

Section 3: Terms of Reference

1. Background context

Since mid-October, deteriorating water availability, shortage of pasture and abnormal livestock migration has been reported in most parts of the 'Deyr' receiving areas of southern Somali Region, creating serious drought conditions in areas already affected by poor Gu (April-June) rains in the same areas, and creating drought conditions in new areas than were affected in 2015-16 in Sitti zone in the north of the region. The onset of the Deyr rain was delayed by more than one month and no rains have been reported in most parts of the Deyr receiving area until the start of November, and those locations that did receive rainfall have recorded significantly below long-term averages. This was acknowledged by the Federal NDRMC, and a contingency response plan was issued by the State Council of the Somali Regional State on 15th November, 2016 calling for immediate supporting interventions to complement Governmental response capacities and efforts.

2. Objective

The objective of additional activities and funding is to enable PDP (BASES) to respond to acute humanitarian needs resulted from the current drought as quickly as possible, supplementing government and other actors' interventions to save lives in 10 of the drought affected PDP implementing woredas. The extension will be for five months starting from February-June 2017. Existing PDP implementing partners and programmes in drought affected woredas will deliver activities intended to meet humanitarian needs while also protecting the development investment that PDP has made through its basic component.

3. Problem statement

According to Somali Regional Government drought assessment report, by December 2016, 67 hot spot woredas out of 93 woredas require immediate assistance to save the lives of both people and livestock. Currently, communities are collecting water over long distances and reports of walking for more than three hours on foot is common. Women and girls are mostly affected as they are not only required to fetch water for domestic purposes but also for small animals. Areas which used to depend on Birkads for water are facing critical shortage as open water sources have dried up. Pasture availability has significantly reduced. In some woredas people have already started migration due to the absence of pasture in their localities, which is abnormal during this time of year, and informal settlements of "IDPs" are reported in at least one of the woredas. Currently, serious water and pasture shortage have been reported across the BASES intervention areas.

The most affected woredas, i.e. those in category 1 overall, are the following (December 2016 Deyr assessment report): Adadle, Gashamo, Daror, Denan, Mersin, Bare, Hargele Dekasuftu, Elkare. Aware is in category 1 for water needs and in category 2 overall. This has had an effect on the implementation of the programme, particularly a reduction in the number of people benefitting from health services and activities, significant school drop-out, and inability to implement activities that improve beneficiary access to safe water and sanitation.

The Ethiopian Somali Regional State's Disaster Prevention and Preparedness Bureau (DPPB) developed a "Contingency Plan for Somali Region, November 2016" which estimated 1,143,123 people, (640,148 female and 502,975 males) will be affected by severe water shortages, necessitating immediate strengthening of basic services to meet the additional humanitarian requirements in 2017¹. The December 2016 Deyr assessment still estimates the numbers at 809,

¹¹The woredas affected by the Dyer drought are: Danot, Daratole, Lahel yucub, Warder, Bookh, Galadi, Galxamur, Gaashaamo, Daroor, Dhagaxmadow, Bilcilbuur, Marsin, Shilaabo, Higloolay, Boodalay, Cayuun, Xaraaray, Horashagax, Baaray, Qooxle, Godgod, Jarati, Cadaadley, Dhanaan, Yaxoob, Salaxaad, Xarshin, Qadhaaddhuma. As a result of the prolonged water stress in the 2015 / 2016 highland watershed drought in

108 people with critical water shortage needs, which is unacceptably very high. Mid-January 2017 RDBB estimates show that 9,738 IDP households are in need of urgent assistance in Somali Region.

This plan prioritizes woredas affected by the recent rain failure in the southern part of the region, critically affecting ten of the woredas receiving support from the BASES programme. That programme was designed to support the development of basic service infrastructure and contribute to disaster risk reduction in the region, it also recognizes that significant natural shocks are common and encourages the DPPB early warning mechanisms to call for support when required for early interventions to strengthen the capacities of basic service systems to meet additional demands. The regional Deyr assessment (Nov/Dec 2016) identified the following key issues as a result of the current drought: increased school drop outs, increased pressure on existing health facilities, a critical lack of pasture and water shortage. Due to the serious nature of the situation, the regional government officially declared an emergency drought situation in Deyr receiving zones and requested all humanitarian agencies to respond, particularly highlighting the key priority areas of: emergency water trucking for life saving, animal feed, vaccine and treatment, food aid and supplementary feeding, emergency health and nutrition interventions through mobile team support, emergency education response and expanding school feeding programmes.

In this drought situation, immediate water service provision and infrastructural support is now required across three levels of emergency water service delivery, through water trucking, life-saving interventions at the community level to reduce forced migration, life-saving support to health facilities through health and nutrition interventions to reduce morbidity and mortality, and a coupled service of education in emergency and water trucking to schools to improve retention rates of students. This intervention includes provision of educational materials, water trucking and the provision of appropriate storage provided as required at each level of intervention. To ensure the quality of water provided, water treatment chemicals need to be distributed to mitigate risk of disease outbreak.

Poor pasture availability and water shortage leads to poor performance livestock body condition, and livestock deaths are already reported in many affected areas, meaning that affected communities' access to livestock products (milk and meat) as source of food and income is already seriously affected. Inadequate dietary intake due to acute food insecurity situations, lack of safe drinking water and recent disease outbreaks, for example AWD, affects the nutritional and health status of the community, particularly under-five children, pregnant and lactating mothers. As a result, admission rates to health centres have started to increase and will rise sharply in the coming months. The number of severely malnourished children admitted in the TFP increased from 962 to 1,565 children in between May – October 2016, and it has shown an 18% increase as compared to the same period of last year². The regional admission rate and performance shows 7,403 SAM cases from all therapeutic feeding programmes, this is 5,150 cases (69%) higher than the 2007 E.C reference year, despite the low reporting rates observed by all teams. The capacities of the Regional Health Bureau facilities in remote and challenging environments to address rising trends in severe acute malnutrition (SAM) and related medical complications, especially among children and pregnant or lactating women, requires urgent reinforcing. These interventions will build on the experience and successes of the interventions under the BASES crisis modifier 2 in Sitti zone, where Save the Children International supported emergency nutritional response in hard to reach areas, through mobile health and nutrition teams, and ensured the establishment and functionality of stabilization centres in key health facilities.

Ornomia, Harerges, the permanent water sources in the woredas are now being overexploited and many communal ponds are running dangerously low.

2 Somali Region of Ethiopia: Assessment Report of Deyr 2016, December 2016

The existing chronic food insecurity of the target woredas and the recurrent droughts of the past few years exacerbated the vulnerability of the community for acute malnutrition. The recent EDHS, 2016 findings indicated a high level of chronic and acute malnutrition of under-five children in the region, with 22.7% of wasting, 28.7% underweight and 27.4% stunting. The prevalence of acute malnutrition (22.7%) is the highest of all regions and much higher than the national average of 9.9%. Currently, 67 woredas of the region including ten target woredas are in priority list for immediate support (ENCU, December 2016). This shows the region is still affected by both chronic and acute under-nutrition and demands additional support to the existing health systems.

The prolonged nature of the rainfall shortages has severely affected the southern Somali region and the economy has deteriorated and impacted on the Education assets of the community, depressing attendance rates and forcing school closures in some areas. In the region, an estimated 338,277 children (194,324 boys and 143,953 girls) are affected in 778 schools of sixty-seven woredas. Poor nutrition status of children also has an impact on children's school attendance; in this kind of emergency, school children have no food, which means that they cannot concentrate on their education and have no energy to travel back and forth from home to school. Of all the children affected by the current drought, 183,090 children (78,672 girls and 104,418 boys) drop out of schools in the region. Therefore, there is a need for education in emergency support for up to 8,448 children, supporting the government in protecting and retaining children in the education system by providing water through emergency water trucking, education and play materials. Support, community mobilization and networking in the region is a priority concern and has proved very successful in the Sitti zone PDP-BASES crisis modifier support to Regional Education Bureau during 2015-16.

Lastly, this drought threatens the overall development gains, investments and reputation made during the BASES programme's strengthening of health and education systems in southern Somali region, and could result in student dropouts or the closure of schools and an increase in the number of patients and high demand for drug supplies and health care services across the region, which could overwhelm health centres, without additional support. An additional five months of heightened support is requested to assure those gains from the threats posed by the drought and protect the exit strategy of the programme by postponing it until the next Gu rain season, rather than ending support for basic services during a time of crisis. This will address the needs of the drought affected population by supporting the Somali Region DPPB and Bureaus.

4. Crisis modifier response plan

To mitigate the current humanitarian situation, Save the Children is requesting additional funding to begin strengthening emergency service delivery and response capacities of the Somali Regional Government, supporting ten of the drought affected intervention woredas for the coming five months through the existing partners and programme, to meet immediate and anticipated needs in the following sectors:

1. Health and Nutrition – to increase access to emergency, life-saving health and nutrition services for drought affected families suffering from severe and acute malnutrition and associated health concerns.
2. Education – to support children and their teachers affected by drought with education materials and water to continue their education throughout the drought cycle.

The partners' Detailed Implementation Plans (DIPs) contribute to realization of the above objectives. There are variations in scale due to number of woredas where respective partners are working. Where there are variations, for example, planned CSB and oil distribution in Bare, Hargele and Dekasuftu, it is due to the local context. The December 2016 hotspot health and nutrition categorisation places these woredas in category 2 (overall, they are category 1), meaning that there is a risk of these woredas not being prioritized in possible WFP MAM responses. To mitigate this risk,

this response has been provided for by IR. All preparations, including ensuring there is local sourcing for food items, storage and transportation have been considered and this activity is intending to be implemented in the early phase of the response. With the exception of the IR activity, any reference to MAM in the response plan is for contextual analysis reasons, and in other woredas MAM cases are expected to be managed by WFP. Other exceptions in the DIP include the following: IRC not undertaking nutrition activities due to agency mandate; OWDA not undertaking water trucking in schools due to resource constraints. The programme will ensure that specific sites where interventions are planned will be reflected in the Emergency Nutrition Co-ordination Unit – who, what, where and when (ENCU 4W) matrix for effective co-ordination of the response. Institutions that are particularly vulnerable, for example ABE schools with limited access to water and other services will be targeted.

The detailed implementation plan showing activities and targets per consortium partner is in Annex B.

5. Monitoring and reporting

Monitoring and Evaluation framework of project will focus on following core activities:

1. Rapid assessment in the beginning to guide project team to plan scale of interventions within targeted woredas and to reach most marginalized children;
2. Collecting routine monitoring data from communities, schools and health facilities to track progress on planned interventions and track movement in case of internal migration to other woredas
3. Planning and conducting vulnerability assessment study to feed into programme discussion
4. Conducting real time evaluation to gather evidence on the effectiveness of strategies towards achieving expected results

A monitoring and reporting plan for the drought response has been developed (Annex C), which is consistent with overall BASES under PDP monitoring framework. At inception, a rapid assessment will be done to confirm target beneficiaries and this will be reviewed regularly to ensure responses are proportional to need. The Project team will develop IPTT (Indicators Performance Tracker) and track progress on selected indicators. The programme will collect routine monitoring data on monthly basis. M&E team will verify the correctness and completeness of the data quality and inform project team to improve tools and process towards reporting quality data. Routine monitoring data will be shared and reviewed with consortium partners for their informed decision making. It is expected the programme will undertake routine joint supervision and monitoring of response activities with woreda relevant technical staff, a practice that improved technical support previously in BASES programme implementation.

Relevant technical staff in the intervention sectors will review these reports and feedback – with specific reference to quality of implementation and scale.

Quarterly progress reports will be generated, that will capture progress with key performance indicators (KPIs), outputs and activities. The reports will capture lessons learnt and agreed priorities for a particular quarter. A full gendered breakdown of beneficiaries will be tracked and reported on monthly and quarterly basis.

6. Gender

The programme will ensure a rapid baseline study is undertaken to provide information about the immediate needs girls and boys, men and women and addressed by project. . Project team will collect gender desegregated data for all Key Performance Indicators. Where there are specific vulnerabilities and needs, for instance, pregnant and lactating women, specific activities like emergency IYCF-E, trainings will be provided as planned. The use of effective structures, for

instance mother to mother groups, in promotion of emergency health and nutritional messages will be prioritised. Trainings programmes, for instance the PTSA structures, will ensure representation of both men and women

7. Results framework

Project Goal:	Strengthen education, health and water emergency response in order to alleviate the impact of drought on children and their communities in BASES programming areas of Somali region.
Objective 1	Increase access to emergency health and nutrition services for drought affected vulnerable families to reduce mortality and morbidity associated with Severe Acute Malnutrition and associated health complications
Result 1.1	Increased coverage of treatment of severe and acute malnourished children at health facilities and community level
Indicator	<ul style="list-style-type: none"> Up to 17 new stabilization centres and 45 OTP sites established or rehabilitated and functional for inpatient and outpatient care. This is in terms of establishing a service, i.e. training of health workers; provision of supplies and case management 120 health workers trained on management of SC/OTP sites able to deal with number of patients At least 340 children treated for SAM, disaggregated by age and sex. Rates of admission, default, death, cure, relapse, non-respondent, transfer and length of stay. This is to determine the success rate of response compared to baseline 90 Health care providers, i.e. 2 per HP/OTP site and 90 volunteers, i.e. 2 per HP/OTP site trained in the prevention and management of SAM, PHEM and IYCF-E by sex.
Activities	<ul style="list-style-type: none"> Establishment of stabilization centers and strengthens OTP services: at least two stabilization centers will be established in the health centers of each woreda and at least five OTP sites will be strengthened in the health facilities per woreda to treat severely malnourished children within the first three months of the response. Provide technical (training and routine coaching) and logistics (transportation of drugs and nutrition food supplements) support to the existing health facilities and staffs delivering nutrition and health services in the stabilization centers. OTP services will be strengthened in all functional health facilities. Provide drug supply: regular drug supplies will be provided to support nutritional services teams in coordination with UNICEF and regional health bureau Providing ongoing support to strengthen supply management, i.e. rationalizing drug use and expiration dates; promote tagging of drugs for easy identification; timely and accurate reporting on drug use and replenishment Case management to support severely acute malnourished children (SAM), 340 expected SAM (OTP+SAM with medical Complication) which includes 36 SAM children with medical complication
Result 1.2	Improved awareness of infant and young child feeding among mothers in the target woredas
Indicators	<ul style="list-style-type: none"> At least 400 mothers receive behavior change interventions messages, by sex and age Mother-to-mother support group activities in each of the 45 sites and number of sessions provided. One session per month per site. 36 caregivers of children <24 months receive one to one skilled counselling support Improved knowledge on Infant and Young Child Feeding practices in emergencies
Activities	<ul style="list-style-type: none"> Organise activities to Promote Infant and Young Child Feeding practices in emergency (IYCF-E) activities and integration within CMAM sites such as establishing mother to mother

	support groups, establishing breast feeding and counseling corners in health facilities <ul style="list-style-type: none"> • Training of health workers on public health emergency management (PHEM) with specific reference to AWD case management
Result 1.3	Improved quality of health care service
Indicator	<ul style="list-style-type: none"> • 19 health facilities have access to adequate water • 19 health facilities have access to water treatment chemicals
Activities	<ul style="list-style-type: none"> • Institutional water trucking to stabilization centers to improve treatment capacity • Provision of water treatment chemicals to at least 9,398 people to reduce incidence of water-borne diseases, such as the recent outbreak of AWD in the Region.
Objective 2	Increase access to education in emergency in four drought affected woredas.
Result 2.1	Improved retention of children in schools affected by drought
Indicator	<ul style="list-style-type: none"> • Number of girls and boys attending school • Up to 66 schools receive safe water
Activities	<ul style="list-style-type: none"> • Deliver basic education kits (Student bags; exercise books; pens; balls; skipping ropes) to at least 8,448 children. • Water trucking to schools
Result 2.2	Improved capacity of teachers, PTSAs on the planning, implementing and monitoring of EiE and school DRR interventions
Indicator	<ul style="list-style-type: none"> • Number of teachers trained on EiE and DRR methodology • Number of PTSAs trained on EiE and DRR methodology
Activities	<ul style="list-style-type: none"> • Train 72 teachers on EiE and DRR • Train 169 PTSAs on EiE and DRR • Train REB and WEO on EiE and DRR and support them to strengthen their government EiE and response system
Result 2.3	Networking system established to allow students leaving their schools to join other schools at destination.
Indicator	<ul style="list-style-type: none"> • Number of zonal networking cards awareness sessions held
Activities	<ul style="list-style-type: none"> • Hold six zonal networking awareness sessions with Woreda Education Officials • Train teachers on recording student profile and monitoring using the networking system
Risks assumptions: or	<u>Assumptions</u> <ul style="list-style-type: none"> - BASES intervention woredas will be supporting the implementation of the project - Strong Government coordination of interventions at regional, zonal and woreda levels - Organized response mechanism of Save the Children in consortium with IR, IRC and OWDA will enable rapid delivery of the interventions. <u>Risks</u> <ul style="list-style-type: none"> - Humanitarian needs due to the drought will overwhelm basic service provision resulting in excess mortality. - Limited access to affected areas and highly mobile populations. - Disease outbreak due to water shortages or contamination - NFI/FI and all learning/play materials diverted to market economies or for personal gains

8. Constraints and dependencies

Emergency response should commence implementation from February 2017 and be completed by the end of June 2017. Save the Children will provide a realistic work plan after signature of the contract.

9. Reporting

Save the Children will provide a separate quarterly report for the KPI's related to the emergency response intervention in the ten woredas. The existing BASES quarterly report length limit will apply but does not include annexes, which can be added to the main report if it adds to the evidence base for the main report, but which should be kept to a minimum. Save the Children will also submit a brief monthly narrative update during the implementation of these activities following the same format used for the ongoing BASES programme. Save the Children will provide progress reports on a monthly and quarterly basis in accordance with the below schedule.

Type of report	Due date
Monthly progress (Feb/Mar)	07/04/2017
First quarterly report including the KPIs (Feb-Apr)	05/05/2017
Monthly progress report (May)	05/06/2017
Final report (Feb- June) including the KPIs	05/07/2017

10. Timeframe

The maximum duration of the emergency response shall not exceed 5 months. However, for any KPI that is not fully achieved within the five months DFID will not make any payment