

Requesting Organization :	Wamo Relief and Rehabilitation Services				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Health	General clinical services	100.00			
		100			
Project Title :	Provision of life-saving emergency Primary Health Care services to IDPs and the host community in Dalxiska in Kismayo District of Lower Juba Region				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-16/H/87096	Fund Project Code :	SOM-16/3485/R/H/NGO/2540		
Cluster :	Health	Project Budget in US\$:	180,000.00		
Planned project duration :	12 months	Priority:	NOT SPECIFIED		
Planned Start Date :	01/09/2016	Planned End Date :	31/08/2017		
Actual Start Date:	01/09/2016	Actual End Date:	31/08/2017		
Project Summary :	<p>WRRS will Provide routine and campaign immunization to 7674 of children who are under five i.e 3500 boys 4147 girls and 8825 Women of child bearing age .Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres. Treatment and control of communicable diseases targeting 38,369 which includes: 3500 boys, 4174 girls, 3453 Pregnant and Lactating Women and 8825 Women of Child Bearing Age; Strengthen the referral system between Primary Health care facilities and the referral hospital, ensuring prompt treatment to 400 severely ill patients within the project period; Establishment of 1 outreach clinics in Kismayo district; Conduct Disease Surveillance and Response activities in 2 fixed health facilities and one outreach site; Training of 18 health workers on clinical management of childhood illness and 40 community mobilizers will be trained on disease surveillance and response.WRRS is planning to set an emergency health interventions in Dalxiiska IDP in Kismayo to ensure the reduction of morbidity and mortality associated with diseases resulting from lack of access to health services ans also it will focus on improvements in the provision of integrated health services for the vulnerable IDP population in Dalxiiska camp in Kismayo District.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	384	12,307	3,500	4,174	20,365
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	355	12,278	3,500	4,174	20,307
Staff (own or partner staff, authorities)	29	29	0	0	58
Indirect Beneficiaries :					
In order to support the vulnerable IDP population in Dalxiiska camp in Kismayo WRRS will concentrate on providing primary health services through 2 MCHs and a mobile clinic to 12000 populations indirectly who are members of the					
Catchment Population:					
The total population of Kismayo is estimated at 211,00, out of which 40,000 are most affected, A total of 20,365 beneficiaries will benefit from the project.					
Link with allocation strategy :					
The proposed project directly contributes to Cluster Objectives 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) and AWD/Cholera disease surveillance and response. The Proposed project addresses humanitarian needs by providing life-saving and life-sustaining assistance to the vulnerable IDP population in Dalxiiska IDP camp.This project will address the dire need of the IDPs in Dalxiiska, WRRS having been on the ground for long with complement its activities through integration to te WAS, Nutrition services for holistic intervention.					

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
Aden Bundiid Duale	Execuctive director	wrrs_ngo@yahoo.com	+254724278780
Aden Bundiid Duale	Executive Director	adenbundiid2020@gmail.com	+252615924990

BACKGROUND**1. Humanitarian context analysis**

The humanitarian situation in Somalia remains acute with high rates of malnutrition and food insecurity. Nearly 4.7 million people or 38 per cent of the Somalia are acutely food insecure. This includes 931,000 people in Crisis and 22,000 in Emergency that are already in need of urgent life-saving assistance. Another 3.7 million people struggle to meet their minimal food requirements hence need livelihood assistance to withstand shocks .There are still an estimated 1.1 million internally displaced people (IDPs) in Somalia who are exposed to highest degree of rights violations, such as gender-based violence or forced evictions. 95% of all forced evictions affected IDPs, resulted in further rights violations, loss of shelter, livelihoods and access to humanitarian services. Housing, land and property rights violations therefore are a central element to address in an integrated response. In addition, 75 per cent of all Gender Based Violence (GBV) incidents recorded occurred in IDP settlements, requiring GBV-mainstreaming activities throughout the cluster system as part of the integrated response. The recently released FSNAU 2015/2016 post Deyr assessment results show deterioration in the nutrition status of Kismayo IDPs, from 12.5 GAM in Gu 2015 to 12.9 in Deyr 2015/16.SAM levels went up to 2.8 from 2.9 in post Deyr 2015.Stunting levels are the highest in the country at 43.8, while underweight also showing critical rates of 30.1. The same assessment shows GAM rate of 8.8 and SAM rate of 1.6 among the urban population. Stunting and underweight are equally high among the urban population at 27 and 18.4 respectively. Health seeking behaviours of the IDPs is very poor, even though health services in the area serve huge coverage populations. Poor hygiene practices have also exacerbated morbidity rates. The district is now home to about 10000 returnee families from the Daadab refugee camp in Kenya (UNHCR, 2015). Besides these, there are those moving into Kismayo from neighbouring districts in lower and Middle Juba, and some from as far as the Shebelles, following both civil and food insecurity (OCHA, 2015). There are those coming to Kismayo for treatment. Migration has therefore served to increase both the population and need in the district. About 500000 people are estimated to have moved to Kismayo town since 2014 (UNHCR 2015, NRC 2016). In 2015 the government evictions of IDPs from their premises also contributed to further deterioration of the health and nutrition status of the affected IDPs. Shelter cluster estimates that about 2578 families in 23 IDP camps/buildings were affected. About 2000 IDP families and those from surrounding communities in Kismayo town were relocated to a central camp named 'tourist area' near IJA statehouse (REACH, 2015). Consequently, IDP settlements are prone to disease outbreaks such as water-borne diseases and measles. Already, there is an increase in reported cases of AWD and cholera in southern and central Somalia. Among the worst affected are IDP and host communities in Kismayo. Further aggravating the humanitarian situation in Kismayo is the massive influx of displaced populations due to conflict, forced eviction and seasonal flooding in surrounding regions. IDP settlements in both locations notably in the Dalxiiska area of Kismayo have become very congested.

2. Needs assessment

The humanitarian situation in Somalia remains acute with high rates of malnutrition and food insecurity. Nearly 4.7 million people or 38 per cent of the Somalia are acutely food insecure. The dry Jilaal (January to March) season led to a further deterioration in the humanitarian situation. Negative coping strategies are evident and continue to have significant detrimental effects on the most vulnerable households. The overall proposed project activities are specifically targeting women and children (Boys and Girls) less than 5 years of age, WCBA in the IDPs camps of Kismayo. Women are considered as vulnerable group because of the dangers they face due to pregnancy and delivery, considering their living conditions and culture. Their vulnerability is increased by the limited health facilities and services that address their obstetric needs. Societal norms also expect women take up a number of roles and responsibilities which increase their health risk, especially during pregnancy. Women are often overworked in this context. Assessment conducted on IDPs in Kismayo in June 2016 by Jubbaland Refugee and Internally Displaced person's agency (JRIA) showed that 54% of the respondents indicated receiving treatment from hospitals, whereas almost 30% of the respondents reported having received no medical care at all. A small proportion (1.9%) sought treatment from traditional healers while another 2.4% and 11.8% get their medication directly from pharmacies and MCHs, respectively. The main IDP settlement in Kismayo which is Dalxiiska IDP settlement in Kismayo continues to grow and receive more IDPs in the months to come. An assessment conducted by the Shelter Cluster (Kismayo Mapping Exercise May 2016) found that most IDPs in Kismayo are from Lower and Middle Juba. OCHA (Humanitarian Snapshot June 2016) reports a spike in AWD/cholera cases in southern and central Somalia. Over 8,000 cases have been reported thus far in 2016. Of these, 59% are children under age five, while 437 deaths were reported. The diseases reported among the IDPs were mainly Cholera/acute watery diarrhea, Diphtheria and Malaria. WRRS will mainstream gender across planned interventions. A gender dimensions based on understanding of women, girls, boys and men's different needs and roles will be considered in the consultation and decision making.

3. Description Of Beneficiaries

Beneficiaries are mainly all the people who were affected by the current crisis and they include boys, girls, men and women, and in need of health services. The overall proposed project activities are specifically targeting children less than 5 years of age, WCBA, PLW, IDPs and the poor among host community. Women are considered as vulnerable group because of the dangers they face due to pregnancy and delivery, considering their living conditions and culture. Their vulnerability is increased by the limited health facilities and services that address their obstetric needs. Societal norms also expect women take up a number of roles and responsibilities which increase their health risk, especially during pregnancy. Women are often overworked in this context. Emergency obstetric services are also not easily available, and so most women often consult traditional birth attendants for such services. Unfortunately these TBAs have poor capacity and lack equipment and supplies necessary to handle emergencies. Child care practices are very poor in this region, fuel by the level of ignorance and illiteracy. Coupled with the fact that children rely on adults for care and guidance, they then become the group with the highest vulnerability. Men in this society are also a group at risk because of the loss they suffer when they lose their wives. Men charged with the responsibility of child bearing find it almost impossible to do so, leaving children at an even higher risk of disease and death. Gender disaggregated data of the direct project beneficiaries are PLW, WCBA Men and children. WRRS will mainstream gender across planned interventions.

4. Grant Request Justification

The current health situation in Kismayo IDPs remain critical, with boys and girls <5 years, pregnant and lactating women being the most affected. The referral system is very poor. The target area has a high incidence of communicable diseases whose transmission is facilitated by the mass movement of the IDPs, poor sanitation and the lack of access to health services. In this project, WRRS will increase the access of health care services in Kismayo IDPs through increasing of access Primary Health Care services enhanced by efficient referral system. Due to the urgent need for increased coverage to health services among Dalxiis IDPs, WRRS will support the outreach services targeting Dalxiis IDPs in Kismayo. The services provided will include Outpatient, EPI and maternal health services. All the health care providers will receive the necessary training to ensure the highest level of service provision possible. In order to improve the awareness within the communities of the services provided and how to detect and prevent diseases. In order to curb further disease transmission and reduce mortality and morbidity rates, WRRS will implement a set of direct emergency response health activities in Dalxiiska IDP Camp. To facilitate rapid response to the community and to reduce the case fatality rate, WRRS will boost the life-saving capacity in the health sector. This includes supporting one MCH and Mobile clinic in Dalxiiska, which provides emergency health care, WRRS will provide intensified supportive supervision on timely basis and accurate disease surveillance and coordination with the health cluster and MOH.

5. Complementarity

WRRS is currently providing emergency health care services to pregnancy related complications including treatment of common illnesses. WRRS activities include: provision of routine immunization to children Under five years of age; treatment of communicable diseases; community education on hygiene, sanitation and social mobilization. WRRS supports health centres and mobile services which provides Expanded Program on Immunization activities, provide trainings for its staff. The proposed health project will complement the ongoing and previous WRRS health interventions in Kismayo. WRRS has been supporting one MCHs in Dalxiiska IDP settlement and also runs protection, WASH and nutrition activities to complement.

LOGICAL FRAMEWORK

Overall project objective

Improve the wellbeing of IDPs in Kismayo through life-saving and life-sustaining health assistance thus increasing access to Emergency integrated primary health care services to vulnerable internally Displaced populations which include under 5 children, pregnant women and women of child bearing age in Kismayo district.

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	50
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2016	30
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	Somalia HRP 2016	20

Contribution to Cluster/Sector Objectives : Improved access to primary health care services to vulnerable boys (3500), girls (4174), pregnant and lactating mothers (3453) and WCBA (8825) in Kismayo district through immunization and treatment of common communicable diseases.

Outcome 1

Increased coverage of life-saving primary health care services to IDPs and host communities in Kismayo with special provision to the most vulnerable i.e PLW, U5 Children, and WCBA.

Output 1.1

Description

IDPs and host community members (girls, boys, women, men) have access to integrated primary health care services

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Immunisation campaign

Provide routine immunization to under 1 children (boys, girls), Pregnant women and Women of child bearing age (WCBA).							
Activity 1.1.2							
Standard Activity : Primary health care services, consultations							
Provision of routine treatment for communicable diseases and child health killer diseases,							
Activity 1.1.3							
Standard Activity : Primary health care services, consultations							
Establish one emergency static health centers with one outreach services in the Dalxiiska IDP settlements in Kismayo to serve both the IDPs and the host communities							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					16,499
Means of Verification : EPI registers; HMIS reports							
Indicator 1.1.2	Health	# of managed children having the childhood killer diseases and other communicable diseases					7,674
Means of Verification : Registers, monthly reports							
Indicator 1.1.3	Health	Number of health facilities/ outreaches established					2
Means of Verification : Reports, Third party monitoring							
Outcome 2							
Improved maternal and child health through provision of quality Antenatal and postnatal and New born Care through strengthening the referral system between PHC and Kismayo Hospital in Kismayo District.							
Output 2.1							
Description							
Improved reproductive, maternal and child health care services in Dalxiiska IDP Settlement supporting both the IPDs and the host community							
Assumptions & Risks							
The stability of the security situation of Kismayo							
Activities							
Activity 2.1.1							
Standard Activity : Secondary health care and referral services							
Provide ANC and PNC care to pregnant and lactating women visiting the facilities and provide them with appropriate preventive treatment and health educate them.							
Activity 2.1.2							
Standard Activity : Secondary health care and referral services							
Provide emergency treatment and referral support to very sick children who need urgent life saving secondary health care							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of consultations per clinician per day by Health facility					40
Means of Verification : facility patient registers, patients cards, HMIS							
Indicator 2.1.2	Health	Number of patients who were identified as having very severe disease who were referred.					900
Means of Verification : Referral slips, vouchers for referrals and monthly reports							
Outcome 3							
Improved management of Prevention and control of communicable diseases through community sensitization of local communities and capacity development of the staff and the CHWs							
Output 3.1							
Description							
Train health staff on child hood disease management and community health workers on hygiene promotion							
Assumptions & Risks							
Activities							
Activity 3.1.1							

Standard Activity : Disease surveillance													
The CHWs will lead in disease surveillance for the targeted communities and provide disease surveillance report through the static and mobile facilities.													
Activity 3.1.2													
Standard Activity : Capacity building													
18 health care providers will be trained on child hood disease managementl													
Activity 3.1.3													
Standard Activity : Capacity building													
Community health workers will be trained on hygiene promotion													
Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 3.1.1	Health	Number of consultations per clinician per day by Health facility					40						
Means of Verification : HMIS, Weekly Surveillance data													
Indicator 3.1.2	Health	Number of health workers trained					18						
Means of Verification : Pictures of staff who were trained, signed attendance list for the training period and a detailed training report showing how the whole process of the training													
Indicator 3.1.3	Health	Number of CHWs trained					40						
Means of Verification : Detailed training report, pictures showing staff being trained and the practicals within the training,													
Additional Targets :													
M & R													
Monitoring & Reporting plan													
This project will have a clear monitoring and reporting system, which will align with the country level reporting system. The monitoring and supportive supervision will happen weekly, monthly and quarterly by different actors. Monitoring and reporting of the activities, including recording of tasks and achievements, will be carried out continuous basis by WRRS project team. The exercise will be led by a Monitoring and Evaluation Officer. Methods to be used in collecting data will include field visit, submission and review of the monthly report. The findings of the monitoring process will be used to make informed decisions and timely adjustments if need arises. Interim and final reports will be compiled and shared with UNOCHA. The Programme Coordinator will be based in Kismayo to oversee the project activities. Reports will be generated from the facilities and shared with the stakeholders and discuss at Kismayo during the cluster meetings in order to identify the gaps within the report and help WRRS and the MoH authorities in prioritizing the need of the district in future programming													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide routine immunization to under 1 children (boys, girls), Pregnant women and Women of child bearing age (WCBA).	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 1.1.2: Provision of routine treatment for communicable diseases and child health killer diseases,	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 1.1.3: Establish one emergency static health centers with one outreach services in the Dalxiiska IDP settlements in Kismayo to serve both the IDPs and the host communities	2016										X		
	2017												
Activity 2.1.1: Provide ANC and PNC care to pregnant and lactating women visiting the facilities and provide them with appropriate preventive treatment and health educate them.	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 2.1.2: Provide emergency treatment and referral support to very sick children who need urgent life saving secondary health care	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 3.1.1: The CHWs will lead in disease surveillance for the targeted communities and provide disease surveillance report through the static and mobile facilities.	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 3.1.2: 18 health care providers will be trained on child hood disease managementl	2016											X	
	2017												
Activity 3.1.3: Community health workers will be trained on hygiene promotion	2016											X	
	2017												

OTHER INFO

Accountability to Affected Populations

Accountability to affected population is a key aspect in the transformative agenda. The project intends to involve the community in all stages of the program cycle, so that they understand the rationale behind decisions made. The project intends to use already existing community governance structures and use them as health committees. These will be involved in recruitment of staff, community mobilization and monitoring of the project. Their presence will represent the interest and role of the community in successful completion of the project. The project will also have a feedback mechanism, from which complaints and comments from the community will be collected, and fed back to the same. This will be done in a highly confidential manner with very few staff in the management allowed to interact with this process.

Implementation Plan

This project will target children U5 and PLWs and will adopt and utilize standardized protocols which require the registration of patients visiting the health facilities and the mobile clinics. The project will provide the necessary supplies and provision of health care centres. The programme coordinator will be responsible for overall implementation of the programme. Staff and community health workers and community volunteers will be trained in order to strengthen their skills and abilities of the community and the staffs. WRRS will focus on prenatal and post natal care. WRRS is also planning to strengthen the capacity of health workers and implement ACSM which is Advocacy, Communication and Social Mobilization. WRRS will make sure that health facilities manage cases of AWD by using cluster standards guideline, and control and Management of Acute Respiratory Illness and malaria cases. WRRS will strengthen referral system between community and health facilities with promotion of integrated Community case Management. In this project WRRS will support 2 health centres and 1 outreach clinic.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Nutrition cluster partners	Receive referrals and refer those malnourished to them
WASH cluster partners	work together in hygiene promotion
Food security cluster	Work together in get interventions to reach the most vulnerable
PAC	For referral of the severe cases to Kismayo hospital
ARC	Supports and complement intervention within the IDP and also lead in GBV stakeholders analysis and up date
MoH	Support Supervision, guidelines, coordination and support incases of insecurity issues and ownership of the facilities in addition to running the facility formerly run by Mofarah

Environment Marker Of The Project

N/A: Not applicable, only used for a small number of services

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will involve boys, girls, men and women with equity. WRRS will ensure that when hiring staff that women are given equal opportunity as men. In addition, the targets populations are segregated into men, women, boys and girls giving more priority to vulnerable groups who are women and children. Gender considerations was taken into account throughout the assessment, planning and design of the interventions and significant consideration will be given to pregnant and lactating women and women of child-bearing age, messaging will be targeted for specific gender and age groups and as appropriate the events will be organized separately. Equitable and gender-sensitive participation and decision-making approaches will be adopted throughout the project. Community consultations will take place during the project implementation. Willing fathers who accompany either their wives or children to the clinics will be given priority, with exception of emergency cases. Our health education will also target all community groups without discrimination. Staff recruitment will consider both men and women equally. A large percentage of CHWs will be women, because their work involves visiting homes and most men would rather have a female talk to their wives than they would a male, because most times will find them out of the homestead.

Protection Mainstreaming

The project will look at all in need as clients who have to be treated fairly and with dignity. The project will encourage beneficiaries to attend outreach clinics early so that they get back home in time, incase they have to walk long distances back home. Husbands will be encouraged to accompany wives who have to walk long distances for treatment while either pregnant or with child/ren. this will ensure that the women do not run into danger alone. Our centers will be made "male friendly". All beneficiaries will also treated equally regardless of age, gender, tribe or political affiliation, as per our policy. All our staff will be informed on the consequences of not complying with the policy.

Country Specific Information

Safety and Security

The security situation of the area is so far stable. However all our staff will undergo a short training on field safety and acquainted with our security policy. The organization will also give priority to qualified personnel from the area. It is hoped that this will enhance sharing of security information.

Access

Access in the area is not of great concern at the moment. Outreach teams will be transported by cars to the IDP that can handle the terrain. WRRS has been working in Kismayo for long and enjoys the support of the community and the authorities. WRRS expects to keep good relationships with all actors in Kismayo and expects that this will allow WRRS to work in Dalxiiska IDP camp without any difficulties. The interventions ensure that benefits are accessed equally by all, especially people in the most vulnerable situations.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Project coordinator	D	1	3,000.00	12	100.00	36,000.00
	<i>WRRS will recruit an international project coordinator who will be responsible for overall activities of the project including human resource management and coordination.</i>						
1.2	PHC supervisor	D	1	500.00	12	100.00	6,000.00
	<i>PHC supervisor works with PHC coordinator by supervising the health centres and the mobile clinic</i>						
1.3	Hygiene promoters	D	2	400.00	12	100.00	9,600.00
	<i>Hygiene promoters are responsible community education</i>						
1.4	Nurses/midwives	D	4	400.00	12	100.00	19,200.00
	<i>Nurse and midwives are responsible the management of patient at the health centres and during mobile</i>						
1.5	Auxiliary nurse	D	4	250.00	12	100.00	12,000.00
	<i>Auxiliaries support the nurses and midwives in the health facilities and at the mobile clinics</i>						
1.6	Data clerk	D	1	400.00	12	100.00	4,800.00
	<i>Responsible for managing data that will be shared with the health cluster and Ministry of Health and UNOCHA</i>						
1.7	Cleaners (For the health facilities)	D	2	150.00	12	100.00	3,600.00
	<i>cleaning and responsible for cleanliness of WRRS offices</i>						
	Section Total						91,200.00
Supplies, Commodities, Materials							
2.1	Medical supplies	D	1	15,000.00	1	100.00	15,000.00
	<i>The health facilities needs medical supplies and equipment's to support the outpatient clients such supplies will be included essential drugs and it will cost 15,000 USD i.e both for supplies and equipment</i>						
2.2	Training of staffs working in the health facilities on Integrated Management of Childhood Illnesses	D	2	4,500.00	1	100.00	9,000.00
	<i>The training will be done for 18 staffs working in the health facilities for five days</i>						
2.3	Community health workers training on disease surveillance	D	1	2,000.00	1	100.00	2,000.00
	<i>40 Community health workers will be trained for three days in order for them to get some information on health promotion</i>						
2.4	Freight of medical supplies	D	1	600.00	2	100.00	1,200.00
	<i>Medical supplies will be transported from Nairobi to Kismayo. The cost is majorly what a lorry/canter will charge for transporting luggage from Nairobi to Kismayo. The '2' under duration means the supplies will be transported twice in the project period.</i>						
2.5	Utilities- health centers & mobile clinics	D	2	120.00	12	100.00	2,880.00
	<i>The water and electricity for the health centres and for the shelters during mobile clinics (Electricity 70 USD/Month and water is 50 USD/Month). The 2 under unit quantity stands for the number of health facility to be provided with water and electricity</i>						
	Section Total						30,080.00
Travel							
5.1	Vehicle rent for supervision and outreach services	D	1	2,100.00	12	100.00	25,200.00
	<i>It will be used to transport Medical supplies on regular basis from WRRS stores to the outreach facilities and also be used during supervision</i>						
5.2	Staff travel cost to and from the field and per diem	D	2	1,100.00	4	100.00	8,800.00

	<i>Travel for the project coordinator and the M/E Officer Travelling from Nairobi to Kismayo including their accommodation and perdiem</i>						
	Section Total						34,000.00
General Operating and Other Direct Costs							
7.1	office rent for Kismayo	D	1	500.00	12	70.00	4,200.00
	<i>Office rent in Kismayo costing 500 USD per month</i>						
7.2	Communication	D	1	500.00	12	50.00	3,000.00
	<i>Telephone and internet for local staff in Kismayo. The monthly cost is \$500 and 50% is charged to this project</i>						
7.3	office stationary	D	1	5,050.00	1	50.00	2,525.00
	<i>Stationary of Kismayo office.</i>						
7.4	Bank charge at 1.6%	D	1	3,219.30	1	100.00	3,219.30
	<i>Charges that will be used to transfer funds</i>						
	Section Total						12,944.30
SubTotal			29.00				168,224.30
Direct							168,224.30
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							11,775.70
Total Cost							180,000.00
Grand Total CHF Cost							180,000.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo -> Dalxiiska	100	384	12,307	3,500	4,174	20,365	<p>Activity 1.1.1 : Provide routine immunization to under 1 children (boys, girls), Pregnant women and Women of child bearing age (WCBA).</p> <p>Activity 1.1.2 : Provision of routine treatment for communicable diseases and child health killer diseases,</p> <p>Activity 1.1.3 : Establish one emergency static health centers with one outreach services in the Dalxiiska IDP settlements in Kismayo to serve both the IDPs and the host communities</p> <p>Activity 2.1.1 : Provide ANC and PNC care to pregnanat and lactating women visiting the facilities and provide them with appropriate prevenive treatment and health educate them.</p> <p>Activity 2.1.2 : Provide emergency treatment and referral support to very sick children who need urgent life saving secondary health care</p> <p>Activity 3.1.1 : The CHWs will lead in disease surveillence for the targeted communities and provide disease surveillence report through the static and mobile facilities.</p> <p>Activity 3.1.2 : 18 health care providers will be trained on child hood disease managementl</p> <p>Activity 3.1.3 : Community health workers will be trained on hygiene promotion</p>

Documents	
Category Name	Document Description
Budget Documents	WRRS_BOQ_Health program.xls
Budget Documents	BOQ for vehicle.xlsx
Budget Documents	BOQ_Supplies.xls
Budget Documents	Freight cost.xlsx
Budget Documents	Training breakdown.xlsx
Budget Documents	Revised Training breakdown.xlsx
Budget Documents	WRRS Breakdown for stationary.xlsx
Budget Documents	2540 & 2532- WRRS Stationery Budget.xls
Budget Documents	2540 - WRRS COMBINED BOQ.xls