



Project Proposal

Organization	IMC (International Medical Corps)			
Project Title	Ensuring the Ongoing Provision of Lifesaving Inpatient Healthcare Services at Beletweyne Hospital			
CHF Code	CHF-DMA-0489-608ER			
Primary Cluster	Health	Secondary Cluster		
CHF Allocation	Emergency Reserve	Project Duration	6 months	
Project Budget	495,723.09			
CAP Details	CAP Code	CAP Budget	0.00	
	CAP Project Ranking	CAP Gender Marker		
Project Beneficiaries		Men	Women	Total
	Beneficiary Summary	1,278	2,262	3,540
		Boys	Girls	Total
		1,395	1,465	2,860
		Total		6,400
	Total beneficiaries include the following:			
	Children under 5	1,395	1,465	2,860
	Internally Displaced People	800	1,120	1,920
People in Host Communities	1,870	2,610	4,480	
Implementing Partners				
Organization focal point contact details	Name: Christine Forster Title: Program Coordinator, Somalia Telephone: (0)733127670 E-mail: cforster@internationalmedicalcorps.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)	<p>According to the FSNAU post-Deyr 2013 assessment, Beletweyne District has the highest indicators of morbidity & mortality countrywide: 58.8% morbidity; "serious" CDR of 1.7; & "serious" U5DR of 2.7. After 2 consecutive seasons of failed crop production in agro-pastoral areas, food security in Beletweyne is expected to deteriorate through the lean season, with some households falling into Crisis or Emergency (IPC Phase 3 and 4) through mid-2014. Concurrently, recent military activity associated with the intensification of the AMISOM/Government offensive against Al Shabaab in Hiraan has resulted in the displacement of an unquantified but significant number of households to Beletweyne town from Al-Shabaab-controlled areas of the region. Limited in number & capacity, primary healthcare providers in Beletweyne, & Hiraan more broadly, are incapable of adequately responding to even the most basic health needs of the population. There is an urgent need for IMC to resume the delivery of high-quality inpatient healthcare services in Beletweyne Hospital (BH), and avail lifesaving CEmONC, emergency surgery, and inpatient medical services to a vulnerable catchment population of 330,000 in Beletweyne town, Hiraan Region, and beyond.</p>			
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	<p>With funding from CHF & in-kind support from WHO & private donors, IMC delivered inpatient healthcare services at BH between mid-April 2013 & mid-March 2014. During the 11-month service delivery, IMC provided high-quality obstetric (incl. CEmONC), pediatric, adult medical, & emergency surgical services to 2,343 men, 4,147 women, 2,556 boys & 2,686 girls, both IDPs (~30%) & non-IDPs (~70%), from Hiraan Region & beyond. IMC successfully managed notable challenges—including insecurity and Al-Shabaab attacks in Beletweyne town, budgetary constraints, and the impoundment by Ethiopian authorities of a 20MT medical consignment—to fill an urgent gap in healthcare services following the withdrawal of MSF from BH in 2012. IMC provided skilled attendance at birth to 1,578 women (incl. 222 c-sections) & conducted 2,516 non-obstetric emergency surgeries (incl. 421 major; surgical CFR of <1.6%). Donor fatigue & reluctance are among the barriers IMC faced in securing continuation funding for BH. Local authorities and the hospital administration have appealed to IMC for resumption of inpatient services to save the lives of the target communities for whom IMC was the only provider of life-saving secondary healthcare services in Hiraan and beyond. Funding from CHF is critical for allowing IMC to apply lessons-learned over the past year to the continued provision of high-quality, lifesaving inpatient healthcare to 6,400 vulnerable men, women, boys, and girls—both IDPs and host community members.</p>			
3. Activities. List and describe the activities that your organization is currently implementing to address these needs	<p>Between March '13 and April '14, IMC employed 52 national clinical and support staff at BH & provided a lifesaving package of inpatient pediatric, adult medical, surgical and CEmONC services to 11,196 beneficiaries—108% of the 12-month target. IMC addressed clinical capacity gaps of healthcare staff through intensive classroom training, routine monitoring & supportive supervision & on-the-job training. Other activities included procurement of high-quality drugs & medical supplies/equipment for the IPD; rehab of key water/sanitation infrastructure in BH; rehab of sections of BH damaged in the Nov. 19 Al-Shabaab attack; completion of security upgrades to the hospital premises; provision of 2 hot meals/day to patients & caregivers; continuous coordination with CESVI (running the OPD), WARDI (supporting the SC) & the hospital committee to minimize gaps & duplication. IMC developed standard policy/protocol for health/nutrition referrals to BH & facilitated its roll-out through a workshop (attended by 50+ HWs) and provision of monitoring & support to encourage adherence. With private donor funding, IMC contributed to reducing the perennial risk of cholera in Beletweyne through the rehab of 3 strategic water points, formation of water management committees, & community education on hygiene & water storage. With a NCE from CHF, IMC maintains minimal presence in Beletweyne while awaiting the release of the 20MT consignment of medical commodities seized in Ethiopia in Dec. 2013.</p>			
LOGICAL FRAMEWORK				
Objective 1	Reduction in excess morbidity and mortality among internally displaced persons (IDPs) and members of the host community within the catchment area of Beletweyne Hospital, Beletweyne town, Hiraan Region.			
Outcome 1	Men, women, girls, and boys receive high-quality, lifesaving inpatient healthcare services—including emergency surgical, adult/pediatric medical, and obstetric care (including CEmONC)—at Beletweyne Hospital.			
Activity 1.1	Employ 59 hospital staff, including 37 skilled health workers, to provide round-the-clock services in the IPD of Beletweyne Hospital. IMC intends to recruit staff employed by IMC under the previous program at Beletweyne, as well as additional skilled health workers necessary to fill particularly critical human resource gaps identified in the IPD during the previous implementation period. IMC will strive for gender balance in recruitment of skilled and non-skilled hospital staff.			
Activity 1.2	Procure, deliver, store, and manage medical commodities, including pharmaceuticals and supplies, necessary for the provision of high-quality surgical, gynecological/obstetric, and inpatient medical care to IDPs and members of the host community. IMC will ensure that medical commodity			

	procurements are aligned with the WHO essential medicine list for Somalia, and carefully informed by the unique secondary healthcare needs of particularly vulnerable population, including children younger than 5 years, pregnant and lactating women, the disabled, and the elderly.						
Activity 1.3	Provide high-quality, lifesaving, inpatient healthcare services to a total of 6,400 people, [1,280 men, 2,260 women, 1,395 boys, and 1,465 girls], including 1,920 IDPs and 2,860 children <5 years. This includes 867 pregnant women provided with skilled attendance at birth, including up to 130 (15%) requiring comprehensive emergency obstetric care (c-sections/blood transfusions); 1,515 individuals targeted with non-obstetric major and minor surgical care (750 men, 575 women, 110 boys, 80 girls); 2,670 children (1,263 boys and 1,407 girls) targeted with inpatient treatment and care for severe morbidities; and 1,348 adults (528 men and 820 women) targeted with inpatient treatment care for severe morbidities.						
Indicators for outcome 1		Cluster	Indicator description				Target
	Indicator 1.1	Health	Number of health facilities supported				1
	Indicator 1.2	Health	Number of days the following five "tracer" drugs are out of stock: ampicillin, metronidazole, ketamine, diclofenac, ceftriaxone. (Please note that the target is <7 days.)				7
	Indicator 1.3	Health	Number of individuals receive pediatric, adult medical, emergency surgery and maternity (including CEMONC) care				6400
Outcome 2	Strengthened capacity of Somali national healthcare workers to deliver high-quality, life-saving inpatient medical care services at BH.						
Activity 2.1	Assess key capacity-building needs of 37 male & female healthcare workers through self-assessments, direct observation & analysis of routine facility data from the prior implementation period. Draft action plan for addressing priority areas for capacity-building, including through classroom & practical training & routine supportive supervision. IMC will seek gender balance in recruitment of staff and trainee selection. IMC will facilitate theoretical & practical training to improve and/or refresh knowledge and skills of healthcare workers on clinical areas relevant to their duty stations in accordance with the assessed priority needs for capacity-building. Clinical training topics will be finalized following a capacity-building needs assessment. Train newly recruited hospital staff & refresher train re-recruited hospital staff on universal precaution, case definition & response protocols for diseases of outbreak potential, adherence to standard treatment guidelines & rational drug use.						
Activity 2.2							
Activity 2.3							
Indicators for outcome 2		Cluster	Indicator description				Target
	Indicator 2.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.				37
	Indicator 2.2						
	Indicator 2.3						
Outcome 3	IDPs and host community members in Beletweyne District and beyond have improved access to inpatient healthcare services through a functioning referral system and improved knowledge and understanding of where and when to seek facility-based services.						
Activity 3.1	Re-map health and nutrition service providers in Beletweyne District (by location, type of service offered, etc.). Conduct refresher training/workshop on standard policy and protocol for referral to Beletweyne Hospital, targeting up to 50 individuals including healthcare workers from BH and surrounding primary healthcare facilities, as well as local health authorities. In addition to reviewing the standard referral policy/protocol that was developed by IMC and rolled out during an initial training/workshop in January 2014, IMC will facilitate a discussion on experiences with the system to date, including challenges and ideas for overcoming these challenges to maximize referral completions.						
Activity 3.2							
Activity 3.3							
Indicators for outcome 3		Cluster	Indicator description				Target
	Indicator 3.1	Health	Number of health facilities supported				7
	Indicator 3.2						
	Indicator 3.3						
WORK PLAN							
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	IMC will continue to collaborate with the hospital management committee, CESVI, & Wardi (should they continue operations) to minimize gaps & duplication for the continued provision of a high-quality package of health services to the BH catchment population over a six-month period. IMC's logistics team will be responsible for timely procurement, delivery, & management of CHF-funded medical consumables. IMC intends to further improve access to high-quality IPD medical, surgical, & obstetric services among Beletweyne Hospital's catchment population. This will be achieved through continued efforts to build the capacity of Somali health workers through classroom/practical trainings, regular on-the-job training, & ongoing monitoring & supportive supervision by a Beletweyne-based Health Officer and routine visits by IMC's Medical Director. IMC's Health Officer & Program Manager, will organize a referral training/workshop for staff from the hospital & facilities within the hospital's catchment area on standard policy & protocol for health referrals. Participants will also discuss barriers to referral and collectively identify potential solutions to improve healthcare access.						
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 Employ 59 hospital staff, including 37 skilled health workers, to provide round-the-clock services in the IPD of Beletweyne Hospital. IMC intends to recruit staff employed by IMC under the previous program at Beletweyne, as well as additional skilled health workers necessary to fill particularly critical human resource gaps identified in the IPD during the previous implementation period. IMC will strive for gender balance in recruitment of skilled and non-skilled hospital staff.	X					
	Activity 1.2 Procure, deliver, store, and manage medical commodities, including pharmaceuticals and supplies, necessary for the provision of high-quality surgical, gynecological/obstetric, and inpatient medical care to IDPs and members of the host community. IMC will ensure that medical commodity procurements are aligned with the WHO essential medicine list for Somalia, and	X					

	<p>Activity 1.3 Provide high-quality, lifesaving, inpatient healthcare services to a total of 6,400 people, [1,280 men, 2,260 women, 1,395 boys, and 1,465 girls], including 1,920 IDPs and 2,860 children <5 years. This includes 867 pregnant women provided with skilled attendance at birth, including up to 130 (15%) requiring comprehensive emergency obstetric care (c-sections/blood transfusions); 1,515 individuals targeted with non-obstetric major and minor surgical care (750 men, 575 women, 110 boys, 80 girls); 2,670 children (1,263 boys and 1,407 girls) targeted with inpatient treatment and care for severe morbidities; and 1,348 adults (528 men and 820 women) targeted with inpatient treatment care for severe morbidities.</p>	X	X	X				
	<p>Activity 2.1 Assess key capacity-building needs of 37 male & female healthcare workers through self-assessments, direct observation & analysis of routine facility data from the prior implementation period. Draft action plan for addressing priority areas for capacity-building, including through classroom & practical training & routine supportive supervision. IMC will seek gender balance in recruitment of staff and trainee selection. IMC will facilitate theoretical & practical training to improve and/or refresh knowledge and skills of healthcare workers on clinical areas relevant to their duty stations in accordance with the assessed priority needs for capacity-building. Clinical training topics will be finalized following a capacity-building needs assessment. Train newly recruited hospital staff & refresher train re-recruited hospital staff on universal precaution, case definition & response protocols for diseases of outbreak potential, adherence to standard treatment guidelines & rational drug use.</p>	X	X	X				
	<p>Activity 3.1 Re-map health and nutrition service providers in Beletweyne District (by location, type of service offered, etc.). Conduct refresher training/workshop on standard policy and protocol for referral to Beletweyne Hospital, targeting up to 50 individuals including healthcare workers from BH and surrounding primary healthcare facilities, as well as local health authorities. In addition to reviewing the standard referral policy/protocol that was developed by IMC and rolled out during an initial training/workshop in January 2014, IMC will facilitate a discussion on experiences with the system to date, including challenges and ideas for overcoming these challenges to maximize referral completions.</p>		X					

M & E DETAILS

Activity Description	M & E Tools to use	Means of verification	<i>Month (s) when planned M & E will be done</i>											
			1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1 Employ 59 hospital staff, including 37 skilled health workers, to provide round-the-clock services in the IPD of Beletweyne Hospital. IMC intends to recruit staff employed by IMC under the previous program at Beletweyne, as well as additional skilled health workers necessary to fill particularly critical human resource gaps identified in the IPD during the previous implementation period. IMC will strive for gender balance in recruitment of skilled and non-skilled hospital staff.</p>	<ul style="list-style-type: none"> - Contact details - Data collection - Field visits 	Payroll; Timesheets	X	X	X	X	X	X						
<p>Activity 1.2 Procure, deliver, store, and manage medical commodities, including pharmaceuticals and supplies, necessary for the provision of high-quality surgical, gynecological/obstetric, and inpatient medical care to IDPs and members of the host community. IMC will ensure that medical commodity procurements are aligned with the WHO essential medicine list for Somalia, and carefully informed by the unique secondary healthcare needs of particularly vulnerable population, including children younger than 5 years, pregnant and lactating women, the disabled, and the elderly.</p>	<ul style="list-style-type: none"> - Data collection - Distribution monitoring - Field visits - Verification 	Goods-received notes; monthly logistics reports; weekly/monthly stock reports	X	X	X	X	X	X						
<p>Activity 1.3 Provide high-quality, lifesaving, inpatient healthcare services to a total of 6,400 people, [1,280 men, 2,260 women, 1,395 boys, and 1,465 girls], including 1,920 IDPs and 2,860 children <5 years. This includes 867 pregnant women provided with skilled attendance at birth, including up to 130 (15%) requiring comprehensive emergency obstetric care (c-sections/blood transfusions); 1,515 individuals targeted with non-obstetric major and minor surgical care (750 men, 575 women, 110 boys, 80 girls); 2,670 children (1,263 boys and 1,407 girls) targeted with inpatient treatment and care for severe morbidities; and 1,348 adults (528 men and 820 women) targeted with inpatient treatment care for severe morbidities.</p>	<ul style="list-style-type: none"> - Data collection - Field visits - Other 	HMIS; weekly/monthly program reports	X	X	X	X	X	X						
<p>Activity 2.1 Assess key capacity-building needs of 37 male & female healthcare workers through self-assessments, direct observation & analysis of routine facility data from the prior implementation period. Draft action plan for addressing priority areas for capacity-building, including through classroom & practical training & routine supportive supervision. IMC will seek gender balance in recruitment of staff and trainee selection. IMC will facilitate theoretical & practical training to improve and/or refresh knowledge and skills of healthcare workers on clinical areas relevant to their duty stations in accordance with the assessed priority needs for capacity-building. Clinical training topics will be finalized following a capacity-building needs assessment. Train newly recruited hospital staff & refresher train re-recruited hospital staff on universal precaution, case definition & response protocols for diseases of outbreak potential, adherence to standard treatment guidelines & rational drug use.</p>	<ul style="list-style-type: none"> - Contact details - Data collection - Field visits - Other 	Self assessment reports; direct observation; facility data; training attendance sheet; pre-post training tests	X	X	X	X	X	X						
<p>Activity 3.1 Re-map health and nutrition service providers in Beletweyne District (by location, type of service offered, etc.). Conduct refresher training/workshop on standard policy and protocol for referral to Beletweyne Hospital, targeting up to 50 individuals including healthcare workers from BH and surrounding primary healthcare facilities, as well as local health authorities. In addition to reviewing the standard referral policy/protocol that was developed by IMC and rolled out during an initial training/workshop in January 2014, IMC will facilitate a discussion on experiences with the system to date, including challenges and ideas for overcoming these challenges to maximize referral completions.</p>	<ul style="list-style-type: none"> - Contact details - Data collection - Field visits - Other - Verification 	Program reports; updated matrix of service providers; training attendance sheet	X	X	X									

OTHER INFORMATION

<p>Coordination with other Organizations in project area</p>	<table border="1"> <thead> <tr> <th data-bbox="422 1711 641 1764">Organization</th> <th data-bbox="641 1711 1526 1764">Activity</th> </tr> </thead> <tbody> <tr> <td data-bbox="422 1764 641 1795">1. CESVI</td> <td data-bbox="641 1764 1526 1795">CESVI (running OPD): Coordination on hospital operations; referral b/w departments</td> </tr> <tr> <td data-bbox="422 1795 641 1827">2. WARDI</td> <td data-bbox="641 1795 1526 1827">WARDI (supporting the SC): Coordination on hospital operations; referral b/w departments</td> </tr> <tr> <td data-bbox="422 1827 641 1858">3. Hospital Committee</td> <td data-bbox="641 1827 1526 1858">Coordination, collaboration and information sharing</td> </tr> <tr> <td data-bbox="422 1858 641 1900">4. INGOs and local NGOs</td> <td data-bbox="641 1858 1526 1900">Coordination</td> </tr> </tbody> </table>	Organization	Activity	1. CESVI	CESVI (running OPD): Coordination on hospital operations; referral b/w departments	2. WARDI	WARDI (supporting the SC): Coordination on hospital operations; referral b/w departments	3. Hospital Committee	Coordination, collaboration and information sharing	4. INGOs and local NGOs	Coordination
Organization	Activity										
1. CESVI	CESVI (running OPD): Coordination on hospital operations; referral b/w departments										
2. WARDI	WARDI (supporting the SC): Coordination on hospital operations; referral b/w departments										
3. Hospital Committee	Coordination, collaboration and information sharing										
4. INGOs and local NGOs	Coordination										
<p>Gender theme support</p>	<p>Yes</p>										

Outline how the project supports the gender theme	<p>IMC is committed to a gender-sensitive approach throughout its programming which recognizes and addresses the different skill sets, capacities, needs and vulnerabilities of women, girls, boys and men. The project will incorporate Age, Gender and Diversity (AGDM) mainstreaming components in its implementation activities by ensuring representation and participation of identified groups in the design, implementation, monitoring and evaluation of the project. IMC will aim for gender balance in its recruitment and training of skilled and non-skilled hospital staff as well as provide free health care services to all population groups, regardless of age, gender, clan affiliation or other demographic statistics.</p>
Select (tick) activities that supports the gender theme	<p><input checked="" type="checkbox"/> Activity 1.1: Employ 59 hospital staff, including 37 skilled health workers, to provide round-the-clock services in the IPD of Beletweyne Hospital. IMC intends to recruit staff employed by IMC under the previous program at Beletweyne, as well as additional skilled health workers necessary to fill particularly critical human resource gaps identified in the IPD during the previous implementation period. IMC will strive for gender balance in recruitment of skilled and non-skilled hospital staff.</p> <p><input checked="" type="checkbox"/> Activity 1.2: Procure, deliver, store, and manage medical commodities, including pharmaceuticals and supplies, necessary for the provision of high-quality surgical, gynecological/obstetric, and inpatient medical care to IDPs and members of the host community. IMC will ensure that medical commodity procurements are aligned with the WHO essential medicine list for Somalia, and carefully informed by the unique secondary healthcare needs of particularly vulnerable population, including children younger than 5 years, pregnant and lactating women, the disabled, and the elderly.</p> <p><input checked="" type="checkbox"/> Activity 1.3: Provide high-quality, lifesaving, inpatient healthcare services to a total of 6,400 people, [1,280 men, 2,260 women, 1,395 boys, and 1,465 girls], including 1,920 IDPs and 2,860 children <5 years. This includes 867 pregnant women provided with skilled attendance at birth, including up to 130 (15%) requiring comprehensive emergency obstetric care (c-sections/blood transfusions); 1,515 individuals targeted with non-obstetric major and minor surgical care (750 men, 575 women, 110 boys, 80 girls); 2,670 children (1,263 boys and 1,407 girls) targeted with inpatient treatment and care for severe morbidities; and 1,348 adults (528 men and 820 women) targeted with inpatient treatment care for severe morbidities.</p> <p><input checked="" type="checkbox"/> Activity 2.1: Assess key capacity-building needs of 37 male & female healthcare workers through self-assessments, direct observation & analysis of routine facility data from the prior implementation period. Draft action plan for addressing priority areas for capacity-building, including through classroom & practical training & routine supportive supervision. IMC will seek gender balance in recruitment of staff and trainee selection. IMC will facilitate theoretical & practical training to improve and/or refresh knowledge and skills of healthcare workers on clinical areas relevant to their duty stations in accordance with the assessed priority needs for capacity-building. Clinical training topics will be finalized following a capacity-building needs assessment. Train newly recruited hospital staff & refresher train re-recruited hospital staff on universal precaution, case definition & response protocols for diseases of outbreak potential, adherence to standard treatment guidelines & rational drug use.</p> <p><input checked="" type="checkbox"/> Activity 3.1: Re-map health and nutrition service providers in Beletweyne District (by location, type of service offered, etc.). Conduct refresher training/workshop on standard policy and protocol for referral to Beletweyne Hospital, targeting up to 50 individuals including healthcare workers from BH and surrounding primary healthcare facilities, as well as local health authorities. In addition to reviewing the standard referral policy/protocol that was developed by IMC and rolled out during an initial training/workshop in January 2014, IMC will facilitate a discussion on experiences with the system to date, including challenges and ideas for overcoming these challenges to maximize referral completions.</p>

BUDGET

A:1 Staff and Personnel Costs	1.1 International Staff									
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
	1.1.1	Country Director (5%)	1	20700	6	month	124,200.00	117,990.00	6,210.00	
	1.1.2	Program Coordinator (5%)	1	10950	6	month	65,700.00	62,415.00	3,285.00	
	1.1.3	Medical Director (5%)	1	11440	6	month	68,640.00	65,208.00	3,432.00	
	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									
	Subtotal						258,540.00	245,613.00	12,927.00	2.8

Budget Narrative: Please refer to detailed Budget Narrative in Annex 1 attached

1.2 Local Staff										
Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total	
1.2.1	Kenyan National Staff	1	2790	1	lumpsum	2,790.00	0.00	2,790.00		
1.2.2	Somali National Staff - Mogadishu & Beletweyne Office	1	29691.81	1	lumpsum	29,691.81	0.00	29,691.81		
1.2.3	Somali National Staff - Beletweyne Hospital	1	137153.49	1	lumpsum	137,153.49	0.00	137,153.49		
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									
Sub Total						169,635.30	0.00	169,635.30	36.6

Budget Narrative: Please refer to detailed Budget Narrative in Annex 1 attached

B:2 Supplies, Commodities, Materials

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
2.1.1	Drugs & Medical Supplies	1	113220.26	1	lumpsum	113,220.26	0.00	113,220.26	
2.1.2	Inpatient Food Rations	1	2500	6	month	15,000.00	0.00	15,000.00	
2.1.3	Supplies & Material Transport (17,210kg @ \$3.03/kg)	17210	3.03	1	lumpsum	52,146.30	0.00	52,146.30	
2.1.4	Medical stationaries, guidelines, and IEC materials	1	6935	1	lumpsum	6,935.00	0.00	6,935.00	
2.1.5	Medical equipment	1	20225.3	1	lumpsum	20,225.30	0.00	20,225.30	
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									
Sub Total						207,526.86	0.00	207,526.86	44.8

Budget Narrative: Please refer to detailed Budget Narrative in Annex 1 attached

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	IT Equipment	1	1750	1	lumpsum	1,750.00	0.00	1,750.00	
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									
Sub Total						1,750.00	0.00	1,750.00	0.4

Budget Narrative: Please refer to detailed Budget Narrative in Annex 1 attached

D:4 Contractual Services

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
4.1.1	Vehicle Rentals	1	1733.75	6	months	10,402.50	0.00	10,402.50	
4.1.2	Beletweyne Hospital Staff Training	1	5864	1	lumpsum	5,864.00	0.00	5,864.00	
4.1.3									
4.1.4									
4.1.5									
4.1.6									
4.1.7									
4.1.8									
4.1.9									
4.1.10									
4.1.11									
4.1.12									
4.1.13									
4.1.14									
4.1.15									
Sub Total						16,266.50	0.00	16,266.50	3.5

Budget Narrative: Please refer to detailed Budget Narrative in Annex 1 attached

E:5 Travel

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
5.1.1	Nairobi- Mogandishu Return	1	5600	1	lumpsum	5,600.00	0.00	5,600.00	
5.1.2	Mogandishu-Beletweyne Return	1	4200	1	lumpsum	4,200.00	0.00	4,200.00	
5.1.3	Travel Per Diem for Somali National Staff	1	2688	1	lumpsum	2,688.00	0.00	2,688.00	
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									
Sub Total						12,488.00	0.00	12,488.00	2.7

Budget Narrative:

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									
	6.6.10									
	6.1.11									
	6.1.12									
	6.1.13									
	6.1.14									
	6.1.15									
		Sub Total					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	Hospital Rehabilitation	1	9862	1	lumpsum	9,862.00	0.00	9,862.00	
	7.1.2	Office Communication	1	3720	1	lumpsum	3,720.00	0.00	3,720.00	
	7.1.3	Office Stationary	1	803.27	1	lumpsum	803.27	0.00	803.27	
	7.1.4	Hospital Utilities - Electricity	1	1250	6	months	7,500.00	0.00	7,500.00	
	7.1.5	Hospital Cleaning Materials	1	7128	1	lumpsum	7,128.00	0.00	7,128.00	
	7.1.6	Bank Charges & Cash Facilitator fees	1	1439.28	6	months	8,635.68	0.00	8,635.68	
	7.1.7	Hospital Septic Tank Emptying	1	2250	1	lumpsum	2,250.00	0.00	2,250.00	
	7.1.8	Generator Fuel	10	250	1	lumpsum	2,500.00	0.00	2,500.00	
	7.1.9	Generator Maintenance	1	50	6	months	300.00	0.00	300.00	
	7.1.10									
	7.1.11									
	7.1.12									
	7.1.13									
	7.1.14									
	7.1.15									
		Sub Total					42,698.95	0.00	42,698.95	9.2
Budget Narrative: Please refer to detailed Budget Narrative in Annex 1 attached.										
		TOTAL					708,905.61	245,613.00	463,292.61	
H.8 Indirect Programme Support Costs	Code	Budget Line Description					Amount(USD)	Organization	CHF	% of CHF Total
	8.1.1	Indirect Programme Support Costs					32,430.48	0.00	32,430.48	7.0000
			GRAND TOTAL					741,336.09	245,613.00	495,723.09
Other sources of funds										
		Description	Amount	%						
		Organization	245,613.00	33.13						

Community		0.00	0.00
CHF		495,723.09	66.87
Other Donors	a)	0.00	
	b)	0.00	
TOTAL		741,336.09	

LOCATIONS

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Hiraan	Belet Weyne	Belet Weyne	Capacity building, Drug distribution, Secondary health care and referral services	Procure and deliver essential medical commodities; build the capacity of the Somali national health workforce through targeted trainings and ongoing supportive supervision; provide free, high-quality, life-saving inpatient services to women, men, boys, and girls; map health and nutrition service providers in Beletweyne District and provide training on standard policy and protocol for referrals to BH.	IDPs: host community members; men, women, girls, boys; U5s; pregnant women; staff	6400	4.735984	45.204268	NB-3815-G05-001
TOTAL						6,400			

DOCUMENTS

Document Description
1. Annex 1_IMC Beletweyne_Budget_BOQs_Narrative
2. CHF COMMENT ON BOQ
3. IMC Revised Budget Tool, Budget Narrative, and BoQs_resubmitted July 3