

Organization	IOM (International Organization for Migration)				
Project Title	Provision of life-saving basic healthcare services to the most vulnerable returnees, internally displaced persons and their affected host communities in Kismayo and Luuq and its surroundings				
CHF Code	CHF-DMA-0489-567				
Primary Cluster	Health	Secondary Cluster			
CHF Allocation	Standard Allocation 1 (March 2014)	Project Duration	12 months		
Project Budget	365,000.00				
CAP Details	CAP Code	SOM-14/H/64353	CAP Budget	1,437,050.00	
	CAP Project Ranking	B - MEDIUM	CAP Gender Marker		
Project Beneficiaries		<b>Men</b>	<b>Women</b>	<b>Total</b>	
	Beneficiary Summary	11,000	20,000	31,000	
		<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
		8,600	9,800	18,400	
		<b>Total</b>		<b>49,400</b>	
	<b>Total beneficiaries include the following:</b>				
	Internally Displaced People	5,200	10,200	15,400	
	Returnees	6,300	9,400	15,700	
People in Host Communities	6,100	7,700	13,800		
Children under 5	2,200	2,300	4,500		
Implementing Partners	Partner		Budget		
	Human Development Concern (HDC)		72,750.00		
	Agency for Peace and Development (APD)/or Somali Red Crescent Society (SRCS)		72,750.00		
			145,500.00		
Organization focal point contact details	<b>Name:</b> Chiaki Ito <b>Title:</b> Health Programme Coordinator				
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## BACKGROUND INFORMATION

<p><b>1. Project rationale.</b> 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)</p>	<p>Somalia's prolonged insecurity has threatened the lives of people and crippled the basic infrastructure and health service provision. Only 9% of mothers giving births are attended by skilled health personnel (Save the Children, 2013). Health conditions in Kismayo are alarming with reported high prevalence of AWD, malaria, acute viral infections (AVI) and measles (IMC 2012). (2012 World Vision) estimated that in Gedo, about 154,000 people, nearly half of the entire population of Gedo, were in a state of humanitarian emergency. Levels of acute malnutrition remain Critical (Global Acute Malnutrition rates exceeding 15%) among rural populations in many parts of South-Central Somalia and among IDPs. Nutrition survey results indicate that an estimated 203000 children under the age of five are acutely malnourished. This figure includes 51000 children that are severely malnourished and consequently face a higher risk of death. Assessment results indicate that morbidity, poor child feeding and care practices are among the main casual factors of malnutrition in Somalia. The number of children under the age of five that are severely malnourished has increased from 41000 in August 2013 to 51 000 in January 2014 (an increase of 24%). There is an increasing demand to provide humanitarian assistance to vulnerable returnees host communities. UNHCR (Feb 2014) reported that 26,220 IDPs and refugees have spontaneously returned to their areas of origin in Somalia since 2013.</p>
<p><b>2. Needs assessment.</b> 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</p>	<p>According to a recent IOM consultation within four maternal and child health (MCH) facilities managed by American Refugee Committee, Somali Red Crescent Society (SRCS), and Agency for Peace &amp; Development (APD) in Kismayo concluded that these facilities are understaffed and unequipped. They have limited healthcare service delivery capacity for cases with critical conditions and complicated deliveries. This is critical at a time when there is an increasing number of spontaneous returnees in need of humanitarian assistance most being women and children. According to the Return Consortium spontaneous returning refugees, IDPs and host communities consisting of women, men and children are highlighted as the main populations of concern in 2014. The levels of acute malnutrition in Dholeby remain Very Critical (20.3 % GAM in Gu2013). While among Kismayo IDPs is at level of Critical (17.6 % GAM) In Gedo information from health facilities for July and September 2013 indicates that high GAM (&gt;20%) unveiling high vulnerability of children and pregnant and lactating women to most common disease. Luuq does not have adequate functional primary health facilities with frequent drug and medical supply shortages (World Vision 2012). The vaccination rates are below the sphere minimum standards with only 9% of the respondents producing immunization cards. There is need to emphasize on women's participation to strengthen sensitization and gender equality which is vital for the entire community.</p>
<p><b>3. Activities.</b> List and describe the activities that your organization is currently implementing to address these needs</p>	<p>IOM has established "way stations" in Lower Jubba and Gedo region to provide primary health care (PHC) services for returnees, IDPs and host communities in need of urgent medical assistance . Specific needs for women/ men, children, youth have been catered for at the centers such as separate latrines and accommodation facilities as well as child friendly spaces. The CHWs equally comprising of women and men conduct health promotion and education. IOM manages other static PHC centers and mobile clinics. Mobile health team equipped and based in Garowe is among forts and with longest duration of assistance to affected population in Eyl. IOM is establishing Comprehensive Emergency Obstetric and Neonatal Care services (CeMoNC ) services and Basic Emergency Obstetric Neonatology Care (BeMoNC ). Three CHWs (2 women 1 man) are being sent to Mulago Hospital in Kampala for Neonatology training. IOM intends to provide Neonatal care through admission and stabilization unit of eclampsia and pre eclampsia cases, premature and distressed newborns care, ante natal, intra partal and postnatal care. 32 health care providers were trained ensuring equal participation of men and women (16 women/16 men). IOM has had community consultations with IDPs such as youth and women's groups to increase awareness on hygiene practices and health promotion and actively participates in health meetings with recent participation of a tri-cluster assesment in Kismayo.</p>

## LOGICAL FRAMEWORK

<b>Objective 1</b>	The project will contribute to improving health of returnees, IDPs (relocated, integrated or newly displaced populations) and their host communities, by addressing specific needs of women, men, girls and boys, and by ensuring gender equality in access to health care (20,000 women, 11,000 men, 9,800 girls and 8,600 boys)			
Outcome 1	The increased delivery of primary and emergency health care services facilitates the utilization of health care services among returnees, IDPs and their host communities, with special provision for pregnant women, mothers, women of child bearing age, and children under five years			
Activity 1.1	Establish two mobile clinics and support two health centres (Luuq and Kismayo hospitals) while setting up a Basic Emergency Obstetric Neonatology Care centre (BEmNOC) for returnees, IDPs and their host communities. Services will include general consultation, ANC PNC Immunization, laboratory services, provision of free medicines, health education promotion delivery, day treatment			
Activity 1.2	Provide primary and emergency health care services for the most vulnerable returnees, IDPs and their host communities ensuring equal access to women, men, boys and girls. This includes the provision of general consultation, day treatment, provision of free medical drugs, laboratory services, immunization, as well as admission and stabilization of eclampsia and pre eclampsia cases, premature and distressed newborns, ante natal, intra partal and postnatal care.			
Activity 1.3	Provide and strengthen the referral services for patients who need secondary health care ensuring gender equality, access to services for women, men, boys and girls. This will be done by regular coordination and collaboration with stakeholders working in Luuq and Kismayo as well as the hospital administrations to strengthen the referral system and ensure that services are provided for the vulnerable populations			
<b>Indicators for outcome 1</b>		<b>Cluster</b>	<b>Indicator description</b>	<b>Target</b>
	Indicator 1.1	Health	Number of health facilities supported	4
	Indicator 1.2	Health	Number of persons who accessed to health care services (20,000 women, 11,000 men, 9,800 girls and 8,600 boys)	49400
	Indicator 1.3	Health	Number of persons who were referred to secondary health care services (150 women, 40 men, 100 girls and 100 boys)	390
Outcome 2	Improved awareness and practice of community-based prevention, reduced mortality and morbidity from vaccine preventable disease, vaccination and treatment of common diseases among the most vulnerable returnees, IDPs and their host communities through the involvement of IDP committees ensuring gender equality through participation of women's groups, youth and other key stakeholders			
Activity 2.1	Conduct immunization campaigns for children under five years and women of child bearing age (WCBA) (4,000 girls, 2,000 boys, 4,000 WCBA). This will be part of the EPI program enhancement that will include Immunization,; Cold Chain system and Health Education and Awareness			
Activity 2.2	Conduct mass sensitization campaigns on the most common diseases including acute watery diarrhea (AWD) and malaria among the most vulnerable returnees, IDPs and their host communities ensuring equal participation of women, men, girls and boys (20,000 women, 11,000 men, 9,800 girls and 8,600 boys)			
Activity 2.3	Establish and support health committees ensuring equal number of men women and youth in the communities ensuring involvement of women's and youth groups with an emphasis to build their capacities for sustainability and in order to strengthen sensitization and gender equality			
<b>Indicators for outcome 2</b>		<b>Cluster</b>	<b>Indicator description</b>	<b>Target</b>
	Indicator 2.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).	10000
	Indicator 2.2	Health	Number of persons who participated in the sensitization campaigns	49400
	Indicator 2.3	Health	Number of health committees established and supported	4
Outcome 3	NGOs, district MoH staff, IDP/Returnees Community, religious leaders and host communities demonstrate greater capacity in provision of primary health care and health emergency response including common disease outbreaks, with equal participation of women and men with an emphasis to build their capacities for sustainability			
Activity 3.1	Train 60 health care providers recruited from health facilities (40 women, 20 men) on common illnesses and/or integrated management of childhood illnesses as well as surveillance and emergency preparedness for communicable disease outbreaks with an emphasis to build their capacities for sustainability and to strengthen sensitization and gender equality. On-the-job trainings will be provided by IOM technical staff in coordination with local authorities and partners on the ground such as WHO, UNICEF and UNFPA as well including training on preparation and submission of health management and information system (HMIS) reports that are key for data management and analysis. Trainings will include management and treatment of respiratory tract infection (RTI), urinary tract infection (UTI), sexually-transmitted infections (STI), HIV/AIDS and safe motherhood, EPI program enhancement including; ways to develop immunization; cold chain system; health education and awareness			
Activity 3.2	Train 60 community health workers ensuring gender equality recruited from communities (40 women, 20 men) with an emphasis to build their capacities for sustainability and in order to strengthen sensitization and gender equality. On the job trainings will be provided by IOM technical staff including training on preparation and submission of HMIS reports that are key for data management and analysis. Trainings will be on outbreaks, particularly on cholera and polio as well as Neonatal care			
Activity 3.3	Equip community health workers including the mobile health teams ensuring gender equality in response to natural or manmade emergency situations with an emphasis to build their capacities for sustainability. Training will include Mass Casualty Training and will focus on trauma casualty and communication and co-ordination during the actual Mass Casualty Exercise. It will emphasize on critical steps that must be taken throughout the response to ensure rapid and efficient patient triage, effective and appropriate distribution of patients to available hospitals and health care facilities, and proper management of the surge of patients at the receiving hospitals with handling mass/trauma casualty in the Somali context and its characters.			
<b>Indicators for outcome 3</b>		<b>Cluster</b>	<b>Indicator description</b>	<b>Target</b>
	Indicator 3.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.	60
	Indicator 3.2	Health	Number of community health workers who were trained	60
	Indicator 3.3	Health	Number of mobile health team members who were trained for emergency interventions	20
<b>WORK PLAN</b>				
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	The activities will be implemented by IOM with the support of local implementing partners in Luuq (HDC) and in Kismayo (APD or SRC) (after a bidding process); Activity 1.1 and 1.2: The two mobile clinics will be used for immediate start-up of emergency outreach and for referrals to the hospitals. Activity 1.3: Strengthening of the referral services will be done by regular coordination and collaboration with stakeholders working in Luuq (Trocaire) and in Kismayo with ARC and ICRC ensuring equal access for men, women, girls and boys. Activity 2.1 will be done through mobile health			

team and CHWs employed at the MCH's that IOM will support in both locations ensuring gender equality. Activities 2.2 and 2.3 will ensure involvement of women's and youth groups with an emphasis on gender equality. IOM will collaborate with the Ministry of Health and other partners on the ground to ensure consistent messages are used for IEC materials. The training of the health care providers (Activity 3.1, 3.2, 3.3) will be organized after the first month of the project and will be arranged either in Mogadishu or in Hargeisa. As part of its risk mitigation, IOM is working with local partners and government as part of capacity building for sustainability as they are well known by the communities. IOM will hire local M&E assistants and third party contractors to monitor the projects on the ground. IOM is part of the UN system in Somalia and regularly monitors the security on the ground.

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
<b>Activity 1.1</b> Establish two mobile clinics and support two health centres (Luuq and Kismayo hospitals) while setting up a Basic Emergency Obstetric Neonatology Care centre (BEmNOC) for returnees, IDPs and their host communities. Services will include general consultation, ANC PNC Immunization, laboratory services , provision of free medicines, health education promotion delivery, day treatment	X	X	X	X	X	X
<b>Activity 1.2</b> Provide primary and emergency health care services for the most vulnerable returnees, IDPs and their host communities ensuring equal access to women, men, boys and girls. This includes the provision of general consultation, day treatment, provision of free medical drugs, laboratory services, immunization, as well as admission and stabilization of eclampsia and pre eclampsia cases, premature and distressed newborns, ante natal, intra partal and postnatal care.	X	X	X	X	X	X
<b>Activity 1.3</b> Provide and strengthen the referral services for patients who need secondary health care ensuring gender equality, access to services for women, men, boys and girls. This will be done by regular coordination and collaboration with stakeholders working in Luuq and Kismayo as well as the hospital administrations to strengthen the referral system and ensure that services are provided for the vulnerable populations	X	X	X	X	X	X
<b>Activity 2.1</b> Conduct immunization campaigns for children under five years and women of child bearing age (WCBA) (4,000 girls, 2,000 boys, 4,000 WCBA). This will be part of the EPI program enhancement that will include Immunization, Cold Chain system and Health Education and Awareness	X	X	X	X	X	X
<b>Activity 2.2</b> Conduct mass sensitization campaigns on the most common diseases including acute watery diarrhea (AWD) and malaria among the most vulnerable returnees, IDPs and their host communities ensuring equal participation of women, men, girls and boys (20,000 women, 11,000 men, 9,800 girls and 8,600 boys)	X	X	X	X	X	X
<b>Activity 2.3</b> Establish and support health committees ensuring equal number of men women and youth in the communities ensuring involvement of women's and youth groups with an emphasis to build their capacities for sustainability and in order to strengthen sensitization and gender equality	X	X	X	X	X	X
<b>Activity 3.1</b> Train 60 health care providers recruited from health facilities (40 women, 20 men) on common illnesses and/or integrated management of childhood illnesses as well as surveillance and emergency preparedness for communicable disease outbreaks with an emphasis to build their capacities for sustainability and to strengthen sensitization and gender equality. On-the- job trainings will be provided by IOM technical staff in coordination with local authorities and partners on the ground such as WHO, UNICEF and UNFPA as well including training on preparation and submission of health management and information system (HMIS) reports that are key for data management and analysis. Trainings will include management and treatment of respiratory tract infection (RTI), urinary tract infection (UTI), sexually-transmitted infections (STI), HIV/AIDS and safe motherhood, EPI program enhancement including; ways to develop immunization; cold chain system; health education and awareness		X	X			
<b>Activity 3.2</b> Train 60 community health workers ensuring gender equality recruited from communities (40 women, 20 men) with an emphasis to build their capacities for sustainability and in order to strengthen sensitization and gender equality. On the job trainings will be provided by IOM technical staff including training on preparation and submission of HMIS reports that are key for data management and analysis. Trainings will be on outbreaks, particularly on cholera and polio as well as Neonatal care		X	X			
<b>Activity 3.3</b> Equip community health workers including the mobile health teams ensuring gender equality in response to natural or manmade emergency situations with an emphasis to build their capacities for sustainability. Training will include Mass Casualty Training and will focus on trauma casualty and communication and co-ordination during the actual Mass Casualty Exercise. It will emphasize on critical steps that must be taken throughout the response to ensure rapid and efficient patient triage, effective and appropriate distribution of patients to available hospitals and health care facilities, and proper management of the surge of patients at the receiving hospitals with handling mass/trauma casualty in the Somali context and its characters.	X	X	X	X	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
<b>Activity 1.1</b> Establish two mobile clinics and support two health centres (Luuq and Kismayo hospitals) while setting up a Basic Emergency Obstetric Neonatology Care centre (BEmNOC) for returnees, IDPs and their host communities. Services will include general consultation, ANC PNC Immunization, laboratory services , provision of free medicines, health education promotion delivery, day treatment	<ul style="list-style-type: none"> <li>- Data collection</li> <li>- Distribution monitoring</li> <li>- Field visits</li> <li>- Focus group interview</li> <li>- Individual interview</li> <li>- Photo with or without GPS data</li> <li>- Verification</li> </ul>	HMIS Tools used at the mobile clinic linked to the facility, photos of the beneficiaries receiving treatment, number of medical drugs used and reordered, attendance sheets of CHW's	X				X				X			X
<b>Activity 1.2</b> Provide primary and emergency health care services for the most vulnerable returnees, IDPs and their host communities ensuring equal access to	<ul style="list-style-type: none"> <li>- Contact details</li> <li>- Data collection</li> <li>- Distribution monitoring</li> <li>- Field visits</li> <li>- Focus group interview</li> <li>- Photo with or without GPS data</li> </ul>	Patients register book, pharmacy registers, weekly monthly, quarterly, yearly reports, HMIS Tools used at the facility, photos of the beneficiaries receiving treatment, number of medical drugs used and	X				X				X			X

<p><b>Activity 1.3</b> Provide and strengthen the referral services for patients who need secondary health care ensuring gender equality, access to services for women, men, boys and girls. This will be done by regular coordination and collaboration with stakeholders working in Luuq and Kismayo as well as the hospital administrations to strengthen the referral system and ensure that services are provided for the vulnerable populations</p>	<ul style="list-style-type: none"> <li>- Contact details</li> <li>- Data collection</li> <li>- Distribution monitoring</li> <li>- Field visits</li> <li>- Focus group interview</li> <li>- Photo with or without GPS data</li> </ul>	<p>Patients registers Weekly, monthly quarterly yearly reports, patients registers at the referral hospital, HMIS Tools used at the facility, photos of the beneficiaries receiving treatment, number of medical drugs used and</p>	X				X			X			X
<p><b>Activity 2.1</b> Conduct immunization campaigns for children under five years and women of child bearing age (WCBA) (4,000 girls, 2,000 boys, 4,000 WCBA). This will be part of the EPI program enhancement that will include Immunization,; Cold Chain system and Health Education and Awareness</p>	<ul style="list-style-type: none"> <li>- Contact details</li> <li>- Data collection</li> <li>- Distribution monitoring</li> <li>- Field visits</li> <li>- Focus group interview</li> <li>- Photo with or without GPS data</li> <li>- Radio broadcasts</li> <li>- Verification</li> </ul>	<p>Pictures taken from the mass campaigns, banners and other IEC materials used and developed, radio messages announced on the day</p>	X				X			X			X
<p><b>Activity 2.2</b> Conduct mass sensitization campaigns on the most common diseases including acute watery diarrhea (AWD) and malaria among the most vulnerable returnees, IDPs and their host communities ensuring equal participation of women, men, girls and boys (20,000 women, 11,000 men, 9,800 girls and 8,600 boys)</p>	<ul style="list-style-type: none"> <li>- Field visits</li> <li>- Focus group interview</li> <li>- Individual interview</li> <li>- Other</li> <li>- Photo with or without GPS data</li> <li>- Post Distribution Monitoring</li> <li>- Verification</li> </ul>	<p>Attendance sheets for training participants, photos of trainings</p>	X				X			X			X
<p><b>Activity 2.3</b> Establish and support health committees ensuring equal number of men women and youth in the communities ensuring involvement of women's and youth groups with an emphasis to build their capacities for sustainability and in order to strengthen sensitization and gender equality</p>	<ul style="list-style-type: none"> <li>- Field visits</li> <li>- Photo with or without GPS data</li> <li>- Post Distribution Monitoring</li> <li>- Verification</li> </ul>	<p>Photos of consultative meetings and trainings for the committees and attendance sheets showing their presence in each meeting</p>	X				X			X			X
<p><b>Activity 3.1</b> Train 60 health care providers recruited from health facilities (40 women, 20 men) on common illnesses and/or integrated management of childhood illnesses as well as surveillance and emergency preparedness for communicable disease outbreaks with an emphasis to build their capacities for sustainability and to strengthen sensitization and gender equality. On-the- job trainings will be provided by IOM technical staff in coordination with local authorities and partners on the ground such as WHO, UNICEF and UNFPA as well including training on preparation and submission of health management and information system (HMIS) reports that are key for data management and analysis. Trainings will include management and treatment of respiratory tract infection (RTI), urinary tract infection (UTI), sexually-transmitted infections (STI), HIV/AIDS and safe motherhood, EPI program enhancement including; ways to develop immunization; cold chain system; health education and awareness</p>	<ul style="list-style-type: none"> <li>- Contact details</li> <li>- Data collection</li> <li>- Distribution monitoring</li> <li>- Field visits</li> <li>- Focus group interview</li> <li>- GPS data</li> <li>- Individual interview</li> <li>- Photo with or without GPS data</li> <li>- Verification</li> </ul>	<p>Photos of the trainings, agenda copy of the training and attendance sheets of the trainings. Pre-and post evaluation of the trainings</p>	X				X			X			X
<p><b>Activity 3.2</b> Train 60 community health workers ensuring gender equality recruited from communities (40 women, 20 men) with an emphasis to build their capacities for sustainability and in order to strengthen sensitization and gender equality. On the job trainings will be provided by IOM technical staff including training on preparation and submission of HMIS reports that are key for data management and analysis. Trainings will be on outbreaks, particularly on cholera and polio as well as Neonatal care</p>	<ul style="list-style-type: none"> <li>- Contact details</li> <li>- Data collection</li> <li>- Distribution monitoring</li> <li>- Field visits</li> <li>- Focus group interview</li> <li>- Individual interview</li> <li>- Verification</li> </ul>	<p>Photos of the trainings, agenda copy of the training and attendance sheets of the trainings. Pre-and post evaluation of the trainings</p>	X				X			X			X
<p><b>Activity 3.3</b> Equip community health workers including the mobile health teams ensuring gender equality in response to natural or manmade emergency situations with an emphasis to build their capacities for sustainability. Training will include Mass Casualty Training and will focus on trauma casualty and communication and co-ordination during the actual Mass Casualty Exercise. It will emphasize on critical steps that must be taken throughout the response to ensure rapid and efficient patient triage, effective and appropriate distribution of patients to available hospitals and health care facilities, and proper management of the surge of patients at the receiving hospitals with handling mass/trauma casualty in the Somali context and its characters.</p>	<ul style="list-style-type: none"> <li>- Contact details</li> <li>- Data collection</li> <li>- Distribution monitoring</li> <li>- Field visits</li> <li>- Focus group interview</li> <li>- Photo with or without GPS data</li> <li>- Verification</li> </ul>	<p>Photos of the trainings, agenda copy of the training and attendance sheets of the trainings. Pre-and post evaluation of the trainings. Pictures of the CHWs working and equipped with all essential supplies and materials</p>	X				X			X			X

**OTHER INFORMATION**

<p>Coordination with other Organizations in project area</p>	<p><b>Organization</b></p>	<p><b>Activity</b></p>
	<p>1. IOM</p>	<p>IOM is already presnet in Luuq conducting WASH and minimal outreach activities in Luuq that will further be strenghtened by this project. IOM will work with a local implementation partner HDC that are already manging an MCH in Doolow and also conducting outreach in Luuq</p>
	<p>2. IOM</p>	<p>IOM is already present in Kismayo conducting WASH activities in 6 IDP settlements namely: Tawakal 1, Tawakal 2, Tawakal 3, Hamdi 2, Khalid-ibn-walid and ibn-hussein). The activities proposed will complement each other in Kismayo.</p>
	<p>3. IOM</p>	<p>IOM is also collaborating with a local NGO Agency for Peace and Development (APD) on WASH activities and APD also has health activities in which IOM intends to support.</p>
	<p>4. HDC</p>	<p>HDC is currently partners with IOM in Doolow in managing the IOM health Center at Doolow in the provision of health service delivery. IOM provides a service agreement to HDC and sub contracts health workers as listed in the budget category D4. The same will be done in Luuq.</p>
	<p>5. APD or SRCS</p>	<p>IOM intends to partner with one of the two CSO's after a competitive bidding process is done as per the IOM rules and regulations.</p>
<p>Gender theme support</p>	<p>Yes</p>	

Outline how the project supports the gender theme	The project supports the gender theme by ensuring the active participation of women and girls in every phase of the project including identification of sites and services, design of activities, and implementation of the project. The project will empower women and girls by including them in the training and activities, as indicated in the target figures in the logical framework.
Select (tick) activities that supports the gender theme	<p><input checked="" type="checkbox"/> <b>Activity 1.1:</b> Establish two mobile clinics and support two health centres (Luuq and Kismayo hospitals) while setting up a Basic Emergency Obstetric Neonatology Care centre (BEmNOC) for returnees, IDPs and their host communities. Services will include general consultation, ANC/PNC Immunization, laboratory services, provision of free medicines, health education promotion, delivery, day treatment</p> <p><input checked="" type="checkbox"/> <b>Activity 1.2:</b> Provide primary and emergency health care services for the most vulnerable returnees, IDPs and their host communities ensuring equal access to women, men, boys and girls. This includes the provision of general consultation, day treatment, provision of free medical drugs, laboratory services, immunization, as well as admission and stabilization of eclampsia and pre-eclampsia cases, premature and distressed newborns, ante-natal, intra-partal and postnatal care.</p> <p><input checked="" type="checkbox"/> <b>Activity 1.3:</b> Provide and strengthen the referral services for patients who need secondary health care ensuring gender equality, access to services for women, men, boys and girls. This will be done by regular coordination and collaboration with stakeholders working in Luuq and Kismayo as well as the hospital administrations to strengthen the referral system and ensure that services are provided for the vulnerable populations</p> <p><input checked="" type="checkbox"/> <b>Activity 2.1:</b> Conduct immunization campaigns for children under five years and women of child bearing age (WCBA) (4,000 girls, 2,000 boys, 4,000 WCBA). This will be part of the EPI program enhancement that will include Immunization, Cold Chain system and Health Education and Awareness</p> <p><input checked="" type="checkbox"/> <b>Activity 2.2:</b> Conduct mass sensitization campaigns on the most common diseases including acute watery diarrhea (AWD) and malaria among the most vulnerable returnees, IDPs and their host communities ensuring equal participation of women, men, girls and boys (20,000 women, 11,000 men, 9,800 girls and 8,600 boys)</p> <p><input checked="" type="checkbox"/> <b>Activity 2.3:</b> Establish and support health committees ensuring equal number of men, women and youth in the communities ensuring involvement of women's and youth groups with an emphasis to build their capacities for sustainability and in order to strengthen sensitization and gender equality</p> <p><input checked="" type="checkbox"/> <b>Activity 3.1:</b> Train 60 health care providers recruited from health facilities (40 women, 20 men) on common illnesses and/or integrated management of childhood illnesses as well as surveillance and emergency preparedness for communicable disease outbreaks with an emphasis to build their capacities for sustainability and to strengthen sensitization and gender equality. On-the-job trainings will be provided by IOM technical staff in coordination with local authorities and partners on the ground such as WHO, UNICEF and UNFPA as well including training on preparation and submission of health management and information system (HMIS) reports that are key for data management and analysis. Trainings will include management and treatment of respiratory tract infection (RTI), urinary tract infection (UTI), sexually-transmitted infections (STI), HIV/AIDS and safe motherhood, EPI program enhancement including: ways to develop immunization; cold chain system; health education and awareness</p> <p><input checked="" type="checkbox"/> <b>Activity 3.2:</b> Train 60 community health workers ensuring gender equality recruited from communities (40 women, 20 men) with an emphasis to build their capacities for sustainability and in order to strengthen sensitization and gender equality. On the job trainings will be provided by IOM technical staff including training on preparation and submission of HMIS reports that are key for data management and analysis. Trainings will be on outbreaks, particularly on cholera and polio as well as Neonatal care</p> <p><input checked="" type="checkbox"/> <b>Activity 3.3:</b> Equip community health workers including the mobile health teams ensuring gender equality in response to natural or manmade emergency situations with an emphasis to build their capacities for sustainability. Training will include Mass Casualty Training and will focus on trauma casualty and communication and co-ordination during the actual Mass Casualty Exercise. It will emphasize on critical steps that must be taken throughout the response to ensure rapid and efficient patient triage, effective and appropriate distribution of patients to available hospitals and health care facilities, and proper management of the surge of patients at the receiving hospitals with handling mass/trauma casualty in the Somali context and its characters.</p>

**BUDGET**

<b>A:1 Staff and Personnel Costs</b>	<b>1.1 International Staff</b>									
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
	1.1.1	Programme Manager (40%-Kismayo & Luuq	1	4408	12	Month	52,896.00	26,448.00	26,448.00	
	1.1.2									
	1.1.3									
	1.1.4									
	1.1.5									
	1.1.6									
	1.1.7									
	1.1.8									
	1.1.9									
	1.1.10									
	1.1.11									
	1.1.12									
	1.1.13									
	1.1.14									
1.1.15										
<b>Subtotal</b>						52,896.00	26,448.00	26,448.00	7.8	
<p><b>Budget Narrative:</b> The Programme Manager is at a P3 International level and will be responsible for the overall coordination and technical oversight of this project. The position is based in Nairobi but with frequent travel to the project site (bi monthly) 40% of his time will be dedicated to this project. CHF will cover 20% of the P3 all inclusive package and IOM will cover 20% of the balance from its own resources.</p>										
<b>1.2 Local Staff</b>										

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
1.2.1	Support Administrative Staff (20%)	1	800	12	Month	9,600.00	2,688.00	6,912.00	
1.2.2	M&E Assistants (local staff)	2	700	12	Month	16,800.00	800.00	16,000.00	
1.2.3									
1.2.4									
1.2.5									
1.2.6									
1.2.7									
1.2.8									
1.2.9									
1.2.10									
1.2.11									
1.2.12									
1.2.13									
1.2.14									
1.2.15									
<b>Sub Total</b>						26,400.00	3,488.00	22,912.00	6.7

**Budget Narrative:** The support staff dedicated for this project are Nairobi based and directly supporting the project from sourcing and procurement of equipment ensuring approved standards especially for drugs (as per WHO International Standards) to travel bookings, cargo shipment of supplies, security for clearances, and HR for contractual support services. They will dedicate 20% of their time towards supporting this project. CHF will cover 72% of the 20% budgeted allocation and IOM will cover the remaining 28%.The M&E Assistants will be based in Luuq and Kismayo and 100% dedicated this project. Their main role would be to provide support to the project assistants and ensure that they are in line with the project objectives, and work plan. They will ensure to provide weekly updates to the programme manager and monthly reports reporting the activities against the work plan and report and unforeseen challenges and delays.

**B:2 Supplies, Commodities, Materials**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
2.1.1	Procurement of Medical Drugs	2	7500	3	Per quarter	45,000.00	20,000.00	25,000.00	
2.1.2	Procurement of Medical Furniture and Equipment	2	10000	2	Per location (once for Luuq and once for Kismayo)	40,000.00	14,000.00	26,000.00	
2.1.3	Emergency/outbreak response	2	4350	2	Per location (once for Luuq and once for Kismayo)	17,400.00	6,000.00	11,400.00	
2.1.4	Laboratory equipment and supplies	1	12000	1	Each	12,000.00	2,000.00	10,000.00	
2.1.5	Freight costs	1	2000	1	Each	2,000.00	0.00	2,000.00	
2.1.6									
2.1.7									
2.1.8									
2.1.9									
2.1.10									
2.1.11									
2.1.12									
2.1.13									
2.1.14									
2.1.15									
<b>Sub Total</b>						116,400.00	42,000.00	74,400.00	21.8

**Budget Narrative:** Most procurement of the medical drugs, laboratory equipment and medical furniture will be sourced from Nairobi, however, based on availability and pricing IOM will also source and procure for the drugs and equipment locally in Hargeisa. The procurement will ensure to follow the WHO International standards (for drugs and certain equipment) as well as per the Minimum Standards required by the respective Ministry of Health (MoH). BOQ estimates for the emergency response is already attached as an annex (Annex 22: Justification for emergency response) which also provides details on why there is need for this budget line. The Laboratory equipment will be procured for the health facility and mobile team supporting the beneficiaries of this project. Same as above, most of the procurement of the equipment and supplies will be sourced from Nairobi, however, based on availability and pricing IOM will also source and procure for the drugs and equipment locally in Hargeisa. The procurement will ensure to follow the WHO International standards (for drugs and certain equipment) as well as per the Minimum Standards required by the respective Ministry of Health (MoH). As we found the quote cheaper for IT equipment in Hargeisa and cost effective having saved \$2000 we decided to allocate the other \$2000 for freight costs for the other equipments as this had been missed out earlier. Airfreight from Nairobi to Mogadishu is \$5 per kg via UNHAS and from Mogadishu to Kismayo via UNSOA is \$5. Total of 100 kgs will be sent to Kismayo costing \$1000. Transportation to Luuq is via Doolow, flights are from Nairobi to Doolow \$5 per 1kg and then by road, Doolow to Luuq is 150 kms. It is difficult to estimate the exact weight of the medical and non medical items to be procured and shipped as it will also be by needs basis in each location but IOM will ensure to stay within the allocated \$2000.

**C:3  
Equipment**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
3.1.1									
3.1.2									
3.1.3									
3.1.4									
3.1.5									
3.1.6									
3.1.7									
3.1.8									
3.1.9									
3.1.10									
3.1.11									
3.1.12									
3.1.13									
3.1.14									
3.1.15									
<b>Sub Total</b>						0.00	0.00	0.00	0.0

**Budget Narrative:**

**D:4  
Contractual  
Services**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
4.1.1	Referral for medical assistance including transport	2	600	12	Per location	14,400.00	5,000.00	9,400.00	
4.1.2	Community Mobilization	2	2400	4	Per location	19,200.00	4,000.00	15,200.00	
4.1.3	Vehicle Hire (Landcruizer/van) includes maintenance and fuel	2	2100	6	Month	25,200.00	2,200.00	23,000.00	
4.1.4	Health Education Promoter x2, Registrar x 3, Nutrition Assistant x 2	7	200	12	Month	16,800.00	0.00	16,800.00	
4.1.5	Midwives	5	450	12	Month	27,000.00	0.00	27,000.00	
4.1.6	Nurse/midwife	2	500	12	Month	12,000.00	0.00	12,000.00	
4.1.7	Nurses (auxillary) x3 & Vaccinators x 2	5	250	12	Month	15,000.00	0.00	15,000.00	
4.1.8	Lab Assistant x2	2	400	12	Month	9,600.00	0.00	9,600.00	
4.1.9	Cleaners. guards/crowd control at health facility (4 per location)	8	150	12	Month	14,400.00	0.00	14,400.00	
4.1.10	Establishment and support of health committees	2	143	12	Each	3,432.00	0.00	3,432.00	
4.1.11	Project Assistant (Luuq)-(Third Party Contractor 100%)	1	1400	12	Month	16,800.00	0.00	16,800.00	
4.1.12	Project Assistant (Kismayo)-(Third Party Contractor 100%)	1	1400	12	Month	16,800.00	0.00	16,800.00	
4.1.13	Training (Kismayo and Luuq Staff)	1	2400	1	Month	2,400.00	0.00	2,400.00	
4.1.14									
4.1.15									
<b>Sub Total</b>						193,032.00	11,200.00	181,832.00	53.3



**Budget Narrative:** The component for the referral for medical assistance will be on a contractual basis with the Kismayo and Luuq hospital administrations which are being managed by several agencies and International NGO's. The health care providers will be 100% dedicated to the project and based in Luuq and Kismayo as listed above are not IOM staff hence it is not under staff costs they will be recruited through IOM's implementing partners through a service contract with the partner who will manage them, provide for them contracts and the selection of this health team will be done in consultation with the local health authorities. The incentives provided to the health care providers are in line with the recommended amount as per assessment done through the health sector and local authorities (middle level). The vehicle will be hired for in-country travel will be done by that will be providing technical support towards this project. The project assistants are not IOM staff but are third party contracted staff recruited by a recruitment agency that IOM uses for all its third party staff in Somalia. The costs of the establishment of the health committees are for both Luuq and Kismayo i.e \$1725 per location, this will include formation of the health committees, consultation meetings, and regular monthly meetings costs thereafter which will come to \$143 per month per location. Budget items 4.1.1 to 4.1.10 will be supported by an implementing partner in each location i.e \$72,750. The trainings planned for the national staff will be on Mass Casualty covering topics such as (trauma, triage, first aid-see annex 5 agenda for similar training IOM conducted in Hargeisa) and the second training will be on a comprehensive capacity building covering topics such as (infection control such as :respiratory tract infection, urinary track infections, Sexually transmitted infections (STIs), safe motherhood etc-see Annex 2 which is a training report of a similar training conducted by IOM and MOH Puntland in Garowe in January 2014). 10 Community health workers that have been previously trained by IOM and its IP's together with some of the health workers that IOM will be recruiting and dedicated to this project 100% will conduct the community mobilization once per quarter for three days. The costs budgeted will include a banner (\$300) which will be reused, venue \$150x 3days, stationery cost \$300, refreshments provided 3 times @ \$75 x3 days, Transport to and from @ \$10 per trip x10=\$200x days=\$600. The remaining \$525 will be used for IEC material printing and distribution during these sessions.

**E:5 Travel**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
5.1.1	Travel (International)	1	2500	3	per quarter	7,500.00	0.00	7,500.00	
5.1.2	Travel in-country (includes national staff)	1	2600	6	Bi-monthly	15,600.00	6,000.00	9,600.00	
5.1.3									
5.1.4									
5.1.5									
5.1.6									
5.1.7									
5.1.8									
5.1.9									
5.1.10									
5.1.11									
5.1.12									
5.1.13									
5.1.14									
5.1.15									
<b>Sub Total</b>						23,100.00	6,000.00	17,100.00	5.0

**Budget Narrative:** The travel costs for international travel will include travel between Nairobi-Mogadishu (UNHAS) Mogadishu-Kismayo-Mogadishu (UNSOA) and between Nairobi-Dollow-Luuq-Dollow-Nairobi as there are no direct flights. The travel costs will also include DSA. As the flights to Kismayo and Luuq are not on a regular basis the DSA will be accordingly as per flight availability back to Nairobi. The International travel will be conducted by the Programme Coordinator and other staff Nairobi based that will provide technical assistance and supervision for this project.

**F:6 Transfers and Grants to Counterparts**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
6.1.1									
6.1.2									
6.1.3									
6.1.4									
6.1.5									
6.1.6									
6.1.7									
6.1.8									
6.1.9									
6.1.10									
6.1.11									
6.1.12									
6.1.13									



6.1.14										
6.1.15										
<b>Sub Total</b>						0.00	0.00	0.00	0.0	

**Budget Narrative:**

**G:7 General Operating and Other Direct Costs**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
7.1.1	Rent	2	500	12	Month	12,000.00	6,000.00	6,000.00	
7.1.2	Security	1	432	12	Month	5,184.00	2,000.00	3,184.00	
7.1.3	Communications	2	51	12	Month	1,224.00	0.00	1,224.00	
7.1.4	Bank Charges	2	100	12	Month	2,400.00	0.00	2,400.00	
7.1.5	Office Furniture & Equipment	2	1800	1	Each	3,600.00	0.00	3,600.00	
7.1.6	IT Equipment (PC, desktop, scanner, printer)	2	1000	1	Each	2,000.00	0.00	2,000.00	
7.1.7									
7.1.8									
7.1.9									
7.1.10									
7.1.11									
7.1.12									
7.1.13									
7.1.14									
7.1.15									
<b>Sub Total</b>						26,408.00	8,000.00	18,408.00	5.4

**Budget Narrative:** The rent costs are a percentage of costs that will go towards payment of rent in sub offices depending on locations including Luuq and Kismayo that will be supporting the project. Rent is at \$500 per location per month i.e \$1000 for both Luuq and Kismayo x12 months=\$12,000. The security costs are a percentage of costs that will go towards payment of security for the staff working in the sub offices including Luuq and Kismayo that will be supporting the project. This will include SPU and KDF costs where necessary and per trip. This will be depended on the number of trips. There are nine trips planned as per travel budget and each trip will require escort of a minimum of 10 armed guards (estimated at \$10 per guard per day=\$120 per day) x15 trips x 3days per trip=\$5,400 (CHF will cover \$3184). The communications costs are a percentage of costs that will go towards payment of rent in sub offices including Luuq and Kismayo that will be supporting the project. The internet charges per month are usually at \$250 per month per location i.e \$500 per month. The total cost would have been approximately \$500 x 2 locations x 12 months= \$12,000. However CHF will only be contributing a small i.e \$1224 and IOM will cover the balance through other projects. This will include SPU and KDF costs where necessary. The communications costs are a percentage of costs that will go towards payment of rent in sub offices including Luuq and Kismayo that will be supporting the project. The bank charges costs are a percentage of costs that will go towards transfer of funds through money vendors to sub offices including Luuq and Kismayo that will be supporting the project. The IT equipment will be procured locally in Hargeisa as it is more cost effective in terms of price and less transportation costs from Hargeisa than from Nairobi ensuring a good quality. The IT equipment will be procured to support the field staff dedicated 100% to this project in Luuq and Kismayo

<b>TOTAL</b>						438,236.00	97,136.00	341,100.00	
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**H.8 Indirect Programme Support Costs**

Code	Budget Line Description	Amount(USD)	Organization	CHF	% of CHF Total
8.1.1	Indirect Programme Support Costs	23,900.00	0.00	23,900.00	7.0067
<b>GRAND TOTAL</b>		462,136.00	97,136.00	365,000.00	100.0

**Other sources of funds**

Description	Amount	%
<b>Organization</b>	97,136.00	21.02
<b>Community</b>	0.00	0.00
<b>CHF</b>	365,000.00	78.98
<b>Other Donors</b> a)	0.00	
b)	0.00	
<b>TOTAL</b>	<b>462,136.00</b>	

**LOCATIONS**

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Gedo	Luuq	Luuq	Awareness campaign, Capacity building, Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.), Primary health care services,	Provision of Primary Health Care Services (PHC) including HIV/AIDS, TB, GBV, community health awareness and mobilization and capacity building of Community Health Workers (CHWs)	Internally Displaced Persons (IDPs), returnees, elderly, disabled, Women of Child Bearing Age	14400	3.79999	42.54459	NA-3801-E12-002

			consultations	government authorities, IDP and community leaders including religious leaders	(WCBA)				
Lower Juba	Afmadow	Afmadow	Awareness campaign, Capacity building, Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.), Immunisation campaign, Primary health care services, consultations	Provision of Primary Health Care Services (PHC) including HIV/AIDS, TB, GBV, community health awareness and mobilization and capacity building of Community Health Workers (CHWs) government authorities, IDP and community leaders including religious leaders	Internally Displaced Persons (IDPs), returnees, elderly, disabled, Women of Child Bearing Age (WCBA)	10600	0.51486	42.073009	NA-3813-M02-001
Lower Juba	Kismayo	Kismayo		Provision of Primary Health Care Services (PHC) including HIV/AIDS, TB, GBV, community health awareness and mobilization and capacity building of Community Health Workers (CHWs) government authorities, IDP and community leaders including religious leaders	Internally Displaced Persons (IDP's), returnees, elderly, disabled, Women of Child Bearing Age (WCBA)	24400	-0.36029	42.546261	SA-3801-J13-001
<b>TOTAL</b>						<b>49,400</b>			

#### DOCUMENTS

Document Description
1. Annex 1: IOM Training of CHWs 2013
2. Annex 2: Attendance sheet of IOM Mass Casualty Training
3. Annex 19: IOM Curriculum for Neonatology Training
4. Annex 20: IOM Training report on comprehensive capacity building for service providers
5. Annex 3: Humanitarian Dashboard Somalia-December 2013
6. Annex 4: Humanitarian Dashboard Somalia January 2014
7. Annex 5: IOM Attendance sheet for Mass Casualty training
8. Annex 5: IOM Mass Casualty training report
9. Annex 5: IOM Mass Casualty training agenda
10. Annex 6: Humanitarian Dashboard Somalia October 2013
11. Annex 7: IOM Kismayo Mission Assessment report 2013
12. OCHA Humanitarian Bulletin Somalia December 2013
13. Annex 9: OCHA Humanitarian Bulletin November 2013
14. Annex 10: OCHA Humanitarian Bulletin November 2013
15. Annex 12: OCHA Humanitarian Bulletin OCTOBER 2013
16. Annex 13: OCHA Humanitarian Bulletin Somalia September 2013
17. Annex 14: Population tracking Kismayo
18. Annex 15: Somalia Humanitarian Dashboard November 2013
19. Annex 16: Somalia Humanitarian Dashboard October 2013
20. Annex 17: Total IDPs Somalia January 2014
21. Annex 18: UNHCR Briefing sheet
22. Annex 21 BoQ
23. Annex 22 Justification for budget allocation for emergency health response
24. budget template
25. guidance note
26. Budget narrative template
27. Annex 23: CHF Budget template revision 3
28. Annex 21 BoQ Rev 4