

Requesting Organization : American Refugee Committee

Allocation Type : Standard Allocation 1 (Feb 2015)

Primary Cluster	Sub Cluster	Percentage
Health		100.00
		100

Project Title : Ensuring Access to Emergency and Basic Maternal and Child Health Care Services in Lower Jubba, South Central Somalia

Allocation Type Category :

OPS Details

Project Code : **Fund Project Code :** SOM-15/DDA-3485/SA 1/H/INGO/2383

Cluster : **Project Budget in US\$:** 199,988.02

Planned project duration : 12 months **Priority:**

Planned Start Date : 01/01/2016 **Planned End Date :** 31/12/2016

Actual Start Date: 01/01/2016 **Actual End Date:** 31/12/2016

Project Summary : N/A

Direct beneficiaries :

Men	Women	Boys	Girls	Total
4,205	6,308	6,307	9,460	26,280

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	7,359	11,037	0	0	18,396

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

N/A

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Rebekka Bernholt	Senior Grants Manager	rebekkab@arcrelief.org	0717 163782

BACKGROUND

1. Humanitarian context analysis

Somalia's underdeveloped health systems remain heavily dependent on external funding and they continue to be coordinated through UNICEF, WHO, and the NGO Health Cluster. Health data are lacking or out-of-date for many health indicators. UNICEF reports (May 2014) that the child and maternal mortality rates for Somalia are amongst the highest in the world; one out of every ten Somali children dies before seeing their first birthday. It is believed that the leading causes of infant and child mortality are pneumonia (24%), diarrhoea (19%), measles (12%), and neonatal disorders (17%). One out of every 12 women dies due to pregnancy-related causes, and access to maternal services is low with only 9% of births being attended by a skilled birth attendant. According to the (Feb-June 2015)FSNAU report, the food-related morbidity rate rose to 62.3% for IDPs in Kismayo. This was compounded by the infections and illnesses among the under 5 children. The Measles outbreak in Lower Juba, reported by ARC as early as January, was declared by UNICEF in May, with over 4,000 suspected cases. The outbreak further illustrates the urgent need for increased immunization. Three quarters of the measles cases in Lower Juba occurred in children under the age of five, and measles is one of the leading killers of young children, especially among those who are previously malnourished. During the Gu 2014, the GAM rate in Kismayo has risen, for the first time since 2012, to 16.6%.

2. Needs assessment

ARC is currently running 2 MCHs (Farjano and Bulu Abliko) funded by CHF in Kismayo as well as maternity and pediatric ward in the Kismayo General Hospital. ARC is seeking additional funds to expand primary health care activities following a rapid need assessment in Dec 2014 done in Kismayo; Gulwade Villages, Shaqalaha Village, Allanley Villages and Bula Fatura. The estimated population living in these locations are 6860 families. The need increased as Kismayo has recently seen an increasing number of returnees from Dadaab Refugee Camps. The actors in the health sector in Kismayo are: Muslim aid, IRDO, APD, ARC and ICRC.

In December 2015, ARC has noted an increased need and a recent outbreak of suspected anthrax in Kulbiyow area that affected the population. From ARCs conversation with area leaders and elders, there is a huge health gap in this area with no partner currently present to provide the basic health care services. It has one MCH that has been supported by AFREC (now blacklisted) and since their pull out around January 2013, it has remained closed.

In addition to this, the area has received quite heavy rains that is still continuing, this has caused displacements, a number of latrines have been washed away causing more health effects. According to the elders, the area is a malaria zone, and because of the rains, malarial cases will be going high which may cause deaths of the most vulnerable i.e. pregnant women and under five groups.

3. Description Of Beneficiaries

N/A

4. Grant Request Justification

N/A

5. Complementarity

ARC is currently running a pediatric ward, maternity ward and a GBV stop center in Kismayo General Hospital as well as Farjanno MCH and Bulu Abliko MCH in Kismayo town. There are two maternity waiting homes attached to these two MCHs; these facilities provide health and protection services to the communities in Kismayo with the support of CHF and UNFPA. ARC is the leading agency of the health cluster coordination meeting in Lower Jubba and has a main office in Kismayo town. ARC is also running a livelihood project in Kismayo by supporting fishery activities through distribution of boats and capacity building for the fishers, as well as a shelter project in Kismayo town. ARC's intervention will focus on prevention, community awareness raising, treatment and referral of complicated illnesses to reduce morbidity and mortality among mothers, children and adults. Capacity building of community volunteers will be implemented to improve community awareness, encourage improved health seeking behaviour, enhance community ownership by conducting community sessions and using IEC materials. All the activities will be linked to each other to provide the community with the full package of care within this integrated approach. The focus is not only to improve access to health but also to enforce beneficial practices at the household level.

LOGICAL FRAMEWORK

Overall project objective

Integrated health response to increase access to life-saving maternal and child health services in Kismayo (Farjanno MCHs) and Kulbiyow town, Badadhe district for IDPs, returnees and host communities through prevention and control of communicable and vaccine-preventable diseases and increased access to Basic Emergency Obstetric and Neonatal Care (BEmONC).

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
N/A	N/A	100

Contribution to Cluster/Sector Objectives :

Outcome 1

Improved and increased availability of health care in Kismayo (Farjanno MCH) and Kulbiyow town, Badadhe district, including: promotive, preventative and curative services and improved case management of childhood illnesses.

Output 1

Description

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Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Treat paediatric and adult illnesses by providing basic health care to 26,280 individuals(4205 Men,6308 Women,6307 boys and 9460 Girls). Provide Facility level based health education sessions at the waiting area and during case consultation to educate beneficiaries on how to improve personal, family and environmental hygiene to prevent against those communicable diseases.

Activity 1.1.2

Standard Activity : Immunisation campaign

Provide routine immunization to 2560 children(1408 Female,1152 Females) by ensuring availability of BCG, Polio, Measles, and Pentavalent to prevent against Vaccine Preventable Diseases (VPD) and other related communicable diseases.

Activity 1.1.3

Standard Activity : Secondary health care and referral services

Screening, growth monitoring, and measuring nutritional status of every child at the age of 6-59 months attending the MCH and refer those who are moderately or severely malnourished to the nearest nutrition site. In Kismayo and Kulbiyo beneficiaries requiring emergency referral care will be directed to the respective hospitals.ARC will refer Malnutrition cases to ICRC as nutrition Partners in Kismayo.

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					36

Means of Verification :

Indicator 1.2	Health	Number of boys and girls under 1 year immunized. (2560 (1408 Female / 1152 Male)					2,560
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Means of Verification :

Indicator 1.3	Health	Number of children screened and referred to hospitals (15,767(9460Female /6307)					15,767
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Means of Verification :

Outcome 2

Increased availability of ANC, Basic Emergency Obstetric and Newborn Care (BEmONC) and PNC in Kismayo (Farjanno MCH) and Kulbijow, including; Family planning, safe motherhood, treatment and prevention of sexually transmitted infections.

Output 2

Description

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Assumptions & Risks

Activities

Activity 2.2.1

Standard Activity : Primary health care services, consultations

Provide Antenatal care (ANC) to all pregnant women attending the MCHs including; 1. History taking, 2. General physical examination, 3. Palpate mother to monitor gestational age, 4. Check urine for protein to detect eclampsia, 5. Check blood for Hb to detect anemia, 6. Provide micro nutrient and Iron Folate to prevent anaemia, 7. Provide TT vaccine to prevent neonatal tetanus, 8. Provide IPT and ITN to prevent malaria in pregnancy, 9. Treat, screen and diagnose STIs and other communicable diseases. 10. Provision of screening, psychosocial support, treatment, follow up and referral of rape survivors. 11. Provide health education messages to beneficiaries attending for services; regarding birth preparedness and educate on risk factors related to pregnancy, childbearing and childbirth.

Activity 2.2.2

Standard Activity : Primary health care services, consultations

Provide Basic Emergency Obstetric and Newborn care to 3784 to include; 1. Parental administration of Antibiotics, 2. Parental administration of Oxytocics, 3. Assisted Vaginal delivery, 4. Manual removal of Placenta and removal of retained products of conception, 5. Early initiation of breast feeding within the first hour after delivery and 7. Referral of complicated cases. Provide health education messages related risk factors during pregnancy and child birth.

Activity 2.2.3

Standard Activity : Primary health care services, consultations

Provide Postnatal care to 3784 women who deliver at the MCHs by providing; 1. Vitamin A, 2. Assessment of conditions of mother and baby, 3. Complication preparedness and relevant education, 4. Immunization for the child, 5. Breast care and breast feeding, 5. Acceptable method of child spacing through breast feeding and other FP methods 6. Treat, screen and diagnose STIs and other communicable diseases. 7. Provide socially and culturally acceptable family planning and child spacing services to couples who are willing in order to reduce maternal mortality and morbidity.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1	Health	Number of health facilities supported					2

Means of Verification :

Indicator 2.2	Health	Number of women assisted deliveries by skilled birth attendant					3,784
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Means of Verification :													
Indicator 2.3	Health	Number of women attending Post natal care visits				3,406							
Means of Verification :													
Outcome 3													
Enhance the capacity of staff 17 healthworkes on IMCI and BEMONC training													
Output 3													
Description													
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Assumptions & Risks													
Activities													
Activity 3.3.1													
Standard Activity : Incentive for Health workers													
Conduct training of health staff through an integrated management of common illnesses (IMCI) and Basic emergency Obstetric and new born care BEmONC													
Activity 3.3.2													
Standard Activity : Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.)													
Conduct health education sessions to IDPs/ Returnees and host community.													
Activity 3.3.3													
Standard Activity : Not Selected													
Indicators													
			End cycle beneficiaries				End cycle						
Code	Cluster	Indicator	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.					17						
Means of Verification :													
Indicator 3.2	Health	number of BCC health education sessions provided provided to women and men					12						
Means of Verification :													
Indicator 3.3	Health						0						
Means of Verification :													
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: Treat paediatric and adult illnesses by providing basic health care to 26,280 individuals(4205 Men,6308 Women,6307 boys and 9460 Girls). Provide Facility level based health education sessions at the waiting area and during case consultation to educate beneficiaries on how to improve personal, family and environmental hygiene to prevent against those communicable diseases.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Provide routine immunization to 2560 children(1408 Female,1152 Females) by ensuring availability of BCG, Polio, Measles, and Pentavalent to prevent against Vaccine Preventable Diseases (VPD) and other related communicable diseases.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Screening, growth monitoring, and measuring nutritional status of every child at the age of 6-59 months attending the MCH and refer those who are moderately or severely malnourished to the nearest nutrition site. In Kismayo and Kulbiyo beneficiaries requiring emergency referral care will be directed to the respective hospitals.ARC will refer Malnutrition cases to ICRC as nutrition Partners in Kismayo.	2016	X	X	X	X	X	X	X	X	X	X	X	X

Activity 2.2.1: Provide Antenatal care (ANC) to all pregnant women attending the MCHs including; 1. History taking, 2. General physical examination, 3. Palpate mother to monitor gestational age, 4. Check urine for protein to detect eclampsia, 5. Check blood for Hb to detect anemia, 6. Provide micro nutrient and Iron Folate to prevent anaemia, 7. Provide TT vaccine to prevent neonatal tetanus, 8. Provide IPT and ITN to prevent malaria in pregnancy, 9. Treat, screen and diagnose STIs and other communicable diseases. 10. Provision of screening, psychosocial support, treatment, follow up and referral of rape survivors. 11. Provide health education messages to beneficiaries attending for services; regarding birth preparedness and educate on risk factors related to pregnancy, childbearing and childbirth.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.2: Provide Basic Emergency Obstetric and Newborn care to 3784 to include; 1. Parental administration of Antibiotics, 2. Parental administration of Oxytocics, 3. Assisted Vaginal delivery, 4. Manual removal of Placenta and removal of retained products of conception, 5. Early initiation of breast feeding within the first hour after delivery and 7. Referral of complicated cases. Provide health education messages related risk factors during pregnancy and child birth.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.3: Provide Postnatal care to 3784 women who deliver at the MCHs by providing; 1. Vitamin A, 2. Assessment of conditions of mother and baby, 3. Complication preparedness and relevant education, 4. Immunization for the child, 5. Breast care and breast feeding, 5. Acceptable method of child spacing through breast feeding and other FP methods 6. Treat, screen and diagnose STIs and other communicable diseases. 7. Provide socially and culturally acceptable family planning and child spacing services to couples who are willing in order to reduce maternal mortality and morbidity.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.3.1: Conduct training of health staff through an integrated management of common illnesses (IMCI) and Basic emergency Obstetric and new born care BEmONC	2016					X	X	X					
Activity 3.3.2: Conduct health education sessions to IDPs/ Returnees and host community.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.3.3:	2016												

OTHER INFO

Accountability to Affected Populations

N/A

Implementation Plan

ARC directly implements this and all projects in Lower Juba. ARC will provide support to one of the two MCHs currently supported under CHF as well as the MCH currently partly supported by UNFPA. ARC shall conduct the activities using qualified health staff who will be supervised by the ARC medical coordinator, with technical backstopping provided by the Mogadishu and Nairobi offices in addition to ARC international Headquarters in Minneapolis. ARC health programming shall fully adhere to all aspects of EPHS, iCCM, and provide full integration with ARC protection programming including CMR. The project shall incorporate the views of men, women, boys, and girls, in all aspects of project design and implementation, and strive for complete community buy-in and leadership. ARC shall focus on improving the capacity of staff in health facilities, and enables them to provide services through relevant inputs. ARC shall coordinate with other actors particularly with regards to the hospitals, is key.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. Muslim Aid (Health sector)	ARC and Muslim aid will integrate the following activities; Muslim aid handle the cold chain in Kismayo and they will provide routine vaccine to ARC health MCHs, ARC will use cold boxes and will get vaccine supplies on weekly basis from Muslim Aid. ARC and Muslim Aid will invite each other when there is training to exchange experience and knowledge.
2. ICRC - Kismayo (Health sector)	ARC will refer complicated pregnancies/deliveries requiring CEmONC services to Kismayo hospital operated by ICRC and will also refer severely and moderately malnourished children to ICRC stabilization centre. ICRC will refer normal deliveries and under five children with minor illnesses to ARC MCHs in Kismayo.
IMC (WASH sector)	IMC will support sanitary tools to ARC to use for the health facilities sanitation purposes while ARC will provide health education messages regarding water related and water born diseases to communities
UNFPA/ARC (Protection CLuster)	ARC protection activities supported by UNFPA will be integrated to ARC Health sector. ARC Protection team will refer rape survivors and other sexual victims to ARC MCHs where survivors will receive clinical management of rape. UNFPA will provide reproductive health Kits to ARC and rehabilitation of GBV consultation rooms in the MCHs.
Save the Children - Dhobley (Health)	ARC Will refer pregnant women with a complicated childbirth/labor requiring CEmONC services to Doble general hospital run by SCI.

IOM - Dhobley (Health)	IOM is running mobile health teams in Doble. IOM will refer severely ill patients requiring medical follow up and women with labor to ARC MCH in Doble and ARC will closely work with IOM in such referral mechanism by facilitating Ambulance where applicable. IOM will also refer under 1 year children and pregnant women requiring immunization services to ARC MCH in Doble, where feasible ARC will transport with the use of the ambulance if IOM reports more children in one settlement requiring mass immunization services and/or where feasible ARC will assign one auxiliary nurse (using cold box) to go with IOM mobile team and provide immunization services to under 1 year children and pregnant women in the target locations.
NRC (WASH sector)	Since NRC is mandated on environmental sanitation in the IDPs, ARC will identify where there is a gap to fulfill and ARC will report to NRC.
WHO (Health)	WHO will provide in kind supplies (medical kits) to ARC MCHs in Dhobley and Kismayo. ARC will use these medical kits to improve provision of health services to beneficiaries.
ARC WASH sector - Dhobley	ARC WASH will provide hygiene kits, rehabilitate sanitary facilities and also support in raising awareness in promoting good hygiene and sanitation practices.

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

ARC's proposed project supports the gender theme in that it seeks to provide health services targeted to the needs of men, women, boys and girls, ensuring that services are offered by male and female health workers, and in confidential spaces as necessary. In recognition of high maternal mortality rates, RH services are specifically offered to women of childbearing age to reduce a key cause of mortality and morbidity that specifically affects females. Reinforcement of clinical RH care at community and household level through RH education and HH PNC is designed to encourage equity in access to services, and to engage husbands and wives in reproductive health discussions, such as those related to family planning. While GBV is difficult to approach in more conservative areas such as Kismayo that are newly liberated, ARC seeks to provide preventative messaging on the health risks of FGM/C and early marriage/childbirth at its 2 OPD/ORPs, recognizing the best practice of integrating health and GBV response services. ARC will also refer GBV survivors identified at community and facility levels to GBV support service providers through its coordination with the GBV Working Group and collaborative relationship with agencies such as SAF that are active in Kismayo.

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
1.1	1.1.1 Country Director	D	1	9,000.00	12	5%	5,400.00
	<i>(A:1 Staff and Other Personnel Costs: International Staff) This position provides programmatic oversight over ARC activities in Somalia. The position also provides support to technical, finance and operations teams. CD is based in Mogadishu, with frequent travel to Kismayo and Dhobley. 5% of his salary including social security and insurance will be charged to CHF while the remainder for his salary will be paid for through mainly OFDA. (TimeUnit: months)</i>						
1.3	1.1.3 Finance Controller	D	1	8,000.00	12	5%	4,800.00
	<i>(A:1 Staff and Other Personnel Costs: International Staff) The Finance Controller ensure financial controls and accountability are maintained across the program. 5% of this salary, including social security will be charged to this grant while the remainder for his salary will be paid for through mainly OFDA. (TimeUnit: months)</i>						
1.4	1.2.1 Finance Officer	D	1	108.30	12	10%	129.96
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) This position will work with the Finance Controller in Mogadishu and Nairobi-based Sr. Finance Officer to ensure financial controls and accountability are maintained across the program. 10% of this salary, including medical allowance and EID bonus will be charged to this grant while the remainder for his salary will be paid for through mainly OFDA. (TimeUnit: months)</i>						

1.5	1.2.2 Health Coordinator	D	1	375.00	12	10%	450.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) The Health Coordinator is based in Somalia and is responsible to the project implementation of this project. 10% of this salary, including medical allowance and EID bonus will be charged to this grant while the remainder for his salary will be paid for through mainly OFDA. (TimeUnit: months)</i>							
1.6	1.2.3 RH Officer	D	1	1,300.00	12	50%	7,800.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) The Reproductive Health Officer is based in Dhobley and is responsible to the project implementation of this project in Dhobley. 50% of this salary, including medical allowance and EID bonus will be charged to this grant while the remainder for his salary will be paid for through mainly OFDA. (TimeUnit: months)</i>							
1.7	1.2.4 Logistics Officer	D	1	1,300.00	12	10%	1,560.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) This position will work with the Logistics Manager to ensure procurement controls and accountability are maintained across the program. 10% of this salary, including medical allowance and EID bonus will be charged to this grant while the remainder for his salary will be paid for through mainly OFDA. (TimeUnit: months)</i>							
1.8	1.2.5 PHC Program Supervisor	D	1	1,000.00	12	50%	6,000.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) The PHC Program Supervisor is responsible for project implementation in the 2 MCHs in Kismayo 50% of this salary, including medical allowance and EID bonus will be charged to this grant (TimeUnit: months)</i>							
1.9	1.2.6 Health Project Manager	D	1	2,500.00	12	50%	15,000.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) The Kismayo based Health Project Manager is responsible for this project. He is responsible to ensuring that all components are implemented in line with the proposal. 50% of this salary, including medical allowance and EID bonus will be charged to this grant (TimeUnit: months)</i>							
1.2	1.1.2 Program Officer	D	1	4,800.00	12	5%	2,880.00
<i>(A:1 Staff and Other Personnel Costs: International Staff) This position provides programmatic and administrative support to the CHF health project in Kismayo. The position also provides support to technical, finance and operations teams. PO is based in Mogadishu, with frequent travel to Kismayo and Dhobley. 5% of his salary including social security and insurance will be charged to CHF while the remainder for his salary will be paid for through mainly OFDA. (TimeUnit: months)</i>							
1.10	1.2.7 Head Nurse	D	2	500.00	12	100%	12,000.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) Two head nurses will be hired to be in the health facilities. To check the patients health status. (TimeUnit: months)</i>							
1.11	1.2.8 Qualified Nurse	D	2	430.00	12	100%	10,320.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) ARC will hire two qualified nurses at the MCH as part of our medical teams. (TimeUnit: months)</i>							
1.12	1.2.9 Auxiliary Nurse	D	3	250.00	12	100%	9,000.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) ARC shall hire 3 Auxiliary Nurses to also be part of the health teams in the facilities. (TimeUnit: months)</i>							
1.13	1.2.10 Midwives	D	1	460.00	12	100%	5,520.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) One midwife will also be recruited to help with the delivery in the facilities (TimeUnit: months)</i>							
1.14	1.2.11 Pharmacist	D	1	430.00	12	100%	5,160.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) A pharmacist will also be needed to cater for the Pharmacy and oversee all issues and need in the pharmacy. (TimeUnit: months)</i>							
1.15	1.2.12 Other Support Staff	D	1	21,083.64	1	100%	21,083.64
<i>(A:1 Staff and Other Personnel Costs: Local Staff) Other Support staff recruited include Community Health Workers responsible in supporting the community by providing health education, Cleaners and Security Guards for the MCH. Monitoring staff will monitor the project progress of the project See B.O.Q attached for further Breakdown. As part of any Project cycle, ARC plans to conduct Monitoring to track progress and Challenges to ensure successful achievements of project goals and objectives. - please refer to the BOQ for more details.</i>							
Section Total							107,103.60
Supplies, Commodities, Materials							
2.1	2.1.1 Training for IMCI-Qualified Health Workers	D	1	4,760.00	1	100%	4,760.00
<i>ARC will provide a training in IMCI for health workers. For details refer to the attached BOQ. (TimeUnit: Lumpsum)</i>							
2.2	2.1.2 Training for BEmOC/Refresher	D	1	4,760.00	1	100%	4,760.00
<i>ARC will provide a training in BEmOC for health workers. For details refer to the attached BOQ. (TimeUnit: Lumpsum)</i>							

2.3	2.1.4 Pharmaceuticals	D	2	9,427.00	1	100%	18,854.00
<i>ARC will purchase pharmaceuticals for the two MCHs. For details refer to the attached BOQ. (TimeUnit: Lumpsum)</i>							
2.4	2.1.5 Medical Equipments and Supplies	D	1	5,948.94	1	100%	5,948.94
<i>ARC will purchase medical equipments and supplies for the two MCHs. For details refer to the attached BOQ. (TimeUnit: Lumpsum)</i>							
2.5	2.1.6 Electricity/Fuel For Generator	D	2	25.00	12	100%	600.00
<i>ARC requires electricity to ensure power supply in the two MCHs. \$25 per MCHx 2 MCHx12 months (TimeUnit: months)</i>							
2.6	2.1.8 Clinical Staff Supplies-Logbooks,Lab Coats & Hygiene Supplies	D	2	975.00	1	100%	1,950.00
<i>ARC will purchase clinic staff supplies for the two MCHs.Each MCH will cost \$975 For details refer to the attached BOQ. (TimeUnit: Lumpsum)</i>							
2.7	2.1.9 Health Facility Furniture	D	1	3,558.00	1	100%	3,558.00
<i>ARC will purchase minor furniture for the two MCHs. For details refer to the attached BOQ. (TimeUnit: Lumpsum)</i>							
2.8	2.1.10 Freight and Storage	D	1	5,000.00	1	100%	5,000.00
<i>ARC will transport the purchase items from the point of purchase to the two MCHs. For details refer to the attached BOQ. (TimeUnit: Lumpsum)</i>							
2.9	2.1.11 Ambulance rental	D	1	850.00	12	100%	10,200.00
<i>Ambulance rental for referrals</i>							
2.10	2.1.12 Vehicle rental	D	1	1,000.00	12	100%	12,000.00
<i>Vehicle rental for the site visits</i>							
Section Total							67,630.94
Travel							
5.1	5.1.1 Travel (Fare & Per Diem)	D	1	3,500.00	1	100%	3,500.00
<i>An air travel costs is requested to help ensure project oversight by grant management support. (TimeUnit: lumpsum)</i>							
5.2	5.1.2 Vehicle rental		0	0.00	0	0%	0.00
Section Total							3,500.00
General Operating and Other Direct Costs							
7.1	7.1.1 Communication Cost	D	1	2,000.00	12	5%	1,200.00
<i>ARC is budgeting for communication. This includes air time for staff and a percentage of the internet costs as well as the Satellite phone costs. (TimeUnit: months)</i>							
7.2	7.1.2 Office Rent	D	1	4,000.00	12	5%	2,400.00
<i>ARC is proposing to pay a percentage of rent paid for the ARC office in Kismayo and Mogadishu under this grant. (TimeUnit: months)</i>							
7.3	7.1.3 Utilities	D	1	2,000.00	12	5%	1,200.00
<i>As detailed in the BOQ, ARC is budgeting for water, electricity and generator costs.See BoQ for Complete breakdown. (TimeUnit: months)</i>							
7.4	7.1.4 Bank Charges	D	1	250.00	12	100%	3,000.00
<i>ARC's bank charges 1.6% for each transfer that goes to Somalia. ARC proposes 100% for this proposed CHF Project. (TimeUnit: Lumpsum)</i>							
7.5	7.1.5 Stationery & Office Supplies	D	1	1,080.00	1	100%	1,080.00

	ARC is proposing to purchase paper, note books, and writing/printing materials as outlined in the detailed BoQ. (TimeUnit: Lumpsum)			
	Section Total			8,880.00
SubTotal		38.00		187,114.54
Direct				187,114.54
Support				
PSC Cost				
PSC Cost Percent				7%
PSC Amount				12,873.48
Total Cost				199,988.02
Grand Total CHF Cost				
				199,988.02

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 -> Badhaadhe -> Kolbiyow	50						
Lower Juba -> Kismayo -> Kismayo	50						

Documents	
Category Name	Document Description
Signed Project documents	2383 ARC- Grant Agreement.doc
Signed Project documents	Signed MOU-2383 ARC.pdf
Signed Project documents	Revised Signed MOU-2383 ARC.pdf
Project Supporting Documents	Needs Assessment Kismayo
Project Supporting Documents	Needs Assessment Dhobley
Project Supporting Documents	BUDGETARY GUIDELINE AND BOQ
Project Supporting Documents	All BOQs
Project Supporting Documents	ARC revised BOQ
Budget Documents	ARC(1).xls
Budget Documents	Final revised BOQ-2383 ARC.xls
Budget Documents	Revised proposal-2383-ARC.pdf
Budget Documents	Budget tool and narrative-2383 ARC.xls