

<b>Requesting Organization :</b>	KAALO Aid and Development				
<b>Allocation Type :</b>	Reserve 2016				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Health	Maternal, Neonatal and Child Health	100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of Emergency integrated primary health care services to 11000 persons in a drought affected location in Sool region.				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/H/NGO/4478		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	44,760.70		
<b>Planned project duration :</b>	3 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	15/01/2017	<b>Planned End Date :</b>	13/04/2017		
<b>Actual Start Date:</b>	24/01/2017	<b>Actual End Date:</b>	24/04/2017		
<b>Project Summary :</b>	<p>The failure of two consecutive rains (Gu' and Deyr in 2015 and also Gu' in 2016) resulted in severe drought that has affected thousands of people in Puntland, where communities in Sool regions are the most affected. The Gu rains delayed and the performance was poor in terms of coverage and distribution in most of the areas visited by the assessment teams. This has heightened the already poor conditions which resulted from below-average 2015 Deyr rains, influenced by El Niño. 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. In terms of severity, Sool regions is considered the most affected areas with rural/pastoral communities in remote locations reported to be hardest hit. Additionally, extreme water and pasture shortages were the main concerns expressed by the pastoral communities visited.</p> <p>Although the majority of the health facilities in the assessed villages were functional, lack of basic supplies and health services, including reproductive health counseling and services, as well as emergency obstetric care. Besides that, a need to support and equip the existing health facilities with the appropriate reproductive health kits, supplies and commodities was identified. Moreover, a need to increase the capacity of health workers and strengthen the referral system was noted.</p> <p>KAALO propose integrated package interventions of child and mother care to save lives, mitigate emergencies, reduce mortality &amp; morbidity and fill gaps of health services to drought affected people through one fixed health facilities and one mobile clinics targeting 11,000 direct beneficiaries including (2700 WCBA, 2500 children under five) in Talex district in Sool region</p> <p>KAALO will provide preventative and curative services, which would include sexual and reproductive health services, antenatal care, skilled delivery, postnatal care, treatment of common illnesses, the immunization of children under five years and promotion services including health education, growth monitoring, de-worming and supplementation with vitamin A. Another including men will equally benefit from the project.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	1,650	2,200	3,300	3,850	11,000
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
People in HE and/or AFLC	825	1,100	1,650	1,925	5,500
Women of Child-Bearing Age	0	800	0	0	800
Pastoralists	825	300	1,650	1,925	4,700
<b>Indirect Beneficiaries :</b>					
2000 Host community.					
<b>Catchment Population:</b>					
22000 including people in Humanitarian Emergency					
<b>Link with allocation strategy :</b>					

The project is directly related to Somali Health Cluster Objectives (one and two) and the priority needs of the OCHA Somalia Response Plan. It also covers the immediate health needs of drought affected people in Sool Regions.

The proposed intervention will aim at providing immediate and quality services to drought affected people in Sool region. 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 center and one mobile team. Further the proposed project is directly linked to 2017 Somalia Humanitarian Response Plan (HRP 2017) under Health Cluster objectives and 2017 SHF reserve allocation strategy,

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
Omar Shiikh Hamid	Regional director	omarshiikh001@gmail.com	+254717488614

**BACKGROUND**

**1. Humanitarian context analysis**

According to Drought Watch Bulletin was issued on 16 December 2016 rainfall was characterized by a late onset and poor distribution which has led to large rainfall/moisture deficits across the country. The season has come to an end in early to mid-December and was generally very poor with most of the country recording below 50 percent of the normal total rainfall for the season.

The failure of two consecutive rains (Gu' and Deyr in 2015 and also Gu' in 2016) resulted in severe drought that has affected thousands of people in Puntland, where communities in Sool are the most affected.

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

The project will be implemented in Talex district in Sool region where there was previous project run by KAALO, therefore this will be continuation and complement of the previous project.

KAALO propose integrated package interventions of child and mother care to save lives, mitigate emergencies, reduce mortality & morbidity and fill gaps of health services to drought affected people through one fixed health facilities and one mobile clinics targeting 11,000 direct beneficiaries including (2700 WCBA, 2500 children under five) in Talex district in Sool region

**2. Needs assessment**

KAALO was among the inter-agency drought assessment team who visited in sool region (Taleh district) in September between (4th and 10 Sep 2016) in order to provide credible information about the drought and its consequences. In parts of Sool region for example, the services are either totally non-functional or not regularly functioning due to unavailability of supplies and trained health personnel. Most of these settlements reported regular access to routine immunization campaigns supported by UNICEF and the Ministry of Health. Additionally, the teams observed that Taleh, Carooley, Dan, Fardhadin in Sool face challenges relating to maternal and reproductive health care including limited availability of trained midwives and nurses, resulting in their reliance on traditional birth attendants. The problems are also compounded by the fact that the distance between towns and health facilities or hospitals is around 80-87 kilometers. Most of the obstetric complication cases are referred to Garowe or Laascaanod hospitals. Although the majority of the health facilities in the assessed villages were functional, lack of basic supplies and health services, including reproductive health counseling and services, as well as emergency obstetric care. Women and adolescent girls in Sool region are in need of life-saving services and are disproportionately affected by the current crisis. There is a need to support and equip the existing health facilities with the appropriate reproductive health kits, supplies and commodities was identified. Moreover, a need to increase the capacity of health workers and strengthen the referral system was noted. Furthermore, HMIS quarter 3 report showed that 28077 people reached with outpatient treatment (of whom 19254 are women) and main diseases treated were acute watery diarrhea (AWD), sexually transmitted infections (STI), infection and malnutrition among others. Through this project, KAALO will scale up its interventions to provide health services to affected people through one fixed health facilities and one mobile clinics targeting 11,000 direct beneficiaries including (2700 WCBA, 2500 children under five) in Talex district in Sool region

**3. Description Of Beneficiaries**

The beneficiaries are people in Humanitarian Emergency (HE) affected by drought in Sool region, host communities and IDPs, and particularly vulnerable communities in Taleex district, they include boys, girls, men and women, and in need of health services and are based upon the estimates of the health/ nutrition cluster of the local population, encompassing: KAALO is managing already the health center and already had targeted 30 thousand beneficiaries that was selected through consultation with elders and community leaders as well as the local government in charge, one notable aspect in Taleex district is that there is very limited health intervention going due to environmental and political complexities, this gives an edge for the continuation of the previous project for the same beneficiaries whose health services pipeline has been cut due to the project's closure, KAALO has been working closely with the ministry of health and regional health officer based in Garowe and the local communities in identifying the beneficiaries in Taleex district

#### **4. Grant Request Justification**

The target locations of this project are among areas recommended health cluster for this allocation. The proposed project interventions include skilled safe deliveries, provision of ANC/PNC services to pregnant and lactating mothers respectively, outpatient consultation (over five and under five), skilled delivery, management of common childhood illness, prevention of vaccine preventable disease, prevention and control of communicable diseases. The proposed activities will contribute to the reduction of maternal and neonatal mortality as well as reduction of incident/morbidity of communicable diseases including AWD and malaria through increased institutional deliveries by skilled personnel, it will reduce risks of being vulnerable to communicable diseases such as waterborne diseases, hence reduced number of people in need of critical life-saving humanitarian assistance

#### **5. Complementarity**

KAALO is responding to the current drought in Puntland in terms of healthcare, WASH, and food security from early 2015 and the proposed project will serve as a continuation of the lifesaving health interventions with scale up to more vulnerable localities identified during the life of the project. In Puntland, KAALO is implementing WASH project in partnership with DPA, health care services under UNICEF. The existing health facilities will serve as referral health facilities for any emergency health issue in the field and will complement the response for wider reach and reduce vulnerabilities related to health and complement the current water trucking/voucher in Puntland.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To provide life-saving health care services to drought-affected population in Taleex district in Sool Region

#### **Health**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2016	40
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

**Contribution to Cluster/Sector Objectives:** The proposed project objectives, outputs and outcomes are direct contributing health cluster objective 1 and 2, KAALO selected lifesaving interventions that contribute to the reduction of maternal, child and infant morbidity and mortality.

The main interventions include safe deliveries, immunization, control of communicable diseases, and outpatient treatment

- Cluster objective 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

#### **Outcome 1**

Increased PHC services utilization of 11,000 drought-affected population with equal access to boys, girls, men and women in Taleex district in Sool region

#### **Output 1.1**

##### **Description**

Improved availability and accessibility of integrated Primary Health care services through continuing one health center and one mobile clinic in Taleex district

##### **Assumptions & Risks**

Delay of supplies, security incidents

##### **Activities**

###### **Activity 1.1.1**

###### **Standard Activity: Primary health care services, consultations**

Conduct outpatient consultation and treatment of common child illness through health facilities and one mobile team to drought-affected population in Taleex district (60 outpatient consultation target per day). The services will benefit equally men, women, boys and girls

###### **Activity 1.1.2**

###### **Standard Activity: Primary health care services, consultations**

Provide Reproductive Health services to 1,200 women including Antenatal Care, Skilled Delivery and Postnatal care in Taleex district

###### **Activity 1.1.3**

###### **Standard Activity: Drug distribution**

Support one health facility with essential medicines ,drugs and equipment i

**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
<b>Means of Verification</b> : OPD registers ,monthly report							
Indicator 1.1.2	Health	Number of women receiving ANC, skilled delivery and Postnatal care services					1,200
<b>Means of Verification</b> : Delivery register ,HMIS report							
Indicator 1.1.3	Health	Number of health facilities supported					1
<b>Means of Verification</b> : Number of health facilities supported							
<b>Additional Targets :</b>							

**M & R**

**Monitoring & Reporting plan**

**Monitoring and Reporting**

Through KAALO's will hire monitoring and evaluation officer will be able to undertake monthly project visit to ensure that the project interventions are in line with planned activities and target indicators vs planned. Our project M&E Officer together with program team and beneficiaries and partners will employ routine information gathering systems through weekly reporting and monthly field /site visits prepare progress reports, carry out rapid assessments on project activities. Since KAALO was already working with the community leaders who will work with KAALO on any risk that project may face. Through the monthly field visits, the M&E officer will undertake monthly supervision at target mobile team and the center as well. A monitoring and evaluation plan will be developed for the project. This will include a detailed indicator performance tracking table that will be used to track progress of the project towards performance targets and project objectives

Monitoring tools to be used include:

- Field visits/checklists
- community elders and leaders interview
- Focus Group Discussion.

The project management team will closely monitor the deliverable in the project. This will be done in partnership with the community and expected beneficiaries. Monthly progress will be reported with respect to statutory reporting templates.

The project team will work closely with the community under the leadership of health committees already established by KAALO in Taleex , under its WASH and health project, this committee include elders, district chairpersons and local area leaders to ensure that project activities are being undertaken as planned and in line with procedures and standards. Methods of collecting results will include regular projects site visits, review of project documents as well as regular meetings with village committees (health committees).

Lessons learnt and feedback from monitoring exercise will be documented and the information shared with UNOCHA.KAALO will share updates with health cluster both at field and Nairobi level. KAALO will make sure adhere to the humanitarian principle "Do no Harm"

There is the risk of insecurity in the project area and to avert this risk, KAALO will apply risk assessment tools closely engage the local leaders, government officials (Regional health officer) and the community to pre-empt any possible threat. KAALO with consultations from MoH will also mitigate risks with full participation of all stakeholders in the project, and all stakeholders will be provided platform to discuss any challenges arise.

**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 common child illness through health facilities and one mobile team to drought affected population in Taleex district (60 outpatient consultation target per day). The services will benefit equally men, women, boys and girls	2017	X	X	X	X								
Activity 1.1.2: Provide Reproductive Health services to 1200 women including Antenatal Care, Skilled Delivery and Postnatal care in Taleex district	2017	X	X	X	X								
Activity 1.1.3: Support one health facility with essential medicines ,drugs and equipment i	2017	X	X	X	X								

**OTHER INFO**

**Accountability to Affected Populations**

KAALO will apply humanitarian principles which includes accountability to affected population by ensuring that beneficiaries involved during assessment, design of the project and project implementation, Community will take part project monitoring to ensure that they are aware of projects achievement vs planned. Complaint mechanism will be developed to ensure that feedback and complains are captured and improve quality of services. KAALO will invite target community members on orientation workshop about the project objectives, activities and outcome of project. The organization has established committees in its Wash project that will have hand-in-hand working relations with the project team and beneficiary communities and will exchange any information related to the management and implementation of project activities. Beneficiary Feedback and Response Mechanism (CFRM) will also be used to make sure that the beneficiaries are satisfied with services provided and complaints can be channeled to the right direction, there will be comprehensive checklists based on the consultations with beneficiary's communities that will be applied to facilitate the CFRM process, there will be direct contact between community leaders and project team as technique of CFRM to act accordingly in case of complaints. KAALO will adhere the principles of "do no Harm" through not creating any partial, nepotism, conflict oriented and sensitive issues within the project effaced population and beneficiaries. KAALO will adhere to these principles of do no harm at all times throughout the project cycle by involving all categories of the community.

**Implementation Plan**

KAALO had already a project manager in place, he will be directly responsible for the technical oversight and implementation of the project with the help of the program team , the team will develop detailed implementation plan with hiring of staff and vehicles, procurement of medicines and supplies, identification of sites for mobile health interventions , and identify community volunteers , to achieve the intended project objectives and activities, KAALO will promote community participatory approach enhancing participation and involvement of the target beneficiary through organizing community consultation meetings to ensure ownership. monthly reports and field visits and will be held with the community members and other stakeholders to update them on project activities and get their valuable input on how best to achieve the desired goals. To provide effective coordination qualified nurses will be recruited to diagnose and treat common illnesses. Skilled midwives will provide antenatal and delivery services to reduce the high maternal and infant morbidity and mortality.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
GMF	refer prenat related complication
SC	KAALO will refer children with malnourished to OTP sites managed by Save the children and in the fact that high prevalence rate of malnutrition persist in the region, we are expecting to receive malnutrition cases for children under five and thus will be transferred to SC to manage the sever cases of malnutrition

**Environment Marker Of The Project**

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

The overall project activities and outputs will be gender sensitive with equal access to boys,girls ,men and women .KAALO recognize that different needs of the target people and will ensure to meet these needs,, the project will also deliver PHC (primary health care) services through outreaches to most effected and vulnerable communities and rural villages to help women access services at their door and minimize risk of GBV incidence while walking long distances to seek health care services

**Protection Mainstreaming**

Protection mainstreaming will be considered in all activities ,for example community health works and volunteers will plan house to house visit while mobile team will go to water resources and markets , this will reduce the burden of women/girls and time spent in seeking health care services in long distance and which may cause women/girls to be raped. The proposed activities are crafted to ensure the full and active participation of women in project implementation and on-going monitoring-based planning, particularly in the community components of the project. Opportunities to directly encourage women's participation exist through ensuring a 50:50 gender balance in the community structures such as village committees, community based volunteer. The mobile sites will be selected in collaboration with the village committee in area that is safe from any violence to the beneficiaries KAALO will cooperate closely with the committees to have got the capacities through training and they need in order to have capabilities to claim their rights

**Country Specific Information**

**Safety and Security**

Generally, targeted areas are safe and secure and have no security obstacles as of now; the established government structure responsible for security issues in the respective districts is functioning Safety and security measures were taken into account by close consultation with women in programme design like mobile clinics were established close to their settlement The organization will apply do no harm principles and other humanitarian principles that must be upheld throughout the project period.

**Access**

KAALO has been operating in Puntland since its inception when the Puntland people fled from Mogadishu due to civil in Somalia, since beginning KAALO has implemented more than 113 projects only in Puntland, this shows how KAALO has cordial relationship with the Puntland communities of which it has been helping since the organization established, KAALO enjoys full access from all corners of Puntland including the government , civil societies, beneficiaries as well as needy people including the drought effected populations. KAALO has main office in Garowe and sub office in Bari region and have accessibility to the target locations;

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Programe Manager	D	1	2,000.00	3	50.00	3,000.00
	<i>He/She oversee the overall implementation of the project. He/she responsible of all project implementation, management, coordination of partners, reporting monthly, interim progress and final report of the project</i>						
1.2	Nurses	D	4	400.00	3	100.00	4,800.00
	<i>Nurses will perform diagnosis and treatment of minor illnesses. They will offer preventive services such as health education and mobilization sessions</i>						
1.3	Midwives	D	4	400.00	3	100.00	4,800.00
	<i>midwives will provide advice, care and support for women and their partners and families before, during and after childbirth. They conduct deliveries. will be paid \$400/month 3 months.</i>						
1.4	Auxiliary nurses	D	4	250.00	3	100.00	3,000.00
	<i>Auxiliary nurses will help the nurses/midwives carryout their tasks effectively</i>						
1.5	Community health workers	D	6	150.00	3	100.00	2,700.00
	<i>identifacation and referral to the hospital , performing vaccination for children under five,referral</i>						
	<b>Section Total</b>						<b>18,300.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Medical supplies	D	1	15,396.99	1	100.00	15,396.99
	<i>Medical supplies will be purchased for HC &amp; mobile team for outpatient and inpatient treatment.</i>						
2.2	Freight	D	1	5,860.00	1	100.00	5,860.00
	<i>Freight and transport of supplies from Mogadishu To Bosase</i>						
	<b>Section Total</b>						<b>21,256.99</b>
<b>Travel</b>							
5.1	Vehicle rent	D	1	1,000.00	3	100.00	3,000.00
	<i>Vehicles will be hired for the project for supervision,patient referrals and for the project officers to reach the project area.</i>						
	<b>Section Total</b>						<b>3,000.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	mobile air time	D	1	300.00	3	100.00	900.00
	<i>mobile air time for project manager and Health center staff</i>						
	<b>Section Total</b>						<b>900.00</b>
<b>SubTotal</b>			23.00				<b>43,456.99</b>
Direct							43,456.99
Support							
<b>PSC Cost</b>							
PSC Cost Percent							3.00
PSC Amount							1,303.71
<b>Total Cost</b>							<b>44,760.70</b>

## Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Sool -> Laas Caanood -> Laas Caanood	100	1,650	2,200	3,300	3,850	11,000	<p>Activity 1.1.1 : Conduct outpatient consultation and treatment of common child illness through health facilities and one mobile team to drought affected population in Taleex district (60 outpatient consultation target per day). The services will benefit equally men, women, boys and girls</p> <p>Activity 1.1.2 : Provide Reproductive Health services to 1200 women including Antenatal Care, Skilled Delivery and Postnatal care in Taleex district</p> <p>Activity 1.1.3 : Support one health facility with essential medicines ,drugs and equipment i</p>

## Documents

Category Name	Document Description
Signed Project documents	FTR SOM 2016 100014.pdf
Budget Documents	BOQ.xlsx
Budget Documents	BOQ SUPPLIES KAALO.xlsx
Revision related Documents	Revised BOQ SUPPLIES KAALO 12 January 2017.xlsx
Grant Agreement	Signed GA- 4478 kaalo by HC.pdf
Grant Agreement	Signed GA- 4478 kaalo by HC and IP.pdf