

Requesting Organization :	KAALO Aid and Development				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of Emergency Primary Health Care in Nugal and Sool Regions of Puntland				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/2470/R/H/NGO/2501		
Cluster :		Project Budget in US\$:	249,077.34		
Planned project duration :	6 months	Priority:			
Planned Start Date :	29/04/2016	Planned End Date :	28/10/2016		
Actual Start Date:	29/04/2016	Actual End Date:	28/10/2016		
Project Summary :	<p>The proposed project will be implemented in Nugal and Sool Regions of Puntland. the health care situation at target locations is in dire need of urgent intervention. 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 including internal displaced people(IDP) and host community through 2 fixed health facilities and mobile clinics targeting 60000 people (including 9000 men ,15000 women ,18000 girls and 18000 boys).</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.</p> <p>The proposed project will also contribute to resilience of local community and staff by strengthening their skills and knowledge on management of common childhood illness. E.g. the capacity of staff (20) and 32 community members will be improved through training and awareness campaigns.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	9,000	15,000	18,000	18,000	60,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	6,000	6,000	12,000
Women of Child-Bearing Age	0	7,000	0	0	7,000
Pastoralists	6,000	5,000	8,000	8,000	27,000
Internally Displaced People	3,000	3,000	4,000	4,000	14,000
Indirect Beneficiaries :					
25000 people including poor urban community					
Catchment Population:					
320000 including people in Humanitarian Emergency					
Link with allocation strategy :					
<p>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 Nugal and Sool Regions.</p> <p>The Somali Health Cluster Objectives for 2016 include :</p> <ol style="list-style-type: none"> 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 Sheikh Hamud	+252907153001	omarshiikh001@gmail.com	+252907153001

BACKGROUND**1. Humanitarian context analysis**

According to UNOCHA (2015), an estimated 511,000 persons are in need of immediate, life-saving assistance in Bari, Nugal and Sanag regions. Specifically for Deyr 2015, Puntland has experienced low rains across large areas of Bari, Nugal, Sanag and Sool regions (FAO-FSNAU, 2015). In the absence of adequate infrastructure, poor performance of rains has resulted in direct and significant effects on living conditions for the local population.

According to the Deyr 2015 estimates from FSNAU, 11% of the population of Bari region is in crisis or emergency (IPC 3 or 4). The corresponding figure for Sanag is 10%. It is estimated that a significant share of the population across all three regions are stressed (IPC 2), who can slip into more extreme levels of food insecurity due to the drought. Worryingly, the latest projections from FEWSNET (2016) indicate that the regions represent one of the most food insecure hot spots in Somalia, with large areas of Bari and sanaag under crisis conditions.

The current assessment of the drought situation as per the Somali Food Security and Nutrition Analysis Unit(FSNAU) post deyr 2015 report (FSNAU 2015/16 Post Deyr Food Security and Nutrition outlook report February 17, 2016), about 4.7 million people, approximately 38% of the total population, will be food insecure between February and June 2016. Out of these 931,000 people will be in Crisis (IPC Phase 3). Women and children are the most vulnerable in any crisis situation, according to the January 2016 UNICEF Somalia Situation report, 308,000 children under- five are acutely malnourished and 58,300 children are severely malnourished. El Niño weather patterns has suppressed rains in the north of the country, exacerbating existing drought conditions in Somaliland and Puntland, resulting in an emergency declaration by both governments in Puntland and recently in Somaliland. In Puntland, 220,000 people, 65% of the population, are affected by drought, with the worst affected regions being Bari, Nugal, Sanaag, Sool and Karkar

As far as health concern, the health facilities at target locations are operating below capacity due to low capacity of health staff, shortage of essential equipment, drugs, poor referral system and poor staff capacity. Several health problems face the region; the high maternal and infant mortality rate, high incidence of vaccine preventable diseases, childhood communicable diseases, anemia, malnutrition, respiratory tract infections, AWD and problems associated with pregnancy and childbirth are among the most serious.

2. Needs assessment

As per the World Health Organization (WHO) report in 2014, Somalia faces some of the worst health indicators in the world; only 30 per cent of people have access to health services and one in five children die before their fifth birthday. Measles is one of the leading causes of death of young children, especially among young, malnourished children, a situation made worse by the lack of health services. The current drought in Puntland has caused internal Migration among the communities in search for water and pasture for their livestock, causing some health services to become overwhelmed as the population increases in particular areas. However, according to KAALO assessment most of the communities are lacking access to primary healthcare causing to an inadequate number of health facilities and poor physical and technical capacity of the few existing ones, a majority of women in Puntland have no access to primary health care services, including family planning, antenatal care (ANC), micronutrient supplementation and clean and safe delivery services.

The effect of the drought caused increased food prices which has resulted serious food insecurity in Puntland, disrupted livelihoods of both rural and urban population leading to a highly increasing malnutrition rate.

As a coping mechanism, communities resort to unsafe water sources thus exposing them to water borne disease outbreaks and the capacity to respond to the AWD/cholera outbreak is weak, this has been precipitated by shortages of medical supplies, insufficient resources including staff; access to health facilities is inadequate in target locations and especially in Sool where these severe health service shortage. and number of partners working in the area are very limited.

According to UNICEF MISC, Morbidity and mortality data showed that high maternal and neonatal mortality (1047/100000 live births), this due, mainly, to low and poor quality of antenatal and postnatal care. Only one in four pregnant women attends at antenatal care. About 90% of women deliver at home and low coverage of routine EPI in the health facilities.

KAALO RDO recognizes that women, girls, boys and men play different roles within the family and community, and have different levels of access to power and resources. Thus, during assessment all groups were consulted and actively participated in needs assessments and design-making to meet the needs of young and old, male and female, and ensure that all have equal access to the health care services. the ministry of health and partners as deeply consulted to avoid duplication and its one of the reasons KAALO selected these locations, In this project, KAALO RDO is planning to implement integrated emergency PHC services in the most drought affected locations Nugal and Sool regions of Puntland through two fixed health facilities and mobile teams targeting 60000 people (including 9000 men ,15000 women ,18000 girls and 18000 boys) with equal access to women, girls, men and boys, Kaalo will particularly integrate the project with its ongoing Wash project funded by DPA (DANISH Peoples' Aid, 2014-2016) and will have close discussions with partners working on other cluster projects such as nutrition, food security and Wash to provide full comprehensive package for the drought affected people in these target locations and avoid duplication.

3. Description Of Beneficiaries

The beneficiaries are people in Humanitarian Emergency (HE) affected by drought, host communities and IDPs, and particularly vulnerable villages communities, 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:

- 50% of the populations are in Taleex district (30000 beneficiaries (4500 men, 7500 women, 9000 boys,9000 girls)
- Waber location /Garowe(25% of the target population and 100% of the IDPs (15000 individuals)
- 25% of the populations are in Garowe Town (2250 men, 3750 women, 4500 boys, 4500 girls)

4. Grant Request Justification

The target locations of this project (Garowe and taleex)and are among areas recommended by nutrition and health cluster for this allocation. The proposed project interventions include 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 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 person, it will reduce risks of being vulnerable to communicable diseases such as water borne diseases, hence Reduced number of people in need of critical life-saving humanitarian assistance

5. Complementarity

KAALO is responding to the current drought in in Puntland in terms of healthcare, WASH, and food security from early 2015 and the proposed project will serve as 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.

The on going health project gap include (lack of referral system between the community and health center and hospital, shortage of medical supplies ,limited training for staff and community members , lack of finding cause to close most of health facilities in Puntland region), through this project , KAALO will fill the identified gaps mentioned above by providing mobile clinic at community level ,strengthening referral system,providing medical supplies.

Hence, the ongoing Wash project plus the fish for development (livelihoods project) project will bridge the gap hence will provide comprehensive response to effected communities,

LOGICAL FRAMEWORK

Overall project objective

To Provide integrated primary health care to drought affected population in Garowe and Taleex Districts in Puntland

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	Somalia HRP 2016	60
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2016	40

Contribution to Cluster/Sector Objectives : The proposed project interventions are in line with health cluster objectives (objective 1,2) , the project interventions include provision of antenatal care ,delivery services and postnatal care 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 reduction of maternal and neonatal mortality as well as reduction of incident /morbidity of communicable diseases including acute water diarrhea and malaria through increased institutional deliveries by skilled person, postnatal care visit, family planning services and awareness rising on utilization of services

Outcome 1

The provision of integrated Primary Health Care services to 60000 vulnerable communities(including 9000 men ,15000 women ,18000 girls,18000) in Nugal and Sool Regions improved

Output 1.1

Description

Improved availability and accessibility of integrated Primary Health care services through continues /establishment of two fixed health center and mobile clinics in IDP camps and host community in Nugal and Sool regions

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Provide consultation for diagnosis and treatment of common illnesses through Health facilities/mobile clinic to 60% of target vulnerable communities(including 10800 boys,10800 girls, 5400 men and 9000 women) in Nugal and Sool Regions

Activity 1.1.2

Standard Activity : Drug distribution							
Provide essential medical supplies and equipment in two health facilities and mobile clinic at target location. This will reduce stock out of health facilities at target location							
Activity 1.1.3							
Standard Activity : Primary health care services, consultations							
Provide ANC,delivery and PNC services to estimated 3240 women through two fixed health facilities in Nugal and Sool regions.							
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					30
Means of Verification : OPD registers, photos ,monthly HMIS reports,							
Indicator 1.1.2	Health	Number of health facilities supported					2
Means of Verification : Inventory list, photos,monthly drug consumption report							
Indicator 1.1.3	Health	Number of women provided ANC/PNC services					3,240
Means of Verification : ANC Registers, photos,monthly report							
Outcome 2							
The capacity of health workers and community members improved through training and workshops							
Output 2.1							
Description							
Improved skills of 20 health staff on IMCI(integrated management of childhood illness) ,BeMOC (Basic Emergency Obstetric Care) guidelines as well as 32 community members on AWD/Cholera prevention							
Assumptions & Risks							
Activities							
Activity 2.1.1							
Standard Activity : Capacity building							
Provide IMCI (integrated management of childhood illness) and BeMoC(Basic Emergency Obstetric Care) training to 20 health workers in Garowe and Taleex District. 10 health workers will be trained on IMCI while 10 staff will be trained on BeMoC							
Activity 2.1.2							
Standard Activity : Awareness campaign							
Carry out health education to 32 community members (16female and 16male) for outbreak prevention,utilization of health services and behavior change communication							
Activity 2.1.3							
Standard Activity : Disease surveillance							
Submit weekly and monthly morbidity and mortality reports from two health facilities in Nugal and Sool Regions							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
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
Means of Verification : 20 heath workers trained on IMCI and BeMoC guidelines							
Indicator 2.1.2	Health	Number of community members sensitized					32
Means of Verification : attendance sheet , photos and reports from the field							
Indicator 2.1.3	Health	Number of health facilities submitting weekly and monthly reports to the health cluster					2
Means of Verification : Three health facilities submitting weekly and monthly reports							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

Monitoring and Reporting

KAALO will hire monitoring and evaluation officer who will 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 will employ routine information gathering systems through weekly field/ site visits prepare progress reports, carry out rapid monthly assessments on project activities

through respected community leaders who will work with KAALO on any risk that project may face. KAALO will also undertake quarterly supported supervision visit at target health centers and reported will be shared with stakeholders.

Monitoring tools to be used include:

- Field visits
- individual interview
- Focus Group Discussion.

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 towards performance targets

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's outputs will be monitored on a regular basis. This will further be useful in monitoring how the activities are contributing to the overall project objectives. The project team will work closely with the community under the leadership of health committees, established by Kaalo under its WASH project, 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) and learning center leaders for participatory action plan developments. 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.

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 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, with the help of MoH, all concerned stakeholder will held meeting at field to discuss any challenge that may arise ,

The organization will adhere to the humanitarian principle of cause no harm at all times

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide consultation for diagnosis and treatment of common illnesses through Health facilities/mobile clinic to 60% of target vulnerable communities(including 10800 boys,10800 girls, 5400 men and 9000 women) in Nugal and Sool Regions	2016				X	X	X	X	X	X			
Activity 1.1.2: Provide essential medical supplies and equipment in two health facilities and mobile clinic at target location. This will reduce stock out of health facilities at target location	2016				X	X	X	X	X	X			
Activity 1.1.3: Provide ANC,delivery and PNC services to estimated 3240 women through two fixed health facilities in Nugal and Sool regions.	2016				X	X	X	X	X	X			
Activity 2.1.1: Provide IMCI (integrated management of childhood illness) and BeMoC(Basic Emergency Obstetric Care) training to 20 health workers in Garowe and Taleex District. 10 health workers will be trained on IMCI while 10 staff will be trained on BeMoC	2016				X	X							
Activity 2.1.2: Carry out health education to 32 community members (16female and 16male) for outbreak prevention,utilization of health services and behavior change communication	2016				X	X							
Activity 2.1.3: Submit weekly and monthly morbidity and mortality reports from two health facilities in Nugal and Sool Regions	2016				X	X	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.

KAALO will organize community meetings before and during the project inception, in order to give the community a clear picture about the project objectives and activities. 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's Health project manager 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 along with nutrition teams, 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. Quarterly meetings 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. The organization will adhere to the humanitarian principle of cause no harm at all times. The staffs to be involved in the project include 1.project manager 1(GA) 2. Admin and Finance (B9) 3. Midwives 5.Nurses, 6. Auxiliary nurses (C11).

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Save the children	Implementation of EPHS project
Grove Hospital	Refer complicated cases to the hospital

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 are 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 IDP camps 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 mobile teams will go to IDPs nearest to their settlements to avoid long distances, 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 nutrition 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 Mogdisho 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
1.1	Project Manager	D	1	2,000.00	6	10000.00 %	12,000.00
	<i>The project manager will 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 He/she will ensure the project objectives are delivered. One person @2000 inclusive health benefits and security</i>						
1.2	HMIS/MEAL officer	D	1	1,500.00	6	10000.00 %	9,000.00

	<i>HMIS officer will support the collection, analysis, interpretation and sharing of data from the facilities. One officer will earn \$1500/month for 6 months inclusive safety and security and health benefits</i>						
1.3	Admin and Finance assistance	D	1	700.00	6	10000.00%	4,200.00
	<i>Admin and Finance assistance will prepare budgets and keep record of all the financial transactions. One person @700/month for 6 months</i>						
1.4	Logistic officer	D	1	1,000.00	6	6000.00%	3,600.00
	<i>Logistic office will responsible for procurement of supplies and equipment ,inventory. one logistic officer at cost rate \$ 1000 inclusive medical and security charges</i>						
1.5	Midwives(3 midwives per facility)	D	6	450.00	6	10000.00%	16,200.00
	<i>Midwives will provide advice, care and support for women and their partners and families before, during and after childbirth. They conduct deliveries. 6 midwives (3 per facility) will be paid \$450/month 6 months.</i>						
1.6	Nurses (3 per facility)	D	6	450.00	6	10000.00%	16,200.00
	<i>Nurses will perform diagnosis and treatment of minor illnesses. They will offer preventive services such as health education and mobilization sessions. 6 nurses (3 per facility) each will earn a salary of 450/month for 6 months</i>						
1.7	Auxiliary Nurses/midwives	D	12	250.00	6	10000.00%	18,000.00
	<i>Auxiliary nurses will help the nurses/midwives carryout their tasks effectively, 12 auxiliary nurses(six per facility including one for ANC, two for delivery, one for under five , one for vaccination, one for health education and awareness session</i>						
1.8	Support staff (cleaner	D	3	150.00	6	10000.00%	2,700.00
	<i>cleaners will work in the project(one cleaner per facility and 1 mobile clinic) the cleaners will clean the facilities and ensure the activities take place in sanitary environment .Each Cleaner will earn a salary of \$ 150 per month for 6 months. -</i>						
1.9	community midwife	D	6	200.00	6	10000.00%	7,200.00
	<i>identification of pregnancy mothers on danger signs , early referral to facility ,ke part awareness and mobilization at community level ,2 per facility and 1 for mobile clinic will be paid 150 per month inclusive transportation , medical and security charges.</i>						
1.10	Medical doctor	D	2	1,800.00	6	10000.00%	21,600.00
	<i>Coaching and for general consultations and treating complicated cases , routine supervision of facilities and mobile clinic. one for Garowe and other for Taleex districts</i>						
1.11	Nurses for outreach team/mobile clinic	D	4	450.00	6	10000.00%	10,800.00
	<i>four nurses for outreach teams to IDPs in Garowe district ,performing vaccination for children under five, OPD consultation (one nurse for under five, one nurse for over five consultation (OPD), one nurse for ANC consultation and other for nutrition screening and Infant and young feeding counselling.</i>						
1.12	Pharmacist for mobile clinic	D	4	250.00	6	10000.00%	6,000.00
	<i>for preparing drugs prescribed by doctor/nurses/midwife to the patient. one for Talex health center ,one for Garowe health center and two for mobile team</i>						
1.13	Security	D	6	150.00	6	10000.00%	5,400.00
	<i>three guards will be employed in the project to provide security in the 2 health facilities. Each guard will be paid \$150 per month for 6 month.</i>						
	Section Total						132,900.00
Supplies, Commodities, Materials							
2.1	Medical supplies	D	2	18,409.28	1	10000.00%	36,818.56
	<i>Medical supplies will be purchased for the two facilities (at rate of USD) 18409 per facility) for outpatient and inpatient treatment.</i>						
2.2	Freight and transport	D	1	5,198.00	1	10000.00%	5,198.00
	<i>Freight and Transport cost including Cargo and flight cost-NBO-Garowe-4.5usd per kilo Vehicle Rental for transportation of drugs from Garowe to Taleex(2 trips).</i>						
2.3	Storage cost	D	2	400.00	5	10000.00%	4,000.00
	<i>Two storage (one for Garowe and one for Bari) at rate of 400 dollars</i>						
2.4	Training of 10 health staff on IMCI guidelines.	D	1	3,670.00	1	10000.00%	3,670.00
	<i>10 health staff will be trained on IMCI guidelines for five days at 3895 inclusive including consultant fees, stationary. attached BOQ</i>						
2.5	Training of 10 health staff on BeMoC guidelines.	D	1	3,670.00	1	10000.00%	3,670.00

	<i>10 midwives will be trained on BeMOC for five days. 3895 dollar inclusive including consultant fees,stationary ,attached BOQ</i>						
2.6	Training 32 community members on AWD/Prevention	D	1	5,056.00	1	10000.00 %	5,056.00
	<i>AWD prevention training will be organized for 32 community members in Garowe district.</i>						
2.7	Delivery Beds	D	4	500.00	1	10000.00 %	2,000.00
	<i>4 delivery beds(one for each MCH) for conducting deliveries each cost \$500</i>						
2.8	ANC/PNC beds	D	10	300.00	1	10000.00 %	3,000.00
	<i>10 ANC/ PNC beds for management and observing mothers after delivery at a cost of \$300</i>						
2.9	Chairs	D	30	14.00	1	10000.00 %	420.00
	<i>for the ANC,PNC,<5YRS,>5YRS and mobile outreach</i>						
2.10	Tables	D	10	50.00	1	10000.00 %	500.00
	<i>Tables for mobile teams outreach</i>						
2.11	Car rent	D	2	1,800.00	6	10000.00 %	21,600.00
	<i>The vehicle will be used by staff to go to project sites to conduct activities 4.1.2 Two vehicles will be hired for the project for supervision,patient referrals and for the project officers to reach the project area. the cost is 1800 per vehicle(driver,maintenance,fuels etc) for Garowe and Talex</i>						
2.12	Mission and Joint Supervision Cost MOH and KAALO	D	1	10,250.00	1	10000.00 %	10,250.00
	<i>field visit to review the project implementation with the Ministry of health Flight Mission for senior management in Sool Region to visit project site and two trips for Joint Supervision cost for ministry of health and KAALO in Taleex and Garowe health centers for five days per trip</i>						
2.13	Health center Registers -	D	20	35.00	1	10000.00 %	700.00
	<i>20 register (10 per facility (2 ANC, 2 delivery, 2 PNC registers,2 under five and 2 over register)for two health facilities</i>						
	Section Total						96,882.56
General Operating and Other Direct Costs							
7.1	Filed Mission Communication	D	1	1,320.00	1	10000.00 %	1,320.00
	<i>communications including mobile air time for project manager and Health center staff(two nurses and two midwives)</i>						
7.2	Water and Electricity	D	2	140.00	6	10000.00 %	1,680.00
	<i>electricity and water bill for two health facilities at cost of 100 dollar per facility</i>						
	Section Total						3,000.00
SubTotal			141.00				232,782.56
Direct							232,782.56
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							16,294.78
Total Cost							249,077.34
Grand Total CHF Cost							249,077.34

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nugaal -> Garowe -> Garowe	25	2,250	3,750	4,500	4,500	15,000	<p>Activity 1.1.1 : Provide consultation for diagnosis and treatment of common illnesses through Health facilities/mobile clinic to 60% of target vulnerable communities(including 10800 boys,10800 girls, 5400 men and 9000 women) in Nugal and Sool Regions</p> <p>Activity 1.1.2 : Provide essential medical supplies and equipment in two health facilities and mobile clinic at target location. This will reduce stock out of health facilities at target location</p> <p>Activity 1.1.3 : Provide ANC,delivery and PNC services to estimated 3240 women through two fixed health facilities in Nugal and Sool regions.</p> <p>Activity 2.1.1 : Provide IMCI (integrated management of childhood illness) and BeMoC (Basic Emergency Obstetric Care) training to 20 health workers in Garowe and Taleex District. 10 health workers will be trained on IMCI while 10 staff will be trained on BeMoC</p> <p>Activity 2.1.2 : Carry out health education to 32 community members (16female and 16male) for outbreak prevention,utilization of health services and behavior change communication</p> <p>Activity 2.1.3 : Submit weekly and monthly morbidity and mortality reports from two health facilities in Nugal and Sool Regions</p>
Nugaal -> Garowe -> Garowe/Waberi	25	2,250	3,750	4,500	4,500	15,000	<p>Activity 1.1.1 : Provide consultation for diagnosis and treatment of common illnesses through Health facilities/mobile clinic to 60% of target vulnerable communities(including 10800 boys,10800 girls, 5400 men and 9000 women) in Nugal and Sool Regions</p> <p>Activity 1.1.2 : Provide essential medical supplies and equipment in two health facilities and mobile clinic at target location. This will reduce stock out of health facilities at target location</p> <p>Activity 1.1.3 : Provide ANC,delivery and PNC services to estimated 3240 women through two fixed health facilities in Nugal and Sool regions.</p> <p>Activity 2.1.1 : Provide IMCI (integrated management of childhood illness) and BeMoC (Basic Emergency Obstetric Care) training to 20 health workers in Garowe and Taleex District. 10 health workers will be trained on IMCI while 10 staff will be trained on BeMoC</p> <p>Activity 2.1.2 : Carry out health education to 32 community members (16female and 16male) for outbreak prevention,utilization of health services and behavior change communication</p> <p>Activity 2.1.3 : Submit weekly and monthly morbidity and mortality reports from two health facilities in Nugal and Sool Regions</p>

Sool -> Taleex -> Taleex	50	4,500	7,500	9,000	9,000	30,000	<p>Activity 1.1.1 : Provide consultation for diagnosis and treatment of common illnesses through Health facilities/mobile clinic to 60% of target vulnerable communities(including 10800 boys,10800 girls, 5400 men and 9000 women) in Nugal and Sool Regions</p> <p>Activity 1.1.2 : Provide essential medical supplies and equipment in two health facilities and mobile clinic at target location. This will reduce stock out of health facilities at target location</p> <p>Activity 1.1.3 : Provide ANC,delivery and PNC services to estimated 3240 women through two fixed health facilities in Nugal and Sool regions.</p> <p>Activity 2.1.1 : Provide IMCI (integrated management of childhood illness) and BeMoC (Basic Emergency Obstetric Care) training to 20 health workers in Garowe and Taleex District. 10 health workers will be trained on IMCI while 10 staff will be trained on BeMoC</p> <p>Activity 2.1.2 : Carry out health education to 32 community members (16female and 16male) for outbreak prevention,utilization of health services and behavior change communication</p> <p>Activity 2.1.3 : Submit weekly and monthly morbidity and mortality reports from two health facilities in Nugal and Sool Regions</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Budget line 2.4 And 2.5 Training BOQ.xlsx
Project Supporting Documents	SAMPLE OF boq.xls
Project Supporting Documents	Exchange rate Final revised BOQ FCS KAALO RDO.xls
Budget Documents	BOQ for Health project.xlsx
Budget Documents	BUDGET LINE 2.1 BOQ medical supplies.xlsx
Budget Documents	BOQ For the project.xls
Budget Documents	Revised BOQ For the project (1).xls
Budget Documents	FCS Revised BOQ KAALO RDO.xls
Budget Documents	Final revised BOQ FCS KAALO RDO.xls