



Project Proposal

Organization	COOPI (Cooperazione Internazionale - COOPI)			
Project Title	Emergency Support to Burao Hospital services delivery following withdraw of MSF Belgium			
CHF Code	CHF-DMA-0489-534ER			
Primary Cluster	Health	Secondary Cluster		
CHF Allocation	Emergency Reserve	Project Duration	6 months	
Project Budget	350,000.00			
CAP Details	CAP Code	CAP Budget	0.00	
	CAP Project Ranking	CAP Gender Marker		
Project Beneficiaries		Men	Women	Total
	Beneficiary Summary	2,357	4,315	6,672
		Boys	Girls	Total
		3,964	6,752	10,716
		Total		17,388
	Total beneficiaries include the following:			
	Children under 5	248	424	672
	Staff (own or partner staff, authorities)	80	32	112
Implementing Partners				
Organization focal point contact details	Name: Damiano Lotteria Title: Regional Representative			
	Telephone: +254 20 25853 E-mail: coord.nairobi@coopi.org			
BACKGROUND INFORMATION				
1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)	Burao Hospital is located in Burao district, Togdher region of north-west of Somalia. It is the regional referral hospital for a large population that spreads from the border with Ethiopia to the regions of Puntland. The majority of the population are pastoralist moving seasonally for pasture; the roads that are linking the main towns are generally good, but for most of the villages in remote areas there are no transport means. The indirect beneficiaries of the hospital are estimated at 452,665 (OCHA Humanitarian Bulletin September 2013). In the last years the IDP settlements have consistently increased due to the high number of people moving from the southern regions under Al-Shebab control. Burao Hospital has a key function in the national health system aiming to reduce the maternal-child mortality rate, one of the highest in Somalia. The monthly recorded number of patients in the hospital services reached in 2012 an average of 3658 as following distributed: OPD 910, Maternity 600, Peditary 112, Emergency 1200, Surgical and Medical wards 916. Shortage of qualified human resources is still a challenge in the region, especially doctors while the Institute of Science of Burao is graduating nurses and midwives every year. The Medical Institute of Burao University is new and the first newly graduated doctors are expected in 3 years from now.			
2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	The assessment of Burao Regional Hospital was conducted through physical verifications and information provided by the hospital managerial team in October 2013. The hospital includes the following operational departments: Out-patients services (Emergency, medical consultation in OPD(Out Patient Department), Laboratory, Blood transfusion service, Physiotherapy, Pharmacy, Radiology, Ultrasound and IPTCS); In-patients wards (Paediatric ward, Stabilization Center, Surgical and medical wards, Obstetrics and Gynaecology, OT, TB Hospital and Mental Hospital. During MSF project implementation, the hospital has been fully rehabilitated, equipped and furnished. Total number of beds is 170. A huge number of staff, health workers and support staff have been employed in addition to the staff that was in the MoH pay roll as per MSF established standards reaching a total of 183. After withdrawal of MSF and the commitment of the Somaliland President to support the hospital for 3 months, the current project is considering only the essential staff (112). The hospital has sufficient supply for at least 6 months (as confirmed by MoH). From January 2014 the essential needs are the incentives payment, contribution to the running costs considering the municipality contribution and donations that partially cover the cost of the water and the electricity and supply of non medical consumables. The cost sharing system must be re-established and the administration needs technical support.			
3. Activities. List and describe the activities that your organization is currently implementing to address these needs	COOPI is implementing in Burao Regional Hospital two programs: - GFATM/HIV , that support IPTCS (Integrated Prevention Treatment and Care services for HIV) including counselling and voluntary testing, prophylaxis and ARV treatment to HIV positive patients, diagnosis and treatment of STIs, monitoring of PLWHIV with CD4 machine and other laboratory tests, diagnosis and treatment of opportunistic infections and prevention of transmission of HIV from mother to child (PMTCT), support to orphans and vulnerable children; - GFATM TB, that support the TB hospital services for in (75 beds) and out-patients and the TB out-reach program in the region. Burao is recording the highest rate of positive HIV cases and the highest number of TB cases detection in Somaliland; these are the most vulnerable population: very poor families, unemployed, MARPs, orphans, IDPs residents, women, children under 5 years.			
LOGICAL FRAMEWORK				
Objective 1	Provision of maternal and child health care for emergency and complicated interventions and access to hospital services for the most vulnerable (11250 people mainly women and children under 5) is increased by 10%.			
Outcome 1	24 hours access to the Emergency services in the hospital; qualified health workers, midwives, technicians and doctors are in service on rotation;			
Activity 1.1	Emergency team in the Emergency unit is working 24 hours; the service of ambulance is promptly available on call and the medical team is providing aid, resuscitation care and urgent surgical and orthopedic interventions. Qualified health workers, midwives, technicians and doctors are providing health care and the equipment are well maintained and fully functioning. The Blood transfusion service and safety transfusion procedures are applied as per WHO protocols; service of counseling for all transmissible diseases as well as referral system to specific departments are all operational for 24 hours qualified staff carry out caesarian section and vaccinations are provided. The project will fully support the following departments: Emergency, Operation Theater, Maternity and Neo-natal wards, Surgical wards, Paediatric department including Nutrition stabilization center.			
Activity 1.2	Infection transmission control is a strong component of the project and involve health workers, patients and indirectly the whole community. Its implementation has a full participatory approach and supportive rule of the wider community through the Community Health Board. An M&E team will be nominated, representative of health workers, technicians and support staff. The program will be undertaken through on service training, theoretical sessions, tools distribution and training on their corrected utilization. Protocols of hygiene measures, waste collection and disposal management, health promotion and behavioral changes encouragement are the main topics. 112 Participants to the program are all hospital workers (health workers and support staff). Patients, relatives and visitors will be involved in the program through sessions of health education and			

	educational tools.																
Activity 1.3	In order to ensure the continuity and the quality of emergency and life saving health services delivery a minimum financial support is provided as follows: 1. Contribution to the recurrent costs of the hospital in order to guarantee the essential electricity and water supplies for the targeted services; the project team provides the technical support for a rationalization and reduction in running costs in order to increase the sustainability of the health services; 2. Supply of non medical consumables aiming to maintain the hygiene standards and ensure the infection risk control in the hospital; 3. Payment of top up salaries to the staff based on their attendance and measured performances with the objective of guaranteeing continuity in service provision; the top up salary levels are in line with the approved national salary scale and the number of staff is reduced to the essential for covering 24 hours services.																
Indicators for outcome 1	<table border="1"> <thead> <tr> <th></th> <th>Cluster</th> <th>Indicator description</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Indicator 1.1</td> <td>Health</td> <td>Number of consultations per clinician per day by Health facility</td> <td>50</td> </tr> <tr> <td>Indicator 1.2</td> <td>Health</td> <td>Number of health workers and support staff participating in the infection transmission control program.</td> <td>112</td> </tr> <tr> <td>Indicator 1.3</td> <td>Health</td> <td>Number of monthly financial reports supported by verifiable and consolidated documentation of the contribution to running costs and to non medical consumables materials;</td> <td>6</td> </tr> </tbody> </table>		Cluster	Indicator description	Target	Indicator 1.1	Health	Number of consultations per clinician per day by Health facility	50	Indicator 1.2	Health	Number of health workers and support staff participating in the infection transmission control program.	112	Indicator 1.3	Health	Number of monthly financial reports supported by verifiable and consolidated documentation of the contribution to running costs and to non medical consumables materials;	6
		Cluster	Indicator description	Target													
	Indicator 1.1	Health	Number of consultations per clinician per day by Health facility	50													
	Indicator 1.2	Health	Number of health workers and support staff participating in the infection transmission control program.	112													
Indicator 1.3	Health	Number of monthly financial reports supported by verifiable and consolidated documentation of the contribution to running costs and to non medical consumables materials;	6														
Outcome 2	Strengthened capacity to sustain the services delivery and to respond to emergencies																
Activity 2.1	On service trainings of health workers in integrated management of childhood illness, trauma management, resuscitation measures will be carried out by the project team in sessions of one week per month for the staff of the targeted departments of pediatry, surgery and emergency. The total number of participants will be 30. Equipment and procedures are reviewed. The doctors in charge of the departments are the facilitators.																
Activity 2.2	Two refresher training courses will be carried out for health workers of pediatric department (6 persons) on management of severe malnutrition cases treatment and monitoring; the courses include sessions dedicated to health and nutrition education to the mothers; the courses duration will be 5 days each. The project will hire as a trainer a senior nurse from the Bura Institute of Science.																
Activity 2.3	Emergencies and crisis capacity building: The department of Emergency has one of the highest workload in the hospital and its services standard shall be guaranteed enforcing the protocols that have been established. The doctor in charge of the department will have full control of the management and is responsible of the emergency response by the team. The plan of response to emergencies and crisis will be put in place and a refresher training shall be carried out monthly under the project team supervision. Equipment, tools and procedures shall be verified and eventually updated. An exercise that involves all hospital staff in verification of the capacity of the facility to face emergency situation, crises and out-breaks shall be organized every two months. A plenary discussion will be held after every exercise to analyse the problems, constraints, strengths and actions plan.																
Indicators for outcome 2	<table border="1"> <thead> <tr> <th></th> <th>Cluster</th> <th>Indicator description</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Indicator 2.1</td> <td>Health</td> <td>Number of health workers trained in common illnesses, integrated management of childhood illnesses, surveillance of communicable diseases and/or trauma management</td> <td>30</td> </tr> <tr> <td>Indicator 2.2</td> <td>Health</td> <td>Number of health workers attending the refresher training courses in pediatric department</td> <td>6</td> </tr> <tr> <td>Indicator 2.3</td> <td>Health</td> <td>Number of simulation exercises of emergencies and crisis with the participation of all hospital staff</td> <td>3</td> </tr> </tbody> </table>		Cluster	Indicator description	Target	Indicator 2.1	Health	Number of health workers trained in common illnesses, integrated management of childhood illnesses, surveillance of communicable diseases and/or trauma management	30	Indicator 2.2	Health	Number of health workers attending the refresher training courses in pediatric department	6	Indicator 2.3	Health	Number of simulation exercises of emergencies and crisis with the participation of all hospital staff	3
		Cluster	Indicator description	Target													
	Indicator 2.1	Health	Number of health workers trained in common illnesses, integrated management of childhood illnesses, surveillance of communicable diseases and/or trauma management	30													
	Indicator 2.2	Health	Number of health workers attending the refresher training courses in pediatric department	6													
Indicator 2.3	Health	Number of simulation exercises of emergencies and crisis with the participation of all hospital staff	3														
Outcome 3	Strengthening capacity of data management through Regional HMIS and MoH surveillance																
Activity 3.1																	
Activity 3.2	Data recording and reporting will be accurate and timely: the monitoring of the data reports from the hospital departments is carried out by the project team who then submit to the Regional HMIS officer. The project team will carry out the monthly supervision and monitoring and the appointed hospital staff will be included in this capacity building exercise. Data is displayed and analysed: The first week of each month the HMIS data will be confirmed by the Regional officer and displayed with graphics in HMIS office and Administration office. One copy of the data is delivered to the hospital director and a meeting is organized with the managerial team and key staff from all departments. The objective of the meeting is to strengthen data analysis and involve all staff in actions aimed at improving services quality and in follow up.																
Activity 3.3	Joint survey and data analysis exercises will be carried out with assigned Regional officers and representative of the Ministry at central level utilizing analysis tools that have been developed in collaboration with MoH and approved. The outcomes of the data analysis will be utilized to improve the standardization, rationalization and sustainability of the health services. The exercises will be carried out for four days each on a quarterly basis. The team is comprised of 5 (five) qualified representatives of MoH. The report of this survey is produced by the MoH and approved by COOP.																
Indicators for outcome 3	<table border="1"> <thead> <tr> <th></th> <th>Cluster</th> <th>Indicator description</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Indicator 3.1</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Indicator 3.2</td> <td>Health</td> <td>Number of data analysis reports with consequent action plan implemented</td> <td>6</td> </tr> <tr> <td>Indicator 3.3</td> <td>Health</td> <td>Number of joint survey and data analysis exercises with clear recommendations and follow up plan</td> <td>6</td> </tr> </tbody> </table>		Cluster	Indicator description	Target	Indicator 3.1			0	Indicator 3.2	Health	Number of data analysis reports with consequent action plan implemented	6	Indicator 3.3	Health	Number of joint survey and data analysis exercises with clear recommendations and follow up plan	6
		Cluster	Indicator description	Target													
	Indicator 3.1			0													
	Indicator 3.2	Health	Number of data analysis reports with consequent action plan implemented	6													
Indicator 3.3	Health	Number of joint survey and data analysis exercises with clear recommendations and follow up plan	6														

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
	Activity 1.1 Emergency team in the Emergency unit is working 24 hours; the service of ambulance is promptly available on call and the medical team is providing aid, resuscitation care and urgent surgical and orthopedic interventions. Qualified health workers, midwives, technicians and doctors are providing health care and the equipment are well maintained and fully functioning. The Blood transfusion service and safety transfusion procedures are applied as per WHO protocols; service of counseling for all transmissible diseases as well as referral system to specific departments are all operational for 24 hours qualified staff carry out caesarian section and vaccinations are provided. The project will fully support the following departments: Emergency, Operation Theater, Maternity and Neo-natal wards, Surgical wards, Paediatric department including Nutrition stabilization center.	X	X	X			

	Participants to the program are all hospital workers (health workers and support staff). Patients, relatives and visitors will be involved in the program through sessions of health education and educational tools.														
	Activity 1.3 In order to ensure the continuity and the quality of emergency and life saving health services delivery a minimum financial support is provided as follows: 1. Contribution to the recurrent costs of the hospital in order to guarantee the essential electricity and water supplies for the targeted services; the project team provides the technical support for a rationalization and reduction in running costs in order to increase the sustainability of the health services; 2. Supply of non medical consumables aiming to maintain the hygiene standards and ensure the infection risk control in the hospital; 3. Payment of top up salaries to the staff based on their attendance and measured performances with the objective of guaranteeing continuity in service provision; the top up salary levels are in line with the approved national salary scale and the number of staff is reduced to the essential for covering 24 hours services.	X	X	X											
	Activity 2.1 On service trainings of health workers in integrated management of childhood illness, trauma management, resuscitation measures will be carried out by the project team in sessions of one week per month for the staff of the targeted departments of pediatry, surgery and emergency. The total number of participants will be 30. Equipment and procedures are reviewed. The doctors in charge of the departments are the facilitators.	X	X	X											
	Activity 2.2 Two refresher training courses will be carried out for health workers of pediatric department (6 persons) on management of severe malnutrition cases treatment and monitoring; the courses include sessions dedicated to health and nutrition education to the mothers; the courses duration will be 5 days each. The project will hire as a trainer a senior nurse from the Burao Institute of Science.			X	X										
	Activity 2.3 Emergencies and crisis capacity building: The department of Emergency has one of the highest workload in the hospital and its services standard shall be guaranteed enforcing the protocols that have been established. The doctor in charge of the department will have full control of the management and is responsible of the emergency response by the team. The plan of response to emergencies and crisis will be put in place and a refresher training shall be carried out monthly under the project team supervision. Equipment, tools and procedures shall be verified and eventually updated. An exercise that involves all hospital staff in verification of the capacity of the facility to face emergency situation, crises and out-breaks shall be organized every two months. A plenary discussion will be held after every exercise to analyse the problems, constraints, strengths and actions plan.	X	X	X											
	Activity 3.1														
	Activity 3.2 Data recording and reporting will be accurate and timely: the monitoring of the data reports from the hospital departments is carried out by the project team who then submit to the Regional HMIS officer. The project team will carry out the monthly supervision and monitoring and the appointed hospital staff will be included in this capacity building exercise. Data is displayed and analysed: The first week of each month the HMIS data will be confirmed by the Regional officer and displayed with graphics in HMIS office and Administration office. One copy of the data is delivered to the hospital director and a meeting is organized with the managerial team and key staff from all departments. The objective of the meeting is to strengthen data analysis and involve all staff in actions aimed at improving services quality and in follow up.	X	X	X											
	Activity 3.3 Joint survey and data analysis exercises will be carried out with assigned Regional officers and representative of the Ministry at central level utilizing analysis tools that have been developed in collaboration with MoH and approved. The outcomes of the data analysis will be utilized to improve the standardization, rationalization and sustainability of the health services. The exercises will be carried out for four days each on a quarterly basis. The team is comprised of 5 (five) qualified representatives of MoH. The report of this survey is produced by the MoH and approved by COOPI.			X	X										

M & E DETAILS

Activity Description	M & E Tools to use	Means of verification	Month (s) when planned M & E will be done													
			1	2	3	4	5	6	7	8	9	10	11	12		
	- Data collection	HMIS														
Activity 1.1 Emergency team in the Emergency unit is working 24 hours; the service of ambulance is promptly available on call and the medical team is providing aid, resuscitation care and urgent surgical and orthopedic interventions. Qualified health workers, midwives, technicians and doctors are providing health care and the equipment are well maintained and fully functioning. The Blood transfusion service and safety transfusion procedures are applied as per WHO protocols; service of counseling for all transmissible diseases as well as referral system to specific departments are all operational for 24 hours qualified staff carry out caesarian section and vaccinations are provided. The project will fully support the following departments: Emergency, Operation Theater, Maternity and Neo-natal wards, Surgical wards, Paediatric department including Nutrition stabilization center.	- Field visits - Photo with or without GPS data - Survey	Monthly monitoring reports to hospital management Feedback to hospital staff and action plan	X	X	X	X	X	X								
Activity 1.2 Infection transmission control is a strong component of the project and involve health workers, patients and indirectly the whole community. Its implementation has a full participatory approach and supportive role of the wider community through the Community Health Board. An M&E team will be nominated, representative of health workers, technicians and support staff. The program will be undertaken through on service training, theoretical sessions, tools distribution and training on their corrected utilization. Protocols of hygiene measures, waste collection and disposal management, health promotion and behavioral changes encouragement are the main topics. 112 Participants to the program are all hospital workers (health workers and support staff). Patients, relatives and visitors will be involved in the program through sessions of health education and educational tools.	- Contact details - Data collection - Field visits - Verification	Quarterly financial report Financial documents		X	X	X	X	X								
Activity 1.3 In order to ensure the continuity and the quality of emergency and life saving health services delivery a minimum financial support is provided as follows: 1. Contribution to the recurrent costs of the hospital in order to guarantee the essential						X		X								

Activity 2.1 On service trainings of health workers in integrated management of childhood illness, trauma management, resuscitation measures will be carried out by the project team in sessions of one week per month for the staff of the targeted departments of pediatry, surgery and emergency. The total number of participants will be 30. Equipment and procedures are reviewed. The doctors in charge of the departments are the facilitators.	- Other - Photo with or without GPS data - Verification	Training report		X		X													
Activity 2.2 Two refresher training courses will be carried out for health workers of pediatric department (6 persons) on management of severe malnutrition cases treatment and monitoring; the courses include sessions dedicated to health and nutrition education to the mothers; the courses duration will be 5 days each. The project will hire as a trainer a senior nurse from the Burao Institute of Science.	- Contact details - Focus group interview - Other - Photo with or without GPS data	Training report with photos and attendance lists.		X	X	X	X	X											
Activity 2.3 Emergencies and crisis capacity building: The department of Emergency has one of the highest workload in the hospital and its services standard shall be guaranteed enforcing the protocols that have been established. The doctor in charge of the department will have full control of the management and is responsible of the emergency response by the team. The plan of response to emergencies and crisis will be put in place and a refresher training shall be carried out monthly under the project team supervision. Equipment, tools and procedures shall be verified and eventually updated. An exercise that involves all hospital staff in verification of the capacity of the facility to face emergency situation, crises and out-breaks shall be organized every two months. A plenary discussion will be held after every exercise to analyse the problems, constraints, strengths and actions plan.	- Data collection - Photo with or without GPS data - Survey	Capacity assessments Emergency exercises report	X	X	X	X	X	X											
Activity 3.1	- Survey - Verification																		
Activity 3.2 Data recording and reporting will be accurate and timely; the monitoring of the data reports from the hospital departments is carried out by the project team who then submit to the Regional HMIS officer. The project team will carry out the monthly supervision and monitoring and the appointed hospital staff will be included in this capacity building exercise. Data is displayed and analysed: The first week of each month the HMIS data will be confirmed by the Regional officer and displayed with graphics in HMIS office and Administration office. One copy of the data is delivered to the hospital director and a meeting is organized with the managerial team and key staff from all departments. The objective of the meeting is to strengthen data analysis and involve all staff in actions aimed at improving services quality and in follow up.	- Data collection - Verification	Monthly HMIS graphic reports	X	X	X	X	X	X											
Activity 3.3 Joint survey and data analysis exercises will be carried out with assigned Regional officers and representative of the Ministry at central level utilizing analysis tools that have been developed in collaboration with MoH and approved. The outcomes of the data analysis will be utilized to improve the standardization, rationalization and sustainability of the health services. The exercises will be carried out for four days each on a quarterly basis. The team is comprised of 5 (five) qualified representatives of MoH. The report of this survey is produced by the MoH and approved by COOPI.	- Contact details - Field visits - Survey	Joint quarterly M&E an surveillance reports				X				X									

OTHER INFORMATION

Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th>Organization</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1. COOPI</td> <td>GFATM HIV program; GFATM TB program</td> </tr> <tr> <td>2. SCRC</td> <td>EPHS in the region of Togdher</td> </tr> <tr> <td>3. VSF</td> <td>Animal Health and livelihood</td> </tr> <tr> <td>4. World Food Program (WFP)</td> <td>Providing food rations to vulnerable people</td> </tr> <tr> <td>5. CESVI</td> <td>Environment sanitation</td> </tr> <tr> <td>6. MERCI</td> <td>TB program</td> </tr> <tr> <td>7. PSI</td> <td>Family planning</td> </tr> <tr> <td>8. THET</td> <td>Institutional capacity building</td> </tr> </tbody> </table>	Organization	Activity	1. COOPI	GFATM HIV program; GFATM TB program	2. SCRC	EPHS in the region of Togdher	3. VSF	Animal Health and livelihood	4. World Food Program (WFP)	Providing food rations to vulnerable people	5. CESVI	Environment sanitation	6. MERCI	TB program	7. PSI	Family planning	8. THET	Institutional capacity building
Organization	Activity																		
1. COOPI	GFATM HIV program; GFATM TB program																		
2. SCRC	EPHS in the region of Togdher																		
3. VSF	Animal Health and livelihood																		
4. World Food Program (WFP)	Providing food rations to vulnerable people																		
5. CESVI	Environment sanitation																		
6. MERCI	TB program																		
7. PSI	Family planning																		
8. THET	Institutional capacity building																		
Gender theme support	Yes																		
Outline how the project supports the gender theme	All targeted beneficiaries will be registered, profiled and data disaggregated by gender and age as for the following categories: 1. Women and pregnant women 2. Children under 5 years 3. Population under 18 years 4. IDPs resident in IDP camps 5. Access of men to transmissible diseases services During implementation and monitoring of the services a participatory and gender sensitive approach will be adopted to allow equal opportunity to all. The hygiene and health promotion program will involve hospital staff, both health workers and support staff, patients, relatives and visitors with specific sessions addressed to mothers of patients in pediatric ward and women in obstetric/gynaecology department. Gender specific group discussions and interaction are organized. Hospital staff recruitment will respect gender equality ensuring opportunities to all genders on the base of the professional qualification.																		
Select (tick) activities that supports the gender theme	<input checked="" type="checkbox"/> Activity 1.1: Emergency team in the Emergency unit is working 24 hours; the service of ambulance is promptly available on call and the medical team is providing aid, resuscitation care and urgent surgical and orthopedic interventions. Qualified health workers, midwives, technicians and doctors are providing health care and the equipment are well maintained and fully functioning. The Blood transfusion service and safety transfusion procedures are applied as per WHO protocols; service of counseling for all transmissible diseases as well as referral system to specific departments are all operational for 24 hours qualified staff carry out caesarian section and vaccinations are provided. The project will fully support the following departments: Emergency, Operation Theater, Maternity and Neo-natal wards, Surgical wards, Paediatric department including Nutrition stabilization center. <input checked="" type="checkbox"/> Activity 1.2: Infection transmission control is a strong component of the project and involve health workers, patients and indirectly the whole community. Its implementation has a full participatory approach and supportive role of the wider community through the Community Health Board. An M&E team will be nominated, representative of health workers, technicians and support staff. The program will be undertaken through on service training, theoretical sessions, tools distribution and training on their corrected utilization. Protocols of hygiene measures, waste collection and disposal management, health promotion and behavioral changes encouragement are the main topics. 112 Participants to the program are all hospital workers (health workers and support staff). Patients, relatives and visitors will be involved in the program through sessions of health education and educational tools. <input checked="" type="checkbox"/> Activity 1.3: In order to ensure the continuity and the quality of emergency and life saving health services delivery a minimum financial support is provided as follows: 1. Contribution to the recurrent costs of the hospital in order to guarantee the essential electricity and water supplies for the targeted services; the project team provides the technical support for a rationalization and reduction in running costs in order to increase the sustainability of the health services; 2. Supply of non medical consumables aiming to maintain the hygiene standards and ensure the infection risk control in the hospital; 3. Payment of top up salaries to the staff based on their attendance and measured performances with the objective of guaranteeing continuity in service provision; the top up salary levels are in line with the approved national salary scale and the number of staff is reduced to the essential for covering 24 hours services.																		

<input checked="" type="checkbox"/>	Activity 2.1: On service trainings of health workers in integrated management of childhood illness, trauma management, resuscitation measures will be carried out by the project team in sessions of one week per month for the staff of the targeted departments of pediatry, surgery and emergency. The total number of participants will be 30. Equipment and procedures are reviewed. The doctors in charge of the departments are the facilitators.
<input checked="" type="checkbox"/>	Activity 2.2: Two refresher training courses will be carried out for health workers of pediatric department (6 persons) on management of severe malnutrition cases treatment and monitoring; the courses include sessions dedicated to health and nutrition education to the mothers; the courses duration will be 5 days each. The project will hire as a trainer a senior nurse from the Burao Institute of Science.
<input checked="" type="checkbox"/>	Activity 2.3: Emergencies and crisis capacity building: The department of Emergency has one of the highest workload in the hospital and its services standard shall be guaranteed enforcing the protocols that have been established. The doctor in charge of the department will have full control of the management and is responsible of the emergency response by the team. The plan of response to emergencies and crisis will be put in place and a refresher training shall be carried out monthly under the project team supervision. Equipment, tools and procedures shall be verified and eventually updated. An exercise that involves all hospital staff in verification of the capacity of the facility to face emergency situation, crises and out-breaks shall be organized every two months. A plenary discussion will be held after every exercise to analyse the problems, constraints, strengths and actions plan.
<input type="checkbox"/>	Activity 3.1:
<input type="checkbox"/>	Activity 3.2: Data recording and reporting will be accurate and timely: the monitoring of the data reports from the hospital departments is carried out by the project team who then submit to the Regional HMIS officer. The project team will carry out the monthly supervision and monitoring and the appointed hospital staff will be included in this capacity building exercise. Data is displayed and analysed: The first week of each month the HMIS data will be confirmed by the Regional officer and displayed with graphics in HMIS office and Administration office. One copy of the data is delivered to the hospital director and a meeting is organized with the managerial team and key staff from all departments. The objective of the meeting is to strengthen data analysis and involve all staff in actions aimed at improving services quality and in follow up.
<input type="checkbox"/>	Activity 3.3: Joint survey and data analysis exercises will be carried out with assigned Regional officers and representative of the Ministry at central level utilizing analysis tools that have been developed in collaboration with MoH and approved. The outcomes of the data analysis will be utilized to improve the standardization, rationalization and sustainability of the health services. The exercises will be carried out for four days each on a quarterly basis. The team is comprised of 5 (five) qualified representatives of MoH. The report of this survey is produced by the MoH and approved by COOPI.

BUDGET

1.1 Supplies, commodities, equipment and transport	1.1.1 Supplies (materials and goods)								
	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	1.1.1.1	Hospital non-medical consumables (stationery, cleaning products)	2607	1	1	2,607.00	0.00	2,607.00	
	1.1.1.2	Hospital Running Costs (electricity, water, fuel, maintenance)	3120	1	6	18,720.00	0.00	18,720.00	
	Subtotal Supplies					21,327.00	0.00	21,327.00	6.5
	1.1.2 Transport and Storage								
	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	1.1.2.1	Vehicle rental (car + fuel + driver)	2200	1	4.5	9,900.00	0.00	9,900.00	
	1.1.2.3	Security Costs (escorts, transport, per diems,...)	2400	1	1	2,400.00	0.00	2,400.00	
	1.1.2.4	Ambulance costs (Fuel)	244	1	6	1,464.00	0.00	1,464.00	
	Subtotal Transport and Storage					13,764.00	0.00	13,764.00	4.2
1.2 Personnel (staff, consultants, travel and training)	1.2.1 International Staff								
	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	1.2.1.1	Health Coordinator (50%)	2900	1	6	17,400.00	0.00	17,400.00	
	1.2.1.2	Project Administrator (33%)	1485	1	6	8,910.00	0.00	8,910.00	
	1.2.1.3	Mission Perdiem, travel costs and insurance for expatriate staff assigned to the action	250	1	6	1,500.00	0.00	1,500.00	
	1.2.1.4	Freight and transport (flights,visas,taxis and airport taxes for 2 expat staff)	6000	1	1	6,000.00	0.00	6,000.00	
	Subtotal International Staff					33,810.00	0.00	33,810.00	10.3
	1.2.2 Local Staff								
	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	1.2.2.1	Hospital Technical staff (78 staff)	29626	1	6	177,756.00	0.00	177,756.00	
1.2.2.2	Hospital Administrative and Support Staff (34 staff)	5614	1	6	33,684.00	0.00	33,684.00		
1.2.2.3	Project Manager (COOPI field based)	2600	1	6	15,600.00	0.00	15,600.00		
1.2.2.4	Liaison Officer/logistician (COOPI field based)	1300	1	6	7,800.00	0.00	7,800.00		
1.2.2.5	Mission Perdiems (for local field staff)	300	1	6	1,800.00	0.00	1,800.00		
Subtotal Local Staff					236,640.00	0.00	236,640.00	72.3	
1.3 Training of Counterparts	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	1.3.1	Training of 6 health staff in pediatrics for 5days (twice) by trainer from Burao Science Institute	1600	1	1	1,600.00	0.00	1,600.00	
	Subtotal Training of Counterparts					1,600.00	0.00	1,600.00	0.5

1.4 Contracts (with implementing partners)	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total																								
	1.4.1	Missions of joint M&E Survey by Regional Health Authority	1300	1	2	2,600.00	0.00	2,600.00																									
	Subtotal Contracts						2,600.00	0.00	2,600.00	0.8																							
1.5 Other Direct Costs	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total																								
	1.5.1	Stationery and office materials	200	1	6	1,200.00	0.00	1,200.00																									
	1.5.2	Rent	1200	1	6	7,200.00	0.00	7,200.00																									
	1.5.3	Communications	300	1	6	1,800.00	0.00	1,800.00																									
	1.5.4	Utilities	170	1	6	1,020.00	0.00	1,020.00																									
	1.5.5	Bank Transfer Costs	6141.8	1	1	6,141.80	0.00	6,141.80																									
	Subtotal Other Direct Costs						17,361.80	0.00	17,361.80	5.3																							
TOTAL						327,102.80	0.00	327,102.80																									
2.0 Indirect Costs	Code	Budget Line Description				Amount(USD)	Organization	CHF	% of CHF Total																								
	2.0.1	Indirect Costs				22,897.20	0.00	22,897.20	7.0000																								
	GRAND TOTAL						350,000.00	0.00	350,000.00	100.0																							
Other sources of funds																																	
<table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Organization</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>Community</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>CHF</td> <td>350,000.00</td> <td>100.00</td> </tr> <tr> <td>Other Donors</td> <td></td> <td></td> </tr> <tr> <td></td> <td>a)</td> <td>0.00</td> </tr> <tr> <td></td> <td>b)</td> <td>0.00</td> </tr> <tr> <td>TOTAL</td> <td>350,000.00</td> <td></td> </tr> </tbody> </table>										Description	Amount	%	Organization	0.00	0.00	Community	0.00	0.00	CHF	350,000.00	100.00	Other Donors				a)	0.00		b)	0.00	TOTAL	350,000.00	
Description	Amount	%																															
Organization	0.00	0.00																															
Community	0.00	0.00																															
CHF	350,000.00	100.00																															
Other Donors																																	
	a)	0.00																															
	b)	0.00																															
TOTAL	350,000.00																																
LOCATIONS																																	
Region	District	Location	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code																									
Togdheer	Burco	Burco	Emergency care services	Emergency, Maternity, Peditary patients, Administration &support staff, Technical staff, project team	17388	9.52749	45.537472	NC-3811-M12-004																									
TOTAL					17,388																												
DOCUMENTS																																	
Document Description																																	
1. COMMENTS BOQ UMI																																	
2. Electricity bill sample																																	
3. Cleaning materials quotation																																	
4. Stationary Quotation																																	
5. Liaison Officer ToR																																	
6. Budget Breakdown																																	