

**Somalia 2013**

<b>Appealing Agency</b>	<b>CARE SOMALIA (CARE SOMALIA)</b>
<b>Project Title</b>	Strengthening Resilience to Emergencies and Enhancing Development in Somalia through WASH (SREEDS)
<b>Project Code</b>	SOM-13/WS/56427
<b>Sector/Cluster</b>	WATER, SANITATION AND HYGIENE
<b>Objectives</b>	Improved access to emergency safe water, sanitation and hygiene promotion to 426,591 males and females in humanitarian crisis in Somalia; Emergency preparedness and early response to humanitarian emergencies in 20 districts within six regions in somalia; Increased access to reliable safe drinking water, sustained sanitation and hygiene promotion for 406,320 males and females
<b>Beneficiaries</b>	Total: 577,965 People in need Children: 151,171 Women: 299,642 Other group: 127,152 Men
<b>Implementing Partners</b>	HIJRA; MURDO; WASDA
<b>Project Duration</b>	Jan 2013 - Dec 2013
<b>Current Funds Requested</b>	<b>\$3,204,102.00</b>
<b>Location</b>	Multi Zone
<b>Priority</b>	B - MEDIUM
<b>Gender Marker Code</b>	
<b>Contact Details</b>	Abukar M Ga'al, gabukar@som.care.org, +254724401676
<b>Enhanced Geographical Fields</b>	

**Needs**

In spite of international community's response to the 2011 Horn of Africa Drought Crisis, the humanitarian situation in Somalia remains of high concern. In Bosaso , where over 49,000 IDPs live in 26 camps, the humanitarian situation is dogged by chronic water shortage, inadequate or lack of sanitation facilities, poor hygiene practices and low purchasing power. The situation is likely to deteriorate over the coming months given the lack of immediate solution to their displacement status coupled with inhabitants' low socio-economic status which has a direct bearing on their social wellbeing. A recent CARE rapid assessment in Sept 2012 found majority IDPs in Bosaso camps do not have access to latrines and sufficient quantities of water. While young boys and girls defecate openly, men and women use empty tins for defecation before throwing in garbage sites. Camp residents do not have sufficient water quantities for domestic use and personal hygiene. Households reported getting less than 7 lcd and cope by minimizing water usage consequently resulting in risks of hygiene-related and diarrheal illnesses. Due to latrines shortage, women hold on to faecal urge until nightfall while men walk long distances to nearby depressions. Some drink fewer fluids during the day to prevent frequent urination. Women are particularly hard hit as they are prone to rapists at night when they go out to defecate in nearby open spaces and shy away from asking for latrine keys from neighboring households who own latrines. Open defecation coupled with poor hygiene behaviors and insufficient water quantities is a recipe for poor health and continued deterioration of IDPs' social wellbeing. Cholera has been confirmed in Banadir, Bari, Mudug and Lower Shabelle regions and the number of AWD cases has increased dramatically in the last few months. Although slight decrease has been reported by OCHA during the last week of September, the rainy seasons could increase water and vector- borne diseases. During dry spells, water prices go up significantly, and pastoralists and agro-pastoralists depend on expensive trucked water. Access to water in IDPs setting is over stretched by continued displacements into the areas which have been fluctuating between 6 to 10l/p/d, making it difficult to attain even minimum sphere standards. Similar situation exists in most of South & Central Somalia, particularly areas Al Shabaab have been ousted (Lower Shabelle, Bay, Bakool, Hiran, etc), where the access by NGOs and the international assistance has been limited. The situation in South and Central Somalia is equally likely to deteriorate given the excess high lives to mortality, conflict, restricted humanitarian access in some areas, high costs of food, low community purchasing power, harsh/rough seas and lack of sustained supply food ration. IDP women interviewed identified a sustained water and sanitation service as among highest priority in the camps. Water availability at households is still inadequate. Other sanitary condition remains very poor as well and the latrine coverage ratio is low at 1:10 households. Lack of space and quick fill up rates inactivates constructed latrines calling for regular desludging and hygienic disposal approaches in Mogadishu. The use of scanty

chlorination methods does not facilitate adequate disinfection. These conditions pose greatest health risks that could further complicate the already complex humanitarian situation. The combined conditions of poor sanitation, proper hygiene behaviors shortage of safe water, overcrowding in IDP camps and high malnutrition rates, creates perfect infectious diseases, e.g. cholera that spreads and impacts on lives of vulnerable families, contributing to increase in infant and child mortality and morbidity and ill-health. CARE is active in WASH intervention Bosaaso, Qardho Garowe, Mogadishu and Lower Juba region, is a WASH Regional Focal point in Puntland and in WASH cluster SAG

### **Activities or outputs**

Provision of emergency water (voucher system). FGDs will be conducted with women and men on composition of water voucher system, on recipient selection criterion and on safe distribution points; Water bladders/Oxfam T-70 steel tanks + distribution tap stands in safe and accessible locations (agreed with women, girls, boys & men (water collection); Emergency water treatment- procurement, storage and use of Chlorine (HTH 70%). Safe water provision to prevent exposure of public health risks (women, men, girls & boys); Latrines construction, rehabilitation & desludging. Separate latrines for men and women. Women latrines in safe and private locations as agreed with women and girls. The latrines will be well lit and lockable from inside and have an identifying (male or female) pictogramme. Latrines will include provision for appropriate disposal of menstrual material and private washing facilities; Sanitation tools kit distribution. All women, boys, girls and men have access to information and training on safe use of sanitation kits are unfamiliar to them; Solid waste mgt (garbage pits, collection & disposal) located in accessible and safe locations. Care-takers of young infants are provided with means for safe disposal of childrens faeces. Promotion and monitoring of safe collection and storage is an opportunity to discuss water contamination issues with vulnerable people, especially women and children; Hygiene kits distribution Actively involving boys and men in hygiene maintenance and in hygiene programmes, provision of 50000 sanitary kits for vulnerable women and girls; Development and roll out of Hygiene strategy for 9 LNGOs (ToTs course, modules preparation, trainees and community process follow up, documentation & dissemination); Hygiene promotion for all target beneficiaries benefiting from water and sanitation facilities; five domains of safe water, defecation, food preparation, water handling, hand washing at critical times and AWD preparedness and control - especially preparation of ORS with special focus on most vulnerable groups- women, children and elderly; Training of key agencies in 13 districts in 6 regions within somalia on hazard hotspotting for AWD and flooding, contingency planning, AWD preparedness and control, and preparation/admistering of ORS; Drought, Floods and AWD response; repair of weak points on rivers, drought assessment and joint/packages responses; stocking piles and distribution hygiene kits and HHWT products alongside radio AWD messages at pre, AWD breakout and post periods; Strategic Boreholes rehabilitation (including water points, storage tanks, generators, pumps and accessories and pipednetwork) in safe and accessible locations as agreed with women, girls, boys and men.; Rehabilitation of Shallow wells and rain water catchments with draw off points through CFW. The physical designs and locations are determined by the number and needs of women, girls, boys and men who will use them, to ensure smooth collection and handling of water by all groups. And close enough to dwellings and safe to access.; Chlorination of supplied water and provision of HHWT for communities using rainwater catchments and un protected water sources; Establishment of gender sensitive sustainable water and sanitation management systems, mentoring and supporting through linking them to affordable spare parts and technical expertise ; Training of management systems that includes good representation of males and females; Training of CLTS facilitators with good representation of women and men; Community mobilisation and CLTS triggering where women are involved and take responsibility, with men, for hygiene promotion, O&M of toilets and water sources. HP teams to includes good gender balance of men and women, to influence behaviour change in men and women; Hygiene promotion on five key domains and AWD management for improved sanitation and public health knowledge and practice among IDPs, drought and AWD affected males and females i

### **Indicators and targets**

351,591 males and females in humanitarian emergency have access to potable water in safe and accessible locations to prevent GBV of women and girls; 181,320 males and females in humanitarian emergency have access to sanitation facilities/services where sanitation decision-making and responsibility are shared equally by beneficiary women and men; Increased knowledge among 426,591 IDP and vulnerable host community populations on hygiene promotion, where gppd representation of women, girls, boys and men views, needs and capabilities will be actively sought to feed into the design and implementation of HP strategy; Areas at risk (floods, drought, AWD/cholera, displacement) and key actors for rapid assessments and emergency responses are identified, contingency stocks are prepositioned and specific plans are developed for seasonal risks; ; Increased access to safe and sufficient quantities of drinking water among 406,320 males and females by involving the different sex groups and seeking their distinct needs and views on design and implementation; Sustainable management systems for water are established, by the training of water service providers and the reinforcement of water sector governance at all levels.; Improved sanitation and public health knowledge and practice among 406,320 IDPs, drought and AWD affected males and females in six regions of somalia

<b>CARE Somalia</b>	
<b>Original BUDGET items</b>	<b>\$</b>
Supplies, commodities, equipment and transport	2,304,179
Personnel (staff consultants travel and training)	683,409
Training of counterparts & Contracts (with implementing partners)	28,800
Other direct costs	51,600
Indirect costs	136,114
<b>Total</b>	<b>3,204,102</b>

<b>CARE Somalia</b>	
<b>Current BUDGET items</b>	<b>\$</b>
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