

<b>Requesting Organization :</b>	DEH Relief and Development Organization				
<b>Allocation Type :</b>	Standard Allocation 1 (Jan 2017)				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Health	General clinical services	100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of Life-saving Primary Healthcare to drought affected pastoral and Displaced Communities in Galkacayo South IDPs and Hobyo district in Mudug Region				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>	SOM-17/H/98986	<b>Fund Project Code :</b>	SOM-17/3485/SA1 2017/H/NGO/4603		
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	148,808.27		
<b>Planned project duration :</b>	9 months	<b>Priority:</b>	A - High		
<b>Planned Start Date :</b>	20/02/2017	<b>Planned End Date :</b>	20/11/2017		
<b>Actual Start Date:</b>	20/02/2017	<b>Actual End Date:</b>	20/11/2017		
<b>Project Summary :</b>	<p>The project aims to provide life-saving emergency primary health care to 17,800 draught affected IDPs and host communities in Galkacayo south IDPs and Hobyo town through one static and one mobile clinics in Hobyo and 2 mobile clinics in Galgacayo south IDPs and host communities through provision of maternal and neonatal and child healthcare, as well as immunization to the target communities. The primary health care center will provide ante-natal and post-natal care, skilled delivery birth attendants and services, micro nutrient supplementation, nutrition screening of children U5 years, immunization, treatment of common diseases, and health education. Capacity building of local health staffs will be strengthened in order to provide quality health care to the community. The Maternal Child Health (MCH) will be operational for all days due to the facility delivery needs and emergency referral. Project will focus on provision of both preventive and curative health services at primary level integrated with nutrition activities that are undertaken by DEH organization. Building the capacity of health workers through training on Basic Emergency Obstetric Care (BEmONC) will be done to equip health workers with the required skills to deliver quality health care services to the affected population. Referral of malnourished children with complicated cases will be done to the Outpatient Therapeutic Programme (OTP) centres managed by DEH . It shall also strive to coordinate with Health, WASH, and Nutrition clusters to coordinate response activities for maximum impact to beneficiaries. DEH through this project will provide life-saving medical consultations and drugs to the health facility, establish referral mechanisms between DEH facilities and secondary healthcare providers in Mudug region, improve the coverage of measles vaccinations and Vitamin A; and support safe motherhood and reproductive health while also ensuring readiness to prevent and respond to outbreaks such as malaria, measles or Acute Watery Diarrhea AWD/Cholera and promote health update through health education and beneficiary sensitization as well as linking this with the nutrition program in order to enable provide a holistic services within the organization target site</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	810	5,010	6,000	6,000	17,820
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	6,000	6,000	12,000
Women of Child-Bearing Age	0	5,000	0	0	5,000
Trainers, Promoters, Caretakers, committee members, etc.	20	0	0	0	20
<b>Indirect Beneficiaries :</b>					
The project shall assist the host community in Hobyo and South Galkacayo in Mudug are also vulnerable in nature and have no any other services provided. The community within Hobyo will benefit from health promotion activities that will be conducted and offered.					
<b>Catchment Population:</b>					
Putting into consideration the poor urban population and the draught affected population in the catchment area, an estimated 23,900 in the surrounding areas will have access to health facilities in Hobyo District and south Galkacayo IDPs in which DEH is currently implementing target supplementary program integrated with outpatient therapeutic feeding program and intends to continue under this grant.					

**Link with allocation strategy :**

DEH's proposal is in line with the SHF strategy number 2: Lifesaving and life-sustaining integrated response to Internally Displaced Persons IDPs and host communities as well as SHF strategy number 3: Acute Watery Diarrhea (AWD/Cholera) response in draught affected population in Somalia. The proposed activities are in line with the 2017 Somalia Humanitarian Plan's health priorities of number 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 number 2: To contribute to the reduction of maternal and child morbidity and mortality

**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
Mohamed Yussuf Abdi	Executive director	deh_org@hotmail.com	+254722548133

**BACKGROUND****1. Humanitarian context analysis**

Somalia is currently experiencing a draught that has led severe food security for than 13% of the population making humanitarian situation in the country very fragile. Poor Gu 2016 April-June rains coupled with poor 2016 Oct-Dec rainfalls prospect led to draught condition in most part of the country and subsequent worsening of health and nutrition of the communities. Effort to reduce the level of mortality and morbidity continued to under by irregular whether partners. Other contextual factors on food security, WATSAN, household and child diversity, maternal health and nutrition data were collected have shown greater needs for these services. The above recent assessment shows Galkacayo south IDP and Hobyo settlement needs have been increasing based on a previous joint assessment that undertaken in Health cluster. According to the FSNAU recent Assessment on the Current Situation of Galkacayo south IDPs and Vulnerable Host Communities affected by Conflicts and droughts in Mudug region, there are about 6 IDPs camps covering 8 sections of the town. Most part of Mudug region are either controlled by Al shabab militia of local government authority and despite this most liberated areas of Hobyo and Galkacayo south IDPs lack basic primary healthcare services. The lack of access to basic health services in many areas exacerbates already high rates of under-5 child mortality and increases the incidence of preventable diseases. The existing cold chain equipment, vital for immunization, is inadequate and its capacity is limited. Persistent low immunization coverage results in high numbers of unvaccinated children under 5 and occurrence of vaccine preventable diseases (VPD) such as measles. Acute malnutrition rates remain high, requiring lifesaving interventions. The lack of adequate antenatal care (ANC) puts women at elevated and recurrent risk of death due to obstetric complications. Health facilities lack essential medicines to deliver quality basic health services. In Bakool region, healthcare in almost non-existent and the region due to multiple challenges from access issues, poor communities, historical underserved status and the recurrent seasonal shocks experiences high morbidity and mortality rates. According to the Joint Health & Nutrition Programme (JHNP) 2016 Annual Report, Mudug region in Somalia has the poorest health facilities with poor Antenatal Care (ANC) visits, facility delivery and access to health. Therefore, this project will address that gap and enhance health services delivery to these underserved communities. The majority of the people have fled from the areas of conflict to the safe areas in Hobyo and Galkacayo district, where they can access and get immediate response from Humanitarian Aid services. Poor living conditions and insufficient healthcare has led to measles and AWD outbreaks and other communicable diseases that afflict the draught stricken communities in these areas and hence urgent emergency primary healthcare is of paramount to support them.

**2. Needs assessment**

Adverse draught conditions and the demand by localized conflicts has hit Galgadud region and more specifically to Galgacayo area this has worsened the healthcare services in the regions. Recent HMIS data collected from Galkacayo south IDPs partner's facilities for the month of Oct to Dec 2016, shows high trends of communicable diseases, negligible deliveries in MCH/HC and a high number of moderately and severely under nourished children. With IDP women having low facility based delivery in Somalia, the lives of pregnant women remain in danger and women of child bearing age have no access to much needed life-saving healthcare. More than 2.5 million people in drought-affected areas in need of health services, including 500,000 children under-5 and 575,000 women of child bearing age. In 2016, Over 14,000 of Acute Watery Diarrhea (AWD) cases were reported and 497 of these died with case fatality of 3.5%. 58% of the cases were children under 5 years of age. In southern regions of Somalia in particular Bay, more than 677 Acute Watery Diarrhea AWD/cholera cases have already been reported in the second week of January (Health Cluster Bulletin, January 15, 2017) and the number of cases is expected to increase as rivers are already drying up and water is scarce. Mudug region is one of the most undeserved regions in Somalia and large part of it remains inaccessible denying communities much-needed services. Apart from Galkayo North and Haradheree cold chain, vital for immunization is non-existent. The region is one of the most under-served regions in Somalia. According to the Joint Health and Nutrition Program, the region has the least facility deliveries in Somalia and virtually non-existent primary healthcare. However, Galkacayo south IDPs and Hobyo district are part of the areas in Mudug region in which primary health care services is below the required any international standard.

**3. Description Of Beneficiaries**

The target population shall be mainly drawn from draught affected and displaced population by the fighting in the adjusted areas as well as the drought. The target beneficiaries shall be boys, girls, women and men irrespective of their status. Beneficiaries are mainly the draught affected pastorals and Internally Displaced Persons IDPs. The beneficiaries include girls, boys, women and men irrespective of status and needs. Especial emphasis is given to pregnant and lactating women and children under-five who face the biggest danger of morbidities and mortality due to pregnancy-related complications and childhood illnesses. Men will be encouraged to seek healthcare to create healthy communities and due to their role as bread winners in a difficult situations and circumstances

#### 4. Grant Request Justification

The grant will enable DEH organization to continue its life-saving interventions including response to Acute Water Diarrhea (AWD/cholera) response to the drought affected population. The project will be able to provide urgent lifesaving emergency healthcare provision to the vulnerable IDPs and host communities through the support of medical services and the needed referral services in case of complication cases to further treatment. The project will strive to improve the capacity of healthcare providers through capacity enhancement as well as bringing services closer to the affected population. DEH is currently implementing nutrition activities in Mudug region which will play a significant role in referring malnourished children seen at health facilities and noticed by mobile teams to its Outpatient Therapeutic Programme (OTPs).

#### 5. Complementarity

DEH is currently implementing target supplementary feeding program and outpatient therapeutic feeding program in these areas. Consequently, activities have been designed to complement each other in order to maximize impact and to leverage on already ongoing projects in areas where DEH has been strongly operationally present. DEH shall however, intends to integrates it nutrition activities with the proposed primary health care service through integrated life-saving humanitarian assistance in the proposed project sites for both static and mobile health facilities. DEH closely works with other implementing partners in Mudug region and also is a regional Health Cluster member.

#### LOGICAL FRAMEWORK

##### Overall project objective

To ensure access to basic primary and life-saving health care services for affected 5,000 Women, 6000 boys, 6000 girls, and 800 men drought affected and Internally Displaced Persons IDPs and Host Communities at Hobyo and south Galkacayo in Mudug Region.

##### 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	50
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2017	25
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	Somalia HRP 2017	25

**Contribution to Cluster/Sector Objectives :** Increased coverage of life-saving primary and emergency health care services to drought affected pastoral communities and poor urban host communities in Hobyo District and South Galkacayo, with special provision for pregnant women, mothers, women of child-bearing age, and children <5 years.

##### Outcome 1

Improved accessibility to primary Health Care service for Women, boys, girls and Men through one fixed health center and 3 Outreach mobile teams in drought affected pastoral population and Host Communities in Hobyo District and south Galkacayo IDPs.

##### Output 1.1

##### Description

800 men, 5000 women, 6000 boys and 6000 girls have enhanced access to emergency Primary Health Care services such as immunization and treatment of common and chronic disease for underserved and vulnerable women, girls, boys and men in south Galkacayo IDPs and Hobyo District

##### Assumptions & Risks

Adequate supply for the treatment of the target group.

##### Activities

##### Activity 1.1.1

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

Provide mobile outreach and facility based treatment of common illnesses to children under five boys and girls in Hobyo and Galkacayo south IDPs Mudug region.

##### Activity 1.1.2

##### Standard Activity : Immunisation campaign

Carry out vaccination against vaccine preventable diseases for 6,000 boys, 6000 girls and 5000 women of child bearing age(WCBA)

##### Activity 1.1.3

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

Provision of facility and community based ANC and PNC for 6000 Women of child bearing age(WCBA)

##### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					100

**Means of Verification :** Weekly and Monthly reports, HMIS data, patient registers, patient cards, field photos.

Indicator 1.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).																		70	
<b>Means of Verification</b> : Weekly and Monthly reports, HMIS data, patient registers, patient cards, field photos.																					
Indicator 1.1.3	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population																			1
<b>Means of Verification</b> : Weekly and Monthly reports, HMIS data, patient registers, patient cards, field photos																					
<b>Outcome 2</b>																					
Improved service delivery through capacity building of health care providers as well as community volunteers and target beneficiaries.																					
<b>Output 2.1</b>																					
<b>Description</b>																					
20 project staff capacity enhanced on basic Health care service delivery and communication disease prevention and management Hobyo town and Galkacayo south IDPs.																					
<b>Assumptions &amp; Risks</b>																					
The targeted number of people to be trained will be achieved.																					
<b>Activities</b>																					
<b>Activity 2.1.1</b>																					
<b>Standard Activity : Emergency Preparedness and Response capacities</b>																					
Training of 20 health workers on communicable disease prevention and management																					
<b>Indicators</b>																					
			<b>End cycle beneficiaries</b>				<b>End cycle</b>														
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>														
Indicator 2.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					20														
<b>Means of Verification</b> : Training participant list, per diem payment vouchers, training report, attendance sheet,																					
<b>Additional Targets :</b>																					
<b>M &amp; R</b>																					
<b>Monitoring &amp; Reporting plan</b>																					
The overall monitoring and reporting responsibility will rest on the Program coordinator (PC) and health filed Supervisor and the Health Management Information System (HMIS) Officer based in Hobyo and continuously goes to field to monitor the activities. The field supervisor will be supervising and monitoring the health teams on a daily basis and provide statistics and reports on the activity on a weekly basis. Photos will be taken to capture the distribution as a means of verification. The HMIS Officer will review monthly monitoring data against the indicators and targets set in the Results Framework as well as the detailed work plans developed by the PHC Supervisor. To ensure total inclusivity in its interventional approach, DEH will strengthen health service provision to the vulnerable population; work closely with Ministry of Health, and partners in South Galkacayo and Hobyo district. The objective is a holistic and all-inclusive approach that hosts and affected pastoral area that cannot be adequately covered. DEH has put in place a variety of Monitoring and Evaluation (M&E) tools that will be used to assess programme activities in the health service. DEH Primary Health Care Supervisor will provide support for supportive supervision of MoH staffs, training and other capacity building activities. Support supervision between DEH and Ministry of Health will be scheduled in order to enhanced the quality of the program.																					
<b>Workplan</b>																					
<b>Activitydescription</b>		<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>							
Activity 1.1.1: Provide mobile outreach and facility based treatment of common illnesses to children under five boys and girls in Hoybo and Galkacayo south IDPs Mudug region.		2017			X	X	X	X	X	X	X	X									
Activity 1.1.2: Carry out vaccination against vaccine preventable diseases for 6,000 boys, 6000 girls and 5000 women of child bearing age(WCBA)		2017			X	X	X	X	X	X	X	X									
Activity 1.1.3: Provision of facility and community based ANC and PNC for 6000 Women of child bearing age(WCBA)		2017			X	X	X	X	X	X	X	X									
Activity 2.1.1: Training of 20 health workers on communicable disease prevention and management		2017			X																
<b>OTHER INFO</b>																					
<b>Accountability to Affected Populations</b>																					

DEH will ensure that it is accountable to the Affected Populations by providing leadership through the demonstration of commitment and ensuring feedback and accountability mechanisms are integrated into response mechanism, programme implementation, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting. Transparency by providing accessible and timely information to affected populations on organizational procedures, structures and processes. By having a feedback and complaints mechanism that actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction. Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly. By ensuring participation and enabling affected populations to play an active role in the decision-making processes that affect them and by designing, a monitoring and evaluation goals and objectives that are meant for the programmes with the involvement of affected populations.

#### **Implementation Plan**

DEH will implement this project directly whilst working closely with local authorities and partners at the field. DEH will use the same technical Staffs of the project that composed of qualified nurses, auxiliary nurses, mid wives, Community Mobilizers, HMIS officer and Admin Finance, The teams will be operational six days a week with 8 working hours per day. The Hobyo static facility will be maintained due to the large internally displaced person (IDPs) in the town and the huge needs. Daily attendance sheets registration of the staffs and the patients shall be set up trainings for health staff on management of common illness training will be conducted. The training will enhance the capacity of the project staff to enable provide the primary health care services to the most vulnerable IDPs and host communities in target areas. Through this project, DEH shall provide daily consultation services, ANC, PNC and outreach services to the affected populations in the target district project locations.

The project with the help of the project monitoring and evaluation as well as the health information management officer will documents the project lesson learnts and challenges for further programing as well as sharing the same with donors. This will be also shared with the DEH supportive team in the field that shall ensure the program is documented

#### **Coordination with other Organizations in project area**

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
SHF	DEH will share project interim/final report with UNOCHA .
RAWA	DEH will coordinate with RAWA on referrals of beneficiaries and other local coordination activities in Haradhere district.
MOH	DEH shall coordinate with the MOH through sharing HMIS information as well as supportive supervision for the project.
UNICEF	DEH shall liase with UNICEF field team for the supply of the project activities.
SDRO	For referral services and coordination to improve the linkage of organizational activities in the district.
health cluster	DEH will coordinates with health cluster at Hobyo to enable improve the effective coordination services and information sharing

#### **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 mainstreaming will be ensured in Health programming to provide equal access to health services for boys and girls, women and Men in the Health programme. The project will serve and respond to the gender needs of the draught affected pastoral communities by designing special interventions that respond to women and girls' needs, timeframes of services, toilets and water availability and locations and delivery by women wasn't supported. Also for capacity building both men and women will have equal opportunities and this includes also during capacity building of staff and CHWs. Recruitment of staff will also ensure equal opportunities for both men and women. Efforts will be made so that there is good representation of women and men during meetings at community level and supervision visits. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. DEH strongly supports equal employment opportunities for men and women and sees the inclusion of female staff as a tool for better addressing gender related matters of the beneficiaries. Therefore, an equal number of women and men will be trained and also DEH will maintain and ensure the current 50% Male and 50% Female staffing in all project activities. DEH has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of projects. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. The project will empower women and girls by including them in the training, social mobilization and activities

#### **Protection Mainstreaming**

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries. The project will look at all in need as clients who have to be treated fairly and with dignity in particular children, the elderly, and persons with disabilities, widows, and female-headed households. They will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. DEH will apply a rights-based approach where the needs of ethnic minorities, women, the elderly, and people living with disability are promoted. Because of that, DEH will consult with the beneficiaries on the location of the health facilities so that they are chosen strategically in order to reduce gender based violence and other forms of violence and in a neutral location so that people from all ethnic groups in the area may be able to access healthcare. Through the provision of outreach services, DEH will be able to reach the underserved, the elderly and the weak and will be able to transport them to their settlement when necessary. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health committees which foster participation, empowerment and accountability.

**Country Specific Information****Safety and Security**

DEH staff have access to the area and will be directly manning the facilities and providing services. However, security is unpredictable in Somalia and DEH will closely monitoring the situation with other actors. DEH will be participating in cluster forums and will be implementing all security advisories shared briefings. In the event of untoward activities, DEH will immediately notify the communities, MOH, the Health Cluster and UNOCHA and any other concern actors in the area.

**Access**

DEH has been working in this region since 2000 and enjoys the support of the community and the authorities. DEH has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. DEH 's services will be strategically placed and thus easily accessible to all the target draught affect, host communities and IDPs and vulnerable population and shall be accountable to all affected population in its area of operation.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Program coordinator	D	1	1,000.00	9	100.00	9,000.00
	<i>Program coordinator will provide overall technical guidance and will be based in Hobyo. He/she will travel regularly to all target location, will have direct communication with local communities and local authority, will be responsible field based health and nutrition activities. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary.</i>						
1.2	Health field supervisor	D	1	600.00	9	100.00	5,400.00
	<i>Day today field activities supervision and will be responsible for the daily occurrence on the program activities in the target locations.</i>						
1.3	Health management information officer	D	1	400.00	9	100.00	3,600.00
	<i>Health Management Information System (HMIS) Responsible for managing data that will be shared with the cluster and regularly prepare weekly and monthly surveillance datas. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.4	Monitoring and evaluation officer	D	1	500.00	9	50.00	2,250.00
	<i>The monitoring and evaluation Officer will be responsible for the monitoring and ensuring high quality and timely inputs, He/she shall ensure that the project maintains its strategic vision and that its activities result in the achievement of its intended outputs.</i>						
1.5	Qualified Nurses	D	4	400.00	9	100.00	14,400.00
	<i>Qualified nurse will perform day to day work of treatment and medical check of for the patients and provide the treatment/refer cases that need referral to health activities, the cost/incentive of Qualified nurses will be covered from CHF grant. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.6	Auxiliary nurse	D	4	200.00	9	100.00	7,200.00
	<i>Auxiliary Nurse supports the Qualified nurses and medical officers in the centers by providing assistance to patients include appetite test preparation for the children under five years before admission to avoid the children to vomit after treatment, daily hygiene assistance and they overall conditions of patients with hourly temperature checks and do blood pressure testing. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.7	Mid-wives	D	2	400.00	9	100.00	7,200.00
	<i>Midwives provide advice, care and support for pregnant and lactating women, their partners and families before, during and after childbirth. They help women make their own decisions about the care and services they access. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary.</i>						
1.8	Community mobilizers	D	12	130.00	9	100.00	14,040.00
	<i>Works at the community by providing promotion and community awareness, as well as preventive services such as health education and mobilization. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.9	Registrars	D	4	150.00	9	100.00	5,400.00
	<i>They do early morning patient registration and they give numbers for first come first serve. Also they will record daily admissions in the sites for the new patients. The person will spend 100% of his time on this project and CHF will contribute 100% of the salary</i>						
1.10	Finance officers	D	1	600.00	9	50.00	2,700.00
	<i>Responsible the financial and administration issues in Hobyo. will spend 50% of her/his time on this project and SHF will contribute 50% of the salary</i>						
1.11	Security guards	D	2	100.00	9	80.00	1,440.00
	<i>Responsible for taking care of the Security of the commodities and the staffs at the site. The person will spend 80% of his time on this project and SHF will contribute 80% of the salary.</i>						

1.12	Facility cleaners	D	2	100.00	9	100.00	1,800.00
	<i>Provide daily cleaning services to the health facility in Hobyo.</i>						
	<b>Section Total</b>						<b>74,430.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Medical supply	D	1	15,000.00	1	100.00	15,000.00
	<i>DEH will procure medical supply in the initial quarter of the project to enable immediately respond to 17,820 beneficiaries in the drought affected communities in Mudug region.</i>						
2.2	Truck Rent for Transportation of Medical Supplies	D	1	400.00	4	100.00	1,600.00
	<i>3 tonne trucks will be hired four times and shall transport the medical supply to the various project locations. Due to the long distance between Hobyo and Galkacayo south IDPs in Mudug region the project will be able to hire one truck to enable ease the transportation of the supply and this shall only be done four months during the project duration since the supply will be stored in a central point.</i>						
2.3	Storage Costs	D	1	400.00	9	100.00	3,600.00
	<i>For ease storage and warehousing of immunization and other medical supplies in Hobyo.</i>						
2.4	BEmOC and child health training to project staff	D	1	2,941.00	1	100.00	2,941.00
	<i>20 project staff will be trained on basic Bemoc and child health care management for effective management of the target vulnerable population. See attached BOQs for detailed budgeting.</i>						
	<b>Section Total</b>						<b>23,141.00</b>
<b>Travel</b>							
5.1	Vehicle rental for outreach and referral support	D	2	1,800.00	9	100.00	32,400.00
	<i>DEH proposed project is in Hobyo and Galkacayo south IDPs which are far from each other and hence the project will hire two vehicles for the outreach management in the two district for easy coverage in each location the vehicle will be hired at cost of \$ 1800 per months</i>						
	<b>Section Total</b>						<b>32,400.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office rent	D	1	800.00	9	60.00	4,320.00
	<i>DEH hobyo office rent cost for administrative project central point.</i>						
7.2	Communication cost	D	1	200.00	9	60.00	1,080.00
	<i>This Cost is for telephone and internet charges in which DEH program coordinator and Hobyo office internet are intended for.</i>						
7.3	Utility cost(Electricity)	D	1	90.00	9	60.00	486.00
	<i>This cost is meant for DEH Hobyo office electricity monthly charges.</i>						
7.4	Stationary-Office	D	1	824.00	1	100.00	824.00
	<i>DEH office stationary for Hobyo. BOQ for detailed budget breakdown</i>						
7.5	Bank charges	D	1	2,914.00	1	100.00	2,914.00

	<i>Bank transaction charges, calculated at 2%.</i>						
	<b>Section Total</b>						<b>9,624.00</b>
<b>SubTotal</b>		46.00				<b>139,595.00</b>	
Direct						139,595.00	
Support							
<b>PSC Cost</b>							
PSC Cost Percent						6.60	
PSC Amount						9,213.27	
<b>Total Cost</b>						<b>148,808.27</b>	
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Mudug -> Gaalkacyo	25	205	2,005	2,000	2,000	6,210	Activity 1.1.1 : Provide mobile outreach and facility based treatment of common illnesses to children under five boys and girls in Hoybo and Galkacayo south IDPs Mudug region. Activity 1.1.2 : Carry out vaccination against vaccine preventable diseases for 6,000 boys, 6000 girls and 5000 women of child bearing age (WCBA) Activity 1.1.3 : Provision of facility and community based ANC and PNC for 6000 Women of child bearing age(WCBA) Activity 2.1.1 : Training of 20 health workers on communicable disease prevention and management
Mudug -> Gaalkacyo -> Gaalkacyo	25	200	1,000	1,000	1,000	3,200	Activity 1.1.1 : Provide mobile outreach and facility based treatment of common illnesses to children under five boys and girls in Hoybo and Galkacayo south IDPs Mudug region. Activity 1.1.2 : Carry out vaccination against vaccine preventable diseases for 6,000 boys, 6000 girls and 5000 women of child bearing age (WCBA) Activity 1.1.3 : Provision of facility and community based ANC and PNC for 6000 Women of child bearing age(WCBA) Activity 2.1.1 : Training of 20 health workers on communicable disease prevention and management
Mudug -> Hobyo -> Hobyo	25	205	505	1,500	1,500	3,710	Activity 1.1.1 : Provide mobile outreach and facility based treatment of common illnesses to children under five boys and girls in Hoybo and Galkacayo south IDPs Mudug region. Activity 1.1.2 : Carry out vaccination against vaccine preventable diseases for 6,000 boys, 6000 girls and 5000 women of child bearing age (WCBA) Activity 1.1.3 : Provision of facility and community based ANC and PNC for 6000 Women of child bearing age(WCBA) Activity 2.1.1 : Training of 20 health workers on communicable disease prevention and management

Mudug -> Hobybo -> Xinlabi	25	200	1,500	1,500	1,500	4,700	<p>Activity 1.1.1 : Provide mobile outreach and facility based treatment of common illnesses to children under five boys and girls in Hobybo and Galkacayo south IDPs Mudug region.</p> <p>Activity 1.1.2 : Carry out vaccination against vaccine preventable diseases for 6,000 boys, 6000 girls and 5000 women of child bearing age (WCBA)</p> <p>Activity 1.1.3 : Provision of facility and community based ANC and PNC for 6000 Women of child bearing age(WCBA)</p> <p>Activity 2.1.1 : Training of 20 health workers on communicable disease prevention and management</p>
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Documents	
Category Name	Document Description
Budget Documents	SAMPLE OF boq.xls
Budget Documents	DH BOQ 13-02-2017.xls
Budget Documents	DEH Galkacayo location-13-09-2017.xlsx
Budget Documents	DH BOQ 13-02-2017-Revised.xls
Budget Documents	DH BOQ 14-02-2017-Revised.xls
Budget Documents	DH BOQ 15-02-2017-Revised.xls
Budget Documents	DH BOQ 17-02-2017-Revised.xls
Grant Agreement	HC signed DEH GA 4603.pdf
Grant Agreement	HC signed DEH GA 4603.pdf