

Requesting Organization : Save the Children

Allocation Type : Standard Allocation 1 (Feb 2015)

Primary Cluster	Sub Cluster	Percentage
Health		100.00
		100

Project Title : Emergency Health Care program in Dobley of Lower Juba in Southern Somalia

Allocation Type Category :

OPS Details

Project Code : **Fund Project Code :** SOM-15/DDA-3485/SA 1/H/INGO/2462

Cluster : **Project Budget in US\$:** 247,617.99

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 : Dobley town is in Lower Juba region of southern Somalia, and is located 4 km from the Kenyan border. It is the first and the main transit town in Somalia after crossing Kenyan border. Dobley town together with the surrounding villages comprises of an estimated population of 50,000 of which 9,132 are returnees and 9,600 are IDP's. Save the Children was implementing 24/7 CEmONC services, funded by CHF, up until June 2015. The same service continued with DFID (IRF) funding, which will expire end of December 2015. SC seeks to continue the same, but scaled up, CEmONC services in Dhobley hospital while the incoming JHNP project will support the outpatient and BeMONC services.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
8	288	0	0	296

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	8	182	0	0	190
Internally Displaced People/Returnees	0	106	0	0	106

Indirect Beneficiaries :

Catchment Population:

The total population of Dhobley is 50,000 and the targeted women in reproductive age groups are 11,000 .

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

Laura Jepson	Head of Business Development	laura.jepson@savethechildren.org	0732888852
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BACKGROUND

1. Humanitarian context analysis

Dobley town is in Lower Juba region of southern Somalia, and is located 4 km from the Kenyan border. It is the first and the main transit town in Somalia after crossing Kenyan border. The number of house holds in the three IDP camps in the town together with returnees were approximately 3,100 HHs. Dhobley district with an estimated population of around 50 000 forms part of the newly formed Jubbaland. The nearest Kenyan town is Liboi with a small Health centre located at a distance of 15 kms from Dobley . EPHS programme is yet to be implemented in Lower Juba. Dhobley is a key border town and is the gateway for refugees to Dadaab and returnees from Dadaab. The number of returnees in Dobley is expected to increase significantly in light of the recent decision by the Kenyan Government to close Dadaab Refugee camp. Dobley town together with the surrounding villages comprises of an estimated population of 50,000 of which 9,132 are returnees and 9,600 are IDP's. the number of children <5 years and pregnant women are 9,366 (4590 boys, 4776 girls) and 2,575 respectively. Save the Children was implementing 24/7 CEmONC services, funded by CHF up until June 2015. The same service continued with DFID (IRF) funding, which will expire end of December 2015. SCI seeks to continue the same but scaled up CEmONC in Dhobley hospital while the incoming JHNP project will support the outpatient and BeMONC services. From previous CHF funding the operation theatre, maternity wing of the facility were rehabilitated and equipped to ensure that they were able to provide 24/7 BEmONC and CEmONC services. SCI with its funds established Blood bank and a lab. The project is also providing <5 and >5 consultations. As such, this is the only facility in the district which is able to manage obstetric complications and is ready to provide caesarean sections, as the other nearest facility is located in Kismayo or Dadaab refugee camp hospital in Kenya. Owing to the presence of qualified medical doctor and the medical staff, Dobley Hospital also serves as a referral hospital for all medical complications from Afmadow and Dobley but so far there are no inpatient services to manage the acute medical complications. There is still a dire need to continue the provision of CEmONC services inpatient services with additional beds and Health personnel. There is also a need to complement this with Health education messages on prevention and promotion of Health, WASH & Nutrition .

2. Needs assessment

The Dobley hospital, which is a community hospital serves an estimated total population of around 50,000 (UNHCR). Before SCI started CEmONC services there was no facility which could provide CEmONC services over a stretch of 310 Kms right from the outskirts of Kismayo to Dadaab refugee hospital. Even BEmONC services were not available mainly due to the lack of funding, and shortage of qualified human resources. There was no existing referral system in place. Patients requiring caesarean sections and with other obstetric complications were going to Daadab refugee camp in Kenya which is 110 km from Dobley on bad roads and cross border travel document were required of which many people do not have thus hindering referrals. There is no health facility in the entire stretch which can provide in-patient services to manage the life threatening emergency cases. According to the 2015 FSNU Sept Post Gu Nutrition Analysis, Dhobley IDP shows an exceptionally the highest number of Critical CDR of 1.18/10 000/day with Serious Under-Five Death Rate (U5DR) of 1.15/10 000/day. Dhobley IDPs also reported 2nd highest Critical levels GAM rate of 20.7 % and 5th highest SAM with 3.8%. Low access to health services (reflected in low Measles coverage) appears to be responsible for Critical GAM seen Dhobley IDPs (39.4%). Diarrhea, malaria and pneumonia were the main causes of cause of death among children under five among Dhobley IDPs. The local authorities approached SCI to provide assistance in terms of health service provision i.e. 24/7 CEmONC services along with OPD services. The past 12 months (Dec 2014 to Nov 2015) Save the Children did 360 skilled hospital deliveries, of which 93 obstetric complications, plus 13 Caesarian sections, as well as 1465 of ANC consultations. As the current IRF funding is coming to an end by end Dec 2015 SCI seeks to continue to provide CEmONC services in Dhobley hospital owing to the persisting dire needs of the community. We will also enhance the diagnostic accuracy by equipping the hospital with the appropriate diagnostic equipment .

3. Description Of Beneficiaries

As this project supports the provision of CEmONC services, it will benefit all women and girls inn the Dobley hosital catchment area, from host community as well as the IDP and returnee population.

4. Grant Request Justification

Dobley hospital is the only facility in the district which is able to manage obstetric complications and is ready to provide caesarean sections, as the other nearest facility is located in Kismayo or Dadaab refugee camp hospital in Kenya. It is therefore essential that this service is maintained to ensure life saving services are provided to pregnant women in the community.

5. Complementarity

This project will complement the incoming JHNP project which will support basic primary health care and BEmONC services. JHNP aims to increase the use of modern FP/ Birth spacing , improved ANC and PNC and TT vaccination to ensure uneventful pregnancy , delivery and post natal outcomes both for mothers new-borns. Under JHNP this is carried out at an outpatient level where under-five children are treated and mothers receive BeMONC services. With the JHNP interventions we will identify early signs of obstetric emergencies and complications and do an immediate referral wherever necessary for CEmONC interventions.

LOGICAL FRAMEWORK

Overall project objective

To contribute to reduction of maternal and neonatal mortality rates in Dobley

Health

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

Contribution to Cluster/Sector Objectives :

Outcome 1

Improve maternal and neonatal health outcomes in Dhobley

Output 1.1

Description							
Provision of quality CEMONC health care (24/7) in Dobley							
Assumptions & Risks							
Assumptions: - Access to targeted beneficiaries/areas of operation is ensured - No major displacement of the beneficiary population (due to conflict, natural disaster, economic & political) - Supply chains for various commodities are maintained Risks: - Criminality and taxation (specifically related to the distribution of cash grants) - Clan conflict or rise in insecurity due to increased presence of AS - Corruption and fraud, diversion of aid							
Activities							
Activity 1.1.1							
Standard Activity : Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.)							
Maintain operation theatre, delivery room, maternity ward and ANC Room with standard equipments and drugs.							
Activity 1.1.2							
Standard Activity : Primary health care services, consultations							
Obstetric complications, including C/sections, are managed using the standard treatment guidelines at Dobley hospital							
Activity 1.1.3							
Standard Activity : Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.)							
Hire and 24/7 ambulance to bring patients to the health facility							
Activity 1.1.4							
Standard Activity : Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.)							
Procurement and provision of drugs and medical supplies							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of ambulances which are available 24/7					1
Means of Verification : Project reports, hospital records, vehicle Logsheet							
Indicator 1.1.2	Health	Number of health facilities supported					1
Means of Verification : Project reports							
Indicator 1.1.3	Health	Number of complicated deliveries and c-section conducted by the skilled birth attendants at Dhobley hospital during the project period					281
Means of Verification : Hospital reports							
Outcome 2							
Health workers have improved capacity to provide quality CEMONC health services							
Output 2.1							
Description							
15 Health staff and 2 lab technician complete standard training.							
Assumptions & Risks							
Assumptions ster, economic & political) - Supply chains for various commodities are maintained Risks: - Criminality and taxation (specifically related to the distribution of cash grants) - Clan conflict or rise in insecurity due to increased presence of AS - Corruption and fraud, diversion of aid							
Activities							
Activity 2.1.1							
Standard Activity : Capacity building							
Training of the medical staff of focused Antenatal care and identification of early signs of obstetric complications.							
Activity 2.1.2							
Standard Activity : Capacity building							
Training of Laboratory staff on Lab Microscopy and Lab safety							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	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 : Training records, attendance sheets							
Indicator 2.1.2	Health	Number of staff trained on focused Antenatal care and identification of early signs of obstetric complications.					15
Means of Verification : training records, attendance sheets							
Indicator 2.1.3	Health	Number of Laboratory staff trained on Lab Microscopy and Lab safety					2
Means of Verification : training records, attendance sheets							
Additional Targets :							

M & R

Monitoring & Reporting plan

A monitoring and evaluation plan will be developed for the project. This will include a detailed indicator performance tracking table that will be used to track progress towards performance targets. SCI data collection tools for the existing health program will be used to collect and analyze project data. At project level, there will be a monthly review and analysis of data from program implementation and the results will be used to make any required implementation adjustments. Monthly review meetings will also include discussions key challenges and actions on how to address the challenges. The last project review meeting will include an analysis of the overall project performance and of lessons learnt. SCI MEAL will conduct independent monitoring of program quality following standards that are agreed upon by the technical and the MEAL team. Outcomes of these monitoring visits will be discussed with the project team to address quality shortcomings. Reporting will be provided in line with the requirements by the donor in terms of frequency and formatting.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Maintain operation theatre, delivery room, maternity ward and ANC Room with standard equipments and drugs.	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Obstetric complications, including C/sections, are managed using the standard treatment guidelines at Doble hospital	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Hire and 24/7 ambulance to bring patients to the health facility	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.4: Procurement and provision of drugs and medical supplies	2016	X	X	X	X	X	X						
Activity 2.1.1: Training of the medical staff of focused Antenatal care and identification of early signs of obstetric complications.	2016	X	X	X	X								
Activity 2.1.2: Training of Laboratory staff on Lab Microscopy and Lab safety	2016	X	X	X	X								

OTHER INFO

Accountability to Affected Populations

SC is accountable to beneficiaries and considers their feedback crucial in improving services rendered to them. As such, a Complaint Response Mechanism (CRM) will be set up during project initiation stage with beneficiaries being sensitized on beneficiary accountability standards. They will receive a pamphlet containing these standards and for those unable to read or in the case of children will receive visual illustrations of SCI accountability standards. The pamphlet will contain toll free telephone contacts through which they can call and register their complaints. A database will be developed in which all the complaints will be recorded and appropriate redress taken within the shortest time possible and recorded as well. All complaints will be responded to within a maximum period of 72 hours and the responses will take into consideration the specific needs of women, men, girls and boys.

Implementation Plan

All of the following activities will be implemented directly by Save the Children:
 Activity 1.1 Maintain delivery room, maternity ward and ANC Room with standard equipments and drugs.----- the rooms and wards will be maintained with the right equipments throughout the project period. Activity 1.2 Training of the medical staff of focused Antenatal care , this will be done during the first quarter of the project. Activity 1.3 Obstetric complications (96 C/sections; 194 other complications; 492 normal deliveries total=782) are managed using the standard treatment guidelines at Doble hospital.----Obstetric complications will be admitted in the maternity ward attended by Medical doctor with Surgical skills and midwives will attend to mother on normal deliveries. this will be done from . Activity 1.4: Train laboratory staff on Lab Microscopy and Lab safety - this will be organized with the health project officer in Doble hospital in the first quarter of the project and it will support the diagnosis of patients. al this will be done this will bring ill patients to the facility this will be done at the start of the project. the Health Project officer will be responsible of this. Activity 1.5 Ensure the provision of quality health care (24/7 , CeMoc & In-patient services), in Doble district of Southern Somalia.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
FINSOM/HEAL (Dhobley MCH)	will refer patients who need inpatients services and mothers with obstetric complications from their outreach services

ARC	will refer patients with obstetric complications from their outreach services
IOM	will refer patients with obstetric complications from their outreach services

Environment Marker Of The Project

Gender Marker Of The Project

1- The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

The program will work to promote gender equality and support equitable access and participation across project activities. Gender inequality in Somalia is high; women are excluded in many areas, including health. In Somali society, high value is placed on having large families; contraception is therefore heavily discouraged. The leading causes of death and disability for WCBA are complications during pregnancy/childbirth. Therefore, women and girls will be specifically targeted services. Seeking healthcare in Somalia often requires the approval of a woman's father-in-law or husband, so SCI recognizes the importance of addressing gendered access barriers to health, eg: community sensitization, especially with men. Measures are also put in place to maintain gender balance in terms of staff recruitment.

Protection Mainstreaming

Country Specific Information

Safety and Security

In the Lower Juba provinces and mainly Afmadhow district the main threats of insurgency activities have been shootings, IEDs, ambushes. Although, it mainly AS in along the Kenya/Somalia Border is difficult to identify who exactly is the insurgency are as they are bundits who are after vehicles/property; while their actions are aimed at creating intimidation and fear amongst citizens and those considered as Non-locals or foreign invasion; the lack of claims of responsibility make it difficult to identify the perpetrators. The people targeted in the insurgency activities (Gov't administrators, officials from security forces, village headmen) even though SC has not been directly targeted so far, it could be mistaken to be any of the targeted people in the area. The IEDs have been become more technologically advanced.

Mitigation measures include:

- Limit movement notification while on field trip
- Provision of situation reports before field trips or provide update briefing information
- Avoid detour or roads through uninhabited areas
- Engagement of staff from the local community who have been living there for long time.
- Provide a backup SIM card of at least an alternate mobile phone
- Adherence to MOS
- Adherence to security advisory while dealing with suspicious packages, at public places
- Avoid travel after 5pm
- Security awareness training
- Adherence to SOPs and strict compliance with travel approval
- Avoid traveling in Gov't vehicles or association with armed groups
- Use staff movement tracking
- Use rental vehicle with a knowledgeable driver

Access

Save the Children has been operating in Doble since 2014 providing essential health services and therefore has established a strong working relationship with other actors in the area, the local authorities, community leaders and beneficiaries.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.2	1.2.1 Health Project Officer	D	1	1,729.00	12	20%	4,149.60
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) The Health Project Officer will be responsible for the day to day implementation of the programme. (TimeUnit: Month)</i>						
1.3	1.2.2 Auxiliary Nurse	D	1	839.00	12	100%	10,068.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Auxiliary Nurse will be responsible for supporting the nurse consultants in administering day to day care to patients. Staff based in Dhobley (TimeUnit: Month)</i>						
1.4	1.2.3 Pharmacy Assistant	D	1	839.48	12	100%	10,073.76
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Pharmacy Assistant will be responsible for managing the pharmacy within the hospital, and ensuring that proper record and administration of drugs and supplies are maintained. Staff based in Dhobley (TimeUnit: Month)</i>						
1.5	1.2.4 Nurse	D	2	839.00	12	100%	20,136.00

	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Nurse consultants will be responsible for management of hospital wards and delivering day to day care to patients in the hospital. Staff based in Dhobley (TimeUnit: Month)</i>						
1.6	1.2.5 Laboratory technician	D	1	839.48	12	100%	10,073.76
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Laboratory technician will be responsible for providing laboratory services and tests to the hospital. (TimeUnit: Month)</i>						
1.7	1.2.6 Midwives	D	2	839.48	12	100%	20,147.52
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Midwives will be responsible for providing pre and post natal care to expectant and new mothers and children. (TimeUnit: Month)</i>						
1.8	1.2.7 Clinical Anaesthetist	D	1	1,400.00	12	100%	16,800.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Will provide anaesthetic to any obstetric surgeries. (TimeUnit: Lumpsum)</i>						
1.1	1.1.8 Scrub nurse	D	1	839.48	12	100%	10,073.76
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Will provide assistance to nurses.</i>						
1.9	1.1.9 Medical doctor with surgical skills	D	1	2,860.00	12	100%	34,320.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Will perform any obstetric surgeries required.</i>						
1.10	Finance Coordinator	d	1	2,527.00	12	45%	13,645.80
	<i>oversees the Finance Function at the field level and ensures adequate support is given to the project implementation, checks and reviews payments for donor compliance before authorized by the Field Manager, prepares budget monitoring and donor reports and closing processes.</i>						
1.11	Field Manager	d	1	3,127.00	12	31%	11,632.44
	<i>is the head of the office and in-charge of the overall implementation of the project and providing direction, advice and support to the project team.</i>						
1.12	Logistics & Admin Officer	d	1	1,295.00	12	50%	7,770.00
	<i>is in charge of the office administration providing the project with logistical support including procurement of supplies, sourcing and rental of vehicles, venues and other goods and services.</i>						
1.13	Logistics & Admin Assistant	d	1	1,131.00	12	30%	4,071.60
	<i>Supports the Officer to ensure segregation of duties is in place and no one person manages the process alone.</i>						
1.14	Human Resource Assistant	d	1	839.50	12	50%	5,037.00
	<i>supports office with HR issues including recruitments, reviewing payroll and performance management.</i>						
1.15	Finance Assistant	d	1	839.50	12	30%	3,022.20
	<i>assists the Finance Coordinator to ensure segregation of duties and internal controls are established. Prepares payments to be reviewed by the coordinator and handles cash at the office.</i>						
	Section Total						181,021.44
Supplies, Commodities, Materials							
2.1	2.1.1 Medical Stationery and HMIS materials	D	1	500.00	1	100%	500.00
	<i>This is the cost of purchasing the necessary stationery and HMIS materials for the hospital. This includes registration books, consultation cards , box files etc. Please see the BOQ atatched. The unit cost is based on what we have spent in the past. (TimeUnit: Lumpsum)</i>						
2.2	2.1.2 Procurement of Essential Medical Drugs	D	1	18,183.00	1	100%	18,183.00
	<i>This is the cost of supplying the health facility with the essential medical drugs. The unit cost is based on the framwework with CHMP who normally supply us with the drugs. (TimeUnit: Lumpsum)</i>						
2.3	2.1.3 Refresher training on focused ante natal care	D	1	1,000.00	1	100%	1,000.00
	<i>This is the cost of conducting a refresher training for the Medical staff in Dhobley hospital on focused ante natal care. Please see the breakdown in the attached BOQ. (TimeUnit: Lumpsum)</i>						
2.4	2.1.4 Ambulance hire	D	1	2,400.00	12	25%	7,200.00

	<i>This is the cost of providing 24/7 ambulance service for referral of cases.</i>						
2.5	2.1.5 Laboratory Staff training On Lab Microscopy and Lab safety	D	1	974.00	1	100%	974.00
	<i>Provision of training on Lab Microscopy and Lab safety to 2 Laboratory Staff</i>						
2.6	2.1.6 Freight and transportation costs	S	1	2,500.00	1	100%	2,500.00
	<i>Covers cost of delivery of supplies to field location. The transportation will be made once in the year. There are Pre-Qualified Suppliers. Lumpsum of Hiring a truck-10T Transportation from Nairobi to Dohley.</i>						
2.7	2.1.7 Monitoring costs	D	1	840.00	1	100%	840.00
	<i>This is the travel cost incurred during 4-day monitoring visit by the MEAL Team and Head of Health. Costs include vehicle hire (Nairobi-Dadaab-Dohley-Dadaab-Nairobi), armed escort and accommodation. See revised BOQ (dated 09 12 15) for full breakdown.</i>						
2.8	2.1.8 Vehicle Hire	d	1	2,400.00	12	40%	11,520.00
	<i>Vehicle rental- We plan to hire one vehicle for the transporting the staff to the Hospital on a daily basis. We have a contract with a supplier and from the past experience we have been charged \$2400 inclusive of fuel. CHF will contribute 40% (TimeUnit: Month)</i>						
	Section Total						42,717.00
General Operating and Other Direct Costs							
7.1	7.1.1 Office Rent	d	1	1,200.00	12	20%	2,880.00
	<i>Office Rent is the cost of renting the office in Doholey. The cost is based on the contract with the landlord of \$ 1200 per month. (TimeUnit: Month)</i>						
7.2	7.1.2 Office supplies and consumables	d	1	720.24	1	100%	720.24
	<i>Office Supplies and Consumables- This is the cost of stationery for the Doholey office. The unit cost \$ 100 and the quantity is based on past experience. See breakdown in the attached BOQ. (TimeUnit: Month)</i>						
7.3	7.1.3 Utilities	d	1	400.00	12	30%	1,440.00
	<i>Office Utilities- This includes the cost of electricity bill, water bill for both the hospital and the office in Doholey. Breakdown in the BOQ attached. The unit cost \$ 400 is based on what we have used in the past. (TimeUnit: Month)</i>						
7.4	7.1.4 Bank Charges	d	1	100.00	12	70%	840.00
	<i>Bank charges is the cost incurred when making payments to the suppliers and staff. This is normally charged at 1% of the funds transferred. This is based on what we are charged by Dahabshil the service provider (TimeUnit: Month)</i>						
7.5	7.1.5 Internet and Communication Costs	d	1	500.00	12	30%	1,800.00
	<i>Internet and communication- This is the cost of providing the office with internet and communication costs. The cost per month is \$500 over the life of the project. (TimeUnit: Month)</i>						
	Section Total						7,680.24
SubTotal			30.00				231,418.68
Direct							228,918.68
Support							2,500.00
PSC Cost							
PSC Cost Percent							7%
PSC Amount							16,199.31
Total Cost							247,617.99
Grand Total CHF Cost							247,617.99

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 -> Afmadow -> Dhobley	100		19,107		4,776	23,883	

Documents

Category Name	Document Description
Signed Project documents	Grant Agreement-SC-2462.pdf
Signed Project documents	signed Grant Agreement-SC-2462.pdf
Project Supporting Documents	budgetary guideline and BOQ template
Project Supporting Documents	Final revised BOQ sc
Project Supporting Documents	Budget tool and narrative-706 sc.xls
Project Supporting Documents	Proposal-706 sc.pdf
Budget Documents	BOQ-2462 SC.xls
Budget Documents	Budget tool and narrative-2462 SC.xls
Budget Documents	CHF BOQ Dhobley 9 12 2015.xls
Budget Documents	706 SC BOQ (2462)- 23.12.2015.xls