

Requesting Organization :	American Refugee Committee				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of life-saving emergency health services including maternal, neonatal and child health care to drought affected populations in Sool Region/Somaliland and Kismayo/Lower Juba				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/H/INGO/4770		
Cluster :		Project Budget in US\$:	565,874.58		
Planned project duration :	9 months	Priority:			
Planned Start Date :	30/03/2017	Planned End Date :	30/12/2017		
Actual Start Date:	30/03/2017	Actual End Date:	30/12/2017		
Project Summary :	<p>ARC is proposing drought emergency health interventions in Sool region (Hudun, Taleh and Las canod) to ensure provision of basic lifesaving health services to reduce morbidity and mortality associated with diseases and hazards resulting from lack of access to such services. ARC is proposing to establish four mobile clinics in Sool region in order to cover gaps in service provision and provide quality primary health care services to the drought-affected and the most vulnerable people. Further, ARC is proposing to operate the maternity ward in Kismayo to provide life saving services to women in Kismayo and surrounding areas.</p> <p>ARC's intervention will focus on provision of both preventive and curative health services for the target populations, i.e. drought created IDPs and host community members to reduce morbidity and mortality via provision of comprehensive reproductive health care; routine immunization; nutritional screening; promotion of health seeking behavior and adoption of preventive practices through campaigns, health and hygiene education sessions and use of IEC materials; Capacity building of community volunteers to improve community awareness and health promotion efforts and enhance community ownership; training for health workers on specialized topics like IMCI, ANC/PNC and public health promotion and responses in emergencies; strengthening of early warning disease surveillance through weekly submission of the CSR reports from all the functional ARC supported health facilities; sharing of weekly diseases data with the health cluster, SL MOH and Somalia government health authorities so as to follow the trend and pattern of diseases reported. The mobile clinics will serve an estimated population of 29,000 drought affected population</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	10,930	18,363	17,136	19,540	65,969
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	394	2,236	2,754	3,278	8,662
People in Host Communities	2,576	3,944	3,014	3,114	12,648
Indirect Beneficiaries :					
An estimated 53,335 in Sool Region, in the surrounding areas who have reasonable access to health facilities will also indirectly benefit from the increased health status of the population coming from villages around the two locations. surrounding villages will have access to Kismayo maternity ward					
Catchment Population:					
According to a recent report published by FSNAU and Somaliland government, the entire population of Sool region, estimated to be 347,360, is affected by the drought. All surrounding villages of Kismayo can also be considered catchment population. These can be estimated at minimum 50,000people.					
Link with allocation strategy :					

The proposed project directly contributes to Cluster Objectives 1) Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality, and 2) To contribute to the reduction of maternal and child morbidity and mortality. The Proposed project addresses humanitarian needs by providing life-saving and life-sustaining assistance to the vulnerable population affected by drought in Sool regions.

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
Rebekka Bernholt	Senior Grants Manager	rebekkab@arcrelief.org	+254 717 163782

BACKGROUND

1. Humanitarian context analysis

The health sector in Somalia remains critically challenged to provide even basic services - in terms of facilities, personnel, and supplies - to the population. Critical health indicators continue to be among the worst in the world. For example, the under 5 mortality rate is 137 per 1,000 live births and the maternal mortality ratio is 732 per 100,000 live births. The Health Cluster estimates that approximately 3.3 million people need access to emergency health care.

The Somaliland government declared an emergency in November 2016, in what is described as the most severe drought in the history of Somaliland, affecting over 1.5 million people as a result of three back-to-back years (2014-2016) of failed rains. The President cites the latest seasonal assessment published by the Food Security and Nutrition Analysis Unit (FSNAU) and the Famine Early Warning Systems Network (FEWSNET) , more than one million people in Somaliland (or 31% of the population) will be in need of some form of humanitarian assistance until the end of 2016. This includes approximately 248,000 people who face acute food insecurity, or are in "Crisis" (IPC Phase 3) and "Emergency" (IPC Phase 4), and approximately 826,000 who are at risk of slipping into acute food insecurity if they do not receive assistance. The poor performance of the Karan (August - September) rains and poor performance of the Deyr rains in October with poor prospects for the remainder of the season signal that a longer and deeper crisis will persist The assessment went on to indicate that acute malnutrition has worsened.

Sool region is among the most affected regions throughout Somalia, due to the pastoralist livelihood dominance and land locked geo-position. The population in the region heavy rely on rains, which has been reported being below the normal average in the last four seasons (2 years), this has damaged or placed pressure on the limited existing water facilities which consequently lead both human diseases, threatening malnutrition rates and undue animal lost. Latest humanitarian assessment report by FSNAU (Feb 3rd 2017) predicted that up to 60% of the population in the region will be in need of humanitarian assistance and more than half of these population will be in crisis (IPC3) and emergency (IPC 4) situation. Moreover, OCHA appeal in February 2017 warned the higher likelihood of farming out break if urgent humanitarian assistance not extended urgently.

Severe impact of the droughts in the region has been escalated by the poor condition of the health and water infrastructures of region resulting from recurrent administrative and intra-clan conflicts in the region which had imposed logistical and technical challenges of prior interventions until very recent. Inter agency drought assessment led by NERAD (Somaliand disaster preparedness and response agency) and facilitated by OCHA in November 2016, highlighted 46% of the residents in the region has difficulty or no access to health facility.

The potential health impacts brought on by prolonged drought can be devastating, particularly in a context with limited resilience. One of the most pressing issues brought about by drought is food insecurity and the acute malnutrition that often results. Addressing malnutrition, however, is not enough. The malnutrition-infection cycle - in which infection with a pathogen reduces nutritional status and poor nutritional status reduces an individual's ability to fight off pathogens – must be broken via robust primary healthcare interventions and disease surveillance, together with targeted nutrition

2. Needs assessment

UNICEF reports that the child and maternal mortality rates for Somalia are amongst the highest in the world; one out of every ten Somali children dies before seeing their first birthday. It is believed that the leading causes of infant and child mortality are pneumonia (24%), diarrhea (19%), measles (12%), and neonatal disorders (17%). One out of every 12 women dies due to pregnancy-related causes, and access to maternal services is low with only 9% of births being attended by a skilled birth attendant. According to the (June-October 2016) FSNAU report, the food-related morbidity rate rose to 68% for IDPs.

Somalia is currently experiencing worsening drought conditions following the failure of the expected Gu and Deyr rains. The lack of rains has been responsible for widespread deaths of livestock, adversely affecting pastoralist communities. Farming communities have been affected by failing crops, in particular in the South part of the country.

In Somaliland, Notwithstanding the drought, it has one of the highest infant and child mortality rates in the world. According to the Multiple Indicator Cluster Survey (MICS) results from 2011, the total infant mortality rate is 72 deaths per one thousand live births and the under-five mortality rate is 91 deaths per thousand live births. This is even higher in the rural population due to limited access to health services. Immunization coverage is extremely low; according to Ministry of Health (MOH) administrative data in 2016 of Sool region, only about 21% of children under one year have received BCG vaccination, 23% have received Penta 3 vaccination, and only about 20% have received measles vaccination. According to the NERAD assessment, more than 10% of the respondents reported that they don't have access to a health facility. Nine percent of the respondents reported traveling more than 50 kilometers to the nearest health facility. The nearest functioning health facilities are far from the international acceptable standards. Only 26% of the respondents reported that they have access to a Maternal and Child Health Center (MCH), and 9% reported access to a mobile clinic. In addition to this, 33% of the respondents reported that there had been an increase in the incidence of illness and disease affecting children in the household since the onset of the drought. The barriers to accessing health care were reported as cost of health care by 70% of respondents; the distance from a health care facility (44% of respondents); and lack of transport (37% of respondents).

In Sool region, an ARC team visited 20 drought-affected villages. The team identified that the following villages are the most drought affected areas: in Las anod district: Cajiib, Gambadha, Dhiirigoobo, Adhicaddeeye, kalabradale, hadhwanaag, Buro wadar, Tuulo-Samakaab, Guumays, Shulukux and Yeyl. In Hudun district: Lafaweyne, Gorofley, Qandhicile, Siigadheer, Daryo Geesaweyn, Holhol, Dhaban, Owrgoobays and Kulaal). In these villages, there are only four MCHs, which are not providing full and comprehensive maternal, neonatal and child services.

The maternity ward in the Kismayo hospital has been supported by PAC since 2015. In 2016, no funding could be secured leaving Kismayo and surrounding villages without access to services for deliveries with complications.

Togdheer region is also the second regions after Sanaag and Sool regions the drought affected seriously in Somaliland. Buhodle is one of the districts hit the drought and it is located the south of Burco district along the border between Somaliland and Ethiopia. The livelihood of the population is 100% pastoralists and land locked geo-position the population in the region heavy rely on rains, which has been reported being below the normal average in the last four seasons (2 years), this had damaged or placed pressure on the limited existing water facilities which consequently lead both human diseases, threatening malnutrition rates and undue animal lost

3. Description Of Beneficiaries

In Sool region, this project will focus on communities Las canod and Hudun, Buhoodle and surrounding area. In Kismayo the project will focus on providing services to women with complications in their pregnancy.

4. Grant Request Justification

In order to curb further disease transmission and reduce mortality and morbidity rates, ARC will implement an emergency health intervention targeting the population affected by the drought. To facilitate a more rapid response to the community and to reduce the case fatality rate, ARC will boost the life-saving capacity in the health sector through establishing/supporting three mobile clinics which will provide emergency health care services, training for health workers and community volunteers and health education and promotion sessions for the community members. ARC will provide intensified supportive supervision for timely and accurate disease surveillance in coordination with the MOH, the health cluster, UNICEF and WHO EHA.

Further, ARC is proposing to operate the much needed maternity ward in the Kismayo hospital.

5. Complementarity

The proposed health project will be complemented by ongoing and previous ARC health interventions Sool regions. In Sool region, ARC is supporting two MCHs (Godale and Karin Dabayl weyn) and 2 mobile clinics (one in east Hudan district and one in south-east of Las anod districts). The role of the MOH will be on facilitation, coordination and oversight during the project implementation. MOH will take lead in the training of health care workers and also take part in the health education and promotion through their volunteers. The project will also be complemented by ARC's ongoing WASH interventions in the area.

In Kismayo Hospital, the ARC team proposes to work closely with all other actors in the hospital to provide quality services as well as surrounding MCHs to allow for referrals.

There is cluster coordination mechanism in place for Cluster IPs working in Sool that is coordinated by health emergency sub-cluster meetings at Las anod region and at MOH (central) in Hargeisa as well. The forum, which is established at MOH, is responsible to coordinate, organize and map all activities related to health emergencies in Sool region. IPs working in Sool region, also have weekly meeting in Las anod town with the coordination of Sool Regional Medical office.

LOGICAL FRAMEWORK

Overall project objective

Improved access to essential life-saving health services for crisis-affected populations aimed at reducing avoidable morbidity and mortality in Sool region as well as operation of maternity ward of Kismayo Hospital

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						45
To contribute to the reduction of maternal and child morbidity and mortality		Somalia HRP 2017						45
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner		Somalia HRP 2017						10
<p>Contribution to Cluster/Sector Objectives : ARC's proposed project will directly contribute to the three cluster objectives. Drought affected people as well as surrounding neighborhoods will have improved access to essential life-saving health services, while maternal and child morbidity and mortality will be reduced through provision of reproductive health services</p>								
Outcome 1								
Increased access to and quality of health services to prevent and control communicable disease and improve reproductive, maternal, and child health								
Output 1.1								
Description								
Establishing three mobile clinics to provide basic health care services to improve maternal and child health care in Sool region (Teleh ,Hudun and Las canod).								
Assumptions & Risks								
<ul style="list-style-type: none"> • Timely approval of the project as per the emergency situation in Sool region is worsening time after time • Community support and participation • Government support and collaboration is in place 								
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 mobile clinics					60	
Means of Verification : Clinic Registers								
Indicator 1.1.2	Health	# child from the ages of 6-59 months measured their nutritional status and refer those who are moderately or severely malnourished to the nearest nutrition site.					898	
Means of Verification : clinic registrar								
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					2,000	
Means of Verification : ARC clinic reports								
Indicator 1.1.4	Health	Number of pregnant women who have attended at least two comprehensive antenatal clinics (ANC)					3,000	
Means of Verification : ARC clinic reports								
Indicator 1.1.5	Health	Number of women and newborns that received postnatal care (PNC) within three days after delivery					1,500	
Means of Verification : ARC clinic reports								
Indicator 1.1.6	Health	Number and Percentage of health facilities supported by humanitarian organizations					3	
Means of Verification : ARC reports								
Indicator 1.1.7	Health	Number of patients referred from the Mobile Clinics to MCHs or Hospitals					2,969	
Means of Verification : ARC reports								
Activities								
Activity 1.1.1								
Standard Activity : Primary health care services, consultations								

Treat illnesses by providing basic health care, including management of:AWD, ARI, malaria, intestinal parasites, anemia, ear infection, skin infection, UTI, febrile illnesses, rheumatoid arthritis/severe joint pain, hemorrhoids, sexually transmitted infections, and other diseases that contribute to pediatric and adult mortality and morbidity. Provide diagnosis, early detection and early referral for severely ill patients

Activity 1.1.2

Standard Activity : Primary health care services, consultations

Monitor growth and measure nutritional status of every child from the ages of 6-59 months attending the Mobile clinics and refer those who are moderately or severely malnourished to the nearest nutrition site.

Activity 1.1.3

Standard Activity : Primary health care services, consultations

Provide routine immunization to all children accessing the health facility by ensuring availability of; BCG, OPV, IPV, Measles, and Pentavalent to protect against Vaccine Preventable Diseases (VPD) and other related communicable diseases

Activity 1.1.4

Standard Activity : Primary health care services, consultations

Provide Antenatal Care (ANC) to all pregnant women who attend the Mobile clinic including: 1. History taking, 2. General physical examination, 3. Palpate mother to monitor gestational age, 4. Check urine for protein to detect eclampsia, 5. Check blood for Hb to detect anemia, 6. Provide micronutrient and iron folate to prevent anemia, 7. Provide TT vaccine to prevent neonatal tetanus, 8. Provide IPT and ITN to prevent malaria in pregnancy, 9. Screening and treatment of STIs, 10. Treat, screen and diagnosis of STIs and other communicable diseases. 11. Provide health education.ANC services shall be provided through the midwives located at each mobile clinic.This position will provide advice, care and support for women, their partners and families before, during and after childbirth. They will help the women make their own decisions about the care and services they access. Each village will be reached once a week ,giving pregnant women a chance to receive ANC services at a regular level.

Activity 1.1.5

Standard Activity : Primary health care services, consultations

Provide PNC services to women and newborns within three days after delivery

Activity 1.1.6

Standard Activity : Primary health care services, consultations

Equip mobile clinics with supplies, equipment, and basic consultation furniture and qualified staffing for its operation.

Activity 1.1.7

Standard Activity : Secondary health care and referral services

Strengthen referral services and refer patients to the health centers and hospitals within Sool for specialized and secondary care

Output 1.2

Description

Enhanced knowledge and skills for health care workers and increased awareness and education for communities in transforming their practices and living healthier lives

Assumptions & Risks

- Timely approval of the project as per the emergency situation in Sool region is worsening time after time
- Community support and participation
- Government support and collaboration is in place

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					24
Means of Verification : Training Reports, Training photos, Participants list							
Indicator 1.2.2	Health	Number of reproductive health sessions conducted on reproductive health topics such as child spacing, breastfeeding and nutrition in the IDP camps					6
Means of Verification : Reports, photos							
Indicator 1.2.3	Health	Number of health education sessions conducted on basic health topics such as AWD/Cholera prevention tips and basic treatment methods, Importance of EPI/Immunization for under 5, GBV related practices, Good Health seeking behavior and good hygienic practice					6
Means of Verification : reports, Photos							
Indicator 1.2.4	Health	Number of health care providers trained in BEMOC					21
Means of Verification : ARC training reports							

Activities
Activity 1.2.1
Standard Activity : Primary health care services, consultations
Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses (ICCM) for 24 people
Activity 1.2.2
Standard Activity : Awareness campaigns and Social Mobilization
Conduct RH education and promotion outreach sessions on reproductive health topics for women affected drought in Sool region (Talex and lascanod).This sessions will have 20 participants per session and will be conducted six times
Activity 1.2.3
Standard Activity : Awareness campaigns and Social Mobilization
Conduct health education on communicable disease prevention and hygiene, nutrition, GBV related practices and health seeking behavior for mothers and their children under 5 at community level and from the Mobile clinics. 20people are expected to attend each of the 6 sessions
Activity 1.2.4
Standard Activity : Primary health care services, consultations
Conduct training for health care workers on Basic Emergency Obstetric Care (BEMOC) for 21 people. BEmOC training course is designed to teach midwives and nurses the basic emergency obstetric and neonatal care so as to ensure the provision of quality reproductive health care;

Outcome 2

Improved access to maternal care to vulnerable communities (both host and IDPs) in Kismayo though the provision of basic Obstetric care, neonatal care, child health including immunization, ANC and PNC services in Kismayo Hospital.

Output 2.1

Description

Kismayo Hospital Maternity Ward is fully functional

Assumptions & Risks

Security situation remains stable for staff to operate in hospital

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					1
Means of Verification : ARC reports							
Indicator 2.1.2	Health	Number of new borns who have received BCG immunization					3,600
Means of Verification : Hospital Register							
Indicator 2.1.3	Health	Number of women who receive ANC and PNC service Breakdown as follows ANC:-7200 PNC:-3600					10,800
Means of Verification : Facility register							
Indicator 2.1.4	Health	Number of staff at the Maternity Ward					30

Means of Verification : Staff recruitment

Activities

Activity 2.1.1

Standard Activity : Emergency Obstetric Care - Basic and Advacned

1. Provision of Comprehensive Emergency Obstetric Care Services to the pregnant women at Kismayo Hospital including Parenteral administration of antibiotics, Treatments for eclampsia (provision of anticonvulsants), Parenteral administration of Oxytocic, assisted Vaginal delivery (vacuum extraction), Manual removal of Placenta and removal of retained products of conception (MVA), availability of blood and blood transfusion facility, and provision of caesarean section for delivery of foetus in emergency cases.

Activity 2.1.2

Standard Activity : Emergency Obstetric Care - Basic and Advacned

2. Provision of child health including neonatal care and BCG immunization to the new born

Activity 2.1.3

Standard Activity : Primary health care services, consultations

3. Provision of ANC and PNC services to the pregnant and lactating mothers

Activity 2.1.4

Standard Activity : Secondary health care and referral services

Maternity Ward is fully equipped with supplies and staff available to provide maternal services to mother and child.

Additional Targets :

M & R

Monitoring & Reporting plan

To ensure total inclusivity in its interventional approach, ARC will strengthen health service provision to the vulnerable population; work closely with MOH, WHO and health partners in Sool. ARC has in place a variety of M&E tools including outcome tracking tools, analysis, and competency- based checklists that will be used to assess programme activities in the health context. All indicators will be drawn from the health cluster generated sub-sector indicator lists and together with ARC’s global M&E result frame work , a good basis been established to measure performance.

A detailed monitoring and evaluation M&E plan with clearly defined performance indicators and in line with the time outlined in the workplan will be developed as an integral part of this project’s design process. The plan will guide the review and assessments of programme targets at every two weeks. Every patient served will be recorded; CHWs will also record number of HHs/families reached with health messages. ARC will generate weekly reports from the patient registers and CHW reports and share with MOH and Cluster to feed into the weekly epidemiological data. Reproductive health data will be generated from the ANC and PNC registers and shared together with the medical data submitted to the MOH and Cluster. In additions, ARC will also use HMIS tool and share the report with the Sool Regional HMIS officer.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Treat illnesses by providing basic health care, including management of:AWD, ARI, malaria, intestinal parasites, anemia, ear infection, skin infection, UTI, febrile illnesses, rheumatoid arthritis/severe joint pain, hemorrhoids, sexually transmitted infections, and other diseases that contribute to pediatric and adult mortality and morbidity. Provide diagnosis, early detection and early referral for severely ill patients	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Monitor growth and measure nutritional status of every child from the ages of 6-59 months attending the Mobile clinics and refer those who are moderately or severely malnourished to the nearest nutrition site.	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Provide routine immunization to all children accessing the health facility by ensuring availability of; BCG, OPV, IPV, Measles, and Pentavalent to protect against Vaccine Preventable Diseases (VPD) and other related communicable diseases	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.4: Provide Antenatal Care (ANC) to all pregnant women who attend the Mobile clinic including: 1. History taking, 2. General physical examination, 3. Palpate mother to monitor gestational age, 4. Check urine for protein to detect eclampsia, 5. Check blood for Hb to detect anemia, 6. Provide micronutrient and iron folate to prevent anemia, 7. Provide TT vaccine to prevent neonatal tetanus, 8. Provide IPT and ITN to prevent malaria in pregnancy, 9. Screening and treatment of STIs, 10. Treat, screen and diagnosis of STIs and other communicable diseases. 11. Provide health education.ANC services shall be provided through the midwives located at each mobile clinic.This position will provide advice, care and support for women, their partners and families before, during and after childbirth. They will help the women make their own decisions about the care and services they access. Each village will be reached once a week ,giving pregnant women a chance to receive ANC services at a regular level.	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.5: Provide PNC services to women and newborns within three days after delivery	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.6: Equip mobile clinics with supplies, equipment, and basic consultation furniture and qualified staffing for its operation.	2017			X									
Activity 1.1.7: Strengthen referral services and refer patients to the health centers and hospitals within Sool for specialized and secondary care	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.2.1: Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses (ICCM) for 24 people	2017			X		X							
Activity 1.2.2: Conduct RH education and promotion outreach sessions on reproductive health topics for women affected drought in Sool region (Talex and lascanod).This sessions will have 20 participants per session and will be conducted six times	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.2.3: Conduct health education on communicable disease prevention and hygiene, nutrition, GBV related practices and health seeking behavior for mothers and their children under 5 at community level and from the Mobile clinics. 20people are expected to attend each of the 6 sessions	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.2.4: Conduct training for health care workers on Basic Emergency Obstetric Care (BEMOC) for 21 people. BEmOC training course is designed to teach midwives and nurses the basic emergency obstetric and neonatal care so as to ensure the provision of quality reproductive health care;	2017				X	X							
Activity 2.1.1: 1. Provision of Comprehensive Emergency Obstetric Care Services to the pregnant women at Kismayo Hospital including Parenteral administration of antibiotics, Treatments for eclampsia (provision of anticonvulsants), Parenteral administration of Oxytocic, assisted Vaginal delivery (vacuum extraction), Manual removal of Placenta and removal of retained products of conception (MVA), availability of blood and blood transfusion facility, and provision of caesarean section for delivery of foetus in emergency cases.	2017			X									
Activity 2.1.2: 2. Provision of child health including neonatal care and BCG immunization to the new born	2017			X	X	X	X	X	X	X	X	X	X

Activity 2.1.3: 3. Provision of ANC and PNC services to the pregnant and lactating mothers	2017			X	X	X	X	X	X	X	X	X	X
Activity 2.1.4: Maternity Ward is fully equipped with supplies and staff available to provide maternal services to mother and child.	2017			X	X	X	X	X	X	X	X	X	X

OTHER INFO

Accountability to Affected Populations

ARC, through its standing presence in Sool, has good relationships with the local authorities and beneficiaries. The proposed project is based on information provided to ARC by potential beneficiaries as well as local authorities. ARC, as a matter of principle and tradition holds a grant opening workshop with all stakeholders invited before the launch of every project. The grant opening workshop is meant to introduce beneficiaries and stakeholders to the project, highlighting the key entitlements, the beneficiary selection criteria used or to be used, the design of the project and implementation policy of ARC and donor requirements. This act of inclusivity in during program launch and implementation opens the program up to public scrutiny and healthy beneficiary/donor/implementer dialogue.

Further, ARC conducts regular community meetings. During these meetings, the beneficiaries are informed about the project and their feedback is sought. This feedback is then communicated to ARC Management and the project design is changed accordingly (within donor rules and regulations). Do No Harm has been considered in the design stage of the project and will be ensured during implementation. At the end of the project, community feedback is sought again and lessons learned are incorporated into new project designs. ARC and the line government authorities in collaboration with the key project stakeholders in Kismayo and Sool will conduct the process of recruiting key positions for this project. The hiring process will be transparent and will ensure fair representation of groups and communities among staff members. ARC takes into consideration a number of critical issues when conducting its hiring. Some of the key considerations are: gender, people with disabilities (PWDs), and minority clan representation. Memberships of entities formed either to provide oversight or play different roles like vetting, endorsements or grievance-solving processes must draw their membership from the youth, women, men and Government cadre.

ARC actively coordinates with all relevant bodies and stakeholders, including the local and national level cluster system, the United Nations and other donors, international and local organizations, and all local and national level authorities. ARC incorporates transparent and community-led approaches in this and all projects; in the proposed project, communities will be engaged in all aspects of project design, implementation, and monitoring.

Project activities will be coordinated with ARC's existing and future projects in the health sector

Beneficiaries will benefit from ARC's active programming in Kismayo and Sool in the sectors of Health, WASH, protection, and shelter through messaging on available services in the overlapping catchment areas. In Sool region, ARC is the only international NGOs that established an operational field office and guest house in Sool region (Las anod town)

Implementation Plan

ARC is proposing to implement this project through ARC staff in close coordination with local authorities. In this project, ARC is proposing to support three Mobile clinics that will provide essential health services to the population affected by the drought. An inception meeting will be conducted with MOH (Somaliland) and other partners to share project objectives and activities and project areas.

3 Mobile clinics will provide comprehensive service package of primary health care according to the EPHS framework. This frame work provide the basic six priority component, which give more focus on mother and child services including EPI, ANC/PNC, delivery services, nutritional screening, GBV services, OPD and limited services of OPD, emergencies, free drugs/medicine, referral cases and other service. In addition, the clinic will report disease outbreaks according to Integrated Disease surveillance system (IDSR) of MOH and also will provide monthly and weekly HMIS reports.

The three mobile clinics will be staffed with two head nurses who will be the overall responsible parties for the mobile facilities, four qualified nurses (two for consultations of children under five and two for those over five), two midwives for reproductive health services, two auxiliary nurse for immunization and for nutrition screening and emergency cases, and two CHWs to do awareness and referral to link the clinic with the community. All staff inside the mobile clinics will report to the head nurses. The head nurses are responsible for supervision of staff, cleanliness, and ensuring that supplies and equipment are available. The head nurse will report to Sool RMO and ARC office in Las anod in Somaliland, ARC Las anod office will report to ARC Hargeisa office who reports to the Country Director.

The capacity of the staff will enhanced through training programs. ARC will request mentors and facilitator for MOH and existing universities in Sool region. All trainings programs will be followed by WHO and MOH protocols/guidelines. In addition, CHW will be oriented and training on ways to work and orient communities. In this, the level of community knowledge, practices and attitude toward living healthier will be increased. Particular focus will be given on drought health emergencies and how to prepare themselves any health problems that the community may face. Community health committee will be established and trained.

Referral will be used by WHO/MOH standard referral protocols. Priorities for referral will be: (a) complicated pregnant mothers, (b) children with AWD, measles and other communicable diseases; (c) moderate and severe malnourished children (d) MC will refer all cases to the nearest MCHs or Las anod hospital (e) vehicle of the MCs and ambulances will be used as means of transportation.

Financial management within ARC is headed by the Financial Controller based in Nairobi. The Finance Manager overseas the day-to-day operations and reporting and works closely with Hargeisa-based Finance Managers and Officer to ensure that all financial matters are in accordance with ARC and SHF rules and regulations.

ARC is a member of the health cluster in Somaliland and related sub-sectors including nutrition and emergency response forums

ARC will adhere to the implementation and M&E plan as submitted in the proposal. Before commencing implementation, a stakeholder meeting will be called and project activities will be shared with concerned partners and government ministries. Further, ARC will coordinate with the security department in the government/district commissioner's office

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	UNICEF is supporting nutrition and Vaccine supplies in Las anod town located MCHs
WHO	WHO as the leading agency for health is an important partner in the provision of health services in Sool
Ministry of Health	ARC communicates regularly with the MOH and provides monthly reports and HMIS report, while also attending all coordination meetings at MOH

Sool regional Medical Office	ARC communicates regularly and provides monthly reports and attends all coordination meetings
Save the Children International	Save the Children has recently received approval for 2 projects in neighboring districts. ARC will contact them to determine if synergies can be found
Sool regional drought response committee	ARC attends the monthly meeting that the regional drought response committee organized and shares our report.
Kismayo Hospital	ARC will coordinate with the Hospital director, the hospital board and all other actors in the Kismayo hospital

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

ARC is committed to the Guidelines for Gender-Based Violence Interventions in Humanitarian Settings set forth by the Inter-Agency Standing Committee in 2005. Through its health technical design, ARC involves IDP representative majority of which are women from the planning stage to implementation of the project. Women also make up 60% of the MCH staff, i.e. counselors, midwives, head nurses and CHWs. ARC strives to reduce the risks of exposure to gender-based violence (GBV) and ensure confidentiality of medical services for dignified care. The MCH in lower Juba has a counseling room and provide survivors with psychosocial services. Medical services are provided in the MCH including Clinical Management of Rape. The project will target the most vulnerable by providing women and children with quality health services.

Protection Mainstreaming

ARC is committed to ensuring that protection of beneficiaries and do not harm principle is prioritized into all program responses. Protection principles will be integrated to improve the intervention and guaranteeing the protection of the population from exposure to threats related to humanitarian assistance, to empower beneficiaries to claim their rights, and to prompt duty-bearers to comply with their obligations. A rights-based approach is applied, taking into consideration the needs of ethnic minorities, women, the elderly, and people living with disability. As such, the location of the mobile clinics 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

ARC incorporates a sustainable exit strategy into its programming and in the long term, the facility will be handed over to the Ministry of Health.

Country Specific Information

Safety and Security

ARC is already present in the proposed area of intervention with staff and institutional infrastructure in place. However, ARC project success may be impacted negatively by the following external constraints:

- Deteriorating security situation: in order to overcome the security risks that may arise, ARC will work closely with United Nations Department of Security and Safety (UNDSS), the Somali National Security Agency (SNSA), and local clan leaders.
- Lack of access for monitoring purposes: ARC will have in its employment staff from the local community who will have access, even during challenging situations.

ARC Somalia has a dedicated Director of Security at the headquarters level who is in daily contact with ARC Somalia staff and provides guidance and support. Minimum procedures are set out in ARC Somalia's Field Security Manual which all staff are aware of and abide by.

Access

ARC has been working in Sool since June 2016, implementing WASH, health and emergency water tracking. ARC expects to keep good relationships with all actors in Sool and expects that this will allow ARC to work in the two Mobile clinics without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all ARC interventions

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Country Director	D	1	13,800.00	9	9.00	11,178.00
	<i>The Country Director provides overall leadership and management to ARC's Somalia program and is responsible for the final budgetary oversight. The Country Director is based in Mogadishu with travel to Nairobi to coordinate with donor and UN agency headquarters. 9% of his salary will be charged to this project.</i>						
1.2	Finance Controller	D	1	7,800.00	9	9.00	6,318.00
	<i>The Finance Controller provides overall leadership and management to ARC's Somalia program and is responsible for the final budgetary oversight. The Finance Controller is based in Mogadishu with travel to Nairobi. 9% of his salary, including all benefits will be charged to this project.</i>						
1.3	Program Manager Somaliland	D	1	4,800.00	9	15.00	6,480.00

	<i>This position is a Medical Doctor that is supervising the Head Nurse and overseeing this project. Accordingly 15% of his real salary - including all benefits - is charged to this project</i>						
1.4	Health Technical Coordinator	D	1	4,000.00	9	10.00	3,600.00
	<i>This position is a medical doctor that provides team management and oversight of all health programs including staff and activities, and provides technical support for all health projects. This position is also responsible for activities that advise or seek the support of the Directorate of Health and other stakeholders.</i>						
1.5	Head Nurses Somaliland	D	4	500.00	9	100.00	18,000.00
	<i>four health nurse will oversee activities in the Mobile clinics. All are charged with 100% of their salary according to the ARC salary scale. Accordingly 100% of their real salaries - including all benefits - is charged to this project</i>						
1.6	Qualified Nurse (8 Sool - 2 Kismayo)	D	10	400.00	9	100.00	36,000.00
	<i>These positions serve as the primary contact for patients at ARC-supported health facilities and are responsible for assisting the Head nurse in diagnosis and the provision of services. They are charged with 100% of their salary according to the ARC salary scale. Accordingly 100% of their real salary - including all benefits - is charged to this project</i>						
1.7	Auxiliary Nurse (4 Sool- 2 Kismayo),	D	6	200.00	9	100.00	10,800.00
	<i>These positions assist the medical staff in all aspects of duty, as well as serve as resources for beneficiaries through providing information on referrals and available services. They are charged with 100% of their salary according to the ARC salary scale. Accordingly 100% of his real salary - including all benefits - is charged to this project</i>						
1.8	Midwives (4 Sool - 4 Kismayo)	D	8	400.00	9	100.00	28,800.00
	<i>This position provides advice, care and support for women, their partners and families before, during and after childbirth. They help women make their own decisions about the care and services they access. They are charged with 100% of their salary according to the ARC salary scale. Accordingly 100% of their real salary - including all benefits - is charged to this project</i>						
1.9	Community Health Workers (Sool)	D	4	200.00	9	100.00	7,200.00
	<i>The primary responsibilities of this position include raising community awareness and available services, family planning services, promotion of sanitation and hygiene, and maintaining records and providing health referrals. They are charged with 100% of their salary according to the ARC salary scale. Accordingly 100% of his real salary - including all benefits - is charged to this project</i>						
1.10	Grant Management Support	D	1	6,650.00	9	3.00	1,795.50
	<i>This position oversees /supports quality of implementation, providing management oversight to technical teams, finance and monitoring and evaluation teams to ensure quality implementation and on-target spending. The Senior Grant Manager is also responsible for external relations including donor liaison and reporting.</i>						
1.11	Finance Manager (Kismayo)	D	1	2,500.00	9	10.00	2,250.00
	<i>This position reports to the Finance Controller and oversees all budgetary processes, including reporting and close-out. The position will be charged 10% to this grant</i>						
1.12	Admin/HR-Somalia	D	1	2,000.00	9	5.00	900.00
	<i>This position is responsible for all staffing-related issues in Somalia and Kenya. He/she reports to the Country Director. This position will be charged at 5% to this grant.</i>						
1.13	Lower Juba Program Manager	D	1	4,000.00	9	10.00	3,600.00
	<i>This position oversees quality of implementation, providing management oversight to technical teams, finance and monitoring and evaluation teams to ensure quality implementation and on-target spending at the field level. This position will be charged at 10% to this grant.</i>						
1.14	Reproductive Health health Officer	D	1	1,500.00	9	10.00	1,350.00
	<i>This position supports the Health team. He/she ensures effective utilization of skills and medical knowledge particularly in the area of Reproductive Health. He/she will also be involved in following up and overseeing sensitizing of communities on issues regarding reproductive health. This position will be charged 10% to this grant</i>						
1.15	Logistician	D	1	1,300.00	9	10.00	1,170.00
	<i>This position provides support to the Logistics and Procurement Manager and assists in ensuring the appropriate storage of materials destined for field programs and provides general administrative support. This position will be charged 10% to this line.</i>						
1.16	OB/GYN Specialist Kismayo	D	1	2,500.00	9	100.00	22,500.00
	<i>This position will be in Kismayo and will be involved with reproductive health issues of mothers and women of child bearing age. This position is a 100% charged to this grant.</i>						
1.17	Medical Doctor-General/anesthetist Kismayo	D	2	1,200.00	9	100.00	21,600.00
	<i>The medical doctor will be based at the hospital and will oversee and assist in all issues related to maternity. the anesthetist will work 100% in the maternity ward. This position is a 100% charged to this grant.</i>						
1.18	O.T. Supervisor, midwife supervisor	D	2	800.00	9	100.00	14,400.00

	<i>The Theatre supervisor is in charge of the theatre in the Kismayo Hospital. This position is a 100% charged to this grant. The midwife supervisor is in charge of all the midwives and the smooth operation of the Kismayo Hospital. 100% of this position will be charged to this grant</i>						
1.19	assistant Midwives (Kismayo 2)	D	2	250.00	9	100.00	4,500.00
	<i>The Assistant Midwives are assisting the midwives in their daily work. This position is 100% charged to this grant</i>						
1.20	Other staff Kismayo Hospital	D	1	41,400.00	1	100.00	41,400.00
	<i>additional staffing for the Kismayo hospital as outlined will be charged 100% to this grant 'see staff job titles in attached BoQ'</i>						
	Section Total						243,841.50
Supplies, Commodities, Materials							
2.1	Health Education session Somaliland	D	6	300.00	1	100.00	1,800.00
	<i>Community outreach sessions and health education sessions will promote key family practices such as appropriate care seeking, prevention and home management of illnesses and exclusive breastfeeding. This cost includes the transportation of the health workers to the communities, providing water to participants, and other community mobilization activities. Health education sessions and outreach will adopt a variety of strategies to reach different audiences with unique patterns of behaviour and needs, such as visitors to health facilities, children in schools, women headed households and working women through marketplace visits, community visits and household visits for disabled or elderly persons facing mobility challenges. Campaigns will be conducted in health facility catchment areas to provide clear links to accessible health services. Each session lasts one day and targets at least 20 beneficiaries per session</i>						
2.2	Furniture/supplies for 4 mobile clinics Somaliland and Kismayo Hospital	D	1	1,287.00	1	100.00	1,287.00
	<i>ARC will purchase plastic tables and chairs and furniture needed for the mobile clinics. Please the detailed BOQ. The mobile team sets up the plastic tables and chairs in each stop and uses them for consultations</i>						
2.3	Medical and non medical supplies	D	1	67,851.07	1	100.00	67,851.07
	<i>To ensure ongoing delivery of essential health services, ARC will provide health facilities with basic supplies, including uniforms, gloves, stationary and administrative supplies. Please the detailed BOQ. All 65969 beneficiaries targeted in this proposal will benefit from these supplies</i>						
2.4	Transportation of Medical/Non medical Supplies and Pharmaceuticals	D	1	29,800.00	1	100.00	29,800.00
	<i>As detailed in the attached BOQ, ARC proposes to pay for transportation of medical/Non medical supplies and pharmaceuticals from Nairobi to Las Canood. This involves plane and road transport. ARC estimated the price based on experience from previous projects.</i>						
2.5	Training of healthcare workers (IMCI) Somaliland	D	1	5,680.00	1	100.00	5,680.00
	<i>24 health workers will receive Integrated Community Case Management Training, which is a WHO recommended module for Community Health workers (CHW's) which complements Integrated Management of Childhood Illnesses (IMCI) required by national protocol for qualified health workers. ICCM training includes modules of Measurement of Upper Arm Circumference (MUAC) and Management of Acute Malnutrition (MAM). Techniques on provision of community health education topics for behaviour change will also be included. Please refer to the training tab in the budget for details regarding this training.</i>						
2.6	Small repair of Ward- Kismayo	D	1	4,507.80	1	100.00	4,507.80
	<i>ARC will utilize some funds to conduct small repair and maintenance of the maternity wards. No partner has for a while not been supporting the ward thus some repairs are deemed necessary.</i>						
2.7	Laundry Services Kismayo	D	1	2,276.00	1	100.00	2,276.00
	<i>ARC will procure laundry services that include soaps, basins, dryer sacks for cleaning purposes to ensure hygiene in handling space and surroundings</i>						
2.8	Laboratory Supplies	D	1	4,805.00	1	100.00	4,805.00
	<i>This line item includes supplies such as re-agents, and gloves Please refer to the Lab BoQ tab in the budget for specific details regarding these supplies.</i>						
2.9	Food for patients	D	1	1,800.00	9	100.00	16,200.00
	<i>ARC plans to provide hot meals for patients that are admitted at the maternity ward. 100% has been charged to this grant to fully support patients.</i>						
2.10	Storage of Medical supplies	D	1	2,800.00	1	100.00	2,800.00
	<i>ARC proposes to store medical supplies in Buhoodle, Sool and Kismayo. Pls refer to the detailed BOQ.</i>						
2.11	Training of healthcare workers (Bemoc) Somaliland	D	1	6,399.00	1	100.00	6,399.00

	<i>ARC proposes comprehensive on the job Basic Emergency Obstetric Care (BEmOC) training to ensure delivery of MISP. The training is recommended by UNICEF to be provided as one session. 21 people will be trained. Please refer to the training tab in the budget for details regarding this training.</i>						
2.12	Beddings for the hospital	D	1	1,165.00	1	100.00	1,165.00
	<i>ARC proposes to purchase beddings for the hospital. Pls refer to detailed BOQ.</i>						
	Section Total						144,570.87
Equipment							
3.1	Medical equipment	D	1	16,042.00	1	100.00	16,042.00
	<i>ARC will purchase the medical equipment necessary to run the 5 facilities. for a detailed breakdown per facility pls refer to the BOQ</i>						
3.2	Hospital equipments (beds)	D	1	3,150.00	1	100.00	3,150.00
	<i>ARC proposes to purchase metallic beds for patients in the maternity ward. Kindly see BOQ for details</i>						
	Section Total						19,192.00
Travel							
5.1	Travel and Per diem for Monitoring Somaliland and Kismayo	D	1	5,382.00	1	100.00	5,382.00
	<i>Trips of air travel costs are requested to help ensure project oversight by finance controller to ensure compliance through travel associated with auditing. Additionally, the health technical cordintaor wil travel to offer techincal support oversight. Please see travel BoQ in attached documents</i>						
5.2	Rent of 4 Vehicle for 4 mobile clinic (Sool/Buhoodle)	D	4	1,700.00	9	100.00	61,200.00
	<i>Support is requested to cover the cost of vehicle rental for road travel to project sites necessary for the technical staff travel per mobile clinic inclusive of the head nurse who is the senior most staff in the clinic. This is needed for the delivery of services.</i>						
5.3	Rent of Vehicle (Kismayo)	D	1	1,700.00	9	50.00	7,650.00
	<i>ARC will hire one vehicle in Kismayo to transport staff to and from the hospital to ensure strong oversight and monitoring of activities in the hospital as well as close cooperation with the hospital management.</i>						
	Section Total						74,232.00
General Operating and Other Direct Costs							
7.1	Rent for Office in Las canood	D	1	1,500.00	9	60.00	8,100.00
	<i>ARC is proposing to pay a percentage of rent paid for the ARC offices where staff that is directly working under this grant is located Thus ARC seeks rent for las canood office. ARC staff needs a place to work. See BoQ for complete breakdown</i>						
7.2	Communication(Airtime,Internet)-Sool	D	1	1,800.00	9	8.33	1,349.46
	<i>ARC is budgeting for communication. This includes air time for staff and a percentage of the internet costs as well as the Satellite phone costs in sool office. See BoQ for complete breakdown.</i>						
7.3	Stationary for ARC offices in Somaliland and Kismayo	D	1	3,600.00	1	100.00	3,600.00
	<i>ARC is proposing to purchase paper, note books, and writing/printing materials for Las Canood and Kismayo offices - as outlined in the detailed BoQ.</i>						
7.4	Bank Charges (1.63% transfer rate-Sool & Kismayo)	D	1	8,500.00	1	100.00	8,500.00
	<i>ARC's bank charges 1.63% for each transfer that goes to Somalia.</i>						
7.5	Utilities for hospital (Water,electricity,Generator)	D	1	3,800.00	9	20.00	6,840.00
	<i>As detailed in the BOQ, ARC is budgeting for water, electricity and generator costs in the hospital. See BoQ for Complete breakdown</i>						
7.6	Rent for Kismayo	D	1	5,000.00	9	5.00	2,250.00
	<i>ARC is proposing to pay a percentage of rent paid for the ARC offices where staff that is directly working under this grant is located Thus ARC seeks rent for Kismayo office. ARC staff needs a place to work. See BoQ for complete breakdown</i>						
7.7	Communication(Airtime,Internet)-Kismayo	D	1	1,800.00	9	8.33	1,349.46
	<i>ARC is budgeting for communication. This includes air time for staff and a percentage of the internet costs as well as the Satellite phone costs in Kismayo office. See BoQ for complete breakdown.</i>						

7.8	Utilities for offices (Water,electricity,Generator)-las canood and kismayo	D	2	3,800.00	9	20.00	13,680.00
<i>As detailed in the BOQ, ARC is budgeting for water, electricity and generator costs in Kismayo and Las Canood offices. See BoQ for Complete breakdown</i>							
7.9	Communication(Airtime,Internet)-Buhoodhle	D	1	1,800.00	9	8.33	1,349.46
<i>ARC is budgeting for communication. This includes air time for staff and a percentage of the internet costs as well as the Satellite phone costs in Buhoodhle office. See BoQ for complete breakdown.</i>							
Section Total							47,018.38
SubTotal			85.00				528,854.75
Direct							528,854.75
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							37,019.83
Total Cost							565,874.58
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo -> Kismayo	20		3,600			3,600	Activity 2.1.1 : 1. Provision of Comprehensive Emergency Obstetric Care Services to the pregnant women at Kismayo Hospital including Parenteral administration of antibiotics, Treatments for eclampsia (provision of anticonvulsants), Parenteral administration of Oxytocic, assisted Vaginal delivery (vacuum extraction), Manual removal of Placenta and removal of retained products of conception (MVA), availability of blood and blood transfusion facility, and provision of caesarean section for delivery of foetus in emergency cases. Activity 2.1.2 : 2. Provision of child health including neonatal care and BCG immunization to the new born Activity 2.1.3 : 3. Provision of ANC and PNC services to the pregnant and lactating mothers Activity 2.1.4 : Maternity Ward is fully equipped with supplies and staff available to provide maternal services to mother and child.

Sool -> Laas Caanood	40	2,250	5,035	5,160	7,255	19,700	<p>Activity 1.1.1 : Treat illnesses by providing basic health care, including management of:AWD, ARI, malaria, intestinal parasites, anemia, ear infection, skin infection, UTI, febrile illnesses, rheumatoid arthritis/severe joint pain, hemorrhoids, sexually transmitted infections, and other diseases that contribute to pediatric and adult mortality and morbidity. Provide diagnosis, early detection and early referral for severely ill patients</p> <p>Activity 1.1.2 : Monitor growth and measure nutritional status of every child from the ages of 6 -59 months attending the Mobile clinics and refer those who are moderately or severely malnourished to the nearest nutrition site.</p> <p>Activity 1.1.3 : Provide routine immunization to all children accessing the health facility by ensuring availability of; BCG, OPV, IPV, Measles, and Pentavalent to protect against Vaccine Preventable Diseases (VPD) and other related communicable diseases</p> <p>Activity 1.1.4 : Provide Antenatal Care (ANC) to all pregnant women who attend the Mobile clinic including: 1. History taking, 2. General physical examination, 3. Palpate mother to monitor gestational age, 4. Check urine for protein to detect eclampsia, 5. Check blood for Hb to detect anemia, 6. Provide micronutrient and iron folate to prevent anemia, 7. Provide TT vaccine to prevent neonatal tetanus, 8. Provide IPT and ITN to prevent malaria in pregnancy, 9. Screening and treatment of STIs, 10. Treat, screen and diagnosis of STIs and other communicable diseases. 11. Provide health education.ANC services shall be provided through the midwives located at each mobile clinic.This position will provide advice, care and support for women, their partners and families before, during and after childbirth. They will help the women make their own decisions about the care and services they access. Each village will be reached once a week ,giving pregnant women a chance to recieve ANC services at a regular level.</p> <p>Activity 1.1.5 : Provide PNC services to women and newborns within three days after delivery</p> <p>Activity 1.1.6 : Equip mobile clinics with supplies, equipment, and basic consultation furniture and qualified staffing for its operation.</p> <p>Activity 1.1.7 : Strengthen referral services and refer patients to the health centers and hospitals within Sool for specialized and secondary care</p> <p>Activity 1.2.1 : Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses (ICCM) for 24 people</p> <p>Activity 1.2.2 : Conduct RH education and promotion outreach sessions on reproductive health topics for women affected drought in Sool region (Talex and lascanod).This sessions will have 20 participants per session and will be conducted six times</p> <p>Activity 1.2.3 : Conduct health education on communicable disease prevention and hygiene, nutrition, GBV related practices and health seeking behavior for mothers and their children under 5 at community level and from the Mobile clinics. 20people are expected to attend each of the 6 sessions</p>
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Sool -> Xudun	30	1,796	2,427	2,777	3,000	10,000	<p>Activity 1.1.1 : Treat illnesses by providing basic health care, including management of:AWD, ARI, malaria, intestinal parasites, anemia, ear infection, skin infection, UTI, febrile illnesses, rheumatoid arthritis/severe joint pain, hemorrhoids, sexually transmitted infections, and other diseases that contribute to pediatric and adult mortality and morbidity. Provide diagnosis, early detection and early referral for severely ill patients</p> <p>Activity 1.1.2 : Monitor growth and measure nutritional status of every child from the ages of 6 -59 months attending the Mobile clinics and refer those who are moderately or severely malnourished to the nearest nutrition site.</p> <p>Activity 1.1.3 : Provide routine immunization to all children accessing the health facility by ensuring availability of; BCG, OPV, IPV, Measles, and Pentavalent to protect against Vaccine Preventable Diseases (VPD) and other related communicable diseases</p> <p>Activity 1.1.4 : Provide Antenatal Care (ANC) to all pregnant women who attend the Mobile clinic including: 1. History taking, 2. General physical examination, 3. Palpate mother to monitor gestational age, 4. Check urine for protein to detect eclampsia, 5. Check blood for Hb to detect anemia, 6. Provide micronutrient and iron folate to prevent anemia, 7. Provide TT vaccine to prevent neonatal tetanus, 8. Provide IPT and ITN to prevent malaria in pregnancy, 9. Screening and treatment of STIs, 10. Treat, screen and diagnosis of STIs and other communicable diseases. 11. Provide health education.ANC services shall be provided through the midwives located at each mobile clinic.This position will provide advice, care and support for women, their partners and families before, during and after childbirth. They will help the women make their own decisions about the care and services they access. Each village will be reached once a week ,giving pregnant women a chance to receive ANC services at a regular level.</p> <p>Activity 1.1.5 : Provide PNC services to women and newborns within three days after delivery</p> <p>Activity 1.1.6 : Equip mobile clinics with supplies, equipment, and basic consultation furniture and qualified staffing for its operation.</p> <p>Activity 1.1.7 : Strengthen referral services and refer patients to the health centers and hospitals within Sool for specialized and secondary care</p> <p>Activity 1.2.1 : Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses (ICCM) for 24 people</p> <p>Activity 1.2.2 : Conduct RH education and promotion outreach sessions on reproductive health topics for women affected drought in Sool region (Talex and Iascanod).This sessions will have 20 participants per session and will be conducted six times</p> <p>Activity 1.2.3 : Conduct health education on communicable disease prevention and hygiene, nutrition, GBV related practices and health seeking behavior for mothers and their children under 5 at community level and from the Mobile clinics. 20people are expected to attend each of the 6 sessions</p>
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Togdheer -> Buuhoodle -> Buuhoodle	10	5,725	7,738	8,976	10,230	32,669	<p>Activity 1.1.1 : Treat illnesses by providing basic health care, including management of:AWD, ARI, malaria, intestinal parasites, anemia, ear infection, skin infection, UTI, febrile illnesses, rheumatoid arthritis/severe joint pain, hemorrhoids, sexually transmitted infections, and other diseases that contribute to pediatric and adult mortality and morbidity. Provide diagnosis, early detection and early referral for severely ill patients</p> <p>Activity 1.1.2 : Monitor growth and measure nutritional status of every child from the ages of 6 -59 months attending the Mobile clinics and refer those who are moderately or severely malnourished to the nearest nutrition site.</p> <p>Activity 1.1.3 : Provide routine immunization to all children accessing the health facility by ensuring availability of; BCG, OPV, IPV, Measles, and Pentavalent to protect against Vaccine Preventable Diseases (VPD) and other related communicable diseases</p> <p>Activity 1.1.4 : Provide Antenatal Care (ANC) to all pregnant women who attend the Mobile clinic including: 1. History taking, 2. General physical examination, 3. Palpate mother to monitor gestational age, 4. Check urine for protein to detect eclampsia, 5. Check blood for Hb to detect anemia, 6. Provide micronutrient and iron folate to prevent anemia, 7. Provide TT vaccine to prevent neonatal tetanus, 8. Provide IPT and ITN to prevent malaria in pregnancy, 9. Screening and treatment of STIs, 10. Treat, screen and diagnosis of STIs and other communicable diseases. 11. Provide health education.ANC services shall be provided through the midwives located at each mobile clinic.This position will provide advice, care and support for women, their partners and families before, during and after childbirth. They will help the women make their own decisions about the care and services they access. Each village will be reached once a week ,giving pregnant women a chance to recieve ANC services at a regular level.</p> <p>Activity 1.1.5 : Provide PNC services to women and newborns within three days after delivery</p> <p>Activity 1.1.6 : Equip mobile clinics with supplies, equipment, and basic consultation furniture and qualified staffing for its operation.</p> <p>Activity 1.1.7 : Strengthen referral services and refer patients to the health centers and hospitals within Sool for specialized and secondary care</p> <p>Activity 1.2.1 : Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses (ICCM) for 24 people</p> <p>Activity 1.2.2 : Conduct RH education and promotion outreach sessions on reproductive health topics for women affected drought in Sool region (Talex and lascanod).This sessions will have 20 participants per session and will be conducted six times</p> <p>Activity 1.2.3 : Conduct health education on communicable disease prevention and hygiene, nutrition, GBV related practices and health seeking behavior for mothers and their children under 5 at community level and from the Mobile clinics. 20people are expected to attend each of the 6 sessions</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	consequences_of_drought_1.pdf
Project Supporting Documents	FSNAU-FEWSNET-Technical-Release-February-2017.pdf
Project Supporting Documents	MINUTES OF THE MEETING ON DROUGHT MITIGATION HELD AT THE GOVERN.pdf
Project Supporting Documents	somalia_humanitarian_bulletin_january_2017.pdf

Project Supporting Documents	Inter-Agency Drought Assessment in Lower Juba Region of Somalia January 2017.docx
Budget Documents	Sool B.O.Q 2017 SHF Health budget 2017.xlsx
Budget Documents	Final Sool MC B.O.Q 2017.xlsx
Budget Documents	BOQs 21.2.17.xlsx
Budget Documents	BOQs 21.2.17.xlsx
Budget Documents	BOQs 21.2.17_OCHA comments.xlsx
Budget Documents	BOQs 23.2.2017 _OCHA comments addressed.xlsx
Budget Documents	21.3.2017 revised ARC Health BOQ.xls
Budget Documents	Final revised ARC Health BOQ.xls
Budget Documents	Final 2 revised ARC Health BOQ.xls
Budget Documents	FINAL BOQs 23.2.2017 _OCHA comments addressed.xlsx
Budget Documents	2 MC for Buhoodle 14.3.2017.xlsx
Budget Documents	2 MC Sool 14.3..xlsx
Budget Documents	SHF Kismayo Maternity budget 14.03.2017.xls
Budget Documents	ARC Health BOQ 17.3.17.xls
Budget Documents	Final revised ARC Health BOQ 17.3.17-1.xls
Grant Agreement	HC signed GA for ARC 4770.pdf
Grant Agreement	HC and IP signed GA 4770 reduced size.pdf