activity 1.1.3

Standard Activity : Community Hygiene promotion

Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 25,000 (4500 men, 5500 women, 7500 girls and 7500 boys) drought/AWD affected IDPs and host communities through visiting house to house, schools, health and nutrition centers using trained 26 Community Hygiene Promoters (CHPs), health and nutrition staffs, with the supervision of well experienced and qualified 2 Hygiene promoters; shared equally by men and women. The CHPs will disseminate the hygiene promotion messages to the entire community including men, women, girls and boys through visiting house-to-house, schools, markets and schools, while the trained health and nutrition staffs disseminate the hygiene promotion messages to the patients and caretakers who visit the health and feeding centers. The Hygiene Promoters will supervise, evaluate and give consultations and guidance to the CHPs, health and nutrition staffs in accordance to WASH cluster guideline and promotion of hand washing with soaps. The action will also include distribution of standard HP IEC materials for social mobilization.

Outcome 2

Increased sustained access to Safe Water for 5000 (900 men, 1100 women, 1500 girls and 1500 boys) to drought driven and AWD affected IDPs and host communities and 1 IDP school at Elasha CTC to reduce incidences of malnutrition, AWD and GBV affecting mainly to women and girls.

Output 2.1

Description

At least 5000 (900 men, 1100 women, 1500 girls and 1500 boys) drought driven and AWD affected IDPs and host communities at Elasha CTC have access to safe water through upgrading one borehole and constructing 5 water kiosks supplied water through piping system to 4 TDP camps and 1 school.

Assumptions & Risks

Community willingness, no security threats and conflict among the communities

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					5,000

Means of Verification : photos, well operators, WASH committee members and beneficiaries telephones,

Indicator 2.1.2	Water, Sanitation and Hygiene	Number of wash committee members who have participated in capacity building activities					7
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Means of Verification : photos, attendance sheets, trainees' telephone numbers, training reports

Indicator 2.1.3	Water, Sanitation and Hygiene	Number of water kiosks constructed					5
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Means of Verification : photos, well operators, WASH committee members and beneficiaries telephones,

Activities

Activity 2.1.1

Standard Activity : Water point construction or rehabilitation

Rehabilitate/upgrade 1 diesel powered borehole in Eelasha CTC through hybrid solar powered system, in order to reduce the running cost of the borehole and receive the IDPs and host community with reasonable and affordable price for the continuation of the sustainability of the water source. (WASH)

Activity 2.1.2

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

Conduct WASH committee training (4 men and 3 women) on better water resource management, well chlorination, bucket disinfection, HHWT use, and maintenance of water facilities. (WASH)

Activity 2.1.3

Standard Activity : Water point construction or rehabilitation

Construct 5 water kiosks near 4 IDP camps and 1 school near the water point in the CTC center and supply water through piping system, benefiting around 5,000 men, women, girls and boys drought affected IDPs and host communities. Chlorinate the rehabilitated water point and conduct daily monitor FRC test by providing the well operators training for sustainability of the water treatment and equipping appropriate amount of chlorine to disinfect the well on weekly basis. (WASH)

Outcome 3

Improved environmental sanitation to 4500 drought affected IDPs and host communities to reduce the spread of AWD/cholera diseases

Output 3.1

Description							
Improved environmental sanitation to drought affected IDPs and host communities through rehabilitating of 6 gender segregated latrines in Eelasha CTC and construction of 6 IDP school latrines (3 for male and 3 for female) in a school at Eelasha.							
Assumptions & Risks							
Community willingness, no security threats and conflict among the communities							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	Water, Sanitation and Hygiene	Number of people assisted with access to sustainable sanitation					4,500
Means of Verification : Monthly progress reports, signed attendance sheets, Photos during the training and training reports							
Indicator 3.1.2	Water, Sanitation and Hygiene	Number of children and school staff with sustained access to sanitation facilities					211
Means of Verification : Monthly progress reports, signed attendance sheets, Photos during the training and training reports							
Activities							
Activity 3.1.1							
Standard Activity : Latrine construction or rehabilitation							
Rehabilitate 6 gender sensitive latrines at Eelasha CTC center and construct 6 gender sensitive IDP school latrines (3 for male and 3 for female) in an IDP school at Eelasha. The action includes: replacing the rusted iron sheets, floors, roofs and hand washing basins. The rehabilitated sanitation facilities will be equally segregated and accessible to men, women, boys and girls.							
Activity 3.1.2							
Standard Activity : Desludging of latrines							
Construct gender sensitive 6 IDP school latrines at Eelasha. The action includes: excavation of desludging septic tank, construction of walls and roofs with iron sheet and timber, construction of floor with screened cement and sand and pipes for ventilation. The location of the latrines will be consulted to boys and girls to avoid risk of rape.							
Additional Targets :							

M & R

Monitoring & Reporting plan

Participatory monitoring and evaluation will be employed with regard to the frequency, keeping track/ assessing the effectiveness of the interventions with the aim of working within and where necessary adjusting the work plan to enhance efficiency and realization of project objectives. Our project M&E Officer together with the program team and beneficiaries will employ routine information gathering systems through weekly field/site visits, prepare progress reports, carry out rapid monthly assessments on project activities. The field's reports will be sent to the Program Manager who will then assemble the project team to analyze and match actual reporting with indicators and project activities in the work plan. Disparities will be explained and appropriate remedial action taken in consultation with the program manager. In this project, SOYDA will use four tier level monitoring approaches (i) reporting against agree work plan (ii) staff field visit, meetings, supervision and technical support, (iii) Baseline assessment and post project assessment will be conducted to measure the impact of the intervention (iv) Community Feedback and Response Mechanism (CFRM) to check on satisfaction, curb aid diversion and re-evaluation and possible re-adjustments of the intervention. The PM develops a detailed monitoring plan and participatory monitoring tools to ensure all the stakeholders including the beneficiaries participate in M&E of the activities. SOYDA will strengthen health, food security, education, WASH and nutrition service provision through integrated services to the vulnerable population; work closely with Ministry of Health, Food security, Education, WASH, Health and Nutrition clusters, UNICEF and other partners in Afgooye corridor . The objective is a holistic and all-inclusive approach since Mogadishu's IDPs corridor that hosts the Internally Displaced Persons IDPs is a densely populated area that cannot be adequately covered by one partner. SOYDA has put in place a variety of Monitoring and Evaluation (M&E) tools that will be used to assess programme activities in the health service. SOYDA Project Manager will provide support for supportive supervision of MoH staffs, training and other capacity building activities. Joint monthly supervision and monitoring visits between SOYDA and Ministry of Health will be scheduled.

Workplan	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Identification and selection of the most vulnerable drought affected Households (HH) with severe acute and moderate malnourished children (boys and girls) aged under 5 and families with children in school in the project targeted locations. (Food Security)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.1: In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local authority shared equally men and women to conduct 3 days training on best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, markets and etc. (WASH)	2018	X	X	X	X	X	X	X	X	X			

Activity 1.1.1: Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections, sexually transmitted infections among others to 4500 men, 5500 women, 7500 girls and 7500 boys Afogooye corridor IDPs/Host Communities. (Health)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.1: Screen and admit 1400 boys, 1400 girls and 1000 PLWs of severely malnourished without medical complications in Afogooye corridor IDPs .(Nutrition)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.1: SOYDA will conduct community mobilization and back to school campaigns in the target areas aimed to retain the learners in the schools and bring the dropouts back to the schools. The campaigns will focus on topics include inclusive education and importance of education etc. SOYDA staff and the CEC will conduct the mobilizations and no cost will be incurred in these mobilizations. (Education)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.2: Distribute 2000 Hygiene Promotion kits (HP kits) to 2000 to HH with discharged AWD/cholera affected patients and drought driven HH with malnourished children to reduce the risk of AWD/cholera diseases and malnutrition among the drought affected IDPs and host communities. Each HP kit consists (200 aqua tabs, 5 bars of soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity). (WASH)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.2: Identify and refer children with severe malnutrition cases having medical complications that require admission to Afogooye hospital Stabilization Centers for further treatment. (Nutrition)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.2: Identify through active case detection and refer IDP patients with medical severe cases (Severe dehydrated patients, severe Pneumonia, pregnancy related bleedings, hypertension, diabetic patients) that requires admission at health facilities after providing first aid services. (Health)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.2: Selection of traders for food vouchers, signing of agreement and provision of food through vouchers (value of Minimum expenditure Basket 74.7\$ in Afogooye Corridor is to the most vulnerable 1400 Households (HH) with severe acute and moderate malnourished children (boys and girls) aged under 5 years and families with children in school in the project targeted locations. (1400 households to be targeted each receiving 50 kg Rice @ \$0.8/kg, 6 liter @ \$1.2/Liter, 10 pulse @ \$1.4/kg and 15 sugar @ \$0.9/kg for a duration of three months)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.2: Train teachers /increase teachers capacity on education in emergencies and prevention of AWD The training will also focus on the head teachers and teachers to help them understand the management of their schools and to be able to mobilize the community to participate and support the school management, Hygiene promotions, sustainability and durability of the schools. (Education)	2018	X											
Activity 1.1.3: Community education committees (CECs) oversee the running, management and administration of the schools. 2 CEC per school will be trained on basic roles and responsibilities to support management of the existing public target schools in an emergency context. The CECs will also oversee the school AWD screening as part of their core responsibilities. The training will help them to understand their primary roles in order to effectively manage the schools in core areas of disaster risk reduction, resource management, community participation, child protection and other social-cultural and economic issues. Improving the capacity of the CECs will contribute to continuity of the activities and ownership of the project well after the project has come to an end which is key for sustainability. This training will be carried out in consultation with the Ministry of Education. (Education)	2018	X											
Activity 1.1.3: Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 25,000 (4500 men, 5500 women, 7500 girls and 7500 boys) drought/AWD affected IDPs and host communities through visiting house to house, schools, health and nutrition centers using trained 26 Community Hygiene Promoters (CHPs), health and nutrition staffs, with the supervision of well experienced and qualified 2 Hygiene promoters; shared equally by men and women. The CHPs will disseminate the hygiene promotion messages to the entire community including men, women, girls and boys through visiting house-to-house, schools, markets and schools, while the trained health and nutrition staffs disseminate the hygiene promotion messages to the patients and caretakers who visit the health and feeding centers. The Hygiene Promoters will supervise, evaluate and give consultations and guidance to the CHPs, health and nutrition staffs in accordance to WASH cluster guideline and promotion of hand washing with soaps. The action will also include distribution of standard HP IEC materials for social mobilization.	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.3: Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2800 acutely malnourished children (boys (1400) and girls (1400) and 1000 pregnant and lactating women in Afogooye corridor IDPs . (Nutrition)	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.3: Provide quality and safe routine and supplementary immunization to 15000 children under the age of five years (7500 boys and 7500 girls) and to 5500 Women of child bearing age at through outreach Integrated Emergency response service delivery. (Health)	2018	X	X	X	X	X	X	X	X	X			

Activity 2.1.1: Conduct community and outreach-based IYC –E promotion in target areas. IYCF-E counselor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition sites, the staff will also organize ten session on IYCF-E at community level targeting 400 men and 630 women. (Nutrition)	2018	X	X	X	X	X	X	X	X	X								
Activity 2.1.1: Conduct one training for 15 Male and 25 female SOYDA staff on integrated management of childhood illness IMCI, cholera and measles case management. (Health)	2018		X															
Activity 2.1.1: Rehabilitate/upgrade 1 diesel powered borehole in Eelasha CTC through hybrid solar powered system, in order to reduce the running cost of the borehole and receive the IDPs and host community with reasonable and affordable price for the continuation of the sustainability of the water source. (WASH)	2018	X	X	X	X	X	X	X	X	X								
Activity 2.1.1: SOYDA will negotiate with the existing permanent functioning school at Elasha/Sinka dheer IDP settlements' management to absorb more than 200 school aged children with equal share of boys and girls (100 girls and 100 boys). SOYDA will also support the school (WASH section) construction of water kiosk supplied water through piping system and construction of 6 gender sensitive IDP school latrines. (Education)	2018	X	X	X	X	X	X	X	X	X								
Activity 2.1.2: Conduct community awareness raising sessions 15 Female and 20 Male to create awareness on common communicable diseases with emphasis on AWD, malaria, maternal health, child and maternal malnutrition through the front line health workers and Community health educators. (Health)	2018	X																
Activity 2.1.2: Conduct IYCF Counseling-both individual and group counseling for mothers/caregivers visiting the nutrition sites in Afgooye corridor IDPs. (Nutrition)	2018	X	X	X	X	X	X	X	X	X								
Activity 2.1.2: Conduct WASH committee training (4 men and 3 women) on better water resource management, well chlorination, bucket disinfection, HHWT use, and maintenance of water facilities. (WASH)	2018	X																
Activity 2.1.2: SOYDA will employ 10 volunteers (5 men and 5 women) from the IDPs to sensitize and mobilize the IDP parents to enroll their children particularly girls to the schools through visiting house-to-house, community gathering squares and mosques. (Education)	2018	X	X	X	X	X	X	X	X	X								
Activity 2.1.3: Conduct weekly education on nutrition and hygiene targeting mothers/caretakers of children 6-59 months and the general population to enhance optimum nutrition and hygiene practices in Afgooye corridor IDPs. (Nutrition)	2018	X	X	X	X	X	X	X	X	X								
Activity 2.1.3: Construct 5 water kiosks near 4 IDP camps and 1 school near the water point in the CTC center and supply water through piping system, benefiting around 5,000 men, women, girls and boys drought affected IDPs and host communities. Chlorinate the rehabilitated water point and conduct daily monitor FRC test by providing the well operators training for sustainability of the water treatment and equipping appropriate amount of chlorine to disinfect the well on weekly basis. (WASH)	2018		X															
Activity 2.1.3: Support school feeding programmes to 500 pupils (200 new children and 300 children already enrolled in the school) to attract parents to allow their children to schools, avoid malnutrition to the pupil and prevent excess dropouts. The children will be given two-times/ day meals (break time and lunch time). The action will also include distribution of food voucher through our integrated food security project to the households who allow their children to go to school particularly school aged girls.. (Education)	2018	X	X	X	X	X	X	X	X	X								
Activity 2.1.4: Support emergency incentives to 10 teachers (100 \$ cost salary per teacher/month) and 1 head teacher (150 \$ cost salary per month) to encourage the permanent function of the school management at Elasha to absorb 200 children and encourage the teachers to teach the IDP pupils and to work two shifts (morning and afternoon). (Education)	2018	X	X	X	X	X	X	X	X	X								
Activity 2.1.5: Since the drought weakened the purchasing power of the community and most of these parents are now unable to purchase learning materials for their children, the project will procure and distribute basic learning and teaching materials for the students and the schools to help them continue their education. The items to distributed include exercise books, pen, pencil, sharpeners, erasers, mathematic sets for both teachers and students and mixed color dustless chalk. These materials are intended to contribute to the retention of the children and improved quality of teaching and learning system in the target schools. 500 students will benefit these learning supplies. (Education)	2018	X	X	X	X	X	X	X	X	X								
Activity 3.1.1: Conduct one session of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 female staff. (Nutrition)	2018		X															
Activity 3.1.1: Rehabilitate 6 gender sensitive latrines at Eelasha CTC center and construct 6 gender sensitive IDP school latrines (3 for male and 3 for female) in an IDP school at Eelasha. The action includes: replacing the rusted iron sheets, floors, roofs and hand washing basins. The rehabilitated sanitation facilities will be equally segregated and accessible to men, women, boys and girls.	2018	X		X														
Activity 3.1.2: Conduct one session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers. (Nutrition)	2018	X																

Activity 3.1.2: Construct gender sensitive 6 IDP school latrines at Eelasha. The action includes: excavation of desludging septic tank, construction of walls and roofs with iron sheet and timber, construction of floor with screened cement and sand and pipes for ventilation. The location of the latrines will be consulted to boys and girls to avoid risk of rape.	2018	X	X	X																
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OTHER INFO

Accountability to Affected Populations

SOYDA will ensure that it is accountable to the Affected Populations by providing leadership through the demonstration of commitment and ensuring feedback and accountability mechanisms are integrated into response mechanism, programme implementation, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting. Transparency by providing accessible and timely information to affected populations on organizational procedures, structures and processes. By having a feedback and complaints mechanism that actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly. By ensuring participation and enabling affected populations play an active role in the decision-making processes that affect them and by designing, a monitoring and evaluation goals and objectives that are meant for the programs with the involvement of affected populations SOYDA will endeavor to engage the community members through focus group discussion on both men and women to enable get their input and identify the community behavioral and practices on health and nutrition service seeking behavior. This will ensure for SOYDA to later documents lesson that will promotes the community program.SOYDA shall also provide an initial platform where communities members get to understand the various cluster specific target group such as nutrition, health and food security so that the community members get to know the actual target group, SOYDA will too share a hotline number to enable community provide their specific concern and hence quick action on anything that the community either complain or once complements further improvement done.

Implementation Plan

SOYDA will recruit and contract qualified 4 Integrated response teams through public announcement for the proper implementation of this project. SOYDA will also implement this project with the participation of other key stakeholders using participatory approaches and methods. Mobilization and consultative meetings with the communities and other stakeholders will be held regularly at field level. The project activities are linked across Education, Food Security, health, nutrition WASH activities for maximum synergies and sustainable impacts in the following manner:

Health: Emphasis will be on maternal, neonatal and child health including emergency immunization to the host communities and IDPs as well as treatment of severe acute malnutrition, building the capacity of health workers through training on integrated management of acute illness IMCI, Cholera/measles case management and community case management CCM will be done to equip health workers with the required skills to deliver quality healthcare services. Also 500 school going children will be screened of AWD/cholera, measles and malnutrition and provided appropriate treatment through health and nutrition services

Nutrition: Capacity building of nutrition staff on IMAM/IYCF services, infants young child feeding best practices (IYCF), as well as conduct caregivers infant and young child feeding practices, IYCF promotion session for better information dissemination to the caregivers in the project area. Referral of malnourished children with complicated cases will be done to the Outpatient Therapeutic Programme integrated with primary health care services managed by SOYDA and other actors in Afgooye corridor

WASH: WASH services will be improved through conducting comprehensive hygiene promotion activities, hygiene kits, increasing access to sustainable safe water and sanitation facilities to the IDPs and schools.

Food security: The drought affected IDPs with malnourished children aged under 5 years and households with school aged children and ready to enroll their children to the schools will be provided food vouchers for 3 months successively to enhance their food security status, prevent relapse upon treatment of malnutrition and increase children going to school.

Education: SOYDA will support to functional school to absorb 200 IDP children (the school will be at two shifts, morning and afternoon) through provision of teaching/learning materials and emergency teaching incentives. To increase school-aged children to go to school, SOYDA will provide school feeding to 500 children (200 new children and 300 children at the school) shared equally boys and girls to attract parents to allow their children to schools, avoid malnutrition among the children and prevent excess dropouts. In addition to that SOYDA will employ 10 volunteers (5 men and 5 women) from the IDPs to sensitize and mobilize the IDP parents to enroll their children particularly girls to the schools through visiting house-to-house, community gathering squares and mosques. SOYDA will however, focus the following project for better monitoring and implementation of its activities such locations are Lafole village IDPs (Bandar Wanag Umbrella IDPs, Calimeey IDPs, Abrone IDPs, Nafada iyo agoonta IDPs, Musbah Camp IDPs), Elasha Village IDPs (Horseed IDPs, Nafada Alnur IDP, Alfaraj Umbrella IDPs, Shareeca Camp IDPs and Al-Nasri IDPs), Arbis and Hawa Abdi IDP camps. SOYDA will recruit experienced project manager that will ensure effective community participatory approach in project planning, implementation & management. Successful implementation of this project is likely to substantially attenuate the transmissible disease burden borne. To provide effective coordination, SOYDA will provide monthly activity updates with partners including WASH, Health, food security, education and Nutrition clusters both regional and Nairobi level, Other agencies working in the field who are doing other sector projects.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Support on training materials and supply package
UNOCHA	Sharing project narrative and financial reports
Health, Nutrition, WASH. Education and Food security Clusters	Joint monitoring visits, project information sharing, coordination to avoid duplication, advocacy for additional needs,
Ministry of Water, Ministry of Health FGS	Joint monitoring visits, project information sharing, coordination to avoid duplication, advocacy for additional needs,
HINNA, SORDO	SOYDA will work closely on GBV referral and treatments of the beneficiaries that needs Psychosocial support
FPENS	School programs

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

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

Protection Mainstreaming

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

Country Specific Information

Safety and Security

SOYDA staff has access to the area and will be directly manning the facilities and providing services. However, security is unpredictable in Somalia and SOYDA will closely monitoring the situation and will closely work with other actors to monitor the situation. SOYDA has local based security plan so that its staff and facilities are safe and secure. Staff are informed to be on the look for any suspicious elements and report to authorities and also evacuate as necessary. SOYDA will be participating in cluster forums and will be implementing all security advisories and shared briefings. In the event of untoward activities, SOYDA will immediately notify the communities, FMOH, the Health, Food security, Education, Nutrition and WASH Clusters and UNOCHA and any other concern actors in the area.

Access

SOYDA has been working in Afgooye corridor since 2007 and enjoys the support of the community and the authorities. SOYDA expects to keep good relationships with all actors in Afgooye corridor and expects that this will allow SOYDA to work in Afgooye corridor IDP camps without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all SOYDA interventions. SOYDA has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. SOYDA's services will be strategically placed and thus easily accessible to all the target IDPs and vulnerable population and shall be accountable to all affected population in its area of operation

BUDGET

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

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

16. E:5 Travel							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
17. F:6 Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
18. G:7 General Operating and Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
19. H.8 Indirect Programme Support Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
20. Staff and Other Personnel Costs							
1.1	Project Manager	D	1	2,000.00	9	100.00	18,000.00
	<i>The project manager will be based in the field. He/she is responsible the overall management of the project. His/her role includes: Coordinate project activities to ensure that the activities in each results area are implemented in accordance with the project agreement, monitor the procurement of goods and services for the project and ensure execution according to the rules and guidelines established by SOYDA/UNOCHA, monitor project implementation against the established indicators detailed in the project Logical Framework, conduct field visits as required to verify project activities relative to stated targets, prepare project reports (technical and financial) for submission to UNOCHA according to timelines agreed, facilitate troubleshooting options to remove any bottlenecks that might arise during project implementation, manage the day-to-day operations of the Project Management Unit, plan and arrange community meetings, maintain close relationship with key stakeholders (state and non-state) and ensure adequate information flow, liaise with relevant members of staff as necessary to ensure efficient and effective implementation of the project, undertake closing out activities for the project which include final financial and technical reports, and the handing over of documents as necessary and undertake any other activity that may be necessary for the effective management of the project. The salary of PM is US\$2000/month inclusive medical and security charges. SHF will contribute 100% of the salary cost</i>						
1.2	Finance Officer	D	1	1,500.00	9	50.00	6,750.00
	<i>The finance officer: Will be based in Mogadishu office, but spend 50% of his/her time on the project, he/she prepares all the financial documents and financial reports and keeps in record. The salary of finance officer is US\$1500 inclusive of medical and security charges. SHF will contribute 50% of his/her salary, while SOYDA contributes the remaining 50% of his/her salary cost</i>						
1.3	Doctors (4 teams, Each team One Lead Doctor as per Integrated Strategy)	D	4	1,000.00	9	100.00	36,000.00
	<i>Doctors diagnose patient conditions using examinations and tests. Based on their findings, they prescribe treatment and medications to attempt to heal any illnesses or injuries. patients who have been severely complicated and refer to the hospital and other health professionals. They apply medical knowledge and skills to the diagnosis, prevention and management of disease. Four persons (one per site) will be engaged at an all inclusive salary of USD 1000 per person per month for 9 months with SHF supporting 100% of the salary cost</i>						
1.4	Qualified Nurse (4 teams, Each team two nurses as per Integrated Strategy)	D	8	400.00	9	100.00	28,800.00
	<i>8 Qualified will be employed who will be responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program. The nurses will continuously update patient's medical records to ensure information is up to date for appropriate decision-making. The nurses will be paid all-inclusive salary of @USD 400 per month for 9 month. SHF will pay 100% of the salary.</i>						
1.5	Midwife (4 teams, Each team one Midwife as per Integrated Strategy))	D	4	400.00	9	100.00	14,400.00
	<i>Four midwives will be recruited for the project, one per health facility .They will expected to; examine and monitor pregnant women, assess care requirements and write care plans, undertake antenatal care, carry out screening tests, provide information, emotional support and reassurance to women and their partners, take patient samples, take and record patient vital signs, Monitor labor and provide skilled delivery to women. Detect, monitor, assist or refer complicated pregnancies for further management. Counsel and assess postnatal mothers and advise them on daily care of their newborn babies, help parents to cope with miscarriage, termination, stillbirth and neonatal death, and write records.. The salary of midwives will be at US\$400 month. SHF will pay 100% of the midwives' salaries.</i>						

1.6	Community Health Workers CHWs (4 teams, Each team One CHW s as per as per Integrated Strategy)	D	4	200.00	9	100.00	7,200.00
	<i>Community health workers (CHW) are members of a community who are chosen by community members to provide basic health and medical care to their community capable of providing preventive, promotional and rehabilitation care to these communities. 4 community Health workers will be recruited in consultation and with the support of the community. Since they will be based t community level, they will be expected to play major role the prevention and control of AWD/cholera currently active in target districts. The monthly salary of these group will be @USD 200 per month for 9 months, SHF will pay 100% of the salary cost.</i>						
1.7	Nutrition Screener (One per site)	D	4	200.00	9	100.00	7,200.00
	<i>4 Screeners will be responsible for screening children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the IMAM guidelines. all inclusive salary of USD 200 per month for 9 month. SHF will pay 100% of the total cost salary</i>						
1.8	Outpatient therapeutic program (OTP) Registers (one per site)	D	4	200.00	9	100.00	7,200.00
	<i>4 Outpatient therapeutic program (OTP) registrars-1 per site will be employed who will maintain accurate records of all admissions, discharges, transfers and death in the program using Outpatient therapeutic program (OTP) Registers. Will be paid an all-inclusive salary of @USD 200 per month for 9 months, SHF will contribute 100% of the salary cost</i>						
1.9	Infant and Young Child Feeding (IYCF) Counsellors (one per site)	D	4	400.00	9	100.00	14,400.00
	<i>4 Infant and Young Child Feeding IYCF counselors will be engaged for the project at an all inclusive monthly salary of USD 400 per person for 9 months. They will report to the Infant and Young Child Feeding IYCF Supervisors and will be tasked with individual and group education and counseling of caretakers of children under five in the target camps using pre-designed and approved counseling cards. SHF will pay 100% of the salary cost</i>						
1.10	Hygiene promoters -1 per site	D	4	200.00	9	100.00	7,200.00
	<i>Hygiene promoters will be working in the field. He/she is responsible to supervise the community mobilizers and give guidance. His/her salary is USD200. SHF will contribute 100% of the salary cost</i>						
1.11	Monitoring and Evaluation Officer	D	1	1,000.00	9	60.00	5,400.00
	<i>The Monitoring & Evaluation Officer will be responsible for the monitoring and ensuring high quality and timely inputs, and for ensuring that the project maintains its strategic vision and that its activities result in the achievement of its intended outputs in a cost effective and timely manner. The M&E officer will be responsible for designing and implementing the M&E activities of the Project; assisting the Project Manager in preparing reports on project progress and will monitor the project activities on a regular basis, developing and maintaining the MIS of the Project and will be responsible for the collection & analysis of different data in relation to the project activities. The Monitoring and Evaluation Officer works in close collaboration with work closely with project team. The salary of M&E officer is USD 1,000. SHF will contribute 60% of his/her salary cost</i>						
1.12	Security Guard (one per site)	D	4	150.00	9	100.00	5,400.00
	<i>The crowd control/security persons will be employed from the target communities in consultation with the village management committees and will be responsible for controlling crowd and ensuring systematic beneficiary flow. They will additionally ensure security of the team, beneficiaries and the supplies. Four persons (one per site) will be engaged at an all inclusive salary of USD 150 per person per month for 9 months with SHF supporting 100% of the salary cost.</i>						
1.13	Auxiliary nurse-1 per site	D	4	200.00	9	100.00	7,200.00
	<i>Auxiliary Nurse supports the Qualified nurses and medical officers in the centers by providing assistance to patients include appetite test preparation for the children under five years before admission to avoid the children to vomit after treatment, daily hygiene assistance and they overall conditions of patients with hourly temperature checks and do blood pressure testing. The person will spend 100% of his/her time on this project and SHF will contribute 100% of the salary cost</i>						
1.14	WASH Officer	D	1	1,000.00	9	100.00	9,000.00
	<i>Water, sanitation and Hygiene officer will Provide technical and project support to design, planning, Water Supply, sanitation, hygiene promotion and WASH interventions, also he/she will Support scaling up community led total sanitation approach and hygiene promotion activities, also he/she will Contribute to preparation of section reports. He/she spends 100% of his time to the project. The salary of Project WASH officer is US\$1000 inclusive medical and security charges. SHF will pay 100% of his salary.</i>						
1.15	Community hygiene promoters (CHPs)	D	30	100.00	9	100.00	27,000.00
	<i>In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local authority , shared equally men and women by delivering best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, markets and etc. His/her salary is USD100. SHF will contribute 100% of the salary cost</i>						
1.16	Logistic procurement officer	D	1	800.00	9	100.00	7,200.00
	<i>A logistic procurement officer identifies and evaluates suppliers, arranges for transportation of purchased goods, identifies and develops strategies for addressing logistical barriers, monitors use of materials and resources, and ensures quality record keeping. The monthly salary of Logistic procurement officer will be @USD 800 per month for 9 months; SHF will pay 100% of the salary cost</i>						
1.17	Store keeper (2 for 2 shifts)	D	2	250.00	9	100.00	4,500.00

	<i>2 Store keepers will work exclusively in the project warehouse. The salary rates are determined locally and SHF will pay 100% of the salary cost</i>						
1.18	Food voucher supervisor	D	1	1,500.00	9	100.00	13,500.00
	<i>Responsible for the support supervision of all project activities including day today activities. SHF will pay 100% of the salary cost</i>						
1.19	Teachers incentives	D	10	100.00	9	100.00	9,000.00
	<i>In this project SOYDA will support emergency incentives to 10 teachers to encourage the permanent function school management at Eelasha to absorb 200 children and encourage the teachers to teach the IDP pupils. Each teacher will be giving 100\$ per month. The total cost of the teachers' incentives is USD9000 for nine month. SHF will pay 100% of the salary cost</i>						
1.20	Head teachers incentive	D	1	150.00	9	100.00	1,350.00
	<i>In this project SOYDA will support emergency incentives to 1 head teacher of the permanent functioning school, to encourage the permanent function school management at Eelasha and Siinkadhere to absorb 200 children and encourage the head teacher to manage the school in accordance to the Somalia ministry of education standard and allow IDP pupils to enroll to his school. 150\$ per month. The total cost of the head teacher's incentive is USD1350 for a period of nine month year. SHF will pay 100% of the salary cost</i>						
	Section Total						236,700.00
21. Supplies, Commodities, Materials							
2.1	Cost for procurement of Medical supplies	D	1	17,830.55	1	100.00	17,830.55
	<i>Essential drugs and related medical supplies will be purchased from Mogadishu and transported to the point of use. The total cost will be USD 17,830.55 as per the attached BOQ to be paid 100% by SHF, a total of 25,000 beneficiaries will benefit during project period</i>						
2.2	Truck Rent for Transportation of Medical Supplies (with capacities of 10 mt)	D	1	1,000.00	4	100.00	4,000.00
	<i>During project period, SOYDA will hire trucks with capacities of 10mt to transport medical supplies and equipment's movement from Mogadishu warehouse to Elasha Sub warehouse twice project period by transporting medical supplies to field. Due to deteriorating road network from Mogadishu to Elasha-Afgooye corridor, the cost is high and per cargo rent is 1000\$ for four times during the project. SHF will contribute 100% of the cost</i>						
2.3	Distribution of hygiene promotion kits to CTC Discharged Patients	D	2000	16.35	1	100.00	32,700.00
	<i>SOYDA will Distribute 2000 Hygiene Promotion kits (HP kits) to 2000 to caretakers/patients discharged from Cholera Treatment Centers CTC to reduce the risk of acute watery diarrhea AWD diseases. Each Hygiene kit HP kit consists (200 aqua tabs, 5 soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity).. The unit cost of HP kit is USD16.35 SHF will contribute 100% of the cost</i>						
2.4	Training of IMAM (Integrated Management of Acute Malnutrition) for 23 Female, 16 Male for 5 days	D	1	6,963.50	1	100.00	6,963.50
	<i>This will cover the cost of conducting Integrated Management of Acute Malnutrition (IMAM) trainings for 39 (23 Female, 16 Male) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of trainings as per attached detailed BoQ is \$6963.5. The participants will be SOYDA nutrition staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages The documents are Look up tables, 2 WHO Weight, Height (WHZ) tables (1 boy& 1girl), Outpatient Therapeutic Program Cards, Pregnant lactating women patient card (3) and ration cards (3) and weekly and monthly reporting formats per participant. SHF will contribute 100% of the cost of this Integrated Management of Acute Malnutrition (IMAM) Training.</i>						
2.5	Training of IYCF (Infant and Young Child Feeding) for 23 Female, 16 Male for 5 days	D	1	6,555.50	1	100.00	6,555.50
	<i>This will cover the cost of conducting IYCF ((Infant and Young Child Feeding) trainings for 39 (23 Female, 16 Male) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials.. The cost of the training as per attached detailed BoQ will \$ 6555.5. The participants will be SOYDA nutrition staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on exclusive breastfeeding, breast attachment, complimentary feeding, care practices of under 2yr old and pictorials on the same for each of the 39 participants. SHF will contribute 100% of the cost of this IYCF (Infant and Young Child Feeding) Training.</i>						
2.6	Training for Community Health Workers (CHWs) Training on Community Case Management (CCM)	D	1	4,496.00	1	100.00	4,496.00
	<i>This will cover the cost of conducting Community Health Workers (CHWs) and Community Mobilizers Training on Community Case Management (CCM), Refreshment and Training Materials (15 Female, 20 Male), participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ will \$ 4496. The participants will be from community. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on treatment guidelines of Community Case Management (CCM). SHF will contribute 100% of the cost of this Community Case Management (CCM) Training.</i>						
2.7	Training for Integrated management of childhood illness (IMCI) and Cholera/Measles case management	D	1	6,927.50	1	100.00	6,927.50
	<i>This will cover the cost of conducting Integrated Management of Childhood Illness (IMCI) and Cholera/measles case management (15 Male and 25 female) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ will \$ 6927.5. The participants will be SOYDA health staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on treatment guidelines of IMCI Integrated Management of Childhood Illness and communicable disease management. SHF will contribute 100% of the cost of this Integrated Management of Childhood Illness (IMCI) and communicable disease management Training.</i>						

2.8	Hygiene promotion training	D	1	3,468.00	1	100.00	3,468.00
	<i>26 Community hygiene promoters plus 4 public health workers will be given 4 days training on hygiene and sanitation awareness methods using WASH cluster manuals including WASH Cluster acute watery diarrhea AWD/Cholera preparedness and response. Each CHP will reach 500 persons through house-to-house, schools, nutrition centers and health posts visits in accordance to WC guideline. The cost of the training is USD 3,468. SHF will contribute 100% of the cost of the training</i>						
2.9	Medical Related Stationary	D	1	8,460.00	1	100.00	8,460.00
	<i>Medical stationers are stationaries provided on of monthly bases to the Nutrition sites like outpatient registers, under five and over five children registers, Antenatal register, post natal registers, Outpatient Therapeutic Program Cards, Admission cards, registers and Follow up files, this are stationaries required day to day nutrition and health sites using each new patient for the site needs a copy to be filled an admission card, Follow Up card through monitoring day to day weight of the patient, discharge card giving the patient after cured, also the cases that are suffering additional complications needs referral card or transfer card to Stabilization centers or Hospital, this are all medical related stationaries used in the sites. The total cost for the 9 months of the medical related stationary is 8460\$, SHF will contribute 100% for this specific nutrition and health related stationaries. Photocopy of Outpatient therapeutic program OTP , follow up cards, and Medical Prescription cards are needed, the papers are hard papers which is not possible to be printed out large numbers. SHF will pay 100% of the cost</i>						
2.10	WASH training Committee	D	1	2,493.00	1	100.00	2,493.00
	<i>Capacity building training to 1 WASH committee. The committee consists 7 persons (3 women and 4 men) and will be trained on better management and maintenance of community owned water source. The WASH committee will be trained to identify water and sanitation related hazards to their community and also will be trained to strength the sustainability of the water source. The cost for the training is USD2493. SHF will contribute 100% of the cost</i>						
2.11	Warehouse storage cost	D	1	450.00	9	100.00	4,050.00
	<i>Rental for warehouse to store nutrition supplies ie plumpy nuts, drugs , hygiene kits. SHF will contribute 100% of the cost</i>						
2.12	Food Voucher cost	D	1400	74.70	3	100.00	313,740.00
	<i>1400 households to be targeted each receiving 50 kg Rice @ \$0.8/kg, 6 liter @\$1.2/Liter, 10 pulse @ \$1.4/kg and 15 sugar @ \$0.9/kg for a duration of three months. SHF will contribute 100% of the cost</i>						
2.13	Cost of printing voucher for food Distribution	D	1400	0.30	1	100.00	420.00
	<i>Cost of printing voucher for food Distribution for beneficiaries' identification and food collection from Food vendor. SOYDA will print 1400 food vouchers each costing of 0.3 USD to provide to the beneficiaries. SHF will contribute 100% of the cost</i>						
2.14	Train teachers on education in emergencies and prevention of acute watery diarrhea AWD	D	1	3,468.00	1	100.00	3,468.00
	<i>Train teachers /increase teachers capacity on education in emergencies and acute watery diarrhea AWD for 15 male and 15 female. SHF will contribute 100% of the cost</i>						
2.15	Community Education Committees Training (CECs)	D	1	4,496.00	1	100.00	4,496.00
	<i>To be trained as oversee the running, management and administration of the schools for 20 male and 15 female through selection of 2 CEC per school will be trained on basic roles and responsibilities to support management of the existing public target schools in an emergency context.SHF will contribute 100% of the cost The CECs will also oversee the school AWD screening as part of their core responsibilities. The training will help them to understand their primary roles in order to effectively manage the schools in core areas of disaster risk reduction, resource management, community participation, child protection and other social-cultural and economic issues. Improving the capacity of the CECs will contribute to continuity of the activities and ownership of the project well after the project has come to an end which is key for sustainability. This training will be carried out in consultation with the Ministry of Education. SHF will contribute 100% of the cost</i>						
2.16	Purchase and installation of hybrid solar powered pump	D	1	47,432.00	1	100.00	47,432.00
	<i>In this project SOYDA will upgrade one public-powered borehole through hybrid solar powered water pump system, in order to reduce the running cost of the water point (fuel, service & repair kits) and get access to the IDPs with reasonable and affordable cost to safe and clean water. The solar powered system will be functional during the daytime, while the diesel powered generator will function in the night/cloudy times. The cost of the solar powered system is USD 47,432. The cost includes the solar panels, pump, cables and accessories and installation cost as detailed in the BOQ. SHF will pay 100% of the cost.</i>						
2.17	Construction of water kiosks	D	5	3,260.30	1	100.00	16,301.50
	<i>4 water kiosks with 6 taps each will be constructed in 4 IDP settlements and 1 school to ease congestion and time wastage. The design of the water kiosks will consider the usage of children and disables. The cost includes, the cost of the construction materials (sand, cement, gravel, timber and Iron sheets) and the skilled and unskilled labours), which is US\$3,260.30 per unit as detailed in the BOQ. SHF will pay 100%.</i>						
2.18	Piping network	D	1	10,004.00	1	100.00	10,004.00
	<i>Piping network from the borehole to the 5 water kiosks at 4 IDP settlements and 1 school in Eelasha. The cost includes purchasing and installing of pipes and its accessories, digging and filling of the trenches, and the cost of manpower (foreman, plumber, labours), as detailed in the BOQ, which is US\$10,004. SHF will pay 100% of the cost</i>						
2.19	Rehabilitation of CTC latrines and Construction of IDP school latrines (Details in BoQ)	D	1	3,010.00	1	100.00	3,010.00

	<p>The rehabilitation/construction of the twin block school latrines includes the repairing the cracking parts of the of the walls and floors, replacing the rusted iron sheets of the roofs, repairing of the floors, dislodging of the filled septic tanks, washing stands and painting. The cost of the rehabilitation is USD 400* 6 latrines=2400\$. SHF will pay 100% of the cost.</p> <p>The rehabilitation of CTC latrines includes the replacing the rusted parts of the iron sheets of the walls and roofs, repairing of the floors, desludging of the filled septic tanks, washing stands and painting. The cost of the rehabilitation is USD 122/latrine which is 122\$*5 latrines=610\$. SHF will pay 100% of the cost.</p> <p>Total combined budget is 2400\$+610\$=3010\$</p>						
2.20	Combined costs of (Teaching and learning materials for schools, Emergency feeding for students (\$10/student/month) and Purchasing of chlorine (barrel)	D	1	69,720.00	1	100.00	69,720.00
	<p>For Teaching and learning materials (SOYDA will support teaching and learning materials to the school. The teaching and learning materials include: exercise books, pens, desks, textbooks, rulers, sharpeners, registers, chalks, dusters and rubbers for 200 pupils and 10 teachers. The cost of the teaching and learning materials is USD24,170. SHF will pay 100%) of the cost</p> <p>For Emergency feeding for students (SOYDA will support school feeding programmes to 500 pupils (200 new children and 300 old children) to attract parents to allow their children to schools, avoid malnutrition to the pupil and prevent excess dropouts. The children will be given two-times/ day meals (break time and lunch time). The action will also include distribution of food voucher through our integrated food security project to the households who allow their children to go to school with particularly girls. The total cost of the feeding programme is USD45,000. SHF will pay 100% of the cost.)</p> <p>For Chlorination (SOYDA will chlorinate the rehabilitated water source and 4 other water sources at Afgooye corridor to disinfect the water from bacteria and other germs. The cost of the chlorine per barrel is USD110, which includes the cost of the chlorine and the transportation. The cost of the chlorine per barrel is USD 101, while the transportation cost including loading and unloading is USD9, total cost for 5 Barrel is 550\$. SHF will pay 100% of the cost)</p>						
	Section Total						566,535.55
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
24. Travel							
5.1	Vehicle Rent for staff, referral, supervision	D	3	1,800.00	9	100.00	48,600.00
	<p>Three cars will be rented for 9 month at a cost of \$1800 per month inclusive of driver's salary, fuel and maintenance for 9 month. The car will be used by the mobile outreach team to deliver services to all operation sites as well as the monitoring of day to day project activities in the project sites. The standard rate of vehicle rent in Somalia is US\$1800/month including the driver, fuel and security. SHF will contribute 100% of the cost</p>						
	Section Total						48,600.00
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	Stationary and office materials (BoQ Attached)	D	1	2,072.60	1	100.00	2,072.60
	<p>Stationary for easy operations of the projects and Office materials (A4 Papers, Print Ink, Stapler, M and E printing tools. The SHF will contribute 100% of this cost</p>						
7.2	Utilities (Electricity, water bill for Central office)	D	1	600.00	9	100.00	5,400.00
	<p>Utilities using for office particular water and electricity bill. TThe SHF will contribute 100% of this cost for 9 months</p>						
7.3	Communications (Internet and telefon Bill)	D	1	600.00	9	100.00	5,400.00
	<p>Communication cost for staff in the field and also for the office for easy communication and monitoring of project. The SHF will contribute 100% of this cost for 9 months</p>						

7.4	Office Rental	D	1	3,000.00	9	50.00	13,500.00
<i>Monthly office rent for the sub-office in Mogadishu where the project is implemented. This will be shared out to the projects in the sub-office based on an appropriate basis. We estimate about 50% of the cost will be charged to this project as part of SHF contribution</i>							
7.5	Bank charges	D	1	15,807.70	1	100.00	15,807.70
<i>1.8 % bank charges for funds transfered to dahabshil for the project. 100% will cover by SHF</i>							
Section Total							42,180.30
SubTotal			4,922.00				894,015.85
Direct							894,015.85
Support							
PSC Cost							
PSC Cost Percent							3.50
PSC Amount							31,290.55
Total Cost							925,306.40

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Shabelle -> Afgooye -> Afgooye	100	4,500	5,500	7,500	7,500	25,000	<p>Activity 1.1.1 : Screen and admit 1400 boys, 1400 girls and 1000 PLWs of severely malnourished without medical complications in Afgooye corridor IDPs .(Nutrition)</p> <p>Activity 1.1.1 : Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections, sexually transmitted infections among others to 4500 men, 5500 women, 7500 girls and 7500 boys Afgooye corridor IDPs/Host Communities. (Health)</p> <p>Activity 1.1.1 : In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local authority shared equally men and women to conduct 3 days training on best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, markets and etc. (WASH)</p> <p>Activity 1.1.1 : SOYDA will conduct community mobilization and back to school campaigns in the target areas aimed to retain the learners in the schools and bring the dropouts back to the schools. The campaigns will focus on topics include inclusive education and importance of education etc. SOYDA staff and the CEC will conduct the mobilizations and no cost will be incurred in these mobilizations. (Education)</p> <p>Activity 1.1.1 : Identification and selection of the most vulnerable drought affected Households (HH) with severe acute and moderate malnourished children (boys and girls) aged under 5 and families with children in school in the project targeted locations. (Food Security)</p>

Activity 1.1.2 : Selection of traders for food vouchers, signing of agreement and provision of food through vouchers (value of Minimum expenditure Basket 74.7\$ in Afigooye Corridor is to the most vulnerable 1400 Households (HH) with severe acute and moderate malnourished children (boys and girls) aged under 5 years and families with children in school in the project targeted locations. (1400 households to be targeted each receiving 50 kg Rice @ \$0.8/kg, 6 liter @\$1.2/Liter, 10 pulse @ \$1.4/kg and 15 sugar @ \$0.9/kg for a duration of three months)

Activity 1.1.2 : Train teachers /increase teachers capacity on education in emergencies and prevention of AWD
The training will also focus on the head teachers and teachers to help them understand the management of their schools and to be able to mobilize the community to participate and support the school management, Hygiene promotions, sustainability and durability of the schools. (Education)

Activity 1.1.2 : Distribute 2000 Hygiene Promotion kits (HP kits) to 2000 to HH with discharged AWD/cholera affected patients and drought driven HH with malnourished children to reduce the risk of AWD/cholera diseases and malnutrition among the drought affected IDPs and host communities. Each HP kit consists (200 aqua tabs, 5 bars of soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity). (WASH)

Activity 1.1.2 : Identify through active case detection and refer IDP patients with medical severe cases (Severe dehydrated patients, severe Pneumonia, pregnancy related bleedings, hypertension, diabetic patients) that requires admission at health facilities after providing first aid services. (Health)

Activity 1.1.2 : Identify and refer children with severe malnutrition cases having medical complications that require admission to Afigooye hospital Stabilization Centers for further treatment. (Nutrition)

Activity 1.1.3 : Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2800 acutely malnourished children (boys (1400) and girls (1400) and 1000 pregnant and lactating women in Afigooye corridor IDPs . (Nutrition)

Activity 1.1.3 : Provide quality and safe routine and supplementary immunization to 15000 children under the age of five years (7500 boys and 7500 girls) and to 5500 Women of child bearing age at through outreach Integrated Emergency response service delivery. (Health)

Activity 1.1.3 : Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 25,000 (4500 men, 5500 women, 7500 girls and 7500 boys) drought/AWD affected IDPs and host communities through visiting house to house, schools, health and nutrition centers using trained 26 Community Hygiene Promoters (CHPs), health and nutrition staffs, with the supervision of well experienced and qualified 2 Hygiene promoters; shared equally by men and women. The CHPs will disseminate the hygiene promotion messages to the entire community including men, women, girls and boys through visiting house-to-house, schools, markets and schools, while the trained health and nutrition staffs disseminate the hygiene promotion messages to the patients and caretakers who visit the health and feeding centers. The Hygiene Promoters will supervise, evaluate and give consultations and guidance to the CHPs, health and nutrition staffs in accordance to WASH cluster guideline and promotion of hand washing with soaps. The action will also include distribution of standard HP IEC materials for social mobilization.

Activity 1.1.3 : Community education committees (CECs) oversee the running, management and administration of the schools. 2 CEC per school

will be trained on basic roles and responsibilities to support management of the existing public target schools in an emergency context. The CECs will also oversee the school AWD screening as part of their core responsibilities. The training will help them to understand their primary roles in order to effectively manage the schools in core areas of disaster risk reduction, resource management, community participation, child protection and other social-cultural and economic issues. Improving the capacity of the CECs will contribute to continuity of the activities and ownership of the project well after the project has come to an end which is key for sustainability.

This training will be carried out in consultation with the Ministry of Education. (Education)

Activity 2.1.1 : SOYDA will negotiate with the existing permanent functioning school at Elasha/Sinka dheer IDP settlements' management to absorb more than 200 school aged children with equal share of boys and girls (100 girls and 100 boys). SOYDA will also support the school (WASH section) construction of water kiosk supplied water through piping system and construction of 6 gender sensitive IDP school latrines. (Education)

Activity 2.1.1 : Rehabilitate/upgrade 1 diesel powered borehole in Eelasha CTC through hybrid solar powered system, in order to reduce the running cost of the borehole and receive the IDPs and host community with reasonable and affordable price for the continuation of the sustainability of the water source. (WASH)

Documents	
Category Name	Document Description
Project Supporting Documents	SOYDA IDP Locations in Afgooye Corridor.xlsx
Budget Documents	Final revised BOQ IERT 9-11-2017.xls
Budget Documents	Revised Integrated BOQ 03-12-2017.xls
Budget Documents	Final Revised Integrated BOQ 15-12-2017.xls
Budget Documents	Final Revised Integrated BOQ 19-12-2017.xls
Budget Documents	Final Revised Integrated BOQ 20-12-2017.xls
Audit and Closure Documents	SOYDA Final Signed Audit Report.pdf
Audit and Closure Documents	SOYDA Spot Check Report - 10 October 2017 By UNICEF.pdf