

Requesting Organization :	INTERSOS				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of life saving emergency primary health services including maternal, neonatal and child health through both static and mobile health clinics to the drought affected population of Jowhar and Balcad District in Middle Shebelle region of South Central Somalia.				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-17/H/98806	Fund Project Code :	SOM-17/3485/SA1 2017/H/INGO/4583		
Cluster :	Health	Project Budget in US\$:	204,985.92		
Planned project duration :	6 months	Priority:	A - High		
Planned Start Date :	15/02/2017	Planned End Date :	14/08/2017		
Actual Start Date:	20/02/2017	Actual End Date:	20/08/2017		
Project Summary :	<p>The project will deliver lifesaving emergency health services including maternal, neonatal and child health through 3 static and 2 mobile health facilities in drought affected districts of Balcad and Jowhar of Middle Shebelle. The health facilities will be equipped with essential medicines and equipment and trained staff to provide quality services. Emphasis will be laid on Maternal and Child Health, including Basic Emergency Obstetric and Newborn Care (BEmONC) and Expanded Programme on Immunization to IDPs and most vulnerable communities. This action will focus on provision of both preventive and curative health services at primary level integrated with nutrition and protection components. Attention will be paid on application of treatment guidelines as per EPHS at the PHC. Building the capacity of health workers through training on integrated Management of childhood illness (IMCI) and infection control, ANC and BEmONC will be done to equip health workers with pertinent skills to deliver quality health care services to the affected population. 5 staff will be trained on emergency/cholera preparedness and response to equip them with skills and knowledge to be able to effectively respond to epidemic outbreaks. This action will deliver comprehensive reproductive health care to women of reproductive age among the target beneficiaries and promotion of health seeking behavior including adoption of preventive practices through campaigns, health and hygiene education sessions. Health and hygiene promotion will mostly be done by trained 48 CHWS. The CHWs will be trained by funds from an SHF funded nutrition project. INTERSOS will also integrate surveillance and emergency preparedness ensuring adequate stocks for epidemic outbreaks of AWD/Cholera and measles are prepositioned. The project will also contribute to strengthening early warning disease surveillance through weekly submission of CSR reports from all the functional supported health facilities. Referral system for patients seeking secondary healthcare services to Jowhar regional referral hospital will be strengthened focusing on pregnant women requiring emergency services, victims of gunshots, casualties from accidents, trauma cases among others. The project will also refer GBV victims to health facilities for comprehensive care and psychosocial support. The CHWS and health workers will also make efforts to trace and reunify with their families the unaccompanied and separated children due to drought and other factors. Children with severe acute malnutrition will also be referred to nutrition centers for nutrition care and rehabilitation. Finally, INTERSOS will coordinate with Health, WASH, and Nutrition clusters to coordinate response activities for maximum impact to beneficiaries.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
26,411	97,541	15,481	15,481	154,914	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	22,613	83,797	13,301	13,301	133,012
Internally Displaced People/Returnees	3,706	13,732	2,180	2,180	21,798
Staff (own or partner staff, authorities)	12	12	0	0	24
Pastoralists	80	0	0	0	80
Indirect Beneficiaries :					

The indirect beneficiaries for this project will be family members of 154,914 direct beneficiaries. Health hygiene promotion messages will also reach other estimated 20,000 beneficiaries.

Catchment Population:

516,036. This represents the estimated population of Middle Shebelle according to PESS , conducted by UNFPA in 2014.

Link with allocation strategy :

In line with allocation strategy for reprogramming of response activities coupled with strengthened coordination and rapid decisive scale up, the project will focus on scaling up response to the drought affected districts of Middle Shebelle which has experienced perpetual AWD/ cholera outbreaks coupled with cases of measles. The intervention will provide immediate integrated lifesaving response in a more rapid way by supporting mobile and static health clinics equipped with essential medicines and trained staff to provide emergency lifesaving health services including maternal, neonatal and child health. The project will complement the activities of previous and ongoing projects and will be implemented in coordination with other clusters, namely Nutrition, Health, Protection and WASH to avoid duplication of efforts and resources but provide synergy to response efforts. In addition, the proposed project will mainstream protection components in all aspects of programming.

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
Andrea Martinotti	Head of Mission	somalia@intersos.org	+254734000710

BACKGROUND

1. Humanitarian context analysis

According to FSNAU report (2017), severe drought continues to worsen across many parts of Somalia. This is due to failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Haggaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016). At the end of 2016, drought conditions expanded to Middle Shebelle region where Jowhar district is located.

For the last six months, nutrition and food security situation has worsened and malnutrition rates remain high. UNICEF estimates that 10,413 children under the age of 5 are acutely malnourished, of which 1,314 are severely acutely malnourished and at the risk of death in Jowhar district. The KAP assessment conducted by INTERSOS in Middle Shebelle in October, 2016 established that at an average age of 18 years, a woman has experienced at least 2 births with 50% of women not keen on having their children immunized thus exposing children of Middle Shebelle to vaccine preventable diseases and deaths.

Middle Shebelle has been experiencing major increase of AWD/cholera cases in 2016. As of December, 2016 a total number of 1,737 suspected cases of cholera cases were treated with a case fatality rate of 3.6%. Between December, 2016 and January, 2017, the CTC established in Jowhar Regional Referral hospital to manage AWD cases has treated 423 AWD cases with a case fatality rate of 2.6%. Although response efforts to contain the epidemic has been robust and effective, cases of AWD are still being reported and treated in the CTCs opened in Jowhar, Mahadaay and Hawadley. The AWD/cholera outbreak has mostly affected Raggaele, Hawadley and Jowhar villages of Middle Shebelle. Of the stool samples collected from the three different areas in September, 2016, 30% tested positive for Vibrio cholera. Official test results for samples collected in December have not been released by the authorities. Although most of the community members have been reached with messages on causes and prevention of diarrhea, the prevalence of diarrhoea is still high at 31% with children aged below 5 years being the most affected at 39%. Insecurity, poor health seeking practices, lack of a well-functioning referral system, limited access to health services and underlying malnutrition pose major challenges for control and prevention of disease outbreaks.

2. Needs assessment

Somalia remains in a state of chronic catastrophe characterized by a complex political environment, extreme poverty, food insecurity, conflict and instability. This has led to poor access to basic health services, recurrent disease outbreaks, food insecurity and high malnutrition rates, a lack of safe water supplies, and significant rates of population displacement UNICEF (2016). The health sector in Middle Shebelle is in a critical situation with very poor health indicators. The high risk groups of the targeted direct beneficiaries are: children under 5 (30,962), children under 1 (5,348) and women of child-bearing age (35,606) and pregnant and lactating women (13,933). According to 2016 INTERSOS Health and Nutrition data, the leading causes of infant and child mortality in Middle Shebelle are illnesses such as pneumonia (9%), Anemia (12%), and acute watery diarrhea (9%), as well as acute respiratory infections (12%). The KAP assessment conducted by INTERSOS in October, 2016, in Middle Shebelle region revealed that 56% of the households surveyed had been affected by crises including conflict, drought, disease outbreaks and flooding, sometimes resulting to population displacement in the year 2016. The assessment revealed that although the average ANC visits among pregnant women is 3 sessions per pregnancy, 63% of women still deliver at home with only 17% of women exclusively breastfeeding their children for the first six months. Further, 30% of the pregnancies in the assessed households are not planned for and 85% of the women do not use any birth spacing method pointing to a dire need for family planning services. Rape, early marriage, forced marriages and female genital mutilation are the main risks faced by women in middle Shebelle region. Access to services by GBV survivors is limited due to multiple factors including; fear of stigma, retaliation and lack of knowledge of the consequences of GBV. Children are extremely vulnerable to abuse, neglect and exploitation, whether intentionally or not. UNICEF report (2016) observes that contributors to maternal deaths in Somalia are limited antenatal care, accessible only to a quarter of women; the low proportion of births attended by skilled medical personnel (only a third) due to the cultural use of the TBA; and the inadequate PHC infrastructure. The average fertility rate in Somalia as a whole is 6.6 children per woman, with unmet need for birth spacing at 26% (UNICEF, 2016). On the other hand, the KAP survey conducted by INTERSOS in Middle Shebelle established that at an average age of 18 years, a woman has experienced at least 2 births with 50% of women not keen on having their children immunized thus exposing children of Middle Shebelle to vaccine preventable diseases and deaths. Middle Shebelle has been experiencing major increase of AWD/cholera cases in 2016. As of December, 2016 a total number of 1,737 suspected cases of cholera cases were treated with a case fatality rate of 3.6%. Although response efforts to contain the epidemic have been robust and effective, cases of AWD are still being reported and treated in the CTCs opened in Jowhar, Mahadaay and Hawadley. Although most of the community members have been reached with messages on causes and prevention of diarrhea, the prevalence of diarrhoea is still high at 31% with children aged below 5 years being the most affected at 39%. Insecurity, poor health seeking practices, lack of a well-functioning referral system, limited access to health services and underlying malnutrition pose major challenges for control and prevention of disease outbreaks. INTERSOS procures medical supplies from HPC, in Kenya through CHMP but unavailability of the quantity of drugs requested can result in stock-outs in the health facilities across the region. Consequently, about 516,036 (PESS 2014 UNFPA) girls, women, boys and men in Middle Shebelle region need improved health services.

3. Description Of Beneficiaries

The population in Middle Shebelle Region as according to PESS 2014 by UNFPA is 516,036. INTERSOS will support, 4 MCHs with one of them located inside JRRH and the other 3 in Mahadaay, Hawadley and Balcad and 5 IDP camps in the surroundings of Jowhar town: Isnay piasa 2 camp 465 Households; Isnay piasa 1 camp 385 Households; Sheikh Omar camp 60 Households; Jiliyale camp 350 Households Airport camp 2,373 households. Taking into consideration the area and the facilities supported, INTERSOS will target 30% of the population which is equal to 154,810. Approximately, 133,012 will be host community members and 21,798 IDPs. Out of the overall population above mentioned, 30,962 will be children aged under 5 (which include 6,192 under 1 surviving infants); 35,606 women in child bearing age (which include 7,740 pregnant women and 6,192 lactating women); 88,242 will be the remaining individuals aged above 5 years. There will also be about 24 staff and 80 pastoralists making the number of direct beneficiaries to be 154,914.

4. Grant Request Justification

Due to the combined deterioration of humanitarian situation and intensity of drought, the project will focus on scale up response to the drought affected region of Middle Shebelle which has experienced perpetual AWD/ cholera outbreaks coupled with cases of measles. The intervention will provide immediate lifesaving response in a more rapid way through delivery of emergency health services focusing on maternal, neonatal and child health. Moreover, INTERSOS has been present in Middle Shebelle for over 20 years, providing emergency and lifesaving services and coordinating response to emergency epidemic outbreaks. INTERSOS therefore understands the health needs of the population in Middle Shebelle and has built good rapport with the local authorities, communities and other health actors in the region. Therefore, INTERSOS is in the best position to implement this project with a lot of ease without facing any challenges associated with logistics and access to the drought affected population.

5. Complementarity

In M/Shabelle, INTERSOS runs Jowhar Regional Hospital, a state of the art facility with a well-equipped pediatric surgical and medicine obstetrics/gynecology departments and laboratory. The proposed project will therefore complement the efforts of this project by increasing referrals of emergency obstetric and gynecological services at the hospital. In addition, INTERSOS is the regional cold chain hub for vaccines storage and distribution in Middle Shebelle, as such, this project will complement the efforts of the cold chain project by improving immunization coverage for children aged below 5 years given that provision of immunization services will be part of activities of the mobile clinics. The cold chain project will ensure that there is availability of high quality vaccines at all times to facilitate delivery of immunization services. In addition, following the recent spate of AWD outbreaks in Jowhar coupled with the current drought situation, the project will play a crucial role in disseminating hygiene messages to prevent the spread of epidemic including measles which is closely associated with AWD consequently minimizing case fatalities. Hence or otherwise, the project will further consolidate the gains made by ECHO supported project which ended in December, 2016 and is expected to continue in the year 2017.

LOGICAL FRAMEWORK

Overall project objective

To improve access to life-saving emergency primary health services including maternal and child health through both static and mobile health clinics in Middle Shebelle region of South Central Somalia

Health							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality		Somalia HRP 2017	35				
To contribute to the reduction of maternal and child morbidity and mortality		Somalia HRP 2017	35				
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner		Somalia HRP 2017	30				
<p>Contribution to Cluster/Sector Objectives : The project will contribute to the 2017 Health cluster objectives 1,2 &3 which is also in line with HRP strategic 1 &4.The project will provide life saving primary health services to drought affected population of middle shebelle to reduce morbidity and mortality of the affected population. Consequently, this project will contribute to health cluster objectives 1 and 2. The third outcome of this project will strengthen emergency preparedness and response capacities in Jowhar and Balcad districts of Middle Shebelle which will significantly contribute to health cluster objective3.</p>							
Outcome 1							
Improved access to and utilization of Emergency Obstetric, Child Care and other reproductive health services							
Output 1.1							
Description							
Increased number of beneficiaries accessing emergency obstetric , child care and other reproductive health services in Middle Shebelle							
Assumptions & Risks							
The assumption here is that the community members will accept the activities of the project and participate fully. The risk is that insecurity may hamper implementation of activities. The mitigation measure here is that INTERSOS will maintain active pro-neutrality policy and will always monitor the evolution of the security situation for remedial action							
Activities							
Activity 1.1.1							
Standard Activity : Emergency Obstetric Care - Basic and Advaced							
Provision of Basic Emergency Obstetric and Newborn Care (BEmONC) in all supported health facilities. Cases requiring Advanced/comprehensive emergency obstetric care will be referred to Jowhar referral hospital.							
Activity 1.1.2							
Standard Activity : Immunisation campaign							
Immunization services (EPI) will be provided within primary health services integrated with nutrition services through a network of 3 fixed primary health facilities and 2 mobile clinics. Children and pregnant women with malnutrition will be referred to nutrition centers in close proximity for nutrition care and support.							
Activity 1.1.3							
Standard Activity : Primary health care services, consultations							
Provision of antenatal care services for pregnant women in 3 static and 2 mobile clinics							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					3
Means of Verification : Monthly and quarterly narrative reports, HMIS data							
Indicator 1.1.2	Health	% of Children U1 vaccinated with Penta 3 in static and 2 mobile clinics					30
Means of Verification : HMIS, Immunization registers							
Indicator 1.1.3	Health	% of pregnant women who have at least four ANC visits					50
Means of Verification : ANC registers, HMIS							
Outcome 2							
Strengthened Integrated primary lifesaving services including referral, emergency assistance and health promotion through 3 static and 2 mobile clinics and CHWs reaching accessible villages of drought affected districts of Jowhar and Balcad districts of Middle Shebelle.							
Output 2.1							
Description							
Increased access to free primary life saving services coupled with emergency assistance and health promotion for drought affected population of Jowhar and Balcad districts of Middle Shebelle.							
Assumptions & Risks							

The assumption here is that the community members will accept the activities of the project and participate fully. The risk is that insecurity may hamper implementation of activities. The mitigation measure here is that INTERSOS will maintain active pro-neutrality policy and will always monitor the evolution of the security situation for remedial action

Activities

Activity 2.1.1

Standard Activity : Essential drugs and Medical equipments distribution

The 5 supported facilities (Mahadaay, Hawadley amd Balcad) and 2 mobile clinics will be equipped with essential drugs, vaccines, post-rape treatment drugs and basic medical equipment to deliver lifesaving health services including medical care for SGBV.

Activity 2.1.2

Standard Activity : Secondary health care and referral services

Support the referral of obstetric emergency cases from the MCHs in Balcad, Hawadley and Mahadaay to JRRH.

Activity 2.1.3

Standard Activity : Primary health care services, consultations

Curative consultations provided either through 3 static facilities(Hawadley, Mahadaay, Balcad) and 2 mobile clinics which receives substantial support through the project. Included in this activity will be the training of 11 staff from the MCH and the mobile clinics on IMCI and infection control.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number and Percentage of health facilities supported by humanitarian organizations					5

Means of Verification : Monthly, quarterly and end of project reports

Indicator 2.1.2	Health	%ge of obstetric emergency referred to JRRH					10
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Means of Verification : Monthly and quarterly reports

Indicator 2.1.3	Health	Number of primary health care consultations					8,400
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Means of Verification : HMIS reports, Facility registers

Outcome 3

Strengthened emergency preparedness and response capacities in Jowhar and Balcad districts of Middle Shebelle for enhanced early warning, disease detection and response to epidemic outbreaks in a timely manner

Output 3.1

Description

Enhanced early warning system and preparedness for prompt response to emergency outbreaks

Assumptions & Risks

The assumption here is that there will be no access limitations during coordination activities for prompt action and response.

Activities

Activity 3.1.1

Standard Activity : Epidemic disease surveillance

Surveillance of epidemic diseases including ,AWD/Cholera, measles through case registration using DEWS tools and sharing reports with Health clusters, WASH cluster, sub-clusters and MoH for prompt response

Activity 3.1.2

Standard Activity : Emergency Preparedness and Response capacities

Training of key field staff on emergency preparedness and response including on cholera preparedness and response plan

Activity 3.1.3

Standard Activity : Essential drugs and Medical equipments distribution

Procurement and Prepositioning of emergency supplies for prompt response to epidemic outbreaks like AWD/Cholera

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Health	% of outbreak alerts that are evaluated and consequently responded in less of 48 hours					100

Means of Verification : Monthly, quarterly and end of project reports. Outbreaks response reports

Indicator 3.1.2	Health	Case Fatality Ratio (CFR) for most common diseases - AWD/Cholera					1
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Means of Verification : HMIS reports, monthly reports, outbreak response reports

Indicator 3.1.3	Health	Number of facilities with emergency supplies procured and propositioned for rapid response to epidemic outbreaks					3
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Means of Verification : Monthly and quarterly reports

Additional Targets : Given that in the standard activity, there is no provision for capacity building related activities. this project will also train 11 staff on ANC and BEmONC and IMCI and infection control and emergency/cholera preparedness and response which will contribute to outcomes 1,2 and 3 respectively. The project will also rehabilitate Balcad MCH which at the moment has dilapidated infrastructure. this will contribute to outcome 2.

List of acronyms

AWD- Acute Watery Diarrhoea
 BEmONC-Basic Emergency Obstetric and Newborn Care
 CHWs- Community Health Workers
 FSNAU- Food Security and Nutrition Analysis Unit
 HF- Health Facilities
 IMCI-Intergrated Management of Childhood Illness
 WASH- Water Hygiene and Sanitation
 MCH- Maternal and Child Health
 WOCCA-Women and Child Care Organization
 UNFPA- United Nations Populations Fund
 PESS-Population Estimation survey for Somalia
 KAP- Knowledge Attitude and Practises
 IDPs- Internally Displaced Populations
 SGBV- Sexual Gender Based Violence
 JRRH- Jowhar Regional Referral Hospital
 CPP- Comprehensive Planning Process

M & R

Monitoring & Reporting plan

Monitoring and reporting of the proposed activities will be an integral part of this project. Monitoring will be done by the project manager who will ensure that activities are implemented according to plan. This will involve monthly visits to the project location and compiling supervision report. Data collection will be done by the staff involved in the activities, supported by the Project Manager using the official HMIS tools and the same will be shared with the health cluster, MoH and UNOCHA. The project logical framework will form a base tool for monitoring and tracking the progress of the project against set indicators. An interim report for the projects' activities will then be prepared by the project manager and shared with UNOCHA, health cluster and the MoH on a regular basis. Monthly reports from project activities will also be shared with Ministry of Health, UNOCHA and the health cluster.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of Basic Emergency Obstetric and Newborn Care (BEmONC) in all supported health facilities. Cases requiring Advanced/comprehensive emergency obstetric care will be referred to Jowhar referral hospital.	2017			X									
Activity 1.1.2: Immunization services (EPI) will be provided within primary health services integrated with nutrition services through a network of 3 fixed primary health facilities and 2 mobile clinics. Children and pregnant women with malnutrition will be referred to nutrition centers in close proximity for nutrition care and support.	2017			X	X	X	X	X	X				
Activity 1.1.3: Provision of antenatal care services for pregnant women in 3 static and 2 mobile clinics	2017			X	X	X	X	X	X				
Activity 2.1.1: The 5 supported facilities (Mahadaay, Hawadley amd Balcad) and 2 mobile clinics will be equipped with essential drugs, vaccines, post-rape treatment drugs and basic medical equipment to deliver lifesaving health services including medical care for SGBV.	2017			X	X	X	X	X	X				
Activity 2.1.2: Support the referral of obstetric emergency cases from the MCHs in Balcad, Hawadley and Mahadaay to JRRH.	2017			X	X	X	X	X	X				
Activity 2.1.3: Curative consultations provided either through 3 static facilities (Hawadley, Mahadaay, Balcad) and 2 mobile clinics which receives substantial support through the project. Included in this activity will be the training of 11 staff from the MCH and the mobile clinics on IMCI and infection control.	2017			X	X	X	X	X	X				
Activity 3.1.1: Surveillance of epidemic diseases including ,AWD/Cholera, measles through case registration using DEWS tools and sharing reports with Health clusters, WASH cluster, sub-clusters and MoH for prompt response	2017			X	X	X	X	X	X				
Activity 3.1.2: Training of key field staff on emergency preparedness and response including on cholera preparedness and response plan	2017				X								
Activity 3.1.3: Procurement and Prepositioning of emergency supplies for prompt response to epidemic outbreaks like AWD/Cholera	2017			X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

This action will ensure that at all times, there will be coordination with health , WASH nutrition and protection actors operating in Middle Shebelle as a whole for free sharing of information to strengthen preparedness in case of any emergency outbreaks like measles and cholera for a coordinated and efficient response. In addition, analysis of project data will be conducted regularly to provide an evidence base for a more responsive programming to address the specific needs girls, boys, women and the elderly. This will be particularly for activities revolving around epidemic outbreaks like AWD/cholera and measles. In addition, this project will be implemented focusing on achieving the objectives set out in the humanitarian response plan to address the gaps in coverage while respecting the local cultural and religious beliefs of the affected population. Finally, the project will encourage participation of the affected populations in all stages of programming. This will be achieved through consulting the communities through their leaders during selection of CHWs to be engaged in this project. Monitoring and evaluation of project activities will be done on an ongoing basis to inform if there is need for remedial action. During this process, beneficiaries will be asked to provide their views on the activities being undertaken and adjustment will be made where necessary.

Implementation Plan

Activity 1.1.1: There will be training of nurses with midwifery skills who, as team members, will provide Basic Emergency Obstetric and Newborn Care (BEmONC) at all supported health facilities. Cases requiring Advanced/comprehensive emergency obstetric care will be referred to Jowhar referral hospital.

Activity 1.1.2: The project will pay salaries on a monthly basis for project staff committing their time and resources on this project.

Activity 1.1.3: The project will provide Immunization services (EPI) within primary health services integrated with nutrition services through a network of 4 fixed primary health facilities and 2 mobile clinics. Children and pregnant women with malnutrition will be referred to nutrition centers in close proximity for nutrition care and support.

Activity 2.1.1: Provision of curative consultations either through 3 static facilities(Hawadley, Mahadaay, Balcad) which receives substantial support through the project. Included in this activity will be the training of 11 staff from the MCH and the mobile clinics on IMCI and infection control.

Activity 2.1.2: Through the mobile clinics and the CHWs, the project will refer emergency cases from the MCHs in Balcad, Hawadley and Mahadaay to JRRH

Activity 2.1.3: 48 CHWS will provide sensitization services to the villages in Jowhar North district. On a monthly basis each of the targeted villages will be reached by CHWs with health sensitization messages. Some of the topics to be covered will include the need to have children immunized, early health seeking at the health facility for sick patients

Activity 2.1.4: The project will equip the supported 3 facilities with essential drugs, vaccines, post-rape treatment drugs and basic medical equipment to deliver lifesaving health services including medical care for SGBV

Activity 3.1.1: On a weekly basis, the project will share Surveillance for epidemic diseases including ,AWD/Cholera, measles through case registration using DEWS tools with Health clusters, WASH cluster, sub-clusters and MoH for prompt response in case of an emergency outbreak.

Activity 3.1.2: The project will train 5 staff from each of the 3 MCHs, 2 mobile clinics on emergency preparedness and response including on cholera preparedness and response plan

Activity 3.1.3: The project will procure and preposition emergency supplies and equipment for prompt response to epidemics like cholera.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WOCCA	Operates in Jowhar and Balcad district implementing supplementary feeding programmes- INTERSOS staff will refer malnourished children together with pregnant and lactating mothers to WOCCA managed facilities for nutrition rehabilitation.
PAH	This is an NGO implementing WASH activities in Mahadaay. INTERSOS will collaborate with this organization to enhance response to AWD/Cholera outbreaks, especially in distribution of water treatment agent
IMC	IMC runs maternity services in Jowhar district- INTERSOS will collaborate with IMC especially referral of complicated obstetric cases to Jowhar regional hospital for specialized care

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Gender will be mainstreamed throughout the project: data will be disaggregated by sex and age whenever possible and activities will be tailored to respond to the specific needs of women, girls, men and boys affected by drought in Middle Shebelle. The needs of girls and women in conflict will be taken into account by tailoring specific training to the female health workers and by strengthening the referral mechanism to assist women and girls who have been subjected to sexual gender based violence. The access to integrated lifesaving emergency health services will be particularly ensured for pregnant and lactating women and U5 children.

Protection Mainstreaming

Protection is a cross-cutting issue and therefore will be integrated into all aspects of this emergency response. INTERSOS will ensure that activities being implemented will not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. All activities will be tailored to ensure that they promote and respect human rights and enhance protection of women, girls, men and boys. Specifically, this action will mainstream protection by ensuring that from the outset, it will deploy female and male local health workers. In addition, this action will also ensure that survivors of sexual and gender based violence when encountered by the mobile clinics and CHWs will be referred to JRRH where they will be able to access medical and psycho social support. In addition, the community members will be informed of the nearest health facilities where SGBV are available.

Country Specific Information

Safety and Security

The security situation is categorized as not critical, INTERSOS has elaborate security procedures where staffs do undertake comprehensive planning process (CPP) which essentially involves security analysis of the area to be visited; the head of mission then approves or cancels the mission depending on the security situation. Secondly, INTERSOS recruits local staff who are very familiar with the context which supports the tenets of project ownership but also reduces the risk of kidnapping of international staff. Ultimately, this has enhanced programme ownership and reduced security threats for the organization. All INTEROS staffs undergo security training and basic first aid training. The security staff as well as a security manager will be in charge of the general security of the project and its staff. INTERSOS has security officers present on the ground and conducts regular analysis of the security situation. Maintaining the safety and security of staff during travel is an essential part of the security management process. The INTERSOS Security policy states that all visitors to the office are to notify the he head of mission in advance of their intention to visit the field.

Access

INTEROS is one of the leading health actors in Somalia, with high technical capacity, institutional knowledge and over 20 years' experience in the Somali context, especially in South Central, INTERSOS have been working in Middle Shebelle for over 20 years with strong knowledge of the local context and developed a good rapport with the local administration. Since there are critical health concerns in Middle Shebelle, INTERSOS will target the area to deliver life saving emergency health services. INTERSOS has 100% access to the proposed project location and uses the local staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context.

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 Manager	D	1	2,500.00	6	100.00	15,000.00
	<i>Based in Nairobi with frequent travel to field locations (Jowhar, Mogadishu), for reporting and coordination. Assists the Health and Nutrition Coordinator in the implementation of project from a managerial standpoint. Reports on a weekly basis to the Health and Nutrition Coordinator. dedicated to this project 100%</i>						
1.2	Field Health Supervisor	D	1	800.00	6	100.00	4,800.00
	<i>Based in Jowhar, with regular visits to all Health Centers and to the villages targeted by the mobile clinics where the activities take place, responsible for the coordination, supervision and monitoring of the activities in the field. Reports weekly to both Project Manager (for managerial component) and to Health and Nutrition Coordinator (for technical and coordination component) on a weekly basis. Responsible also of facilitating the training of staff and of CHWs. Dedicate to this project 100%</i>						
1.3	Medical staff- Nurses Health center	D	6	300.00	6	100.00	10,800.00
	<i>Based in Balcad, Mahadaay, and Hawadley, they will deliver health activities in the field within the structure of the facilities: conduct visits, distribute medications on the basis of the diagnosed diseases and transport/ refer critical patients. Fully dedicated to this project</i>						
1.4	Head Nurse Mobile clinic	D	2	300.00	6	100.00	3,600.00
	<i>one head Nurse per mobile clinic. This mobile clinic will be deployed in the northern parts of Jowhar district. The role of this position will be to ensure that beneficiaries are reached through the mobile clinics.</i>						
1.5	Guards	D	3	120.00	6	100.00	2,160.00
	<i>One guard per HC to ensure that there is order and security within the health centres. They will be answerable to the head nurse of each Health facility</i>						
1.6	Head Nurse Health centre	D	3	300.00	6	100.00	5,400.00
	<i>Based in Balcad, Mahadaay and Hawadley coordinates activities of nurses and support staff. He/She is a nurse with 50% clinical duties and 50% reporting / coordination duties.</i>						
1.7	Field Coordinator	D	1	1,600.00	6	33.33	3,199.68
	<i>Based in M/Shabelle (jowhar), represent the Organization at field level. Responsible of supporting the coordination and implementation of all programs implemented in Middle Shebelle by INTERSOS, including this one.</i>						
1.8	Finance Assistant	D	1	1,700.00	6	33.33	3,399.66
	<i>This staff will be responsible for the daily monitoring of the financial reporting from the field, facilitate the transfer of funds to the field, reporting to the donor for both interim and final</i>						
1.9	Cleaner	D	3	120.00	6	100.00	2,160.00
	<i>Cleans the health centers in balcad, mahadaay and Hawadley and will be answerable to the head nurse of the health facilities.</i>						
1.10	Field administrator	D	1	450.00	6	33.33	899.91

	<i>Ensures that all project documents are well handled at the field level and send all accounting documents to Nairobi. He will also ensure compliance with donor requirements at the field level.</i>						
1.11	Nurses- Mobile clinic	D	4	300.00	6	100.00	7,200.00
	<i>two nurses will be working in each the mobile clinic to deliver life saving services within the mobile clinics. They will directly report to the head of mobile clinics on a daily basis.</i>						
1.12	CHWs Incentives	D	48	80.00	6	100.00	23,040.00
	<i>Each CHW will be supported by incentives of \$ 80 per month. They will deliver sensitization messages and also play a crucial role in referring patients who need specialized care within their areas of jurisdiction.</i>						
	Section Total						81,659.25
Supplies, Commodities, Materials							
2.1	Drugs and medical supplies	D	1	36,885.08	1	100.00	36,885.08
	<i>Drugs and other medical supplies will be purchased for use in 3 static health facilities in Mahadaay, Balcaad and Hawadley and the 2 mobile clinics to deliver emergency life saving health services to drought affected population in Middle Shebelle. See the BoQ of the items to be purchased</i>						
2.2	Transport by road/Air	D	1	13,529.50	1	100.00	13,529.50
	<i>Transport of 4655 kg of drugs @ 2.9usd per kilo. This will be the costs of transporting all medical and non medical equipment purchased in Nairobi and to be delivered to the field.</i>						
2.3	Storage coss/warehouse	D	1	500.00	6	100.00	3,000.00
	<i>The warehouse will be used to store the drugs and medical equipment and will be used as central delivery station for the monthly drugs order from Mobile team and MCHs. The warehouse will also act as a storage space for prepositioned emergency supplies</i>						
2.4	Training of nurses in IMCI (Intergrated Management of Child Hood illnesses and infection control)	D	1	2,289.00	1	100.00	2,289.00
	<i>The training will be conducted in Mogadishu to equip 11 staff with knowledge and skills on Intergrated Management of childhood illness and infection control. The training will be done in Mogadishu.</i>						
2.5	ANC and BEmONC Training.	D	1	3,648.00	1	100.00	3,648.00
	<i>The training will be conducted in Mogadishu to equip 11 staff with knowledge and skills on antenatal care for pregnant mothers, Basic Emergency ,Obstetrics and Newborn care to enable them deliver high quality services. The training will be done by a midwife consultant who is well experienced in Midwifery and training. See the BoQ for details</i>						
2.6	Training of 5 key field staff (3 Heads of MCHs and 2 Heads of mobile clinics) on emergency preparedness and response	D	1	417.00	1	100.00	417.00
	<i>This training will be done at the field level in Jowhar. The five staff will be trained on cholera case management, epidemic cholera preparedness and response among other topics. See the BoQ</i>						
2.7	Medical/Nonmedical consumables	D	1	2,077.04	1	100.00	2,077.04
	<i>Medical consumables will be purchased for use in 3 static health facilities in Mahadaay, Balcaad and Hawadley and the 2 mobile clinics to deliver emergency life saving health services to crisis affected population in Middle Shebelle, South Central Zone of Somalia. See the BoQ of the items to be purchased</i>						
	Section Total						61,845.62
Contractual Services							
4.1	Midwife consultant	D	1	2,820.00	1	100.00	2,820.00
	<i>The midwife consultant will train 11 nurses on antenatal care, Basic emergency obstetric and newborn care. The consultancy will be advertised on relief web and NGO consortium to get a qualified and competent trainer. See the BoQ for details</i>						
	Section Total						2,820.00
Travel							
5.1	Travel to NBO/Mogadishu	D	1	10,120.00	1	80.00	8,096.00
	<i>These are costs associated with travels from Nairobi to the field for monitoring purposes. The officers who will travel under this line include, Health and nutrition coordinator, Project manager, The head of Mission , and the medical referent from the HQ may also use this line to travel to the field for advisory purposes. See the BoQ</i>						

5.2	Deployment costs - accomodation and perdiem	D	1	390.00	18	100.00	7,020.00
<i>These are costs associated with deployment while in Mogadishu. It includes accomodation costs,perdiem for the health and Nutrition coordinator, Project manager and any staff mentioned in 5.1 who may travel to the filed for monitoring purposes.</i>							
5.3	Car rental for supervision	D	1	800.00	6	100.00	4,800.00
<i>One car will be hired at a cost of 800 for supervision of activities in the 3 MCHS supported, also to transport drugs and medical supplies from Mogadishu to Jowhar</i>							
5.4	Car rent Mobile team	D	2	1,500.00	6	100.00	18,000.00
<i>2 car rent in monthly base 1500*2*6=\$18,000 These cars will be used to conduct the outreach medical activities among in Jowhar North district, Hawadley and Mahaaday. The Vehicles will also transport referral case to Jowhar Regional Hospitals</i>							
Section Total							37,916.00

General Operating and Other Direct Costs

7.1	Communication Costs	D	1	600.00	6	36.66	1,319.76
<i>Communication cost: contribution of the communication costs for project staff. This will include field health supervisor, Health and Nutrition Coordinator, Project Manager, Field coordinator and the admin staff in Nairobi contributing to the project.</i>							
7.2	MCH Running costs	D	3	200.00	6	50.00	1,800.00
<i>These costs include water and electricity bills and waterbills for the 3 MCHs supported i.e Balcad, Mahadaay and Hawadley. see BOQ for details</i>							
7.3	Office Supplies and Stationery	D	1	1,185.00	1	100.00	1,185.00
<i>These include office stationery, for Nairobi and Mogadishu coordination offices and the Jowhar Office. see BOQ for details.</i>							
7.4	Bank Charges	D	1	3,030.00	1	100.00	3,030.00
<i>Bank charges are calculated as 2% of USD 151500.</i>							
Section Total							7,334.76

SubTotal 93.00 **191,575.63**

Direct 191,575.63

Support

PSC Cost

PSC Cost Percent 7.00

PSC Amount 13,410.29

Total Cost 204,985.92

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Middle Shabelle -> Balcad -> Balcad	40	10,565	39,017	6,193	6,193	61,968	Activity 3.1.1 : Surveillance of epidemic diseases including ,AWD/Cholera, measles through case registration using DEWS tools and sharing reports with Health clusters, WASH cluster, sub-clusters and MoH for prompt response Activity 3.1.2 : Training of key field staff on emergency preparedness and response including on cholera preparedness and response plan Activity 3.1.3 : Procurement and Prepositioning of emergency supplies for prompt response to epidemic outbreaks like AWD/Cholera

Middle Shabelle -> Jowhar -> Jowhar	60	15,846	58,524	9,288	9,288	92,946	<p>Activity 1.1.1 : Provision of Basic Emergency Obstetric and Newborn Care (BEmONC) in all supported health facilities. Cases requiring Advanced/comprehensive emergency obstetric care will be referred to Jowhar referral hospital.</p> <p>Activity 1.1.2 : Immunization services (EPI) will be provided within primary health services integrated with nutrition services through a network of 3 fixed primary health facilities and 2 mobile clinics. Children and pregnant women with malnutrition will be referred to nutrition centers in close proximity for nutrition care and support.</p> <p>Activity 2.1.1 : The 5 supported facilities (Mahadaay, Hawadley amd Balcad) and 2 mobile clinics will be equipped with essential drugs, vaccines, post-rape treatment drugs and basic medical equipment to deliver lifesaving health services including medical care for SGBV.</p> <p>Activity 2.1.2 : Support the referral of obstetric emergency cases from the MCHs in Balcad, Hawadley and Mahadaay to JRRH.</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	INTERSOS HEALTH SECTOR KAP SURVEY REPORT final.docx
Project Supporting Documents	ANNEX A - PESS_final Somal.population.pdf
Project Supporting Documents	SOM_resources_situationalalysis(2).pdf
Project Supporting Documents	INTERSOS HEALTH SHF Budget+ BOQ.XLSX
Project Supporting Documents	Copy of INTERSOS HEALTH SHF Budget+ BOQ 03_02_2017.xlsx
Budget Documents	INTERSOS HEALTH SHF Budget+ BOQ 09_02_2017.xlsx
Budget Documents	INTERSOS HEALTH SHF Budget+ BOQ 09_02_2017 FINAL.xlsx
Budget Documents	INTERSOS HEALTH SHF BOQ 10_02_2017.xlsx
Budget Documents	INTERSOS HEALTH SHF BOQ 10_02_2017 Final.xlsx
Budget Documents	Final revised BOQ INTERSOS HEALTH.xls
Grant Agreement	HC signed GA Intersos 4583.pdf
Grant Agreement	HC signed GA Intersos 4583.pdf
Grant Agreement	HC signed GA Intersos 4583.pdf