



**American Refugee Committee  
Second Quarterly Progress Report**

<b>I. PROGRAM SUMMARY</b>	
<b>Project Title</b>	Emergency Assistance for IDPs and Vulnerable Host Communities in South-Central Somalia
<b>Grant n°</b>	AID-OFDA-G-15-00061
<b>Country / Region(s):</b>	Lower Juba and Banadir Regions, Somalia
<b>Period of the project:</b>	April 1, 2015 – March 31, 2016
<b>Reporting period:</b>	July 1, 2015 – September 30, 2015
<b>Total Number of Individuals Affected in the Target Area</b>	893,000
<b>Total Number of Beneficiaries Targeted (Individuals):</b>	198,005
<b>Total Number of IDP Beneficiaries Targeted (Individuals):</b>	148,504
<b>Amount requested from OFDA:</b>	\$2,191,973
<b>Amount from Other Sources</b>	\$1,598,826
<b>Value of In-kind Contributions</b>	\$3,840
<b>Total amount:</b>	\$3,794,603

## 1. HEALTH

<b>Sector:</b>	<b>Health</b>
<b>Objective:</b>	To increase the availability of and access to life saving primary and reproductive health services for IDPs and affected host communities.
Dollar Amount:	<b>\$1,366,544</b>
Number of Beneficiaries Targeted (Cumulative):	130,320
Number of Beneficiaries Reached (Cumulative):	46,471 (36%)
Number of IDP Beneficiaries Targeted (Cumulative):	97,740
Number of IDP Beneficiaries Reached (Cumulative):	37,176 (38%)
Geographic Area(s):	Lower Juba and Banadir Regions, Somalia
Keyword(s)	Early Warning Systems

### **Sub sector: Health Systems & Clinical Support**

#### **Progress to Date:**

- In this quarter ARC continued to actively engage local authorities, which increased project participation and ownership.
- In this quarter ARC was able to reach 31,215 people: 12,699 male, 18,516 female and 11,240 children under age five (<5).
- Community attitudes towards health-seeking behavior improved through regular health education sessions at health facilities, IDP camps, and households which was evident through the increased number of consultations in the health facilities
- ARC health facilities are running smoothly and have a good reputation within the community.
- ARC continues to collaborate with various stakeholders, including the Ministry of Health (MOH).

During the quarter, ARC worked in four health facilities: the Warta Nabada Maternal-Child Health clinic (MCH), Afgoi Corridor mobile clinic, Kismayo MCH, and Dhobley mobile clinic. All four facilities were supported and fully operational for the entire quarter. Weekly surveillance reports were submitted by all four health facilities.

This quarter the number of consultations increased by 15,959 compared to last quarter – more than double. This is partly attributed to the fact that the Bullo Abliko MCH became fully operational in June. (The Bullo Abliko MCH, which is located in Kismayo, was funded under the Common Humanitarian Fund (CHF) up to June. Accordingly, activities supported by OFDA funds did not begin in April, but in June.) Additionally, last quarter was the first quarter of the project, and activities have greatly picked up in both the MCH and mobile clinics.

The following trainings were also conducted in quarter two:

<b>Training</b>	<b>M</b>	<b>F</b>	<b>Title</b>
IMAM/IMCI/disease protocol refresher trainings – Mogadishu and Kismayo	0	2	Midwife
	2	1	Nurses
	2	2	Auxiliary nurse
On-job instrument sterilization/aseptic dressing refresher training - Dhobley	2	0	Nurse
	0	1	Midwife
	1	0	Auxiliary nurse
	0	1	Registrar
Community mobilization training for CHWs - Mogadishu	2	2	CHW
<b>Total</b>	<b>9</b>	<b>9</b>	

**Challenges:**

- Requests from the Ministry of Health (MoH) for ARC to provide further material support in the form of office supplies, stationary, and internet fees, etc. posed a significant challenge. The demands exceed ARC's current resources and capacity.
- Instability remains a concern in Somalia. The lack of security particularly affects the mobile clinics, preventing them from easily accessing areas in which people require medical attention.
- Road blocks restrict staff movement and delay project implementation.

**Actions Taken, Actions Planned:**

In the next quarter, activities to be implemented will include:

- Provide security updates to staff on a daily basis to improve communication around risks and threats
- Conduct on-the-job BEmONC, ANC/PNC Refresher Training – Mogadishu
- Conduct HMIS/MCH management Refresher Training – Kismayo
- Conduct CHW Community Mobilization Training – Kismayo
- Conduct iCCM Refresher Training – Kismayo

**Sub-Sector: Communicable Diseases****Progress to Date:**

- ARC health facilities provided preventative and curative health care services to Internally Displaced Persons (IDPs) and host communities in Banadir and Lower Juba regions. The four health facilities provided services including screening, diagnosis, treatment, counseling, and referral.
- ARC's health services reached 31,215 people in Q2: 12,699 male and 18,735 females. Of the total people served, 11,240 were <5 and 20,194 were >5.

Disease	Male		Female		Total
	0-4	5+	0-4	5+	
AWD	444	349	388	291	<b>1,472</b>
Measles	60	76	38	33	<b>207</b>
ARI	1,440	1,339	1,575	1,631	<b>5,985</b>
Malaria	484	1,073	470	1,090	<b>3,117</b>
Intestinal Worms	908	1,122	1,059	1,223	<b>4,312</b>
Anemia	429	656	597	2,932	<b>4,614</b>
Others	1,501	2,818	1,847	5,342	<b>11,508</b>
<b>Total</b>	<b>5,266</b>	<b>7,433</b>	<b>5,974</b>	<b>12,542</b>	<b>31,215</b>

Disease	Male		Female		Total
	0-4	5+	0-4	5+	
AWD	644	452	626	437	<b>2,159</b>
Measles	69	76	41	33	<b>219</b>
ARI	2,165	1,873	2,445	2,563	<b>9,046</b>
Malaria	567	1,256	553	1,308	<b>3,684</b>
Intestinal Worms	1,200	1,439	1,415	1,546	<b>5,600</b>
Anemia	531	766	730	3,569	<b>5,596</b>
Others	2,691	4,240	3,043	10,193	<b>9,974</b>
<b>Total</b>	<b>7,867</b>	<b>10,102</b>	<b>8,853</b>	<b>19,649</b>	<b>46,471</b>

**Challenges:**

- Road blocks caused insecurity within the town and restricted the movement of people

**Actions Taken, Actions Planned:**

- ARC plans to continue providing consultations and treatment of diseases in our facilities while ensuring mobile clinics reach as many people as possible through regular drives to areas with high need.
- ARC also intends to continue with health education and promotion, both at the facility level and within the community, to increase knowledge and promote healthy attitudes and behaviors.
- ARC will provide security updates for our staff on a daily basis to avoid accidents which continue to be the highest risk factor for aid workers in Somalia.
- ARC will conduct more community awareness initiatives to improve community health seeking behavior.
- ARC will continue to strictly follow treatment guidelines to avoid drug-resistant viral strains.
- ARC will strengthen the preventative aspect of the program by engaging the CHWs and community elders.

**Sub-Sector: Reproductive Health****Progress to Date:**

- 4,949 women attended at least two comprehensive antenatal care (ANC) sessions. 2,804 women and newborns received postnatal care (PNC) within three days after delivery. This quarter saw a total of 175 women deliver with assistance from a skilled birth attended. ARC is on track to surpass our total target for this indicator, as our health team is working efficiently and our facilities are well-stocked.
- Services provided were focused on birth spacing and family planning, screening for STIs including HIV, provision of Iron tablets and Tetanus Toxoid (TT), conducting safe deliveries, managing obstetric complications, postnatal care, and referral.
- The number of skilled deliveries increased by 67 from last quarter (a 62% increase). This is because the community education by CHWs had a wider reach than last quarter (as explained above.) Even so, this indicator remains on track, as community awareness about these services will continue to grow, which will spur demand.
- The field health manager and the behavior change communication (BCC) officer provided supervision to Reproductive Health (RH) activities in the MCH. They also provided on-the-job training to increase staff capacity and quality of the RH services.

**Challenges:**

- Clean delivery distribution is not in line with MoH and UNFPA standards. Distribution of clean delivery kits encourages mothers to give birth at home with a TBA. ARC has therefore decided not to procure clean delivery kits.
- Without a dedicated protection team it is difficult to do the necessary community outreach that would bring in cases of sexual violence for treatment. We anticipate that this indicator will not reach its total target.

**Actions Taken, Actions Planned:**

- Increase communication and behavior change communication campaigns in order to build community and family understanding on the benefits of family planning.
- Conduct on-the-job BEmOC, ANC/PNC Refresher Training

**Sub-Sector: Community Health Education/Behavior Change****Progress to Date:**

- During this reporting period, ARC was able to reach most of the targeted community members utilizing health education practices. This indicator remains on track, as ARC continues to conduct several sessions per week in each facility, discussing the importance of breastfeeding, hand-washing, and child immunizations.

- During the reporting period, each CHW provided health messages to groups of people at health facilities, market spaces, and community areas within the IDP settlements. A total of 27,300 persons (19,110 female and 8,190 male) were reached. Topics discussed included the relationship between hygiene/sanitation and acute watery diarrhea; the importance of breast feeding (particularly exclusive breast feeding for the first six months), nutrition and diet for women and children; the importance of immunizations; and how to improve health seeking behavior.

**Challenges:**

- Behavior change communication activities did not have sufficient funding. This resulted in a limit to the number of activities that could be completed.

**Actions Taken, Actions Planned:**

- Conduct community mobilization training for CHWs.
- Continue providing health education messages in communities.
- Promote BCC activities by conducting more awareness sessions in the health facilities

**Sub-Sector: Medical Commodities including Pharmaceuticals**

**Progress to Date:**

- Unexpected cost savings in pharmaceutical unit prices mean that just over 50% of the allocated budget for pharmaceuticals has been spent, but all requested pharmaceuticals have been purchased. Pharmaceuticals were procured in this quarter and we are in the process of sending supplies to Kismayo and Dhobley. The health team is planning for the remaining 50% to be spent on other pharmaceuticals and other equipment necessary for the ongoing health activities. ARC will seek OFDA's approval before procuring additional pharmaceuticals.
- Ten informal trainings have been conducted for staff on the use and proper disposal of medical equipment. They were all held in Q2.
- Routine weekly consumption and requisition of medicine is updated by the central pharmacy and the clinic dispensaries. There were no instances where the health facilities were out of stock this quarter. Office-level physical count and spot checks in the pharmacy have been conducted by the Field Health Manager, the Health Project Manager, and the Senior BCC Officer.
- Medical consumables distributed this quarter were higher than last quarter. This is because of the increase of consultations and cases seen. Additionally, the number of delivery kits distributed to the facilities increased due to continuous community awareness initiatives on the potential issues during pregnancy and delivery.

**Challenges:**

- It took a long time to procure medical supplies (drugs), which in-turn affected operations within the health facilities. This is because the drugs are being procured from IMRES, which is a company based in the Netherlands. ARC decided to procure from IMRES because its price was significantly lower.
- ARC experienced difficulties obtaining a boat to send supplies to Kismayo and Dhobley. A solution for the transportation has been found.

**Actions Taken, Actions Planned:**

- Finalize transportation of pharmaceuticals to targeted locations
- Procure more supplies with the unexpected cost savings.

## 2. SECTOR: WATER, SANITATION, AND HYGIENE (WASH) 2. SECTOR: WATER, SANITATION, AND HYGIENE (WASH)

<b>Objective:</b>	<b>Reduce excess morbidity and mortality from waterborne diseases through WASH interventions in selected settlements.</b>
Dollar Amount:	\$825,429
Number of Beneficiaries Targeted (Cumulative):	67,685
Number of Beneficiaries Reached (Cumulative):	33,421 (49%)
Number of IDP Beneficiaries Targeted (Cumulative):	56,085
Number of IDP Beneficiaries Reached (Cumulative):	26,808 (48%)
Geographic areas:	Lower Juba and Banadir Regions, Somalia
Keywords:	Pastoralists, Education

### **Sub Sector: Environmental Health**

#### **Progress to date:**

- The Quarter 2 target of 6,427 plus an additional 8,015 beneficiaries benefited from solid waste management, reaching a total of 2,407 households (14,442 individuals). The additional 8,015 beneficiaries were reached because the team was able to access Afmadow, which had many vulnerable people with no international NGO support apart from ARC and ADESO. Currently, only ARC implements a WASH project in Afmadow Town, which indicates a need for public health promotion and an enabling environment. It was possible to reach additional beneficiaries with few available resources due to good community mobilization and coordination with local administration.
- In Dhobley, solid waste management campaigns and the mobilization of sanitation groups (Huriyo and Wamo) for safe solid waste disposal were conducted in close coordination with the district public health coordinator.
- In Afmadow, four vector and pest control/garbage collection campaigns were conducted and 1,500 households benefited from garbage collection and household pits and bush clearing in the homestead to control mosquito breeding sites and rats. Household members participated in these activities, thus raising awareness in regards to the benefits of the activities and thereby enabling their independent continuation upon the expiration of this grant.
- In Kismayo, a total of 603 households in Galbeed, Dano and Marino IDP camps benefitted from vector and pest control and garbage collection campaigns in this quarter in Kismayo. The community members were mobilized by sanitation groups who engaged the household heads to manage their waste by either burning or burying it where possible.
- In Mogadishu, a total of 1,453 people participated in garbage collection/vector and pest control campaigns. ARC distributed sanitation tools after community mobilization towards cleaning the environment from old tires, bottles, plastic, papers and other solid waste. A total of 90 members from different IDP camps in Hodan district were trained on sanitation issues like proper use of sanitation facilities, open defecation free (ODF) zones and safe solid waste disposal.

#### **Challenges:**

- The needs of IDPs and returnees increased this quarter due to the high number of returnees who can't integrate with the host community due to land tenure problems. The cost of living is increasing in cities like Mogadishu and Kismayo, hence challenges of adapting to a new way of life for thousands of returnees from Dadaab refugee camp exist and for many who are seeking refuge in government and AMISOM-control areas.
- The number of IDPs in Mogadishu continues to rise, but ARC has received limited funding to respond to their needs.

- Cholera response intervention will enhance community capacity to address a cholera outbreak and mitigate possible re-occurrence by providing cholera-specific WASH services. Access to soap, hand washing facilities, safe water for drinking and cooking, and personal and domestic use, as well as access to sanitation facilities are paramount.

**Actions Taken, Actions Planned:**

- Communities were engaged to clean their environment by hygiene volunteers and camp elders. ARC also hired hygiene promoters.
- ARC is currently drafting a concept note for a donor to fund a rapid response to El Nino-caused environmental issues.
- ARC will coordinate with other WASH partners and other stakeholders to identify gaps and respond, where possible, to the needs of vulnerable IDPs, returnees, the urban poor and agro-pastoralists. ARC hopes to build the capacity of the agro-pastoralists to understand the environmental impact of some of their traditional practices, including burning charcoal and deforestation.

**Sub Sector: Hygiene Promotion**

**Progress to date:**

- ARC met its Quarter 2 targets regarding the number of people receiving hygiene promotion. During this quarter, ARC reached 19,183 people with direct hygiene promotion – 4,800 individuals more than planned. This was possible due to tireless effort from the WASH team and improved accessibility in some locations like Afmadow in Lower Juba and the Horsed IDP camps in Banadir. The team used three approaches including, 1) house-to-house visits 2) focus group discussions (FGDs), and 3) community hygiene sessions focusing on major hygiene issues affecting entire communities.
- In Mogadishu 1,014 beneficiaries participated in 32 community hygiene promotion sessions/FGDs. The topics/messages delivered were: safe water delivery, safe water storage, safe excreta disposal, and food and water hygiene. In Dhobley 400 individuals were reached through hygiene promotion session messages. In Kismayo 2,338 beneficiaries were reached through open hygiene promotion sessions and hygiene promotion posters.
- In Mogadishu 600 individuals were reached through 24 focus group discussions (FGDs) conducted in the target locations. Unlike the general hygiene sessions, the FGDs were meant to allow discussion on topics specific to the category of beneficiaries. For example, of the FGDs, three specifically targeted women and addressed issues of women-related hygiene like challenges surrounding the availability of sanitary pads and use. Here, WASH is working with the protection sector to introduce re-useable sanitary pads produced under an income generation activity. In Dhobley, focus group discussions (FGDs) targeted women and adult girls for personal hygiene as well and in Kismayo FGDs were used to illustrate cholera transmission routes and how to prevent the spread of cholera and AWD.

**Challenges**

- There is a great demand in the vulnerable communities for Hygiene Promotion activities. With this OFDA funded grant, ARC is not able to meet the entire demand.
- Many IDPs have no access to soap, so they can't wash their hands properly. This is especially critical in places where there is a cholera outbreak. Through OFDA funding in this grant, ARC has provided soap to the targeted beneficiaries – however the need is larger
- Community-based hygiene promotion volunteers need more incentives and training on hygiene promotion activities.

**Actions Taken, Actions Planned:**

- ARC is following the developments regarding the liberation efforts of the Government and the African Union Mission in Somalia (AMISOM) to improve access to the project areas.
- More funds for cholera response were approved by OFDA in September. All procurement processes have been completed and supplies are to be delivered in October. Response activities (hygiene promotion, hygiene items and water treatment) are ongoing.

### **Sub Sector: Sanitation Infrastructure**

#### **Progress to date:**

- Seventy-five communal latrines were successfully dislodged in Hodan IDP camps, after the pre-intervention assessment conducted by ARC revealed the need for repair and dislodging services. This project provided 3,750 people access to latrines in accordance with the Sphere emergency standard (50 persons per latrine).
- 11 communal latrines were successfully completed in Afmadow within this quarter, reaching 550 beneficiaries.
- 29 latrines are under construction to provide 1,450 more beneficiaries access to latrines
- OFDA sanitation infrastructure (planned for Quarter 2 and Quarter 3) is 82% completed. This represents 75 completed in Hodan, 45 in Kismayo and 11 out of the 40 completed in Afmadow. The remaining 18% which is the construction of 29 latrines in Afmadow ,will be completed in Quarter 3.
- The number of Households Properly disposing solid waste this quarter was above target due to increased access to areas in Afmadow. These areas where accessibility improved had sanitation gaps that needed urgent interventions. Therefore, the team managed to reach more beneficiaries than expected.

#### **Challenges:**

- The need for latrines increased after the heavy rains and flooding during the months of April and May, when floods washed away a number of latrines.
- Many IDPs need latrines and have very limited access to them, especially those in Hodan IDP camps.
- There are serious gaps in solid waste management in all areas of operation, particularly in Mogadishu and Afmadow and in urban poor host communities.

#### **Actions Taken, Actions Planned:**

- ARC started cholera response activities to provide WASH services to mitigate the effect of cholera outbreaks in Dhobley and prevent the re-occurrence of cholera.
- Construction of 29 more communal latrines is ongoing and will be completed in early October 2015 which will provide access to latrines for more than 1,450 beneficiaries.
- ARC is planning to conduct mass clean-up campaigns aimed at Dhobley town prior to the El Nino flash flooding that is predicted by SWALIM (Somali Water and Land Information Management).

### **Sub Sector: Water Supply Infrastructure**

#### **Progress to date:**

- As planned this quarter, ARC is in the process of rehabilitating five wells in Afmadow. The wells were intended to benefit 3,900 individuals (780 per well). Increase in population due to arrival of IDPs and the seasonal demand from pastoralists have resulted in an overall increase in demand and tensions between the groups. ARC's intervention will improve the capacity of these five shallow wells to serve 5,000 people in total (1,000 people/well). In addition, the intervention will help increase the average amount of water available to the IDPs from four to five liters per person per day.
- The activities undertaken this quarter included protection of the wells against contamination by raising the well mouth, installing the well mouth cover, purchasing and installing a pump, installing fencing, and creating awareness among users. Maintaining a recommended level of FRC in drinking water protects the users from being infected should contamination occur in spite of all the precautions. To ensure that the chlorination activity can be sustained beyond the life of the project, ARC identified two people per well for training in simple batch chlorination and FRC testing. The WASH cluster, together with UNICEF, has established a supply hub ensuring the availability of chlorine in all areas prone to incidences of AWD/Cholera. This way, the beneficiaries of the rehabilitated wells will be assured an adequate supply of chlorine.
- In order to ensure that wells are properly managed, ARC will train five members per well to form Water User Committees that will support facility operations and the maintenance of structures.

**Challenges**

- There are thousands of people in Afmadow district who have no access to reliable water sources, and any drought spell means crises as 60% of the population depend on water pans filled by unreliable rainfall.
- IDPs in Dhobley are experiencing water supply shortages after ARC water trucking ended late April 2015.

**Actions Taken, Actions Planned:**

- ARC is rehabilitating five shallow wells in Afmadow town to enhance safe water delivery through well protection and is doing desilting to increase the yield of the wells, which dry up during the dry period and need constant desilting and repair.
- ARC, through coordination with other WASH partners in the WASH cluster, advocated for improving reliable water sources, such as drilling of boreholes. Now Kulbiyow is getting a borehole by NRC, which will improve the water supply in Badhadhe district and reduce the tension of agro-pastoral communities in Dhobley boreholes.
- ARC will conduct chlorination of water sources to disinfect water, as well as FRC checks on a regular basis at all ARC water points.