OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	American Refugee Committee
Allocation Type :	Reserve 2016

Primary Cluster	Sub Cluster	Percentage
Health	Communicable diseases	100.00
		100

Project Title :	Ensuring Access to Emergency and Basic and life-saving Maternal and Child Health Care Services in Dalxiiska Camp in Kismayo, Lower Jubba, South Central Somalia
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-16/2470/R/H/INGO/2543
Cluster :		**Project Budget in US$:**	169,917.20
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/08/2016	**Planned End Date :**	31/07/2017
Actual Start Date:	01/08/2016	**Actual End Date:**	31/07/2017

Project Summary :

ARC is proposing a set of emergency health interventions in the targeted areas of Kismayo to ensure provision of basic and life -saving health services to reduce morbidity and mortality associated with diseases and hazards resulting from lack of access to basic health care services. Most importantly, ARC will focus on improvement in the provision of emergency health services for the vulnerable IDP population in Dalxiiska camp, the largest IDP camp in Kismayo through establishment of mobile outreach services in Dalxiis camp in coordination with Ministry of Health and other active health partners in the district. The mobile clinic will serve the IDP population estimated to be approximately 40,000 individuals (both direct and indirect beneficiaries). The project will directly target 60% (13,089) of IDP population in Dalxiis IDP camp estimated to be about 21,816 persons.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
1,976	3,857	4,617	2,639	13,089

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	1,976	3,857	4,617	2,639	13,089

Indirect Beneficiaries :

In order to support the vulnerable IDP population in Dalxiiska camp in Kismayo, ARC will concentrate on providing primary health services through mobile outreach services. An estimated 12,000 individuals in the surrounding areas who have reasonable access to health facilities will also indirectly benefit from the increased health status of the population living in Dalxiiska.

Catchment Population:

The total population of Kismayo is estimated at 211,00, out of which 40,000 are most affected, while another 12,000 are vulnerable to communicable diseases due to limited access to basic health services. Currently in Dalxiiska IDP camp with estimated population of about 21,816 persons as per latest REACH assessment. The project will target about 60% of these population, which is approximately 13,089 individuals.

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 IDP population in Dalxiiska IDP camp.

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

Decades of internal conflict have led to more than 1 million internally displaced persons (IDPs) in Somalia, primarily in the south-central part of the country. Jubaland State is an area of Somalia devastated by 23 years of civil war, which destroyed much of the infrastructure necessary for supporting the population. In spite of this, Jubaland has been able to provide refuge for people displaced from elsewhere in Somalia as well as refugees returning from Kenya. These populations are placing strain on the already limited health services (ARC Assessment Sept 2013). Both infant mortality (119 per 1,000 live births) and under-five mortality (200 per 1,000 live births) are alarmingly high in Somalia (UNICEF, 2012). One of every twelve women dies of pregnancy-related causes (UNICEF, 2012), and access to lifesaving CEmOC(Comprehensive Emergency Obstetric Care) and pediatric health services remains severely limited. According to UNFPA, women's health status in Somalia is poor, and access to family planning services and care for pregnant and delivering women is inadequate, leaving Somali women particularly vulnerable. With the DoH lacking an operating budget, these already vulnerable women have limited to no access to healthcare which further worsens the systematic discrimination against Somali women. The FNSAU post Dyre Assessment 2015/16 indicates that GAM prevalence among Kismayo IDPs is 12.9 percent, with a SAM prevalence of 2.9 percent. This is a deterioration when compared with Alert situation (8.5% GAM) recorded in Deyr 2014. There is no statistically significant difference between Deyr 2015 (12.9% GAM) to Gu 2015 (12.5% GAM) or with Deyr 2014 (8.5% GAM) but a phase change. Critical levels of stunting prevalence (43.8%) were recorded among Kismayo IDPs, which shows deterioration from the situation reported in Deyr 2014 (38.9%). In Kismayo urban areas, moderate levels of stunting (27%) were recorded in Deyr 2015. It suggests a sustained stunting prevalence when compared to Deyr 2014 (26.1%). High levels of underweight (30.1%) were recorded in Kismayo IDPs, which shows a deterioration from the levels reported in Deyr 2014 (23.2%). The overall morbidity reported for two weeks prior to the assessment in Kismayo IDP is sustained at Low levels (27.6%) in Deyr 2015 when compared to Gu 2015 (33.1%). This can be attributed to health services access, high immunization, and insufficient clean water and sanitation facilities. It is therefore essential that these services continue to be available for the increasing number of IDPs.

2. Needs assessment

The Dalxiiska IDP settlement in Kismayo continues to grow and is expected to receive more IDPs in the months to come. An assessment conducted by the Shelter Cluster (Kismayo Mapping Exercise May 2016) found that most IDPs in Kismayo are from Lower and Middle Juba. Key Informant Interviews stated that the closest health facility that IDPs and host community have access to is on average a 28 minute walk from their place of residence. Fifty-two percent of respondents indicated that there was a disease outbreak in the past month, while 24% indicated that there was one three to six months ago. The diseases reported were Cholera/acute watery diarrhea (AWD) (52%), Diphtheria (36%), and Malaria (12%).
The Jubbaland Refugee and Internally Displaced person's agency (JRIA) also conducted an assessment on IDPs in Kismayo in June 2016 and found that 54% of the respondents indicated receiving treatment from hospitals, whereas almost 30% of the respondents reported having received no medical care at all. A small proportion (1.9%) sought treatment from traditional healers while another 2.4% and 11.8% get their medication directly from pharmacies and Maternal,Child Health (MCHs), respectively. OCHA (Humanitarian Snapshot June 2016) reports a spike in AWD/cholera cases in southern and central Somalia. Over 8,000 cases have been reported thus far in 2016. Of these, 59% are children under age five, while 437 deaths were reported. There are reports of an outbreak of the deadly Chikungunya virus in the Banadir region. According to the WHO three of five blood samples have tested positive, and more tests are being conducted.
Key causes of mortality and morbidity in boys and girls include ARIs (25%), infections (17%), diarrheal diseases (16%), and malaria (7%) (ARC hospital data 2013). Fatality from ARIs and diarrheal diseases are most commonly attributed to malnutrition and lack of micronutrients. Infant mortality is caused primarily by low birth weight, birth asphyxia, and neonatal sepsis. Only 5% of boys and girls are fully immunized by the age of one. The three health facilities that ARC supports have been overwhelmed by beneficiaries seeking health assistance due to ARC's dependable drug supply and the fact that it within a safe distance for women and children to access services. Last month, the WHO-funded Mobile Clinic ARC ran in the Dalxiiska IDP settlement ended. For the nine months that this project ran, this mobile clinic was the primary health facility treating individuals in Dalxiiska IDP settlements. The ARC team felt firsthand how massive the needs in Dalxiiska IDP settlement are and would like to respond to these needs with establishment of a mobile clinic in the midst of the camp, a site that is safe for both women and girls in coordination with MOH, JIRA and other relevant bodies in the government.

3. Description Of Beneficiaries

The target beneficiaries of the project are those IDPs in Kismayo, particularly in Dalxiiska camps. New IDPs who moved to Kismayo from Kamsuma and neighboring villages during the flooding of Juba River are estimated at 1,900 households. These new arrivals settled in the overcrowded camps in Dalxiiska. The project will focus on this new IDP population and other vulnerable families within Dalxiis Camp, ensuring provision of basic health services. In order to specifically target the most affected groups, ARC will concentrate on an emergency response in the affected areas with a core population of 13,089 persons. The rest of the population in Kismayo will benefit from the response indirectly.

4. Grant Request Justification

In order to curb further disease transmission and reduce mortality and morbidity rates, ARC will implement a direct emergency response on health activities in Dalxiiska IDP Camp. 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 one Mobile clinic in Dalxiis camp which will provides 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 health cluster and WHO EHA.

5. Complementarity

The proposed health project will be complemented by ongoing and previous ARC health interventions in Kismayo. Since 2011 to date, ARC has been supporting two Maternal Child Health (MCHs) in Kismayo: Farjano and Bula Obliko MCHs and worked in the Kismayo Hospital for over a year. The Bula Abliko MCH currently supported by ARC is neighboring the large Dalxiis Camp and serves large number of population from the camp. In May 2016, ARC completed mobile clinic intervention specifically targeting IDPs. The end of this project left a big gap with regards to health service provision to IDPs which will be addressed through this proposed project.The role of MOH will be on facilitation, coordination and oversight during the project implementation. In coordinating with MOH, ARC will share reports with MOH to keep in the loop of ARC's activities. MOH will take lead in the training of health care workers and also take part in the health education and promotion through their volunteers.

LOGICAL FRAMEWORK

Overall project objective

Improved access to essential lifesaving health services (quality primary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality in Dalxiiska Camp in Kismayo.

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	50
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2016	50

Contribution to Cluster/Sector Objectives : ARCs proposed project will directly contribute to the two cluster objectives. IDPs in Dalxiiska 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.

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

1 mobile clinic established and operationalised to provide basic health care services to improve maternal and child health care in Dalxiiska IDP camp

Assumptions & Risks

The Security situation in Lower Juba remains relatively stable and ARC staff have continued access to Dalxiska .
IDPs are not evicted or forced leave from Dalxiska.

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

Provide routine immunization to all children accessing the health facility by ensuring availability of; BCG, Polio, Measles, and Pentavalent to protect against Vaccine Preventable Diseases (VPD) and other related communicable diseases. Liaise with IOM to ensure provision of vaccines in-kind.

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

Activity 1.1.3

Standard Activity : Primary health care services, consultations

Provide Antenatal Care (ANC) to all pregnant women who attend the MCH 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 regarding birth preparedness plans and avoidance of risk factors.

Activity 1.1.4

Standard Activity : Primary health care services, consultations

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

Activity 1.1.5

Standard Activity : Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.)

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

Activity 1.1.6

Standard Activity : Secondary health care and referral services

Strengthen referral services and refer patients from the mobile clinic to the health centers and hospitals within Kismayo for specialized and secondary care

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Health	Number of consultations per clinician per day by Health facility					60
Means of Verification :							
Indicator 1.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					5,628
Means of Verification : ARC progress reports and weekly cluster reports							
Indicator 1.1.3	Health	Number of pregnant women who have attended at least two comprehensive antenatal clinics (ANC)					3,011
Means of Verification : ARC progress reports							
Indicator 1.1.4	Health	Number of women and newborns that received postnatal care (PNC) within three days after delivery					3,011
Means of Verification : ARC progress reports							
Indicator 1.1.5	Health	Number of health facility established with its necessary supplies and staffing and supported					1
Means of Verification : ARC progress report							
Indicator 1.1.6	Health	Number of cases or patients referred by the outreach team to health centers and Hospitals					180
Means of Verification : ARC progress reports							

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

The Security situation in Lower Juba remains relatively stable and ARC staff have continued access to Dalxiska .
IDPs are not evicted or forced leave from Dalxiska.

Activities

Activity 1.2.1

Standard Activity : Capacity building

Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable diseases outbreaks.

Activity 1.2.2

Standard Activity : Awareness campaign

Conduct RH education and promotion outreach sessions on reproductive health topics for women in the IDP camps of Dalxiiska

Activity 1.2.3

Standard Activity : Awareness campaign

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 mobile clinic

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**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.					25
Means of Verification : ARC Progress Reports/ patient registers							
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					12
Means of Verification : ARC progress reports							

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 practices						12

Means of Verification : ARC Progress reports, weekly and quarterly

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 Kismayo. The objective is an holistic and all inclusive approach as Kismayo is a densely populated area that cannot be adequately covered by one partner. ARC has in place a variety of M&R tools including outcome tracking tools, analysis , and competency- based checklists that will be used to assess programme activities in the health context. All indicators have been 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 the time outlined in the work plane 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 recorded number of HHs/families reached with health message. 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 data will be generated from the ANC and PNC registers and shared together with the medical data submitted to the MOH and Cluster.

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.	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 1.1.2: Provide routine immunization to all children accessing the health facility by ensuring availability of; BCG, Polio, Measles, and Pentavalent to protect against Vaccine Preventable Diseases (VPD) and other related communicable diseases. Liaise with IOM to ensure provision of vaccines in-kind. Monitor growth and measure nutritional status of every child from the ages of 6-59 months attending the MCH and refer those who are moderately or severely malnourished to the ICRC nutrition site.	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 1.1.3: Provide Antenatal Care (ANC) to all pregnant women who attend the MCH 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 regarding birth preparedness plans and avoidance of risk factors.	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 1.1.4: Provide PNC services to women and newborns within three days after delivery	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 1.1.5: Equip mobile health facility with supplies, equipment, basic consultation furniture and qualified staffing for its operation.	2016								X				
	2017												
Activity 1.1.6: Strengthen referral services and refer patients from the mobile clinic to the health centers and hospitals within Kismayo for specialized and secondary care	2016									X	X	X	X
	2017	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, surveillance and emergency preparedness for communicable diseases outbreaks.	2016												X
	2017			X									
Activity 1.2.2: Conduct RH education and promotion outreach sessions on reproductive health topics for women in the IDP camps of Dalxiiska	2016									X	X	X	X
	2017	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 mobile clinic	2016									X	X	X	X
	2017	X	X	X	X	X	X	X					

OTHER INFO

Accountability to Affected Populations

ARC, through its standing presence in Kismayo, 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 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, including the ongoing ARC/OFDA-funded two MCHs in Kismayo, the just-ended WHO-supported mobile clinic in Dalxiiska and the health components of protection projects.
Beneficiaries will benefit from ARC's active programming in Kismayo in the sectors of Health, WASH, protection, and shelter through messaging on available services in the overlapping catchment areas.

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 establish and run one mobile clinic that will provide essential health services to the population in Dalxiiska IDP settlement and surrounding areas. An inception meeting will be conducted with MOH and other partners to share project objectives and activities and project areas.
The mobile clinic will be staffed with one head nurse who will be responsible for the outreach services, two qualified nurses (one for consultations of children under five and one for those over five), one midwives for reproductive health services, one auxiliary nurse for immunization, one auxiliary nurse for nutrition screening and emergency cases, one registrar, and one CHW to do awareness and referral to link the MCH with the community. All staff inside the facility will report to the head nurse. The head nurse is responsible for supervision of staff, cleanliness, and ensuring that supplies and equipment are available. The head nurse reports to the RH Officer who in turn reports to the Lower Juba Program Manager. The Lower Juba Manager reports to the ARC Head of Programs who reports to the Country Director.

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 the Kismayo-based Finance Manager and Officer to ensure that all financial matters are in accordance with ARC and SHF rules and regulations.

ARC is the health cluster focal point in Lower Juba and conducts the monthly health cluster coordination meetings to which all health actors, OCHA and the MOH are invited. Outcomes of the meetings are shared with all actors and the cluster. This is the main mechanism used to maximize efficiency and impact and avoid duplication.

ARC will adhere to the implementation and M&R 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
IOM	IOM will support ARC through the provision of vaccines
PAC	PAC is currently working in the Kismayo hospital. ARC will refer complicated deliveries to the hospital to be attended to by PAC
Somali Aid	Somali Aid is running a Nutrition Centre in Kismayo. ARC will refer malnourished children to the Somali Aid facility
ICRC	ICRC provides surgical services in the Kismayo Hospital and patients in need can be referred to them
WHO	WHO as the leading agency for health is an important partner in the provision of health services
UNICEF	UNICEF is currently finalizing an Emergency PCA for ARC to run the CTC in Kismayo. That project will complement this proposed project
WRRS	ARC will coordinate with WRRS in providing basic healthcare services for the vulnerable population on Dalxiska
Swisso	Swisso is not currently active health partner in Kismayo but hey start operations in Kismayo, ARC will coordinate with them and invite them for the health coordination meetings.

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. Counselor, midwife, head nurse and CHW. ARC strives to reduce the risks of exposure to Gender Based Violence and ensure confidentiality of medical services for dignified care and to prevent GBV by creating a counseling room in the MCH in order to 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 adheres to the principle of 'Do No Harm; minimizing the harm caused by its presence in communities affected by conflict. For instance, ARC incorporates a sustainable exit strategy into its programming. In the long term the facility will be handed over to the Ministry of Health. Furthermore, a rights –based approached is applied, taking into consideration the needs of ethnic minorities, women, the elderly, and people living with disability. As such, the location the MCH 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.

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 Kismayo since 2011 and enjoys the support of the community and the authorities. ARC expects to keep good relationships with all actors in Kismayo and expects that this will allow ARC to work in Dalxiiska IDP camp 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 Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Country Director	s	1	10,000.00	12	2.00	2,400.00
	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 donoe and UN agency headquarters. 5% of his salary, including all benefits will be charged to this project while 95% will be charged to ARC.						
1.2	Finance Controller	s	1	7,000.00	12	2.00	1,680.00
	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 . 5% of his salary, including all benefits will be charged to this project while 95% will be charged to ARC.						
1.3	Senior Grants Manager	s	1	6,000.00	12	2.00	1,440.00
	The Grant Management Team is responsible for reporting and ensuring the project success are per donor requirements. 10% of his salary, including all benefits will be charged to this project while 90% will be charged to ARC.						
1.4	Finance Officer	s	1	1,300.00	12	5.00	780.00
	The Finance Officer provides financial oversight on all Kismayo based projects. The FInance Officer is based in Kismayo. He will ensure timely and quality financial report to CHF. 20% of his salary, including all benefits will be charged to this project while 80% will be charged to ARC.						
1.5	Operations Manager	s	1	2,000.00	12	5.00	1,200.00
	The OPerations Manager provides operational oversight on all Kismayo based projects. The operations Manager is based in Kismayo. He will ensure that the project is implemented in accordance to CHF and ARC Rules and regulations. 10% of his salary, including all benefits will be charged to this project while 90% will be charged to ARC.						
1.6	RH Officer	d	1	1,500.00	12	50.00	9,000.00

	the Reproductive Health Officer is in charge of this project. All staff report to him and he will ensure the implementation and reporting as per CHF rules and regulations. 50% of his salary, including all benefits will be charged to this project while 50% will be charged to ARC.						
1.7	M&E Officer	s	1	1,800.00	12	5.00	1,080.00
	The M&E Officer will use 10% of his time to support this project with reporting and monitoring. 10% of his salary which is determined by the ARC salary scale- including all benefits- is charged to this project while 90% is charged to ARC.						
1.8	Logistics Officer	s	1	1,300.00	12	10.00	1,560.00
	The LOgistics officer will use 20% of his time to support this project. 20% of his salary which is determined by the ARC salary scale- including all benefits- is charged to this project while 80% is charged to ARC.						
1.9	Health Project Manager	D	1	3,000.00	12	5.00	1,800.00
	This position is a Medical Doctor that is supervising the RH officer and overseeing this project. He is charged with 10% of his salary according to the ARC salary scale. Accordingly 10% of his real salary - including all benefits - is charged to this project						
1.10	PHC Program Supervisor	D	1	800.00	12	100.00	9,600.00
	The PHC Program Supervisor will work in the facilities and ensure quality implementation of this project.He is charged with 100% of his salary according to the ARC salary scale. Accordingly 100% of his real salary - including all benefits - is charged to this project						
1.11	Head Nurse	D	1	500.00	12	100.00	6,000.00
	one health nurse will oversee activities in the MCH while the second one will oversee activities in the mobile clinic. Both 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						
1.12	Qualified Nurse	D	2	430.00	12	100.00	10,320.00
	These positions serve as the primary contact for patients at ARC-supported health facilities and are responsible for assisting the medical doctor in diagnosis and the provision of 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						
1.13	Auxiliary nurse	D	2	350.00	12	100.00	8,400.00
	These positions assist the medical staff in all aspects of duty, as well as serve as resourses for beneficiaries through providing information on refferals and availble 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						
1.14	Midwife	D	1	430.00	12	100.00	5,160.00
	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 his real salary - including all benefits - is charged to this project						
1.15	CHW	D	2	250.00	12	100.00	6,000.00
	The primary responsibilities of this position include raising community awareness and availble 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						
1.16	Cleaners	D	1	250.00	12	100.00	3,000.00
	Responsible for maintaining the cleanliness of the facilities. They are charged with 50% of their salary according to the ARC salary scale. Accordingly 50% of his real salary - including all benefits - is charged to this project						
1.17	Security Guards	s	3	300.00	12	20.00	2,160.00
	These positions are responsible to guarding the clinics, as well as providing escort when traveling to project sites and working in IDP camps. 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						
	Section Total						**71,580.00**
Supplies, Commodities, Materials							
2.1	Training IMCI - Qualified Health Workers	D	1	4,760.00	1	100.00	4,760.00
	health workers will receive Integrated Community Case Management Training, which is a WHO recommended module for CHWs 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.						
2.2	Training BEmOC refresher	D	1	4,760.00	1	100.00	4,760.00
	To upgrade qualified health worker skills and support the transition, to sustainable recovery, ARC proposes comprehensive on the job BEmOC refresher training to ensure delivery of MISP. The training is recommended by UNICEF to be provided as one session, followed by one refresher. Please refer to the training tab in the budget for details regarding this training.						

2.3	CHWs Community mobilization training	D	1	2,338.00	1	100.00	2,338.00
	To improve understanding of key GBV concepts and safe, constructive communication skills when raising awareness in communities around GBV, available services, and risk reduction strategies. Please refer to the training tab in the budget for details regarding this training.						
2.4	Providing health education session	D	1	3,600.00	1	100.00	3,600.00
	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.						
2.5	RH outreach Session for the IDPs	D	1	3,600.00	1	100.00	3,600.00
	ANC/PNC clinics will be conducted at the facilities to provide women with timed and targeted antenatal and post-natal counselling and health information. This will be complemented by ANC/PNC outreach into communities, in recognition of a stronger cultural preference towards home care and birth, as well as lower knowledge of facility-based RH services. RH education sessions will be conducted in IDP camps and at community level on key topics such as exclusive breastfeeding, micronutrients, health birth spacing, and family planning.						
2.6	Pharmaceuticals	D	1	18,852.65	1	100.00	18,852.65
	ARC plans to procure medicine for the treatment of diseases that will be diagnosed at the facilities.The pharmaceuticals wil be procured from a pharmaceutical company in Nairobi.Please refer to the Pharmaceutical BoQ tab in the budget for the specific breakdown of drugs to be purchased.						
2.7	Medical Equipment and Supplies	D	1	2,974.47	1	100.00	2,974.47
	This line item will include items such as special delivery beds, stethoscopes, screens and separators, trays, trolleys, and examination sets. Please see BoQ in the detailed budget.						
2.8	Health facility cleaning and sanitation materials	D	1	2,436.00	1	100.00	2,436.00
	ARC plans to procure some cleaning and sanitation material to keep proper Hygiene at the facilities.They Include,soaps,gloves,mops among ohers.Please see BoQ in the detailed budget.						
2.9	Clinical staff supplies logbooks, lab supplies and hygiene supplies	D	2	975.00	1	100.00	1,950.00
	To ensure ongoing delivery of essential health services, ARC will provide 2 health facilities with basic supplies, including uniforms, gloves, stationary and administrative supplies. Please the detailed BOQ.						
2.10	Health facility furniture	D	1	1,800.00	1	100.00	1,800.00
	ARC will purchase tables and chairs and furniture needed for the new facilities. Please the detailed BOQ.						
2.11	Freight & storage	D	1	5,000.00	1	100.00	5,000.00
	As detailed in the attached BOQ. ARC proposes to pay for transportation of medical supplies.The Medical supplies wil be procured from Nairobi and wil need to be transported to the field.						
2.12	Ambulance rental	D	1	2,000.00	9	100.00	18,000.00
	ARC will hire an ambulance to take patients to secondary health care facilities for referral						
	Section Total						**70,071.12**
Travel							
5.1	Travel (fare and per diem)	s	1	500.00	3	100.00	1,500.00
	Trips of air travel costs are requested to help ensure project oversight by grant management support, as well as full financial compliance through travel associated with auditing. Please see travel BoQ in attached documents.						
5.2	Vehicle Rental	D	1	2,000.00	5	50.00	5,000.00
	Support is requested to cover the cost of vehicle rental for road travel to project sites necessary fo staff travel, and delivery of supplies s in Kismayo. Cost includes vehicle rental, repair, maintenance, fuel, insurance, and driver.						
	Section Total						**6,500.00**
General Operating and Other Direct Costs							
7.1	communication cost	s	1	1,800.00	12	6.25	1,350.00
	ARC is budgeting for communication. This includes air time for staff and a percentage of the internet costs as well as the Satelite phone costs. See BoQ for complete breakdown						

7.2	office rent	s	1	5,000.00	12	6.00	3,600.00
	ARC is proposing to pay a percentage of rent paid for the ARC office under this grant.See BoQ for complete breakdown						
7.3	Utilities	s	1	3,000.00	12	10.00	3,600.00
	As detailed in the BOQ, ARC is budgeting for water, electricity and generator costs.See BoQ for Complete breakdown.						
7.4	bank charges	s	1	1,500.00	1	40.00	600.00
	ARCs bank charges 1.5% for each transfer that goes to Somalia. ARC uses a slightly lower percentage for this proposed CHF budget.						
7.5	stationary and office supplies	s	1	1,500.00	1	100.00	1,500.00
	ARC is proposing to purchase paper, note books, and writing/printing materials as outlined in the detailed BoQ.						
	Section Total						**10,650.00**
SubTotal			42.00				**158,801.12**
Direct							134,351.12
Support							24,450.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							11,116.08
Total Cost							**169,917.20**
Grand Total CHF Cost							**169,917.20**

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 -> Dalxiiska	100	1,976	3,857	4,617	2,639	13,089	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. Activity 1.1.2 : Provide routine immunization to all children accessing the health facility by ensuring availability of; BCG, Polio, Measles, and Pentavalent to protect against Vaccine Preventable Diseases (VPD) and other related communicable diseases. Liaise with IOM to ensure provision of vaccines in-kind. Monitor growth and measure nutritional status of every child from the ages of 6-59 months attending the MCH and refer those who are moderately or severely malnourished to the ICRC nutrition site.

Documents

Category Name	Document Description
Project Supporting Documents	Kismayu IDPs assessment report june 2016.pdf
Project Supporting Documents	Mapping Report Kismaayo june 2016.docx
Budget Documents	ARC Somalia Health BOQ and Budget.xls

Budget Documents	Final ARC Somalia Health BOQ and Budget.xls
Budget Documents	Final ARC Somalia Health BOQ and Budget_July 11_2016.xls
Budget Documents	Final ARC Somalia Health BOQ and Budget_July 13_2016.xls
Budget Documents	ARC 2543 BOQs - 15.7.16.xlsx

Comments For Cover Page

By agwaro@un.org **On** 7/6/2016 3:03:27 PM **(Under TR HFU)**

1. How can i mobile clinic serve half the IDP camp population and there are 2 other partners serving the same camp? - please be realistic about the caseload

Comments For Background

By agwaro@un.org **On** 7/6/2016 3:32:41 PM **(Under TR HFU)**

You hace not responded to the CRC comment on the role of MoH

Comments For Logical Framework

By agwaro@un.org **On** 7/12/2016 2:41:36 PM **(Under TR HFU)**

You have not responded to the comments made on the log frame - please revise because both your outputs 1.1 and 1.2 have the same elements - reproductive, maternal, and child health - which makes some of the activities and indicators redundant - so please rework to tighten

By agwaro@un.org **On** 7/6/2016 3:17:24 PM **(Under TR HFU)**

Please avoid repetitions of activities and indicators - immunisation 1.2.2 and 1.1.2, Please note that it is only the first atctivity and indicator that need to be standard - all others can be customised - feel free to do so for coherence
Shouldn't 1.1.4 be under output 1.2
P

Comments For Work Plan

By agwaro@un.org **On** 7/12/2016 2:50:00 PM **(Under TR HFU)**

May change with requested revisions

Comments For Other Info

By agwaro@un.org **On** 7/6/2016 3:22:22 PM **(Under TR HFU)**

What about coordination with other health partners on the ground eg Swisso K and WRRS? to ensure there is no duplication?
What about other health partners such as Swisso and WRRS?

Comments For Budget

By kundu@un.org **On** 7/8/2016 12:29:47 PM **(TR Draft)**

2.7 The total in the budget table should be exactly the same as that in the BoQ i.e. $5948.94.
7.1 Communication- discrepancies between the BoQ and budget table regarding the duration and unit cost. Please clarify.

By brewsterp@un.org **On** 7/19/2016 6:22:01 PM **(Under TR Finance)**

FCS Comments:

All acronyms not spelled out. Still don't know what PHC, BEmOC is. Wouldn't review this budget for the 3rd time.

Budget cleared!

By brewsterp@un.org **On** 7/18/2016 6:55:26 PM **(Under TR Finance)**

FCS COMMENTS:
Please spell out all acronyms when first mentioned. What is PHC, MCH, BEmOC etc.

2.6, 2.8, 2.11 - Please provide proper narrative to describe the purpose/use of budget item

By agwaro@un.org **On** 7/19/2016 9:31:46 AM **(Under TR HFU)**

FCS comments have been addressed both in the narrative and in the budget lines

By kundu@un.org **On** 7/15/2016 8:55:50 AM **(Under TR HFU)**

Budget queries have now been addressed. Please refer to the file "ARC 2543 BOQs - 15.7.16.xlsx" for the latest version of BoQ's.