

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 :	Emergency Provision of life-saving Primary Health Care services to the drought affected IDPs and the host community in Afmadow District of Lower Juba Region				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/3485/R/H/NGO/4463		
Cluster :		Project Budget in US\$:	75,348.42		
Planned project duration :	6 months	Priority:			
Planned Start Date :	15/01/2017	Planned End Date :	15/07/2017		
Actual Start Date:	24/01/2017	Actual End Date:	24/07/2017		
Project Summary :	<p>WRRS will provide Emergency life saving primary health care services to the drought affected populations comprising of (24,960 beneficiaries: 7,488 men, 11,232 women, 2745 boys and 3495 girls) IDPs and the host community in Afmadow district of Lower Juba region. We will offer both mobile and static health care services, the mobile services will entirely target the IDPs and the host community while the static one will be offered in our Treatment and control of communicable diseases targeting (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) this will be an emergency response to complement the existing MCH that WRRS is operating in Afmadow district that offers Primary Health care facilities and the referral hospital severely ill patients within the project period WRRS will also offer Provision of antenatal and post-natal care to pregnant and lactating mothers at MCH. We will also provide Training of 60 community health workers and volunteers on the promotion of hygiene, management and prevention of AWD/cholera cases. WRRS will set a mobile team/ clinic that will provide the health care services at the Anateel Afmado IDP camps in Afmadow, this will be an integrated service that will involve a number of sectors to mitigate on the effect of drought in the district.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	7,488	11,232	2,745	3,495	24,960
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	5,068	7,930	1,545	2,090	16,633
Staff (own or partner staff, authorities)	10	25	0	0	35
People in Host Communities	2,410	3,277	1,200	1,405	8,292
Indirect Beneficiaries :					
In order to support the vulnerable IDP population and host community in Afmadow, WRRS will concentrate on providing primary health services through 1 MCHs and a mobile clinic to 24 960 populations indirectly who are members of the local community					
Catchment Population:					
The total population in Afmadow town, an estimated 90,000 people, consisting of 14,750 households, including 800 newly arrived IDP households A total of 24960 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 and the host community in Afmadow District. This project will aim at provision of emergency support to the drought affected groups with a current hit on the AWD outbreaks. WRRS has been operational in the region, the proposed project will ensure an integrated approach with the other projects in the area.					

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	Excecutive director	wrrs_ngo@yahoo.com	+254724278780
Aden Bundiid Duale	Excecutive director	adenbundiid2020@gmail.com	+252615924990

BACKGROUND**1. Humanitarian context analysis**

Somalia has experienced prolonged humanitarian complex emergencies for over 20 years now with recurring conflict, flooding, drought and disease epidemics. Afmadow town which is located 157 km from Dhobley and 120km from Kismayo sea port city has been experiencing man-made and natural disasters including drought, water problems, water borne diseases, IDP influx from Middle Juba and other locations, as a result of insecurity, floods and the search for humanitarian assistance. Afmadow town was recovered from "Al Shabaab by AMISOM/SNA on June, 2012. June 2016 floods increased the number of IDPs and also the vulnerable group as a result an estimated 800 IDPs households (4,800 people) mainly of Somali Bantu origin arrived in Afmadow resulting in an increase in number of IDPs by 64 per cent in the town to a total of 7,900 people. Food, WASH, Shelter/NFIs, improved nutrition and health services remain the key priority needs for the entire population. The recent challenge of drought has worsened the already dire situation. The predicted El Nino which might extend up to 2017 as per the SWALIM reports, this has resulted in a lot of health risks associated with extreme drought in different regions of the country. The health sector in Lower Juba has been greatly affected by the prolonged conflict which has engulfed the central and southern regions of Somalia for 20 years and still counting. Clan conflicts, extreme poverty, poor leadership and an experience of state land and resource disputes are the major conflict drivers and root causes of the conflict. South Central regions have been the worst hit by the low health services coverage, poor infrastructures, conflicts, displacement and experiencing major increase in AWD/cholera cases in 2016. With the current persistence in drought and all the opportunistic health related diseases, there needs to be continued effort and strengthening of existing programs to ensure the achievement is not lost and also to further reduce the incidents of AWD and associated loss of life. This climatic event has increased population movement in search for water for both human consumption and animals also search for pasture for livestock, this has resulted in deteriorating water and sanitation conditions, and other factors have contributed to the increase of AWD/cholera cases and deaths as a result.

2. Needs assessment

The health sector in Lower Juba has been greatly affected by the prolonged conflict which has engulfed the central and southern regions of Somalia for about 20 years and counting. Clan conflicts, extreme poverty, poor leadership and an experience of state land and resource disputes are the major conflict drivers and root causes of the conflict. South Central regions have been the worst hit by the low health services coverage, poor infrastructures, conflicts, displacement and are experiencing major increase of AWD/cholera cases in 2016. With the current persistence in drought and all the opportunistic health related diseases, there needs to be continued effort and strengthening of existing programs to ensure the achievement is not lost and also to further reduce the incidents of AWD and associated loss of life. According to an interagency rapid assessment report that was done between 17th and 23rd July 2016, that was carried out in Afmadow District and WRRS was part of the assessment; the findings showed that nearly 70-80 per cent of new arrivals of IDPs are women and children. Access to safe and clean water is the main challenge faced by both IDPs and the host community, most of the people in the district according to the findings found out that most of them depend on the unprotected shallow well, all the dumping site Lagdhera basins the main water source which poses a high risk to AWD/cholera. The findings reported a high rate of AWD and water born diseases (dysentery, typhoid and malaria). Health facilities in the region are poorly equipped and with no capacity to handle the rising cases, within the IDP camp, there was no health facility in Bilisa IDP camp, WRRS in this proposed intervention will target this IDP camp in the provision of the integrated health services both as mobile and at the fixed MCH facility that we have established. Apart from the MCH we have carried out other nutrition interventions like the BSFP and TSFP in partnership with WFP all this will be integrated. A currently done assessment 24th November release by the NGO consortium shows that in Afmadow shows that an estimated 90,000 people, consisting of 14,750 households, including 800 newly arrived IDP households, have limited access to water as a result of the drought. The town depends mostly on one borehole and 35 unprotected shallow wells, of which 30 have run dry because of a lack of rainfall. Due to unsafe water for domestic use a high risk of contracting AWD/Cholera is on the rise in the district. The overall goal of the primary health care approach intends to achieve is health for all target groups in the target area. WRRS therefore intends to integrate this emergency response to the current ongoing humanitarian assistance in Afmadow, where we have an existing MCH but due to the increasing influx of IDPs and the prolonged drought there is an increase in the number of needs and cases of AWDs and other complications.

3. Description Of Beneficiaries

This proposed project, WRRS will offer health emergency services and the main 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. These are people who have been hit by the drought in Afmadow and are likely faced by the AWD/ cholera. The interagency report showed that there is no health services offered to the IDPs in the camps and they travel for 3KMs to able to get access to the health centers. The overall proposed project activities are specifically targeting children less than 5 years of age, Women of Child Bearing Age, Pregnant and Lactating Women, 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. Social 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 Traditional Birth Attendants 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. 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 Afmadow Anateel Afmado IDPs and the host community that has come as a result of drought remain critical, with boys and girls <5 years, pregnant and lactating women being the most affected. The health facility within the IDP camp is none existence hence the walk for 3 KM to be able to access the basic health care services, also the afmadow District hospital lacks facilities and staff, with poor referral system. 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 IDPs camp 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 the IDPs, WRRS will support the outreach services targeting Anateel Afmado IDPs in Afmadow this will be integrated to the current existing MCH and other clusters interventions that are interlinked to the health sector. The services provided will include Outpatient, management of common illness, poor sanitation related conditions like AWDs, hygiene promotions and hygiene kit distributions, 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 Anateel Afmado 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 camps, 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 with an existing MCH in afmadow, they provide primary health care services with referral systems in cases with complications, 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. We also have nutrition program of TSFP and BSFP with WFP and also runs protection, WASH and nutrition activities to complement.

LOGICAL FRAMEWORK

Overall project objective

Improve access to life-saving Primary Health Care services in Emergency through integrated primary health care services to vulnerable Anateel Afmado (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) IDPs and host communities in Afmadow District of Lower Juba Region

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	50

Contribution to Cluster/Sector Objectives : To provide essential emergency life saving and life sustaining primary healthcare services contribution to reduction of maternal mortality through timely adequate response in Afmadow District Lower Juba regions.

Outcome 1

Increased coverage to emergency life-saving primary health care services to (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) IDPs and host communities in Afmadow district IDP camp and host communities

Output 1.1

Description

IDPs and host community members (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) have access to integrated primary health care services to IDPs and host communities in Afmadow district IDP camp and host communities

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Treatment and response to communicable and non communicable diseases (AWD/ cholera)among the target population (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) both IDPs and the host community

Activity 1.1.2

Standard Activity : Primary health care services, consultations

Response and treatment of outbreaks through 1static and 1 mobile clinics within the MCH and mobile in (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) both IDPs and the host community in Afmadow District

Activity 1.1.3

Standard Activity : Immunisation campaign

Conduct immunization in the health facilities and mobile clinics in IDP camps to U 5 children and have comprehensive access to health services against treatable childhood diseases in the IDP camp and the host community

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					50

Means of Verification : Register and monthly reports

Indicator 1.1.2	Health	Number of health facilities supported					2
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Means of Verification : Register and monitoring reports

Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					23,230
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Means of Verification : Register, reports

Outcome 2

Improved access to management of AWD diarrhoea disease among Children under five, Women and Men in Anateel Afmado (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) IDP camps and host community.

Output 2.1

Description

IDPs and host community that gets access to management of AWD diarrhoea disease among Children under five, Women and Men in Anateel Afmado IDP camps and host community.

Assumptions & Risks

Activities

Activity 2.1.1

Standard Activity : Capacity building

Training of CHW and volunteers (25 men and 25 women)on hygiene and hygiene promotion in in Afmadow IDP camps and host community.

Activity 2.1.2

Standard Activity : Hygiene promotion

Household Hygiene promotion and open air market promotions.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	number of trained CHW and volunteers trained on hygiene and hygiene promotion in in Afmadow IDP camps and host community					50

Means of Verification : register and reports

Indicator 2.1.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					24,960
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Means of Verification : Reports and register

Additional Targets :

M & R

Monitoring & Reporting plan

WRRS will have 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 and a field officer in Afmadow to oversee the project activities. Reports will be generated from the facilities and shared with the stakeholders and discuss at all levels of coordination meetings and 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. Photos will also be taken as a support document and to be used as success stories after implementation period.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Treatment and response to communicable and non communicable diseases (AWD/ cholera)among the target population (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) both IDPs and the host community	2017	X	X	X	X	X	X						
Activity 1.1.2: Response and treatment of outbreaks through 1static and 1 mobile clinics within the MCH and mobile in (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) both IDPs and the host community in Afmadow District	2017	X	X	X	X	X	X						
Activity 1.1.3: Conduct immunization in the health facilities and mobile clinics in IDP camps to U 5 children and have comprehensive access to health services against treatable childhood diseases in the IDP camp and the host community	2017	X	X	X	X	X	X						
Activity 2.1.1: Training of CHW and volunteers (25 men and 25 women)on hygiene and hygiene promotion in in Afmadow IDP camps and host community.	2017	X											
Activity 2.1.2: Household Hygiene promotion and open air market promotions.	2017	X		X		X							

OTHER INFO

Accountability to Affected Populations

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 the IDPS and host communities affected by drought and faced with challenges of health related complications like AWD/cholera, specific consideration will be on 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 intends to integrate this emergency response to the current ongoing humanitarian assistance in Afmadow, where we have an existing MCH but due to the increasing influx of IDPs and the prolonged drought there is an increase in the number of needs and cases of AWDs and other complications WRRS is also planning to strengthen the capacity of health workers on prevention of the AWDs that will be rolled out to the community. 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 the existing MCH and support the outreach clinic.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Nutrition	Receive referrals and refer those malnourished to them
MOH	Support Supervision, guidelines, coordination and support incases of insecurity issues and ownership of the facilities in addition to running the facility
WASH CLUSTER AND PARTNERS CARRYING OUT WASH INTERVENTIONS	work together in control of AWD/cholera, distribution of hygiene kits and in hygiene promotion

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 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. In all cases that will require consent of the person, WRRS will seek the consent. 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 children. this will ensure that the women do not run into danger alone. 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 in Afmadow is so far stable. However all our existing staff in the area have undergone 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

WRRS has had a good relation with the local authorities and 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 afmadow since we have the support of the community and the authorities. WRRS has kept good relationships with all actors in afmadow and expects that this will allow WRRS to work in this 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	s	1	3,000.00	6	30.00	5,400.00
	<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	6	50.00	1,500.00
	<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	6	100.00	4,800.00
	<i>Hygiene promoters are responsible community education</i>						
1.4	Nurses	D	2	400.00	6	100.00	4,800.00
	<i>Nurses are responsible the management of patient at the health centres and during mobile</i>						
1.5	Auxiliary nurse	D	2	250.00	6	100.00	3,000.00
	<i>Auxiliaries support the nurses in the health facilities and at the mobile clinics</i>						
1.6	Data clerk	D	1	300.00	6	100.00	1,800.00
	<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	6	100.00	1,800.00
	<i>cleaning and responsible for cleanliness of WRRS offices in afmadow</i>						
1.8	Community Health worker	D	2	100.00	6	100.00	1,200.00
	<i>to carry out mobilization and hygiene promotion</i>						
1.9	Monitoring and Evaluation Officer	D	1	500.00	6	100.00	3,000.00
	<i>Will be incharge of Monitoring and reporting the progress of the Project</i>						
Section Total							27,300.00

Supplies, Commodities, Materials							
2.1	Community health workers training on disease surveillance	D	1	2,400.00	1	100.00	2,400.00
	<i>60 Community health workers will be trained for three days in order for them to get some information on health and hygiene promotion</i>						
2.2	Medical supplies	D	1	15,001.40	1	100.00	15,001.40
	<i>The health facilities needs medical supplies and equipment's to support the outpatient beneficiaries such supplies will be include essential drugs and it will cost 15,000 USD i.e both for supplies and equipment</i>						
2.3	Freight of medical supplies	D	1	800.00	1	100.00	800.00
	<i>Medical supplies will be transported from Nairobi to Afmadow. The cost is majorly what a 5 metric tonne lorry/canter will charge for transporting luggage from Nairobi to Afmadow. The '1' under duration means the suppllies will be transported once in the 6 months project period.</i>						
2.4	Utilities- health centers & mobile clinics	D	1	120.00	6	100.00	720.00
	<i>This is the cost of water and Electricity in the Health Centres for the project duration.(Electricity will be charged at 70\$ and 50\$ for water per month.</i>						
	Section Total						18,921.40
Travel							
5.1	Vehicle rent for supervision and outreach services	D	1	2,100.00	6	100.00	12,600.00
	<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. this meets the total expenditure for both the fuel, driver and any other cost that will be uncured during the travel.</i>						
5.2	Staff travel cost to and from the field and perdiem	D	2	1,000.00	4	100.00	8,000.00
	<i>Travel for the Project coordinator Travelling from Kismayo to Afmadow including their accommodation and perdiem. 2 represents the number of trips the project Coordinator will make in the 4 months to the project area.</i>						
	Section Total						20,600.00
General Operating and Other Direct Costs							
7.1	Office rent in Afmadow	S	1	500.00	6	50.00	1,500.00
	<i>Office rent in Afmadow costing 500 USD per month partial payment because of another project uses the same office</i>						
7.2	Communication	D	1	150.00	6	100.00	900.00
	<i>Afmadow communication cost, this is to the coordination of activities from the fixed MCH and mobile team and also for coordination with the overall program coordinator in Kismayo in regards to the project</i>						
7.3	Stationary	D	1	500.00	6	50.00	1,500.00
	<i>stationaries for Afmadow office, partial payment because of another project</i>						
7.4	Bank charge at 1.6%	D	1	1,039.00	1	100.00	1,039.00
	<i>Charges that will be used to transfer funds from the premium bank in Mogadishu to Dahabshil since premium bank is not available in Kismayo or Afmadow therefore this will require cash transfer and the exchange rate of 0.5 Somali Shillings per 100 dollar.</i>						
	Section Total						4,939.00
SubTotal			25.00				71,760.40
Direct							64,860.40
Support							6,900.00
PSC Cost							
PSC Cost Percent							5.00
PSC Amount							3,588.02
Total Cost							75,348.42

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Afmadow -> Anateel Afmado	100	1,730	12,530	4,300	6,400	24,960	<p>Activity 1.1.1 : Treatment and response to communicable and non communicable diseases (AWD/ cholera)among the target population (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) both IDPs and the host community</p> <p>Activity 1.1.2 : Response and treatment of outbreaks through 1static and 1 mobile clinics within the MCH and mobile in (24960 beneficiaries: 7488 men, 11232 women, 2745 boys and 3495 girls) both IDPs and the host community in Afmadow District</p> <p>Activity 1.1.3 : Conduct immunization in the health facilities and mobile clinics in IDP camps to U 5 children and have comprehensive access to health services against treatable childhood diseases in the IDP camp and the host community</p> <p>Activity 2.1.1 : Training of CHW and volunteers (25 men and 25 women)on hygiene and hygiene promotion in in Afmadow IDP camps and host community.</p> <p>Activity 2.1.2 : Household Hygiene promotion and open air market promotions.</p>

Documents

Category Name	Document Description
Signed Project documents	FTR SOM 2016 100014.pdf
Project Supporting Documents	WRRS_BOQ_TRAINING.xls
Budget Documents	BOQ for vehicle.xlsx
Budget Documents	WRRS Breakdown for stationary.xlsx
Budget Documents	WRRS BOQ_Supplies.xls
Budget Documents	WRRS BOQ_Supplies.xls
Budget Documents	Copy of BOQ for vehicle Hire- Revised.xlsx
Budget Documents	Breakdown for office stationary.doc
Revision related Documents	Revised WRRS BOQ_Supplies.xls
Grant Agreement	Signed GA-4463 by HC.pdf
Grant Agreement	Signed GA-4463 by IP and HC.pdf