

Requesting Organization :	WARDI Relief and Development Initiatives				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of Integrated Emergency Primary Health Care services to 35,000 persons including internally displaced persons and host community residing in Kaxda district, Banadir Region SCZ.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/3485/R/H/NGO/3845		
Cluster :		Project Budget in US\$:	220,080.94		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/12/2016	Planned End Date :	30/11/2017		
Actual Start Date:	01/12/2016	Actual End Date:	30/11/2017		
Project Summary :	<p>Various assessments undertaken in Kaxda District targeting internally displaced persons has revealed scary statistics in relations to critical health and nutrition indicators; sustained serious level of acute malnutrition since Deyr 2014/15 with Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 percent and 3.5 percent respectively. Results of Gu 2016 assessment of IDP's in Mogadishu registered Crude and under five death rates of 0.33 /10 000/day and 0.99 /10 000/day respectively in the Mogadishu IDPs with the main causes of under-five deaths being fever, diarrhea and acute respiratory infection. The grim statistics prompted the SHF Advisory Board (AB) to discuss and prioritize emergency health intervention for internally displaced persons specifically those living in Daynille and Kaxda along the Afgooye corridor (K7-K15) at the outskirts of Mogadishu. Cognizant of the foregoing reasons, WARDI is proposing an integrated PHC intervention that will address the immediate basic health needs of 35,000(9800 men, 11200 women, 7000 girls and 7000 boys) IDPs living in Kaxda District.</p> <p>Among other things the project will aim at providing high quality free of charge emergency Primary Health Care (PHC) services mainly focusing on maternal and child health services. On maternal; Ante Natal Care (ANC), skilled delivery, postnatal care and emergency obstetric care including referral of complicated cases will be prioritized. In total 11,200 women will benefit from the project with comprehensive sexual and reproductive health services provided. Further, 14000 children including 7000 boys and 7,000 girls will be targeted with a range of services including immunization, management of childhood illnesses and promotion services including health education, growth monitoring, de-worming and supplementation with vitamin A. Others including men will equally benefit from the project, services that will be availed to them will include; treatment of minor ailments and health education.</p> <p>Important to note is that the project will be implemented in close coordination with the EPHS project implemented in the District. The project will be implemented across 13 camps inhabited by internally displaced persons and the host community around the area. The intended intervention will be actualized through one health center and one mobile team.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
9,800	11,200	7,000	7,000	35,000	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,500	3,500	7,000
Internally Displaced People	6,860	7,840	2,450	2,450	19,600
People in Host Communities	2,940	3,360	1,050	1,050	8,400
Indirect Beneficiaries :					
10,000 people including host community and returnees will be targeted in the project.					
Catchment Population:					
120000 including people in Humanitarian Emergency					
Link with allocation strategy :					

The Somalia Humanitarian Fund reserve allocation for 2016 has prioritized for intervention 215,151 IDPs living in crowded camps along the Afgoye corridor. Out of the total number of IDPs stated 20% or 76,739 displaced persons live in camps for displaced persons in in Kaxda District. The target IDPs have been found to be in humanitarian crisis and are living in squalid conditions with no or limited access to critical services such as quality water, health, nutrition and are at the same time highly vulnerable to natural shocks. Various assessment undertaken in these camps that informed the allocation has shown that sustained serious levels of malnutrition since Deyr 2014/15 with Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 percent and 3.5 percent respectively. Results of Gu 2016 assessment of IDP's in Mogadishu registered Crude and under five death rates of 0.33 /10 000/day and 0.99 /10 000/day respectively in the Mogadishu IDPs. Additionally serious levels of under- five death rates (1.50/10 000/day) in Deyr 2015 and (1.36) in Gu 2015 assessments has been reported with the main causes of under-five deaths being fever, diarrhea and acute respiratory infection. To address the situation, among other interventions the SHF advisory board has prioritized; Prevention and response to outbreaks such as malaria, Acute watery diarrhoea (AWD) and measles through treatment and regular health education. To respond the call by the SHF advisory board and the strategy in general, WARDI proposes an integrated emergency health services that will target IDPs in Kaxda district. The proposed intervention will aim at providing immediate and quality services to those in camps and the host community that lack basic health services. Services provided will include; reproductive services to women of reproductive age including antenatal services, skilled delivery and referral of complicated pregnancies. Services targeting children under five including routine immunization and management of childhood illnesses through one health centre and one mobile team. Further the proposed project is directly linked to 2016 Somalia Humanitarian Response Plan (HRP 2016) under Health Cluster objectives and 2016 SHF reserve allocation strategy, Mogadishu. Relevant Somali Health Cluster Objectives that project will contribute will include:

1. To contribute to the reduction of maternal and child morbidity and mortality in Somalia
2. To improve access to essential life –saving health care services both primary health and secondary health care services for crisis affected population

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
Hussein Abdi Isak	Chairman	wardiorg@yahoo.com	00252615501688

BACKGROUND

1. Humanitarian context analysis

According to a report by UNICEF Somalia titled, "Situation Analysis of Children in Somalia 2016", Children and women face more health challenges in Somalia than in almost any other of the world's countries. The under-five mortality rate (U5MR) of 137 per 1,000 live births is presently the third worst in the world after Angola and Chad and one in seven Somali children dies before their fifth birthday. Neonatal deaths (those in the first 28 days of life) occur at a higher rate in Somalia than in any other country apart from Angola and Central African Republic. Major contributors to high infant and child death include; neonatal issues, acute respiratory illnesses, diarrhea, vaccine preventable diseases and malaria.

The maternal mortality ratio (MMR) in Somalia is also, at 732 per 100,000 live births, among the world's highest, exceeded only by Central African Republic, Chad, Nigeria, Sierra Leone and South Sudan. Moreover, there is a higher lifetime risk of maternal death, at 1 in 22, in Somalia than in any other country apart from Chad and Sierra Leone. contributory factors to the unacceptable level of maternal death are the lack of antenatal care (ANC) – only a quarter of women receive this; the low proportion of births attended by skilled medical personnel (only a third); and the inadequate facilities for emergency maternal care.

According to United Nation Office of Humanitarian Affairs (OCHA Report 2016), an estimated 1.1 million internally displaced people in Somalia, The majority of them are women, children who continue to live in crowded settlements, exposed to protection risks and with limited access to basic services including health, sanitation and hygiene facilities.

The most vulnerable of the IDPs reside in Mogadishu and Kaxda district has the second highest number of settlements that host 76,739 displaced, the living conditions of these IDPs are poor and health services are limited.

The current malnutrition rates indicate a sustained serious level of acute malnutrition since Deyr 2014/15 with Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 per cent and 3.5 per cent respectively. Results of Gu 2016 assessment of IDP's in Mogadishu registered Crude and under five death rates of 0.33 /10 000/day and 0.99 /10 000/day respectively in the Mogadishu IDPs, an improvement from the reported serious level of under- five death rates (1.50/10 000/day) in Deyr 2015 and (1.36) in Gu 2015 assessments with the main causes of under-five deaths being fever, diarrhea and acute respiratory infection (FSNAU Nutrition update, June 2016). In Somalia particularly in Mogadishu, Women and children are the most vulnerable in any crisis situation, according to the January 2016 UNICEF Somalia Situation report, 308,000 children under- five are acutely malnourished and 58,300 children are severely malnourished. The health services at target locations are poor with limited health facility operating low capacity of health staff, stock out among other,

The health indicators are above threshold, the high maternal and infant mortality rate, low coverage vaccine preventable diseases, high malnutrition rate both Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) and outbreaks including Acute watery diarrhoea (AWD)/Cholera are among the most serious.

2. Needs assessment

Somalia faces some of the worst health indicators in the world; 80% of deliveries assisted by unskilled person, 30 per cent of people have access to health services and one in five children die before their fifth birthday. Measles is one of the leading causes of death of young children; especially among young, malnourished children (GAM rate exceeds 15%)-FSNAU Deyr 2014/15 Report

WARDI conducted Initial Rapid Assessment in Kaxda districts on 30 August 2016, during assessment all groups were consulted and actively participated in needs assessments and design-making to meet the needs of young and old, male and female, and ensure that all have equal access to the health care services, according to WARDI assessment report, access to the essential services is limited due to the limited infrastructures and health services in the hosting communities as well as lack of awareness by IDPs, The effect of the effect increase displacement caused overcrowding, the majority of disease reported include diarrhea disease, malaria, infection and anemia.

The referral system is poor with limited ambulance transportation to the main hospital forcing poor IDPs to walk long distance almost five kms from their settlement, the prices of food increased which has resulted serious food insecurity in, disrupted livelihoods of both IDPs and poor host communities leading to a highly increasing malnutrition rate. Majority of IDPs drink unsafe water sources exposing to Acute watery diarrhoea (AWD) diseases and poor personal hygiene. Furthermore, reports from WARDI health centers in Week 37 2016 indicated that a total of 2003 affected population (including 1070 women, 1026 children under five) were reached with free primary health care and main diseases treated were Acute watery diarrhoea (AWD), Sexually transmitted infections (STI), infection and malnutrition among others (attached WARDI Week 37 health centre (HC) report)

Through this project, WARDI will scale up its interventions to provide health services to affected people including internal displaced people (IDP) and host community through one fixed health facility and one mobile clinic targeting 35000 people (including 9800 men, 11200 women, 7000 girls and 7000 boys) in Kaxda District, there is also on going WASH project funded by International organization for Migration (IOM) in Kaxda as well as Nutrition project as synergy to provide integrated intervention for IDPs and poor host communities in Kaxda district.

3. Description Of Beneficiaries

The target beneficiaries are internally displaced persons (IDPs) that lack basic amenities include health. Those worst hit and will be prioritized include; Pregnant and lactating women, women of childbearing age and children under five years of age who are particularly vulnerable due to their social disadvantage and fragility to natural shocks. These vulnerable group are further weakened by inadequate access to healthcare and less resistant to additional external shocks. In addition, they are particularly vulnerable to infectious diseases and affected most frequently. Because of widespread poverty and deprivation of the target group to health services, which are often offered privately, are not affordable. In addition, information on sexual and reproductive health and rights are often not available for the target group. Rape and gender-based violence are widespread in the IDP settlements. In sum, these factors are reflected in the extremely high maternal and infant mortality rates and underline the need for targeted improvement of maternal and child health as a contribution to higher resilience of the target group.

Among other things the project will aim at providing high quality free of charge emergency Primary Health Care (PHC) services mainly focusing on maternal and child health services. On maternal; Ante Natal Care (ANC), skilled delivery, postnatal care and emergency obstetric care including referral of complicated cases will be prioritized. In total 11,200 women will benefit from the project with comprehensive sexual and reproductive health services provided. Further, 14000 children including 7000 boys and 7,000 girls will be targeted with a range of services including immunization, management of childhood illnesses and promotion services including health education, growth monitoring, de-worming and supplementation with vitamin A.

4. Grant Request Justification

The proposed district is one of the recommended districts for SHF reserve allocation 2016. The proposed project intends to provide quality high impact integrated emergency primary healthcare that will address the immediate felt needs of the target populations. Provision of emergency lifesaving health services to the target IDPs in Kaxda and the host communities is one of the prioritized strategies by the SHF advisory board to address the worsening maternal and child health indicators specifically to the internally displaced persons. Once approved the project will significantly reduce maternal, child and new born death in the target district and will significantly contribute to improved health outcomes and strengthened resilience of the target populations. The project is cost effective and in line with standard enumeration set by Federal Government MOH, investing health services to IDPs and poor host communities will improve their health status and resilience and hence reduction of morbidity and mortality related disease, we have also selected specific target activities, indicators set by Somali health cluster with quick intervention and maximize the impact of our results in short period.

5. Complementarity

The proposed project will be implemented cognizant of other ongoing projects in the target district. Of importance is the ongoing Essential Package for Health services (EPHS) project that is implemented by WARDI where the project will greatly leverage on. The proposed project will build on the foundation already established under the EPHS by scaling up the intervention to reach more of the target beneficiaries. Synergies between the project and other already ongoing interventions will be established to maximize on the limited resource. Transfer of patients between the two projects will be made possible. Other than EPHS project WARDI in partnership with International organization for Migration (IOM) is implementing a WASH project that is aimed at providing safe water to the target communities and improving their hygiene and sanitation situation. WARDI will identify and forge close working relationship with other partners engaged in providing services to the community to maximize on the project outcome and address gaps where in existence. Similarly the grant will benefit from cash voucher project implemented by WARDI in partnership with Catholic relief services (CRS) that will further reduce the vulnerability of the target project.

WARDI has also applied for a complementary nutrition and WASH program under the nutrition and WASH clusters respectively that if approved will play critical role in improving the health outcomes of the target beneficiaries specifically for children under five and pregnant women. The mobile team will be working in the same IDP camps as the nutrition team so that referral between the two is made easier.

LOGICAL FRAMEWORK

Overall project objective

To Provide lifesaving emergency primary health care services to 35,000 (5250 men, 7750 women, 11,000 boys and 11,000 girls) Internally Displaced Persons and Host community in Kaxda District, Banadir region South Central Somalia.

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 : The project activities, objectives and outcomes are feeding to Somalia health cluster objectives particularly objective 1 and 2, the selected interventions includes safe motherhood services, immunization, control of communicable diseases, and outpatient treatment, which will definitely contribute in big way to the provision of quality essential health service thus reducing maternal,child and infant morbidity and mortality .							
Outcome 1							
Improved utilization of Primary Health Care Services by IDPs and poor host communities in Kaxda district in Mogadishu targeting 35,000 affected population (5,250 men,7,750 women ,11,000 boys and 11,000 girls)							
Output 1.1							
Description							
35,000 persons including 14,000 children,9800 men and 11200 women have access to quality primary health care services including RMNCH Services at the supported health facilities (FP, ANC, PNC, skilled delivery and referral for high risk pregnancies).							
Assumptions & Risks							
1. Increase number of displaced people, returnee and evicted IDPs 2. Accessibility of the location 3. No major conflict in the location							
Activities							
Activity 1.1.1							
Standard Activity : Primary health care services, consultations							
Conduct outpatient consultation and treatment of illness including childhood illnesses (pneumonia,diarrhea,malaria) through one health Center and one mobile outreach to IDPs and poor host communities in Kaxda district (60 outpatient consultation target per day). The services will benefit equally men, women, boys and girls.							
Activity 1.1.2							
Standard Activity : Drug distribution							
Operationalize one Health centre and one mobile health outreach in Kaxda district by providing adequate and quality medical supplies and essential drugs. The quality of the drugs will be controlled (genuine and its expiry dates) to be effective for curing men, women, girls and boys equally.							
Activity 1.1.3							
Standard Activity : Primary health care services, consultations							
Provide Reproductive Health services to 3150 women including Antenatal Care, Skilled Delivery and Postnatal care							
Activity 1.1.4							
Standard Activity : Secondary health care and referral services							
Establish a reliable referral services to at-risk pregnant women. Provide and fully equip an ambulance that will refer complicated pregnancies/deliveries to Banadir Hospital. Ambulance services will be for 24 hours.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of consultations per clinician per day by Health facility					60
Means of Verification : Register ,Weekly IDSR report,HMIS repor							
Indicator 1.1.2	Health	Number of health facilities supported					1
Means of Verification : Drug inventors ,waybills ,drug consumption reports							
Indicator 1.1.3	Health	Number of women receiving ANC, skilled delivery and Postnatal care services					3,150
Means of Verification : ANC Registers, PNC registers and HMIS summary report							
Indicator 1.1.4	Health	Number of at-risk pregnant women referred to referral HC/hospital.					470
Means of Verification : Referral Sheets,PNC registers,HMIS summary report							
Output 1.2							
Description							
4200 children under five and 4025 Women of childbearing age (60% of total U5children)have improved access to immunization services leading to reduction in morbidity and mortality related to vaccine preventable diseases							
Assumptions & Risks							

- 1.Security in the target district will remain stable
- 2.There will be no further displacement affecting the target population.
- 3.Vaccine and other related supplies will be available in time and adequate.
- 3.Increased community awareness will lead to increased service utilization including immunization

Activities

Activity 1.2.1

Standard Activity : Immunisation campaign

Provide immunization to 4200 children under five and 4025 women of child bearing age during routine and immunization campaigns.Immunization services will be provided through one fixed health centres and one Mobile team.Vaccines will received from Banadir regional cold room managed by WARDI.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					8,225

Means of Verification : Under five registers,HMIS summary report ,PNC and ANC registers

Output 1.3

Description

25 Health workers, 15 female,10 male and 200 (100 male and 100 female) IDPs from the target IDP settlements have improved their capacities and knowledge on primary health services and prevention of AWD/cholera diseases respectively.

Assumptions & Risks

1. Security in the target camps and communities will remain stable to allow for the training.
- 2.Community members with their leadership will agree on the participants without any conflict.

Activities

Activity 1.3.1

Standard Activity : Capacity building

Train 15 staff on Integrated Management of Childhood Illnesses to improve front line staff competence to handle and treat childhood illness.The five days class room training will be co-facilitated by the Ministry of Health (MOH).

Activity 1.3.2

Standard Activity : Capacity building

Train 10 Qualified midwives on Basic Emergency obstetric care.The five day training will be co-facilitated by the MOH.

Activity 1.3.3

Standard Activity : Awareness campaign

Educate 1-day workshop to 200 IDP members on Acute watery Diarrhea (AWD)/cholera prevention methods with equal access to women and men in Kaxda District

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					15

Means of Verification : Training reports, attendance sheet , training modules, photos during the training and telephone contacts to the trainees

Indicator 1.3.2	Health	Number of midwives trained on Basic Emergency Obstetric and newborn care(BEMOC)					10
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Means of Verification : Training Report, attendance sheet, photos during the training and telephone contacts of the trainees

Indicator 1.3.3	Health	Number of community members educated on Acute Watery Diarrhoea (AWD)and cholera prevention					200
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Means of Verification : Attendance sheet ,report

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring tools to be used will include supervision checklists for household visits, referrals and CHC meetings. Reporting tools will include monthly reports (EPI, morbidity and safe motherhood reports based on UNICEF format. A detailed project implementation plan will be developed before the start of the project activities. Implemented activities will be checked monthly against the detailed implementation plan to ensure the activities are implemented as planned. Close supervision and monitoring of the project activities will provide information on how well the project is being implemented and also provide insight on what needs to be done to improve the implementation process. Monitoring and evaluation will continue at several levels. The Field Coordinator will visit the programme sites at least once every week to check the progress of implementation. The field staffs who are responsible for the day to day running of the project will undertake the regular monitoring of project activities, including regular meetings with community based workers to provide supportive supervision and to ensure reporting of community level data to district and zonal health authorities. WARDI Director will closely monitor progress made on each expected result and indicator to ensure the stated objectives are attained. Monitoring and evaluation reports will be validated through joint weekly supervision visits by project staff and CHCs to each of the target IDPS and host community. Data entry forms will continue to be made available in each area office and will be completed by the staff. Vital statistics will be collected and transcribed on a monthly basis into a reporting format to WARDI's Health Management Information Systems.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct outpatient consultation and treatment of illness including childhood illnesses (pneumonia,diarrhea,malaria) through one health Center and one mobile outreach to IDPs and poor host communities in Kaxda district (60 outpatient consultation target per day). The services will benefit equally men, women, boys and girls.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: Operationalize one Health centre and one mobile health outreach in Kaxda district by providing adequate and quality medical supplies and essential drugs. The quality of the drugs will be controlled (genuine and its expiry dates) to be effective for curing men, women, girls and boys equally.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.3: Provide Reproductive Health services to 3150 women including Antenatal Care, Skilled Delivery and Postnatal care	2016												X
	2017	X	X	X	X	X	X	X	X	X			
Activity 1.1.4: Establish a reliable referral services to at-risk pregnant women. Provide and fully equip an ambulance that will refer complicated pregnancies/deliveries to Banadir Hospital. Ambulance services will be for 24 hours.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.1: Provide immunization to 4200 children under five and 4025 women of child bearing age during routine and immunization campaigns.Immunization services will be provided through one fixed health centres and one Mobile team.Vaccines will received from Banadir regional cold room managed by WARDI.	2016												X
	2017	X	X	X	X	X	X	X		X	X		
Activity 1.3.1: Train 15 staff on Integrated Management of Childhood Illnesses to improve front line staff competence to handle and treat childhood illness.The five days class room training will be co-facilitated by the Ministry of Health (MOH).	2016												
	2017	X											
Activity 1.3.2: Train 10 Qualified midwives on Basic Emergency obstetric care.The five day training will be co-facilitated by the MOH.	2016												X
	2017												
Activity 1.3.3: Educate 1-day workshop to 200 IDP members on Acute watery Diarrhea (AWD)/cholera prevention methods with equal access to women and men in Kaxda District	2016												
	2017		X	X									

OTHER INFO

Accountability to Affected Populations

To ensure accountability to affected people, WARDI has already consulted with community elders about the project, the target beneficiaries were involved during assessment and design phase. WARDI will hold at the inception of the project, community mobilization, and sensitization meetings with all stakeholders to officially launch the project. During the sensitization meetings, the project objectives, implementation strategies, scope, beneficiary entitlement and roles and duties of each stakeholder including M&E roles will be discussed and agreed. WARDI will develop elaborate beneficiary complain and feedback tool, project beneficiaries and stakeholders will be given 1 day workshop on how to use the complaint /feedback system to enhance transparency and accountability. Community ownership of the project will be done through formation of structures such as Beneficiary Representatives and Community Health Committees (CHCs) (consisting of women and men). During project implementation, WARDI will invite community members to orientation workshop about the project, activities, role of the community, compliance mechanism to ensure active participation of the community, ownership and sustainability of the project. The target communities will be involved from the project design, plan, implementation through series of meetings and other informal forums. Quarterly meetings will be held with the community members and other stakeholders to update them the project activities and get their valuable input on how best to achieve the desired goals. WARDI will adhere the principles of "Do no Harm" through not creating any partial, nepotism, conflict oriented and sensitive issues within the project beneficiaries. WARDI will adhere to these principles of "do no harm" at all times throughout the project cycle by involving all categories of the community and to minimize any risks related to the project and maximize the benefits throughout the project cycle.

Implementation Plan

Project Manager will develop detailed project operational plan of the project and how each activities will be implemented, WARDI proposes one fixed facility and one mobile team. The facilities will be provided with essential drugs and supplies to ensure steady supply, routine immunization activities will be carried out in the facilities by trained nurses. Qualified nurses will be engaged to diagnose and treat common illnesses. Skilled midwives will provide antenatal and delivery services, complicated deliveries will be referred to the main hospital (H/jab district Hospital), an ambulance will be standby to ensure timely referral of the patient to target hospital. The target communities will be involved from the project design, plan, implementation through series of meetings and other informal forums. Quarterly meetings will be held with the community members and other stakeholders to update them the project activities and get their valuable input on how best to achieve the desired goals. The staffs that will involve this project include: Project Manager, Finance, doctor, midwives, nurses, auxiliary nurse and Health management Information System (HMIS) officer.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
PAC	Daynile hospital for inpatient treatment
Hamar jab jab Referral center	Refer complicated cases for CS
IOM	WASH
Muslim Aid	Health activity in the district, but currently due to funding constraints the project stopped
Mercy USA	Health activity in the district, but currently due to funding constraints the project stopped

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

All the project activities are engendered, gender will be factored in the on-set of the project through the assessments sampling, where female-headed households will be prioritized. Women will be consulted during the sitting of the project to ensure that it reduces the likelihood of Gender Based Violence (GBV). The overall project activities and outputs are gender sensitive and ensure equal participation of women, men ,boys and girls. the centers are close to IDP settlements and accessibility is not a concern, there is roving mobile teams to IDP settlements to minimize risk of Gender Based Violence (GBV) incident and reduce walking distance of women to seek health care service.

Protection Mainstreaming

Protection mainstreaming will be considered at all levels of project cycle and project activities, WARDI will ensure protection mechanism will be put in place , the protection officer will take the lead and will ensure 50:50 of gender balance.Women will be consulted during the sitting of the project to ensure that it reduces the likelihood of GBV. The overall project activities and outputs are gender sensitive and ensure equal participation of women, men ,boys and girls. the centers are close to IDP settlements and accessibility is not a concern, there is roving mobile teams to IDP settlements to minimize risk of GBV incident and reduce walking distance of women to seek health care service.

Country Specific Information

Safety and Security

The security situation in Kaxda has been relatively calm for the last six months compared to other areas in Mogadishu although there has been some Al Shabaab insurgents seen in the area but operating under cover due to the heavy presence of security providers such as the AMISOM regiments operating in the district as well as some civilian police force. WARDI has a longstanding presence in Mogadishu since its establishment and has good understanding of the context. Teams involved in operations are regularly trained by a Security Manager. WARDI has established direct relations with clan elders to promote humanitarian principles, gain access, enhance program awareness, monitoring on issues including complaints/feedback about operation within the framework of the new complaint/feedback system. WARDI also maintains proper balancing between different clans/sub-clans, including when contracting for services or goods or in staff recruitment. Safe and security for project staff and beneficiaries are our top priority, there will be security briefing every day during staff meeting to minimize risk, mobile team will be established in side IDP camps close to the settlement, this will reduce risk of walking long distance to clinic by women and girls.

Access

The project locations can be easily accessed by the local and international organizations and no incidents were reported recently. WARDI has been operating in the project location since the last four years, Thus, the relationship between WARDI and the community in the district is very strong, which enabled WARDI to implement many projects such as, WASH, Nutrition, Health and food security, this shows how WARDI has cordial relationship with the communities of which it is helping, WARDI enjoys full access from all corners of the district including the government , civil societies, beneficiaries as well as the needy people including the IDPs/Returnees. WARDI has main office in Mogadishu, which allows easily to access the targeted locations

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
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Staff and Other Personnel Costs

1.1	Project officer	D	1	2,000.00	12	70.00	16,800.00
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The project officer will be responsible of all project implementation, management, reporting monthly, interim progress and final report of the project, the project manager will be hired at rate of 2000 dollar per month. SHF will pay 70% of his salary.

1.2	PHC/HMIS Coordinator	D	1	1,500.00	12	50.00	9,000.00
<i>The purpose of the HMIS coordinator will be to strengthen the collection, analysis, interpretation and sharing of data from the facilities. One officer will earn \$1500/month. SHF will pay 50% of his salary</i>							
1.3	Health programme manager	S	1	3,500.00	12	29.00	12,180.00
<i>To effectively manage and monitor the health project in line with the objectives, time frame and budget laid down in the current proposal and meet UNICEF quality standards. To ensure that beneficiary participation is enhanced in all phases of the project. To manage and train the PHC team and locally recruited health staff. SHF Will pay 29% while WARDI will contribute the remaining 71%.</i>							
1.4	Nurses	D	6	400.00	12	100.00	28,800.00
<i>Nurses will perform diagnosis and treatment of minor illnesses. They will offer preventive services such as health education and mobilization sessions. 6(4 in the fixed facility and 2 in the mobile team) nurses, each will earn a salary of 400/month. SHF will pay 100% of their salaries.</i>							
1.5	Midwives	D	6	400.00	12	100.00	28,800.00
<i>The midwives will examine and monitor pregnant women, assess care requirements and write care plans, undertake antenatal care, carry out screening tests, provide information, emotional support and reassurance to women and their partners, take patient samples, pulses, temperatures and blood pressures, carry and assist women in labour, monitor and administer medication, injections and intravenous infusions during labour, monitor the foetus during labour, advise about and supporting parents in the daily care of their newborn babies, help parents to cope with miscarriage, termination, stillbirth and neonatal death, and write records. 4 will work at the health facility while 1 will work with the mobile team to provide Antenatal care, postnatal care etc. The salary of midwife is US\$400 month. SHF will pay 100% of the midwives' salaries.</i>							
1.6	Auxiliary nurses	D	6	250.00	12	100.00	18,000.00
<i>Auxiliary nurses will be deployed, they will support the nurses in performing their daily activities effectively. They will be supplementing the activities to be carried out by the nurses and will be paid @ \$250 per month. SHF will pay 100% of their salaries</i>							
1.7	vaccinators	D	4	200.00	12	100.00	9,600.00
<i>vaccination will be employed to carry out routine immunization in the health facility and during outreaches and will be paid @ \$200 per month for 12 months, SHF will pay 100% of their salaries.</i>							
Section Total							123,180.00
Supplies, Commodities, Materials							
2.1	Medical supplies	D	4	9,610.53	1	100.00	38,442.12
<i>WARDI will procure medical supplies and other equipment necessary on quarterly basis. WARDI has equipped and supports functioning drug store and pharmacy within Mogadishu with trained pharmacist. Drug registers; bin cards and stock control cards will be used to keep track of the drug's use. The pharmacist will be expected to share quarterly reports showing the drugs received, drugs used and the balance in stock. This report together with the morbidity reports from the facility will be used as the basis for requesting and procuring the drugs, to reduce stock out of the facilities. attached BOQ</i>							
2.2	Basic Emergency Obstetric and newborn care (BEMONC) training for 10 health care workers	D	1	3,137.00	1	100.00	3,137.00
<i>10 health staff will be trained on Basic Emergency Obstetric and newborn care guidelines for five days @ \$3625 dollars. The training will increase the knowledge and skills of the health workers which will translate to quality care services for the beneficiaries in the community. the training will be facilitated by a consultant. SHF will pay 100% of the cost. See the attached budget breakdown.</i>							
2.3	Integrated management of childhood illnesses (IMCI) and Expanded Program on Immunization (EPI) training for 15 staffs	D	1	3,812.00	1	100.00	3,812.00
<i>WARDI will organize a workshop /training for 15 health workers on Integrated Management of Childhood Illnesses guidelines and Expanded Program on Immunization(See the attached budget breakdown.) the cost of training is 3625 USD including consult fees, stationary for training, per diem etc. SHF will pay 100% of the cost. See attached budget breakdown.</i>							
2.4	Community sensitization on Acute Watery Diarrhoea (AWD) prevention	D	1	5,097.00	1	100.00	5,097.00
<i>200 community members will be given 1 day training on Acute Watery Diarrhea prevention.</i>							
2.5	Electricity and water for one health facility	D	2	200.00	12	100.00	4,800.00
<i>Is the cost of water and electricity of the health facilities. SHF will pay 100% of the cost.</i>							
2.6	Register	D	20	150.00	1	45.50	1,365.00
<i>These are stationery and register books for ANC, PNC, under five and over five register. SHF will pay 45.5% of the cost with WARDI paying the reminder(54.5%)</i>							
2.7	Furniture	S	1	4,250.00	1	100.00	4,250.00

	<i>The facility is new and will need to be operationalized. WARDI will procure delivery beds, chairs, tables, cupboards to store ad secure drugs at the facility. Benches for patients to sit on will also be procured. SHF will contribute 100% of the cost. (Please see the sheet in BOQ)</i>						
	Section Total						60,903.12
Travel							
5.1	Car Rent	D	1	1,800 .00	12	100.00	21,600.00
	<i>One car for mobile teams covering IDPs in kaxda district , the vehicle will also be used for monitoring the day to day project activities in the project sites. The vehicles will be used by the project staffs and for logistical purposes. The standard rate of vehicle rent in Somalia is US\$1800/month including the driver, fuel and security. CHF will contribute 100%</i>						
	Section Total						21,600.00
SubTotal			56.00				205,683.12
Direct							189,253.12
Support							16,430.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							14,397.82
Total Cost							220,080.94

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-Dharkenley -> Mogadishu/Dharkenley	100	9,800	11,200	7,000	7,000	35,000	<p>Activity 1.1.1 : Conduct outpatient consultation and treatment of illness including childhood illnesses (pneumonia,diarrhea,malaria) through one health Center and one mobile outreach to IDPs and poor host communities in Kaxda district (60 outpatient consultation target per day). The services will benefit equally men, women, boys and girls.</p> <p>Activity 1.1.2 : Operationalize one Health centre and one mobile health outreach in Kaxda district by providing adequate and quality medical supplies and essential drugs. The quality of the drugs will be controlled (genuine and its expiry dates) to be effective for curing men, women, girls and boys equally.</p> <p>Activity 1.1.3 : Provide Reproductive Health services to 3150 women including Antenatal Care, Skilled Delivery and Postnatal care</p> <p>Activity 1.1.4 : Establish a reliable referral services to at-risk pregnant women. Provide and fully equip an ambulance that will refer complicated pregnancies/deliveries to Banadir Hospital. Ambulance services will be for 24 hours.</p> <p>Activity 1.2.1 : Provide immunization to 4200 children under five and 4025 women of child bearing age during routine and immunization campaigns.Immunization services will be provided through one fixed health centres and one Mobile team.Vaccines will received from Banadir regional cold room managed by WARDI.</p> <p>Activity 1.3.1 : Train 15 staff on Integrated Management of Childhood Illnesses to improve front line staff competence to handle and treat childhood illness.The five days class room training will be co-facilitated by the Ministry of Health (MOH).</p> <p>Activity 1.3.2 : Train 10 Qualified midwives on Basic Emergency obstetric care.The five day training will be co-facilitated by the MOH.</p> <p>Activity 1.3.3 : Educate 1-day workshop to 200 IDP members on Acute watery Diarrhea (AWD)/cholera prevention methods with equal access to women and men in Kaxda District</p>

Documents

Category Name	Document Description
Project Supporting Documents	Budget and BoQ-.xlsx
Project Supporting Documents	WARDI Reporting matrix-Moga Health Cluster Week 37 report 2016.docx
Budget Documents	FINAL UPDATED BOQ Consolidated Supplies and Health training-8.11.16.xls
Revision related Documents	Budget and BoQ-SHF Health.xls
Revision related Documents	cost sharing under this SHF allocation projects.xlsx
Revision related Documents	Revised WARDI Budget Break down 3845.xls
Revision related Documents	Updated cost sharing under this SHF allocation projects final-06.11.2016.xls
Revision related Documents	UPDATED NEW BOQ Consolidated Health training.xls
Grant Agreement	3845-WARDI.pdf
Grant Agreement	3845-WARDI.pdf_OCHA health signed agreement.pdf