

Requesting Organization :	International Organization for Migration				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of integrated lifesaving primary healthcare services to internally displaced persons (IDPs) and their host communities in Daynille district in Banadir				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/3485/R/H/UN/3885		
Cluster :		Project Budget in US\$:	190,000.00		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/11/2016	Planned End Date :	31/10/2017		
Actual Start Date:	01/11/2016	Actual End Date:	31/10/2017		
Project Summary :	<p>The proposed project seeks to respond to the urgent need for lifesaving essential health care services for the emergency affected internally displaced persons (IDPs) in the densely populated Daynille district. The target area has limited to no basic health as well as water and sanitation services. The project therefore aims at improving primary health care delivery services through: providing essential medical supplies, strengthening referral systems for access to secondary health cares, and scaling up community awareness raising and health education. The project will also contribute to filling the gap related to primary health care in Daynille, such as preventive actions for outbreaks of malaria, acute watery diarrhea (AWD) and measles through treatment and regular health education as well as improved referral mechanisms for secondary health and nutritional care. The project will target a total of 28,800 people (4,320 Men, 5,760 Women, 8,640 Boys, 10,080 Girls) in Daynille including 24,480 IDPs and 4,320 host community members.</p> <p>The project will further bridge the gap from the 2015 CERF Underfunded Emergency funding which ended in June 2016. IOM intends to use the proposed project to build on the previous CERF project and continue to run the static health facility with outreach service.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	4,320	5,760	8,640	10,080	28,800
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	3,672	4,896	7,344	8,568	24,480
People in Host Communities	648	864	1,296	1,512	4,320
Indirect Beneficiaries :					
An estimated 10,000 individuals who reside in the IDPs settlements in Daynille and Afgoye corridor will indirectly benefits through health awareness activities.					
Catchment Population:					
The catchment population in Daynille is estimated to be 138,412 according to the Internal Displacement Profiling in Mogadishu in April 2016.					
Link with allocation strategy :					
This proposal is in line with the SHF strategy 2) lifesaving and life sustaining integrated response to IDPs and host communities. The proposed activities support the 2016 Somalia Humanitarian Response Plan's health priorities of 1) improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality, and 2) to contribute to the reduction of maternal and child morbidity and mortality.					

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
WARDI	Others	98,532.00
		98,532.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Abdikadir Abdow	Programme Officer	aabdow@iom.int	+254 722 791 711
Dr. Chiaki Ito	Head, Preparedness and Response Division/ Migration Health Division	cito@iom.int	+254 737 860 720

BACKGROUND**1. Humanitarian context analysis**

Ongoing military operations and recurrent natural disasters continue to create new displacement in Somalia. Among the affected areas, Mogadishu has the largest protracted IDP population, majority of whom reside along the Afgoye corridor.

The continued military operations and increased food insecurity in South and Central Somalia will have a high risk of increase the number of displacements and further aggravate the humanitarian crisis in Mogadishu. Result of Gu 2016 assessment of IDPs in Mogadishu registered a Global Acute Malnutrition (GAM) prevalence of 14.7 percent and Sever Acute Malnutrition (SAM) prevalence of 3.5 percent, indicating a sustained serious level of acute malnutrition since Deyr 2014/2015 (Food Security and Nutrition Analysis Unit - Somalia [FSNAU] Nutrition Update, June 2016).

While the crude and under five death rate reported in Mogadishu were 0.33/10,000/day and 0.99/10,000/day respectively, an acceptable level under the WHO classification, the FSNAU June 2016 Nutrition Update reported a high mobility rate of 44.6 percent in Mogadishu, as compared to the previous year's 29.7 percent. Uptake of health services is also very limited –80 percent of deliveries are attended at home and the immunization coverage among under five is less than 40 percent. Nearly half of the aforementioned mobility cases come from IDP settlements. Additionally, more than half of the IDPs do not have treated drinking water and the majority use communal latrines that are not culturally appropriate or safe (i.e., not segregated by sex and not lockable).

Of all settlements in Mogadishu, Daynille district has the highest number of IDP settlements of 142. According to the IDP profiling exercise conducted in Mogadishu, Daynille district has the largest portion of the population resides - 33% of all households (HHs) enumerated or 151,861 individuals. They live in IDP settlements under deplorable living conditions facing poor health and WASH situations as mentioned above.

2. Needs assessment

Outbreaks of communicable diseases especially fever, Diarrhea and acute respiratory infection (ARI) has been on the rise this year in multiple districts of Southern and Central Somalia compared to 2015. From January to June 2016, 2,722 suspected AWD and 2,644 suspected measles cases were reported from 275 reporting sites across Somalia mostly in the IDP settlements. In Mogadishu, population of IDPs along the Afgoye corridor has been growing due to ongoing evictions from the city and other private lands putting pressure on the limited resources. The Mogadishu IDP profiling (April 2016) led by the Protection Cluster shows that the largest portion of the IDP population, 35 percent of all IDP HHs enumerated or 138,412 individuals, reside in Daynille.

The IDPs suffer from high morbidity of communicable diseases including recent unconfirmed outbreak of Chikungunya (clinical signs like dengue fever) (FSNAU-Nutrition-Update-June-2016). Routine vaccination coverage remains very low particularly in the outskirts of Mogadishu where majority of the IDP reside, putting this area (IDP settlement in Daynille) at high risk of vaccine preventable diseases outbreak (Epidemiological Bulletin Week 22-25, WHO June 2016).The protection cluster survey (April 2016) reported that the IDP population are inflicted with the poorest health situation and have difficulties in accessing health services with 80% of IDP households women giving birth at home. The survey further reports that current sanitation situation is largely inadequate and does not meet Sphere standards. This will directly contribute the spread of hygiene related communicable diseases.

IOM therefore seeks to contribute in improving access to the essential health care services to the most vulnerable IDPs and host community members in partnership with other humanitarian actors. This will lead to strengthening health system, decrease disease burden, safe lives and build communities' resilience to ill health.

3. Description Of Beneficiaries

The project will target a total 28,800 direct beneficiaries (10,080 girls, 8,640 boys, 5,760 women, 4,320 men) including 24,480 IDPs and 4,320 host community members in Daynille district and specifically along the Afgoye corridor. The beneficiaries comprise those who will be visiting the two health facilities and those who will be reached by both the outreach health services and through the planned awareness raising activities. The project will pay special consideration to pregnant women, mothers, women of child bearing age and children under five years.

4. Grant Request Justification

IOM's ongoing emergency health interventions in Sarkus in corroboration with Banadir Hospital in Mogadishu city for better referral, which was funded by the 2015 CERF UFE ended in June 2016. IOM has been maintaining services at the same facilities since June 2016 but running out of funding. The demand for essential healthcare in the area is on the rise as a result of increasing IDP population, rising disease burden and diminishing services delivery since most of the NGOs have scaled down activities due to lack of funding. This will reverse gains made in the last few years if funding to maintain healthcare service delivery is not secured in time. Therefore, the proposed project will enable IOM to continue providing its emergency essential health care services without interruption. The project can start immediately as the previous CERF UFE project staff and the rehabilitated health facilities with adequate medical equipment and WASH system already in place.

Through community involvement and social mobilization campaigns, communities leaving in this district will be educated on preventive and promotive health measures against local communicable diseases and other health events. Capacity of community health committees, CHWs, women, religious and youth group organization will be enhanced through field engagement and training.

5. Complementarity

IOM is currently providing integrated life-saving humanitarian assistance in the proposed project site through static and mobile health facility in Daynille district. IOM's services include primary health care, WASH and health promotion, gender-based violence (GBV) prevention, psychosocial support and referrals (medical and legal aid) for the survivors of GBV, technical and institutional capacity building of the partners implementing health interventions. Last year alone, IOM supported over 28,449 IDPs and host community members in Daynille through its integrated humanitarian assistance under the 2015 CERF UFE project. Currently IOM is also providing water for IDPs in Daynille under a separate WASH programme.

LOGICAL FRAMEWORK

Overall project objective

To scale up lifesaving and life sustaining humanitarian response to IDPs and their host communities in Daynille district through the provision of integrated emergency primary healthcare services and essential medical supplies, strengthening of referral system for secondary healthcare, and conducting awareness raising, ensuring equal service opportunity and access for women, men, girls and boys.

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	Somalia HRP 2016	60
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2016	40

Contribution to Cluster/Sector Objectives : Increased coverage of life-saving primary and emergency health care services to IDPs and members of their host communities in Daynille district prioritizing pregnant women, mothers, women of child-bearing age, and children under five years.

Outcome 1

Increased access to essential life-saving health services to IDPs and host community members in Daynille district

Output 1.1

Description

Total of 28,800 people (10,080 girls, 8,640 boys, 5,760 women, 4,320 men) including 24,480 IDPs and 4,320 host community members in Daynille district have access to integrated emergency primary health care services including treatment and prevention of common diseases with special consideration given to pregnant women, mothers, women of child bearing age and children under five years.

Assumptions & Risks

Assumptions:

1) Security situation in the target project sites permits for the project team to access areas and operate and medical supplies to be delivered in a timely manner.

2) Available resources are sufficient to meet the needs of the target population.

Risks:

1) Security situation deteriorates and hinders the staff's access and operation as well as supplies to be delivered to the project site.

2) The demand for the health services from the IDPs and the host community members is greater than the resources available.

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Provide facility level curative and promotive health services to 28,800 beneficiaries (10,080 girls, 8,640 boys, 5,760 women, 4,320 men) including 24,480 IDPs and 4,320 host community members in Daynille district.

Activity 1.1.2

Standard Activity : Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.)

Establish and support one static health center with outreach services in the IDP settlements in Daynille district

Activity 1.1.3

Standard Activity : Secondary health care and referral services

Strengthen the referral system to Banadir, Medina and other hospitals in Mogadishu for patients in need of secondary healthcare services including malnourished children and mothers to Targeted Supplementary Feeding Programme (TSFP)/stabilization center (SC), ensuring equal access of services for women, men, girls and boys. This will be implemented through regular coordination and collaboration with stakeholders including Nutrition and WASH cluster partners working in the district as well as the referral hospital administrators and nutritional intervention partners.

Activity 1.1.4

Standard Activity : Immunisation campaign

Vaccinate 1500 children under the age of 5 and 1000 women of child bearing age from vaccine preventable diseases

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of beneficiaries reached through consultations and health promotion at the health facilities.					28,800

Means of Verification : Health Management Information System (HMIS) data and project reports

Indicator 1.1.2	Health	Number of health facilities supported					1
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Means of Verification : Project reports and monitoring visits

Indicator 1.1.3	Health	% of cases referred for secondary health & nutritional care out of the total cases in need of referrals					80
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Means of Verification : HMIS data and project reports

Indicator 1.1.4	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					2,500
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Means of Verification : HMIS and Project reports

Outcome 2

IDPs and their host community members demonstrate enhanced awareness and understanding of common communicable diseases and practice community-based prevention and response measures.

Output 2.1

Description

28,800 people (10,080 girls, 8,640 boys, 5,760 women, 4,320 men) including 24,480 IDPs and 4,320 host community members in Daynille district benefit from and participate in monthly mass community health awareness activities with special consideration given to, and equal participation ensured for women, girls, boys and men.

Assumptions & Risks

Assumptions:

- 1) Security situation in the target project sites permits for the project team to access areas and operate.
- 2) IDPs and host community members are willing to participate in the awareness raising activities and apply and practice the information provided by IOM.

Risks:

- 1) Security situation deteriorates and hinders the staff's access and operation in the project areas.
- 2) The target beneficiaries are not receptive to the information provided through the awareness raising activities.

Activities

Activity 2.1.1

Standard Activity : Not Selected

Activity 2.1.2

Standard Activity : Awareness campaign

Conduct 10 awareness raising activities to raise awareness of common communicable diseases among IDPs and host communities in a culturally acceptable manner with a particular focus on childhood illnesses, maternal health, AWD, malaria and malnutrition-related morbidities

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health facilities supported					0

Means of Verification :

Indicator 2.1.2	Health	Number of mass awareness campaigns					10
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Means of Verification : HMIS and project reports

Additional Targets :

M & R

Monitoring & Reporting plan

The Project Manager and a Monitoring & Evaluation officers based in Nairobi will oversee the monitoring and reporting of the project through quarterly field visits. At the field level, IOM field office in coordination with the Implementing Partner (WARDI) will supervise and monitor the day-to-day activities of the health teams in line with the monthly work plans. Daily activities' data will be captured in the HMIS tools and summarized weekly detailing the number of consultations provided with gender and age disaggregated data, as well as cases treated/referred. The data will then be submitted to Nairobi support office for counterchecks, approval and subsequent submission to the Health Cluster and Ministry of Health Federal Government and Daynille district. Progresses made on the planned project activities will be reviewed quarterly to assess achievements, note challenges and agree on the remedial actions for the next quarter. Field project assistants will provide support to the IP to continuously monitor the consumption and stock level of supplies and will send monthly stock and consumption report to the Program Manager. IOM also prioritizes protection mainstreaming in evaluations means to ensure that internal evaluation focusing on learning are conducted through a participatory and an inclusive approach (sex and age diversity during consultations, not exclusive reliance on community leaders but inclusion of marginalized groups, and the like).

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide facility level curative and promotive health services to 28,800 beneficiaries (10,080 girls, 8,640 boys, 5,760 women, 4,320 men) including 24,480 IDPs and 4,320 host community members in Daynille district.	2016											X	X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: Establish and support one static health center with outreach services in the IDP settlements in Daynille district	2016											X	X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.3: Strengthen the referral system to Banadir, Medina and other hospitals in Mogadishu for patients in need of secondary healthcare services including malnourished children and mothers to Targeted Supplementary Feeding Programme (TSFP)/stabilization center (SC), ensuring equal access of services for women, men, girls and boys. This will be implemented through regular coordination and collaboration with stakeholders including Nutrition and WASH cluster partners working in the district as well as the referral hospital administrators and nutritional intervention partners.	2016											X	X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.4: Vaccinate 1500 children under the age of 5 and 1000 women of child bearing age from vaccine preventable diseases	2016											X	X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.1: .	2016												
	2017												
Activity 2.1.2: Conduct 10 awareness raising activities to raise awareness of common communicable diseases among IDPs and host communities in a culturally acceptable manner with a particular focus on childhood illnesses, maternal health, AWD, malaria and malnutrition-related morbidities	2016											X	
	2017	X	X	X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Accountability to Affected Populations

As per IOM's global policy, IOM fosters inclusive participation in decision making processes, builds on affected individuals' and communities' capacities in the development and delivery of services and relief and supports the development of self-protection capacities while assisting people to claim their rights. In line with this policy, IOM several consultative meetings with community stakeholders including local authorities will be conducted prior to the project's start to ensure the project involves communities and aligns with the community's needs. In the participatory inception meetings, the project's objective, expected outcomes and activities will be introduced and discussed. IOM will make necessary adjustments based on the feedback to be provided by the stakeholders. Already selected Community Health Committees (CHCs) by local authorities among IDPs and host community members will be to oversee the project implementation. Each CHC per health facility will be comprised of three male and three female members through the selection criteria agreed by influencers such as local authorities, religious leaders and chiefs of women's groups. The CHC members will hold monthly and ad-hoc meetings together with the project IOM/IP staff members. Through these meetings the project will capture feedback from beneficiaries and reflect their views into the project implementation in a timely manner.

Villages and settlements for outreach services will be identified by CHCs and IOM/IP staff. CHCs will be responsible for facilitating and introducing the project and outreach teams to the outreach communities. Community engagement at the early stage of the project will assure smooth and timely start-up and implementation of the project.

Furthermore, IOM upholds the policy of enabling affected individuals and communities to play an active role in the measurement of the quality of interventions that affect them and actively seeks their views to improve policy and programming, through addressing concerns and complaints. In accordance with this policy, IOM/IP project staff will actively involve beneficiaries in the process of project monitoring through filed visits and regular consultations. Focus will be paid on engaging diverse beneficiaries, including local authorities, community leaders, and members of vulnerable groups such as IDPs, women, elderly persons and persons with disabilities.

Implementation Plan

With infrastructure (facility & trained staff) already IOM will scale up activities 1.1.1, 1.1.2, 1.1.3 and 1.1.4 through static facility and outreach modalities. IOM will hire ambulance to facilitate referrals and timely procure medicines and supplies. Weekly work plans and logistical arrangements for the outreach team will be prepared in advance and shared with the field staff. Weekly reports will be prepared in time and shared with health cluster and MOH on every Sunday. IOM will coordinate and share information with other partners like UN agencies (e.g. UNFPA, UNICEF, WHO and WFP), non-governmental organizations (NGOs), district level government entities (WASH, Health, Protection), community leaders and beneficiary representatives (e.g. community health committees) to maximize efficiency and impact, avoid duplication, and promote the sustainability of the project achievements as a whole.

Activities 2.2.1: Social mobilization will be planned conducted in coordination with other health, nutrition and WASH cluster partners. IOM will fully involve community leaders and members of health committees in the settlements. Throughout all activities, IOM will provide technical support and supervision for health and social mobilization staff and other partners by providing hands on capacity strengthening opportunities through monitoring and meetings to ensure timely and quality of service delivery. To promote sustainability of the project, IOM will support government and community leadership for ownership of this project.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Health	IOM will closely work with Ministries of Health from Banadir region and the Federal Government of Somalia for better coordination with other partners, in line with Government priorities, to strengthen government leadership, ownership and management capacities.
Health cluster partners	IOM will closely work with zonal and district level health cluster partners, such as WHO, UNICEF, WARDI and UNFPA, mainly through monthly cluster meetings, in order to ensure close coordination and collaboration to avoid duplication and maximize outcome impact as a whole.
WASH cluster partners	IOM will closely coordinate with existing IOM implementing partners such as WARDI and Wocca as well as zonal WASH Technical Working Group members to identify coordination and collaboration opportunities mainly through monthly WASH cluster and TWG meetings.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

All IOM health interventions will be free of charge and not discriminatory in line with the project objective; girls, boys, women and men will be equally targeted. Sexual and reproductive health interventions will specifically target women of reproductive age, pregnant women and lactating mothers. All activities in the project will be executed with consideration to the specific needs of women of child bearing age including basic comprehensive antenatal care services that will aim to contribute to the reduction of maternal morbidities and mortalities. Men will also benefit from quality health services provided, including the management of common illnesses. Men will also be educated on childcare principles and parental roles and responsibilities.

IOM will ensure equal access to health services by holding consultative meetings with both male and female beneficiaries and hiring both male and female healthcare workers so that gender bias will not prevent equal access, and any emerging gender gaps will be timely identified and addressed. In addition to healthcare provision, IOM will work on the provision of information to help them make informed decisions on childcare and health access. IOM will further ensure that the collected data will be disaggregated by gender (women, men, boys and girls) which will be included in the monthly reports.

Protection Mainstreaming

In accordance with IOM's global policy on protection mainstreaming, IOM provides assistance and services according to needs and not on the basis of age, sex, gender, nationality, race, ethnic allegiance and so on. Services and assistance are provided in an adequate scale, within safe and easy reach, are known by the affected individuals and accessible by all groups including: medical cases, disabled individuals, discriminated groups and others. IOM delivers services and assistance in ways that preserve the physical integrity of individuals and communities, that are culturally appropriate and that avoid any unintended negative consequences.

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries, in particular children, the elderly, persons with disabilities, widows, and female-headed households, who will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing CHCs which will foster participation, empowerment and accountability.

Country Specific Information

Safety and Security

On the safety and security fronts, all actions will be carried out within the parameters of the security guidelines set forth by the UN Department of Safety and Security (UNDSS) of which IOM is a member. UNDSS has established local field structures as well as tailored protocols for Somalia and oversight at the country level by the Security Management Team (SMT). IOM is a permanent member of the SMT which provides recommendations and consultations on security policy and criteria in coordination with the designated security representatives of the Special Representative of the UN Secretary-General for Somalia and the UN in New York. Furthermore, where security will not be guaranteed, IOM will employ minimal to zero visibility for the project activities.

Access

IOM has an office in Mogadishu with full access to the project sites by the contracted staff who has less security restriction. IOM is currently implementing other projects in IDP settlements in Daynille Mogadishu. All of the IOM projects to date have targeted locations where local authorities have control and the capacity to provide security for the field staff and beneficiaries during the implementation of project activities.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Programme officer	D	1	8,500.00	12	5.00	5,100.00
	<i>The programme manager is in charge of the project and will over see the overall implementation. 5% of his time will be charge to the project.</i>						
1.2	Programme assistant	D	1	3,497.00	12	10.00	4,196.40
	<i>This position will assist the manager to coordinate and compile project reports. 10% of his time will be charged</i>						
1.3	Finance and Admin assistant	D	1	3,497.00	12	10.00	4,196.40
	<i>This position will contribute in facilitation the admin and financial requirement of the project,10% of this time will be charged</i>						
1.4	Procurement and logistics assistant	D	1	3,497.00	12	10.00	4,196.40
	<i>This person will contribute to the logistics and procurement requirement and 10% of his time will be charged</i>						
	Section Total						17,689.20
Supplies, Commodities, Materials							
2.1	1 vehicle for rent (USD 1800 per vehicle per month)	D	1	1,800.00	10	100.00	18,000.00
	<i>IOM will hire a van for the MOH team to be used for operational transportation and as ambulance to refer patients.</i>						
2.2	Supplementary medicine and supplies	D	1	16,780.89	1	100.00	16,780.89
	<i>The drugs and supplies will be used at the facility and outreach programmes. Cost is estimated on market price based previous experience in the same location</i>						
	Section Total						34,780.89
Contractual Services							
4.1	Third Party M&E (CTG)	D	1	2,000.00	12	50.00	12,000.00
	<i>IOM uses full time CTG staff to work hand in hand with IOM contracted staff in Mogadishu. This person is operating from IOM office in Mogadishu and will be supervising the service delivery staff at the facility on daily basis. 50% (\$1000/month) of his time will be charged to SHF.</i>						
	Section Total						12,000.00
Travel							
5.1	In-country and international travel	D	1	14,000.00	1	100.00	14,000.00
	<i>This will go towards travel costs of the programme manager and other technical staff traveling from Nairobi and Kismayo to the project site to provide technical support and supervision to ensure implementation is on going as per the work plan, The Kismayo based staff is a medical doctor who provides support to other IOM project location including Mogadishu</i>						
	Section Total						14,000.00
Transfers and Grants to Counterparts							
6.1	Doctors/supervisors (one doctor per team/clinic at \$800/month)	D	2	800.00	12	100.00	19,200.00
	<i>The medical is the team leaders and consults/refers complicated cases. IOM uses the standardized Somali Health sector approved incentive rates for health workers</i>						
6.2	Qualified nurses (USD 400per month X 6)	D	6	400.00	12	100.00	28,800.00
	<i>The nurses will work at the facility and outreach centers. IOM uses the standardized Somali Health sector approved incentive rates for health workers</i>						
6.3	Qualified Midwife (USD\$400 X 2)	D	2	400.00	12	100.00	9,600.00
	<i>The midwives will work at the facility and outreach centers. IOM uses the standardized Somali Health sector approved incentive rates for health workers</i>						

6.4	Auxiliary Nurse/vaccinator(USD\$200 X 4)	D	4	200.0 0	12	100.00	9,600.00
<i>The auxiliary will work at the facility and outreach centers. IOM uses the standardized Somali Health sector approved incentive rates for health workers</i>							
6.5	Community health workers x 3	D	3	150.0 0	12	100.00	5,400.00
<i>The community health workers will be working in the outreach services in the community.</i>							
6.6	Cleaners x 2	D	2	150.0 0	12	100.00	3,600.00
<i>Cleaners will work at the static facility</i>							
6.7	Security guards x 2	D	2	150.0 0	12	100.00	3,600.00
<i>The guards will control crowd and take care of the security of the static facility 24 hours.</i>							
6.8	Drug dispenser x 1	D	1	150.0 0	12	100.00	1,800.00
<i>This position will dispense prescribed medicines at the pharmacy</i>							
Section Total							81,600.00
General Operating and Other Direct Costs							
7.1	Office rent in Mogadishu	D	1	10,00 0.00	12	7.00	8,400.00
<i>IOM doesn't have core funding as other UN agencies, therefore office promises is charge proportionally to the projects IOM is implementing. The unit cost of IOM monthly rent cost is 10000 in Mogadishu 7% charged to SHF</i>							
7.2	Communication	D	1	1,000 .00	12	25.00	3,000.00
<i>The cost of telephone and internet in Mogadishu office per month is \$ 1000 for shared facilities . Project project staff will use 25% of this which is 250 per month. For 12 months this will be \$3000</i>							
7.3	Office supplies and consumable materials	D	1	1,000 .00	12	25.00	3,000.00
<i>Supplies & Material cost is consumable items stationary and is unit based on IOM field office consumption per month. Out of the \$1000 month cost for IOM office, 24% (\$250) will charged to SHF.</i>							
7.4	Security (MOSS/MORSS Compliance) including armed escort	D	1	700.0 0	4	100.00	2,800.00
<i>This will be charged to security escorts for project manager and M&E officers visiting field project sites. This is estimated at \$ 700 per trip for 4 trips (per quarter)</i>							
7.5	Bank charges	D	1	300.0 0	1	100.00	300.00
<i>bank charges is amount that transferable to project implementation through Dahabshiil system</i>							
Section Total							17,500.00
SubTotal			35.00				177,570.09
Direct							177,570.09
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							12,429.91
Total Cost							190,000.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu-Daynile -> Mogadishu/Daynile	100	4,320	5,760	8,640	10,080	28,800	Activity 1.1.1 : Provide facility level curative and promotive health services to 28,800 beneficiaries (10,080 girls, 8,640 boys, 5,760 women, 4,320 men) including 24,480 IDPs and 4,320 host community members in Daynille district. Activity 1.1.2 : Establish and support one static health center with outreach services in the IDP settlements in Daynille district Activity 1.1.3 : Strengthen the referral system to Banadir, Medina and other hospitals in Mogadishu for patients in need of secondary healthcare services including malnourished children and mothers to Targeted Supplementary Feeding Programme (TSFP)/stabilization center (SC), ensuring equal access of services for women, men, girls and boys. This will be implemented through regular coordination and collaboration with stakeholders including Nutrition and WASH cluster partners working in the district as well as the referral hospital administrators and nutritional intervention partners.

Documents

Category Name	Document Description
Signed Project documents	Combined FTR for IOM WFP and SYPD.pdf
Project Supporting Documents	FSNAU-Nutrition-Update-June-2016.pdf
Project Supporting Documents	somalia_health_cluster_update_june_2016-4.pdf
Project Supporting Documents	original_Mogadishu_Profiling_Report_2016.pdf
Budget Documents	BOQ for SHF Mogadishu_IOM SHF Oct 03 2016.xlsx
Budget Documents	BOQ for SHF Mogadishu_IOM SHF Oct 06 2016.xlsx