

<b>Requesting Organization :</b>	Somali Aid				
<b>Allocation Type :</b>	Standard Allocation 1 (Feb 2015)				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Health		100.00			
		<b>100</b>			
<b>Project Title :</b>	Health Intervention to increase access to primary health care services to IDPs and host communities (urban poor) in Kismayo.				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-15/DDA-3485/SA 1/H/NGO/2335		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	174,734.32		
<b>Planned project duration :</b>	12 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/01/2016	<b>Planned End Date :</b>	31/12/2016		
<b>Actual Start Date:</b>	01/01/2016	<b>Actual End Date:</b>	31/12/2016		
<b>Project Summary :</b>	N/A				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
1,500	2,500	800	800	5,600	
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
People in Host Communities	800	1,500	0	0	2,300
Internally Displaced People/Returnees	500	800	0	0	1,300
Children under 5	800	800	0	0	1,600
Pregnant and Lactating Women	0	400	0	0	400
<b>Indirect Beneficiaries :</b>					
<b>Catchment Population:</b>					
<b>Link with allocation strategy :</b>					
N/A					
<b>Sub-Grants to Implementing Partners :</b>					
<b>Partner Name</b>	<b>Partner Type</b>		<b>Budget in US\$</b>		
<b>Other funding secured for the same project (to date) :</b>					
<b>Other Funding Source</b>			<b>Other Funding Amount</b>		
<b>Organization focal point :</b>					
<b>Name</b>	<b>Title</b>	<b>Email</b>	<b>Phone</b>		
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## BACKGROUND

### 1. Humanitarian context analysis

According to WHO 2015 Violence and conflict continue to take a heavy toll on civilians in Somalia with parts in southern and central Somalia affected most by ongoing conflict. Health facilities are outdated and in poor condition coupled with shortage of qualified human resources, essential medicines, medical equipment and laboratory supplies. Supporting and maintaining health services, as well as building the capacity of healthcare providers in Kismayo district is essential to save the lives of thousands of IDPs and other vulnerable groups such as women, children and elderly in the host community. Maternal and child morbidity and mortality are unacceptably high and one of the contributing factors is the low access to quality healthcare services especially after AMISOM military offensive which led to influx high levels of IDPs into urban centers like Kismayo. One out of five children dies before seeing their first birthday. Communicable diseases accounts for approximately 54% of death in children under 5 with main causes of morbidity and mortality being acute respiratory infections including pneumonia, malaria, diarrhea and neonatal sepsis (WHO 2015). The lack of adequate pre-natal and maternal care, coupled with high fertility rate of 6.3 put women at high recurrent risk. Obstetrics and hemorrhages and hypertension during pregnancy are the leading causes of maternal death. Somali Aid plans to respond to the health needs in IDP camps and host communities.

According to UNICEF Somalia 2015, The Under-Five and Maternal Mortality rates in Somalia are amongst the highest in the world; one out of every seven Somali children dies before seeing their fifth birthday (137 deaths/1,000 live births) with a higher number in south and central Somalia. The leading causes of infant and child mortality are illnesses such as pneumonia (24 per cent), diarrhoea (19 per cent), and measles (12 per cent), as well as neonatal disorders (17 per cent). Undernutrition is an underlying factor in over a third of the deaths. One out of every 12 women dies due to pregnancy related causes (Maternal Mortality Rate is 732 deaths of mothers for 100,000 live births – down from 1210 in 1990). The average fertility rate is 6.6 children per woman. Access to maternal health services is low with 44 and 38 per cent of births in South Central and Puntland being attended by skilled birth attendants. Somalia is also drought prone and faces food insecurity, which is exacerbated by poor healthcare, lack of access to safe drinking water and safe sanitation facilities.

### 2. Needs assessment

According to OCHA (2015), 3.2 million Somalis require emergency health services while access to healthcare is limited or non-existent in many areas, especially in IDP settlements. One in every 10 children dies before their first birthday and one in 12 women dies from pregnancy related complications. Assessments conducted by Somali Aid in August and September 2015 in Lower Juba, reiterated that existing and newly created IDP settlements lack basic services such as healthcare, WASH facilities.

Currently 1.1 million people are internally displaced as a result of military operations, forced evictions, clan conflicts, floods and drought. Protracted IDPs & IDP returnees are in dire need of emergency health services. Vulnerable groups, such as women, children, adolescent girls and people with special needs face specific health and protection risks that require special attention. Host communities receiving new arrivals also struggle due to the limited absorption capacities.

An estimated 214,700 children under the age of five (U5) are acutely malnourished (39,700 of them severely malnourished) based on surveys conducted from May July 2015 by FSNAU. Critical rates of acute malnutrition (GAM >15% or >10.7% of children have MUAC below the threshold) were also reported in Gedo (pastoral, agro pastoral and riverine populations and Dollow IDPs), Hiran (Beletweyne and Mataban), Bay (Baidoa IDPs), Lower Juba (Dhobley IDPs); Nugaal (Garowe IDPs, Nugal Urban), Mudug (Galkayo IDPs) Galmudug (Coastal Deeh pastoral and Cowpea Belt agro pastoral livelihood zones), Bari (Urban Bari), Awdal and Woqoi Galbeed (Guban pastoral livelihood zone). Measles outbreaks were confirmed with 7,000 suspected cases reported between January August 2014 and 3,775 cases reported across the three zones with a comparatively high caseload in south and central in 2015. Also reported in 2015 were 2,621 acute watery diarrhea (AWD)/cholera and 18,109 confirmed malaria cases while polio outbreak with 198 cases was confirmed between April 2013 and August 2014. These outbreak statistics indicate the need to strengthen the health system's capacity to respond to and investigate disease outbreaks and to ensure compliance to international health regulation at border and entry points.

Kismayo district is in need of provision of primary and basic secondary health services with focus on reproductive and child health and timely and adequate response to disease outbreaks and epidemics through investigation and coordinated response in both rural and urban areas. Confirmed AWD outbreaks are ongoing in Kismayu (Lower Juba region) and affected over 300 households. Since week 44, 477 AWD cases including 316 (66%) cases under the age of five with 3 related deaths have been reported from Kismayu General Hospital. Children under the age of two bear the greatest burden of AWD accounting for 66% of all reported cases Somali Aid targets the children under 5 and WCBA with limited access to health, immunization, nutrition and hygiene/sanitation. The movement of internally displaced person into already under-served camps in Kismayo has overstretched existing services which have no capacities to respond to emergencies and critical health needs. The health services lack necessary supplies and other health commodities in the area. Assessments done by Somali health cluster has revealed the existence of critical gaps in these areas which needs to be addressed immediately. In this project, Somali Aid is planning to expand immunizations coverage and provide quality primary healthcare services to IDPs and surrounding communities who are mainly the urban poor in Kismayo district and gender mainstreaming is key components in this project as described in target beneficiaries.

### 3. Description Of Beneficiaries

N/A

### 4. Grant Request Justification

N/A

### 5. Complementarity

Somali Aid has undertaken a number primary health care assistance to the needy population with resultant impacts in Middle and Lower Juba regions of Somalia funded by WHO, UNOCHA, UNICEF among others. Currently, Somali Aid is implementing EPHS in Badhadhe district and also runs facilities include 1 hospital, 3 MCH, 9 OTP sites and 1 SC to provide treatment of common illnesses as well ANC/PNC, immunization, leprosy treatment program, nutritional treatments and supplementary feeding. Somali Aid has just completed integrated WASH/Nutrition program in Kismayo.

Somali Aid integrated healthcare services provisions include immunization to under 5 & WCBA, prevention and treatment of communicable diseases, health education/promotions, sanitation and prevention of epidemic diseases, support the integration of surveillance and response mechanisms, social mobilization and women empowerment in health promotion activities.

Somali Aid took over from DIAL Africa operations in Kismayo which includes 4 OTP sites, 2MCH and 1 SC serving both IDPs and host communities to continue the provision of integrated primary healthcare services in the region. The technical staff are continuously trained on WHO treatment guidelines and also based on their needs, roles and responsibilities. CHWs currently involved in the nutrition program in urban kismayu will be engaged to conduct public health promotions/awareness on maternal and child health activities to strengthen the integration of different programs at the community level.

## LOGICAL FRAMEWORK

Overall project objective							
To enhance an integrated primary healthcare services to vulnerable population(both host communities and IDPs) of <5 children, pregnant/lactating mothers, women of child bearing age(WCBA) and men in urban Kismayo.							
Health							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
N/A		N/A			100		
<u>Contribution to Cluster/Sector Objectives :</u>							
Outcome 1							
Improved access to primary healthcare services to vulnerable communities(both host an IDPs) in Kismayo though immunizations and treatment of common illness enhanced by efficient referral system targeting 1500 men, 2500 women and 1600 children(800 girls and 800 boys).							
Output 1							
Description							
-							
Assumptions & Risks							
Activities							
Activity 1.1.1							
Standard Activity : Primary health care services, consultations							
Provision of primary healthcare through out-patient services for a total of 5600 people disintegrated to 2500 women, 1500 men and 1600 children under 5 years.							
Activity 1.1.2							
Standard Activity : Drug distribution							
Provision of basic Obstetric care to 400 pregnant mothers in the 2health facilities.							
Activity 1.1.3							
Standard Activity : Immunisation campaign							
Rehabilitation of the health facilities to accommodate services envisaged and procurement of medical supplies and equipment							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1	Health	Number of consultations per clinician per day by Health facility					25
<u>Means of Verification :</u>							
Indicator 1.2	Health	Number of Pregnant women given obstetric care in the facilities					400
<u>Means of Verification :</u>							
Indicator 1.3	Health	Number of health facilities rehabilitated					2
<u>Means of Verification :</u>							
Outcome 2							
Improved prevention and control of communicable diseases through sensitization of communities(host and IDPs) on good hygiene & sanitation practices and timely treatment-seeking behaviour.							
Output 2							
Description							
-							
Assumptions & Risks							
Activities							
Activity 2.2.1							
Standard Activity : Capacity building							
Activity 2.2.2							
Standard Activity : Awareness campaign							
Social mobilization through religious leaders, mother-mother hygiene promotions to increase the utilization of maternal and child care services and timely treatment-seeking behavior. This will be done through distribution of IEC materials as awareness campaign on AWDs/ Cholera and other communicable diseases as means of health education with the participation of the Ministry of Health officials.							

Activity 2.2.3							
Standard Activity : Disease surveillance							
Timely response and regular reporting on epidemics of malaria, acute watery diarrhoea, measles and suspected polio to WHO and health cluster through integrated disease surveillance reports(IDSR) on weekly basis.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1	Health						0
<b>Means of Verification :</b>							
Indicator 2.2	Health	Number of IEC materials distributed on Epidemic diseases control and prevention.					300
<b>Means of Verification :</b>							
Indicator 2.3	Health	Number epidemic disease surveillance reports generated in a month.					4
<b>Means of Verification :</b>							
Outcome 3							
Improve knowledge and practices through capacity building of health care staff and community health workers involved in this project							
Output 3							
Description							
-							
Assumptions & Risks							
Activities							
Activity 3.3.1							
Standard Activity : Capacity building							
Train 9 technical health care workers on treatment, immunization (EPI), clinical management of child illnesses, disease surveillance and response for 5 days at the start and continuously through continuous medical education (CMEs) and on job training using WHO/UNICEF guidelines.							
Activity 3.3.2							
Standard Activity : Capacity building							
Train midwives (2) on safe delivery, post par-tum, obstetric emergencies and neonatal care for 3 days, then 2 monthly continuously medical education(CMEs) and on job.							
Activity 3.3.3							
Standard Activity : Capacity building							
Train 10 Community health workers of which 60% are women on communicable diseases such as malaria, Measles, Polio, cholera and acute watery diarrhea and dissemination of repackaged information education and communication (IEC) materials developed by UNICEF/WHO that are culturally sensitive to the local population for 5 days at the start and continuously through CMEs and on job training.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
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.					9
<b>Means of Verification :</b>							
Indicator 3.2	Health	Number of midwives trained on ANC/PNC care and neonatal care					2
<b>Means of Verification :</b>							
Indicator 3.3	Health	Number of CHWs trained on communicable diseases and their prevention					10
<b>Means of Verification :</b>							
Additional Targets :							
M & R							
Monitoring & Reporting plan							
N/A							
Workplan							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of primary healthcare through out-patient services for a total of 5600 people disintegrated to 2500 women, 1500 men and 1600 children under 5 years.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Provision of basic Obstetric care to 400 pregnant mothers in the 2health facilities.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Rehabilitation of the health facilities to accommodate services envisaged and procurement of medical supplies and equipment	2016	X	X	X									
Activity 2.2.1:	2016												
Activity 2.2.2: Social mobilization through religious leaders, mother-mother hygiene promotions to increase the utilization of maternal and child care services and timely treatment-seeking behavior. This will be done through distribution of IEC materials as awareness campaign on AWDs/ Cholera and other communicable diseases as means of health education with the participation of the Ministry of Health officials.	2016	X	X	X									
Activity 2.2.3: Timely response and regular reporting on epidemics of malaria, acute watery diarrhoea, measles and suspected polio to WHO and health cluster through integrated disease surveillance reports(IDSR) on weekly basis.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.3.1: Train 9 technical health care workers on treatment, immunization (EPI), clinical management of child illnesses, disease surveillance and response for 5 days at the start and continuously through continuous medical education (CMEs) and on job training using WHO/UNICEF guidelines.	2016	X	X				X	X				X	X
Activity 3.3.2: Train midwives (2) on safe delivery, post par-tum, obstetric emergencies and neonatal care for 3 days, then 2 monthly continuously medical education(CMEs) and on job.	2016	X	X				X						X
Activity 3.3.3: Train 10 Community health workers of which 60% are women on communicable diseases such as malaria, Measles, Polio, cholera and acute watery diarrhea and dissemination of repacked information education and communication (IEC) materials developed by UNICEF/WHO that are culturally sensitive to the local population for 5 days at the start and continuously through CMEs and on job training.	2016	X	X				X	X				X	X

#### OTHER INFO

##### Accountability to Affected Populations

N/A

##### Implementation Plan

Somali Aid will implement an integrated primary healthcare services together with existing nutrition project and carries on health education on hygiene promotions/sanitations. Somali Aid will enhance the skills of trained birth attendants to improve the delivery and uptake of antenatal and postnatal services. it also plans to strengthen the capacity of community health workers to implement active surveillance and monitoring of communicable diseases through community mobilizations. overall package will include routine immunization campaigns, iron/folate supplementations, pregnancy monitoring and treatment of common illness. EPI campaigns and integrations of multi-cluster activities will be prioritized. Referral system will be strengthened between the community and health facilities with the promotion of integrated community case management through the community health workers.

##### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MOH	information sharing and supplies
ARC(american refugee committe)	Collaborations and awareness campaigns
Unicef	Technical support,Immunization campaigns and supplies
IOM	Collaboration and information sharing
WHO	Technical support, training and supplies

##### Environment Marker Of The Project

##### Gender Marker Of The Project

2a- The project is designed to contribute significantly to gender equality

##### Justify Chosen Gender Marker Code

Somali Aid has gender policy that ensure that when hiring staff that women are given 50% consideration in deferent positions. In addition, the project targets populations are segregated into men-1500, women-2500, boys-800 and girls-800 hence giving more priority to vulnerable groups who are women and children.

##### Protection Mainstreaming

**Country Specific Information****Safety and Security****Access****BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	1.1.1 health coordinator(20%)	D	1	2,500.00	12	20%	6,000.00
	<i>(A:1 Staff and Other Personnel Costs: International Staff) This project contributes 20% of the Coordinator's salary. he/she will be responsible for the overall technical management, representation and coordination of the project. he/she will be responsible on overall reporting, liaison and communications with donors of the project (TimeUnit: months)</i>						
1.2	1.2.1 Field Project manager (100%)	D	1	600.00	12	100%	7,200.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) the project will utilize 100% of his time on the day to day health project management and running in the field. (TimeUnit: months)</i>						
1.3	1.2.2 Clinicians (experienced clinicians qualified from reputable institutions)	D	1	800.00	12	100%	9,600.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) clinician is a qualified nurse/midwife whose role will be to provide quality of services at the beneficiaries at the clinic (TimeUnit: months)</i>						
1.4	1.2.3 Nurse	D	3	350.00	12	100%	12,600.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Nursing staff of the MCH. Their role is to provide primary health care services. (TimeUnit: months)</i>						
1.5	1.2.4 Midwives	D	2	300.00	12	100%	7,200.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Midwives working in the MCH. Their role is to provide primary health care services to the women (TimeUnit: months)</i>						
1.6	1.2.5 Auxillary nurses	D	2	200.00	12	100%	4,800.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Nurse aid staff in the facility to support midwives and nurses. (TimeUnit: months)</i>						
1.7	1.2.6 Security guards for the health facility	D	3	150.00	12	100%	5,400.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) They are health facility guards on day and night basis. Provide security at the centres. (TimeUnit: months)</i>						
1.8	1.2.7 Project Accountant/Admin	D	1	500.00	12	100%	6,000.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) field based accountant will support the project 100% on all financial reporting and accounting. he/she will paid 100% from this grant. (TimeUnit: months)</i>						
1.9	1.2.8 Procurement and Logistics assistant	D	1	400.00	12	100%	4,800.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) the procure assistant is full time employee for the project and field based. he/she will do procurement, logistic needs and their documentation for these project. (TimeUnit: months)</i>						
1.10	1.2.9 drug dispenser/storekeeper	D	1	200.00	12	100%	2,400.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) He/she will keep all drug records and dispensing of medicines to beneficiaries after consultations by clinicians. (TimeUnit: months)</i>						
1.11	1.2.10 Registry clerks	D	2	200.00	12	100%	4,800.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) front desk staff registering all patients visiting the facility on daily on daily basis fro medical attention and are custodian of OPD registry. (TimeUnit: months)</i>						
	<b>Section Total</b>						<b>70,800.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	2.1.1 Drugs and medical supplies + medical & equipment and furniture (BoQs attached)	D	1	28,250.10	1	100%	28,250.10
	<i>BOQ indicates the quantities and their pricing as per facility requirements. EPI equipments(coolers,vaccine carrier,fridges and freezers) will be required during immunization/vaccination. (TimeUnit: lumpsum)</i>						
2.2	2.1.2 frieght and transport of supplies and material (from Mogadishu to Kismayu), IEC materials from Nairobi	D	1	5,400.00	1	100%	5,400.00

	<i>this is transport cost of the medicines purchased from Mogadishu to Kismayo. (TimeUnit: lumpsum)</i>						
2.3	2.1.3 Medical stationeries(BoQ attached)	D	1	402.00	1	100%	402.00
	<i>this is cards and OPD, Vaccination logs books required in the facility daily operations. (TimeUnit: lumpsum)</i>						
2.4	2.1.4 IEC materials (incl project documentation) BOQ attached	D	1	1,800.00	1	100%	1,800.00
	<i>materials that are to be used for mass information sharing in the facility, visibility and documentation of lesson learnt, challenges and successes. (TimeUnit: lumpsum)</i>						
2.8	2.1.8 Social mobilization & HP sessions	D	1	3,050.00	1	100%	3,050.00
	<i>social mobilization and HP sessions will be conducted by CHWs integrating both health and Nutrition messages. radio messaging and promotions will be conducted in every quarter for mass dissemination. (TimeUnit: lumpsum)</i>						
2.9	2.1.9 Hygiene campaigns on AWD and other epidemics during rainy seasons	D	2	1,000.00	1	100%	2,000.00
	<i>this will involve MOH staff among other stakeholders. this campaigns will be conducted in two main rainy seasons in Somalia on the prevention and control of acute watery diarrhea and other communicable diseases. (TimeUnit: lumpsum)</i>						
2.5	2.1.5 Repair works/facelifts of health facilities	D	1	3,000.00	1	100%	3,000.00
	<i>Rehabilitation of the 2 health facilities which is one time repair works for health facilities. (TimeUnit: lumpsum)</i>						
2.6	2.1.6 Training for technical staffs and CHWs + Consultant fee for conducting trainings (2)	D	1	8,061.00	1	100%	8,061.00
	<i>consultancy days (5 days for technical training, 3 days for Midwives training on ANC/PNC, 2 days travels, 1 day report writing.) and other costs covers venue hire, meals and refreshments. (TimeUnit: lumpsum)</i>						
2.7	2.1.7 Warehouse rental	D	1	300.00	12	100%	3,600.00
	<i>store for keeping all supplies since drugs are purchased at bulk. its monthly charge of 300 \$ for 12 months. (TimeUnit: months)</i>						
2.10	2.1.10 Warehouse fumigation	D	1	100.00	1	100%	100.00
	<i>Fumigation of the warehouse. (TimeUnit: lumpsum)</i>						
2.11	2.1.11 vehicle hire	D	1	1,800.00	12	100%	21,600.00
	<i>The vehicle will be used for the project, field visits of technical staff to the health facilities. (TimeUnit: months)</i>						
	<b>Section Total</b>						<b>77,263.10</b>
<b>Travel</b>							
5.1	5.1.1 Travels(air tickets NBO-Kismayo-NBO, visa and perdiems) project team	D	1	5,850.00	1	100%	5,850.00
	<i>Transport cost of the 1 health coordinator to and from Kismayo including visa cost and per diems.transport cost ,visa and accommodation cost for the 2 consultant facilitating the health training. (TimeUnit: lumpsum)</i>						
	<b>Section Total</b>						<b>5,850.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	7.1.1 Bank charges	D	1	2,000.00	1	100%	2,000.00
	<i>Transfer charges through dahabshil for payment and services (TimeUnit: lumpsum)</i>						
7.2	7.1.2 stationeries and office materials	D	1	550.00	1	100%	550.00
	<i>Office stationeries for smooth running of the office. (TimeUnit: lumpsum)</i>						
7.3	7.1.3 Communications (incl internet usage)	D	1	320.00	12	100%	3,840.00
	<i>Communication of staff while visiting the centres and the internet is for the office in ensuring that information is shared with the cluster and also CHF (TimeUnit: months)</i>						
7.4	7.1.4 Utilities (water and electricity)	D	1	250.00	12	100%	3,000.00

	facility utility bills for the office in ensuring smooth operation of the activities. (TimeUnit: months)			
	<b>Section Total</b>			<b>9,390.00</b>
<b>SubTotal</b>	35.00			<b>163,303.10</b>
Direct				163,303.10
Support				
<b>PSC Cost</b>				
PSC Cost Percent				7%
PSC Amount				11,431.22
<b>Total Cost</b>				<b>174,734.32</b>
<b>Grand Total CHF Cost</b>				
				<b>174,734.32</b>

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo -> Kismayo	100						

Documents	
Category Name	Document Description
Signed Project documents	Grant Agreement-SOMALI AID-2335.pdf
Signed Project documents	revised G Agreement-SOMALI AID-2335.pdf
Project Supporting Documents	Budgetary guidelines and BOQ template
Project Supporting Documents	Revised 707 boq
Budget Documents	Revised BOQ-2335.xls
Budget Documents	Revised proposal-2335 somalia aid.pdf
Budget Documents	Revised Budget tool and narrative-2335 somali aid.xls