

Requesting Organization :	SWISSO - Kalmo				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of Integrated Emergency Primary Health Care (PHC) services to populations living in IDP camps in Baidoa district of Bay region.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/2470/R/H/INGO/2537		
Cluster :		Project Budget in US\$:	197,341.68		
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 :	<p>Swisso Kalmo will improve the access and utilization of Emergency Integrated PHC services for women and children living Baidoa IDPs as well as host communities through the establishment of outreach activities and strengthening of referral system between the IDPs and the fixed health facilities including Baidoa hospital and among the activities to be provided include routine and campaign immunization to 4659 under 5 children (1980 boys 2679 girls) and 5428 Women of child bearing age (WCBA); Provision of antenatal and post-natal care to pregnant and lactating mothers. The project will support 900 pregnant mothers and 900 post natal mothers.; Treatment and control of communicable diseases targeting 14,197 which includes: 2200 boys, 2977 girls, 2850 PLW, 5428 WCBA and 672 men; Strengthen referral system between Primary Health care facilities and the regional hospital (Baidoa), ensuring prompt treatment to 850 severely ill patients will be managed within the project period; Establish two outreach services in the IDPs of Baidoa; Conduct Disease Surveillance and Response activities in two outreach health facilities; Training of 20 health workers (10 female and 10 Male) on clinical management of childhood illness and disease surveillance and response. The training will be conducted once and 50 community mobilizers (25 female and 25 male) will be trained on communicable disease prevention and control.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	705	8,315	2,200	2,977	14,197
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,200	2,977	5,177
Pregnant and Lactating Women	0	2,850	0	0	2,850
Women of Child-Bearing Age	0	5,428	0	0	5,428
Other	705	37	0	0	742
Indirect Beneficiaries :					
<p>Apart from the IDPs, the host population who are neighbouring the IDPs with health needs will be assisted, The elderly and the disabled who cannot move far will also be assisted. In case of a major incident that needs multiple organization then services will be provided. Health education and community sensitization will be offered to the whole community living in Baidoa district.</p>					
Catchment Population:					
This project will target 20 IDP villages within Baidoa town and the host communities with an estimated catchment population of 39,820					
Link with allocation strategy :					

This proposal is in line with the SHF strategy 2) lifesaving and life sustaining integrated response to IDPs and host communities as well as SHF strategy 3) AWD/Cholera response in Baidoa. The proposed activities are in line with the 2016 Somalia Humanitarian Plan's health priorities of 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 health situation in the proposed target districts of Bay region is very critical due to the long crisis and the insecurity. People in the IDP camps are the most vulnerable community, women and children are most vulnerable as they are at risk of acquiring diseases, malnourishment and GBV. There are also returnees from Kenya who arrived earlier in Baidoa town who are in dire situation. The communities of Baidoa and specially the IDPs continue to experience critical challenges to food security following the 2015 elnino situation. With acute water shortages, pasture and food availability/purchasing power coupled with a struggling health system, the community is struggling to mitigate the situation and therefore the need for SK to respond to the immediate health needs of this community. SK has been implementing Health (both primary and secondary) in Bay region, so SK is better position to understand the situation; also SK has active health project in Bay region. This SHF grant will enable Swisso-Kalmo to increase the services to reach to the IDPs along side the host community to continue its AWD/cholera response and provide additional life saving interventions. The project can start immediately because infrastructure system is already in place.

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
Dr Abdi hersi	Regional Director	abdi.hersi@swisso-kalmo.org	+254722777455

BACKGROUND

1. Humanitarian context analysis

Somalia has witnessed over two decades of conflict, violence, human rights violations and natural disasters, all of which have triggered repeated waves of displacement. There are still an estimated 1.1 million Somalis – approximately a tenth of the population – who are internally displaced. Most internally displaced persons (IDPs) continue to live in dire conditions in protracted displacement. For many, prospects for durable solutions remain remote. A multitude of actors, including clan-based and political militias and external military forces, have used forced displacement as a tactic of warfare in order to obtain and exert control. Military operations, insecurity and clan fighting continued to be major causes of displacement. The estimated 1.1 Million IDPs in Somalia, about 87% (964,176) are in South Central Somalia. In addition of the above mentioned IDPs, there are estimated 364,498 Returnees returned in different regions of South Central Somalia. Of which returnees 14,038 IDPs live in Bay region where SK is planning to implement health project. IDPs continue to face risks to their lives, safety, security and dignity. They are disproportionately at risk of gross abuses of human rights, especially women and unaccompanied children. Many IDPs from minority clans suffer pervasive discrimination since they often lack vital clan protection and connections. The combined impact of conflicts, insufficient funding, droughts and flooding are main reasons of the displacement. In addition, especially in South Central regions, Al-Shabab controls the main villages and denies access to humanitarian assistance for the people and restriction of their movement. The main reasons for displacement are food insecurity, conflict, and natural disaster. According to November 2015, FSNAU integrated food security and nutrition surveys in each of the 13 main IDP settlements across the country, indicate that over the 12 month period preceding the survey, the highest proportions of new IDP arrivals were reported in Kismayo (33%), Baidoa (32%) and Banadir (22%). Insecurity and localized floods were the main causes of displacement. There are 9,327 internally displaced households living 72 settlements in and around Baidoa town (INTERESO –Baidoa IDP Mapping exercise, April 2016). 4.7 million People are in need of food assistance, 931,000 people are in Crises (IPC Phase 3) and 22,000 in Emergency (IPC Phase 4). IDPs represent 68% of the population in crises and Emergency. This poses the highest rates of severe acute malnutrition among IDPs. Another 3.7 million people struggle to meet their minimal food requirements. They continue to live in crowded settlements, in poor shelter conditions, exposed to protection risks and with limited access to basic services including health, sanitation and hygiene facilities. Among the worst affected are IDP in Baidoa. Further aggravating the humanitarian situation in Baidoa is the massive influx of displaced populations due to conflict, forced eviction and seasonal flooding in surrounding regions. This also exerts further pressure on the limited basic services and increases the transmission rates of communicable diseases to population already facing high mortality and morbidity rates.

2. Needs assessment

According to FSNAU/FEWS NET Post-Deyr 2015/16 analyses indicate a median GAM of 13.6 percent and a median SAM of 2.3 percent of children under the age of five national wide. Therefore, there is widespread acute malnutrition across Somalia. Nearly 4.7 million people or 38 percent of the Somalia are acutely food insecure. This includes 953,000 people in Crisis and Emergency that are already in need of urgent life-saving assistance. 68 per cent of these populations are Internally Displaced Persons (IDPs) with women and children forming the majority. (Another 3.7 million people struggle to meet their minimal food requirements hence need livelihood assistance to withstand shocks. An estimated 307,800 children under the age of five are acutely malnourished (55,800 of them severely malnourished) based on prevalence results from 39 nutrition surveys conducted from May to July 2015 by FSNAU. North Baidoa IDPs and host communities are one of the most affected IDPs. They live in crowded settlements, in poor shelter conditions, exposed to protection risks and with limited access to basic services including health, sanitation and hygiene facilities. Further aggravating the humanitarian situation in Baidoa is the massive influx of displaced populations due to conflict and forced eviction seasonal droughts in surrounding districts of Bay region. IDP settlements in North Baidoa have become very congested. This also exerts further pressure on the limited basic services and increases the transmission rates of communicable diseases to populations already facing high mortality and morbidity rates. While lack of strong rule of law institutions continue to impede effective protection of civilians, including host communities. The main reasons for displacement are food insecurity, conflict, and natural disaster. According to November 2015, FSNAU integrated food security and nutrition surveys in each of the 13 main IDP settlements across the country, indicate that over the 12 month period preceding the survey, the highest proportions of new IDP arrivals were reported in Kismayo (33%), Baidoa (32%) and Banadir (22%). Insecurity and localized floods were the main causes of displacement. There are 9,327 internally displaced households living 72 settlements in and around Baidoa town (INTERESO –Baidoa IDP Mapping exercise, April 2016). 4.7 million People are in need of food assistance, 931,000 people are in Crises (IPC Phase 3) and 22,000 in Emergency (IPC Phase 4). IDPs represent 68% of the population in crises and Emergency. In 2015, SK trained 115 CHWs were in Baidoa for prevention; promotion and curative services at community level, through these trained CHWs 38,801 households were reached. 497 children were treated for cough and fast breathing using the ICCM protocol; 345 had severe pneumonia, 2689 cases of diarrhea with some dehydration are treated with ORS and ZINC; 43 cases of diarrhea with severe dehydration were referred for further management; 723 children had fever, 82 tested positive for RDT and were treated with ACT, 4261 children were screened for malnutrition using MUAC. During the same period, 12,118 pregnant women visited the ANC visits in 3 health facilities in Bay; 18,801 <1 children received Penta 1 immunization; 30,820 children immunized for Measles (16,942 <1 and 13,878 >5); while 7477 WCBA received TT vaccines. In this project, SK is planning to increase its intervention to the IDPs thus increasing the access of health care services in Baidoa district through increasing of access PHC services in the IDPs enhanced by efficient referral system. The project targets direct beneficiaries: 2977 girls; 2200 boys; 2329 PLW; 5953 WCBA; 20 H/workers (10 female and 10 male) will be trained for proper management of maternal and neonatal care; 50 community members (25 female and 25 male) will be educated for the proper hygiene and sanitation.

3. Description Of Beneficiaries

Beneficiaries will include IDPs and host community members i.e girls, boys, women and men in Baidoa North IDP settlements in Baidoa town as well as vulnerable host communities, with special consideration given to pregnant women, women of child bearing age and children under five years of age. Children U5 and women of child bearing age will be targeted for outpatient consultations and immunization services. Pregnant/pre-natal and post-natal mothers will be especially targeted for immunization and maternal health services, including ANC, PNC and delivery through skilled birth attendant. The other patients will be targeted through the OPD consultations and referral system. The project will also target health care providers such as nurses, auxiliary nurses, CHWs among other staff for the mobile team operations.

4. Grant Request Justification

The health situation in the proposed target districts of Bay region is very critical due to the long crisis and the insecurity. Due to the insecurity, the majority of communities living in the villages/districts outside Baidoa have been displaced into Baidoa town where the security is better; People in the IDP camps are the most vulnerable community, women and children are most vulnerable as they are at risk of acquiring diseases, malnourishment and GBV. There are also returnees from Kenya who arrived earlier in Baidoa town who are in dire situation. SK has been implementing Health (both primary and secondary) in Bay region, so SK is better position to understand the situation; also SK has active health project in Bay region. This SHF grant will enable Swisso-Kalmo to increase the services to reach to the IDPs along side the host community to continue its AWD/cholera response and provide additional life saving interventions. The project can start immediately because infrastructure system is already in place.

5. Complementarity

SK is currently providing Comprehensive Emergency Obstetric Care (CEmOC) in three regional hospitals (Baidoa, Banadir and Dhusamareb hospitals) by offering emergency health care services to pregnancy related complications including Eclampsia, APH, PPH and provision of CS services, treatment of common illnesses as well as ANC/PNC activities. Sk gender-sensitive health package is offered at 12 PHC centres (Bay, L/Shabele and Galgaduud regions), 9 TB centres in 5 regions (Banadir, Lower Shabelle, Bay, Middle Jubba and Galgaduud) and Malaria interventions. Its comprehensive health services include: provision of routine immunization to children U5; prevention and treatment of communicable diseases; community education on hygiene, sanitation and prevention of epidemic diseases; support to the integration of disease surveillance and response mechanisms; social mobilization and community participation, and women empowerment. SK conducted needs assessment in Qoryoley, Janale and Shalambod which show critical health gaps and gender disparities; there are also high number of IDPs in Janale, Merka and Shalambod. Currently, SK supports 3 fixed PHC centres in Baidoa district which provides EPI activities and provides both primary and secondary health services with capacity development of staff and locals authorities based on their different needs, roles and responsibilities. Swisso-Kalmo has been in operation in Baidoa district since 2012, SK has a sub-office in Baidoa town, is currently running 3 MCHs and a maternity waiting home in Baidoa district, also we run TB centre in Baidoa town, SK is the regional cold chain manager supplying Bay and bakool; we are currently doing mass distribution of Long Lasting Insecticide Nets to Baidoa district and the districts surrounding it such as Berdale and Burhakaba. We are also in addition doing community based health care service through use of 115 Female Health Workers by providing integrated community case management and provide treatment of common childhood illnesses such as malaria, pneumonia, diarrhoea and identification of children with malnutrition within the community. Swisso-Kalmo will be working with WASH, Nutrition and Protection Clusters for an effective response to be realized.

LOGICAL FRAMEWORK

Overall project objective

To increase access to integrated primary health care services to vulnerable populations (both Internally Displaced Persons and the host populations) which include 5177 under 5 children, 2850 pregnant/lactating women; 5428 women of child bearing age (WCBA) and 672 men among the IDP and host populations in Baidoa district.

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	40				
To contribute to the reduction of maternal and child morbidity and mortality		Somalia HRP 2016	40				
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner		Somalia HRP 2016	20				
<p>Contribution to Cluster/Sector Objectives : Improved access to primary health care services to vulnerable boys (2200), girls (2977), pregnant/lactating mothers (2850) and WCBA (5428) in Baidoa district through immunization, ANC/PNC and treatment of common and chronic diseases. Swisso-Kalmo will support the cluster objectives through the provision of health services, including EPI, OPD and maternal health services to women and children. Swisso-Kalmo will expand the communities' awareness of disease detection and prevention through Community Based Workers and conducting of health education sessions at the health facility level and at the community level. The community based workers with the support from the health committees within the IDPs will support disease detection to improve responses to disease outbreak among the IDP communities.</p>							
Outcome 1							
Improved maternal and child health through provision of quality Antenatal/postnatal, (Comprehensive and Basic Emergency Obstetric and Newborn Care) through strengthening the referral system between Primary Health Care and Secondary health care.							
Output 1.1							
Description							
Improved reproductive, maternal, and child health care in Baidoa IDP Settlement and strengthening of referral system							
Assumptions & Risks							
Activities							
Activity 1.1.1							
Standard Activity : Immunisation campaign							
Provide routine and campaign immunization to 5177 under five children (2200 boys 2977 girls) and 5428 Women of child bearing age (WCBA).							
Activity 1.1.2							
Standard Activity : Secondary health care and referral services							
Strengthen referral system between Primary Health care facilities and the regional hospital (Baidoa), ensuring prompt treatment to 850 severely ill patients will be managed within the project period.							
Activity 1.1.3							
Standard Activity : Primary health care services, consultations							
Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres. The project will support 1267 pregnant mothers and 1583 post natal mothers.							
Activity 1.1.4							
Standard Activity : Primary health care services, consultations							
Treatment and control of communicable diseases targeting 14,127 which includes: 2200 boys, 2977 girls, 2850 PLW, 5428 WCBA and 672 men.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					10,605
Means of Verification : Monthly EPI Reports, EPI registers, ANC registers							
Indicator 1.1.2	Health	Number of seriously/severely ill children who were referred to Baidoa referral hospital for emergency/secondary care					850
Means of Verification : Referral registers, HMIS monthly report							
Indicator 1.1.3	Health	Number of Pregnant and Lactating Women receiving health care services during the period of the project					2,850
Means of Verification : HMIS monthly report, ANC and PNC registers							
Indicator 1.1.4	Health	Number of patients i.e boys-2200, girls-2977, men-672 and women-8278 treated for communicable diseases					14,127

Means of Verification : Monthly HMIS report, weekly IDSR report														
Outcome 2														
Prevention and control of communicable diseases improved through sensitization of local communities (male and female equally) for good hygiene/sanitation practices, capacity development and case management														
Output 2.1														
Description														
Train 20 staff on Integrated Management of Childhood Illnesses and 50 community mobilizers on disease surveillance and reporting														
Assumptions & Risks														
Activities														
Activity 2.1.1														
Standard Activity : Disease surveillance														
Conduct Disease Surveillance and Response activities in 2 outreach sites in Baidoa.														
Activity 2.1.2														
Standard Activity : Capacity building														
Training of 20 health workers (10 male and 10 female) on integrated Management of Childhood Illnesses (IMCI)														
Activity 2.1.3														
Standard Activity : Capacity building														
Train 50 (25 female and 25 male) community mobilizers on disease surveillance and reporting														
Indicators														
			End cycle beneficiaries				End cycle							
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target							
Indicator 2.1.1	Health	Number of health facilities supported					2							
Means of Verification : Weekly IDSR report, Monthly HMIS areport														
Indicator 2.1.2	Health	Number of health workers (male-10 and female-10) trained on Integrated Management of childhood illnesses					20							
Means of Verification : Training reports, attendance sheet, pictures of participants														
Indicator 2.1.3	Health	Number of community mobilizers trained on disease surveillance and reporting					50							
Means of Verification : Training report, Attendance sheet, pictures of the participants														
Additional Targets :														
M & R														
Monitoring & Reporting plan														
<p>A Technical person (health specialist) will implement the project and he/she will be responsible for the overall project activities in the area of operation. All sites will admit and treat cases every day, Weekly reports, documenting daily admissions and discharges will be entered into SWISSO data base. Weekly reports will be combined to complete the required monthly reports. In addition to the regular weekly and monthly reports, overall interim and final financial and narrative project reports will be provided to UNOCHA. The project will be monitored continuously throughout the project time. Swisso-kalmo will put the following mechanisms in addition to the regular reporting systems; Periodic monitoring exercises (monthly meetings with internal staff, quarterly meetings with relevant partners) which will allow the opportunity to address management and monitoring issues. SWISSO Kalmo has a field-based team who will monitor the implementation of the project against the agreed work plan and set targets on a day-to-day basis. Implemented activities will be checked monthly against the detailed implementation plan to ensure the activities are implemented as planned. Close supervision and monitoring of the project activities will provide information on how well the project is being implemented and also provide insight on what needs to be done to improve the implementation process. Field supervision will be done on daily basis. Financial monitoring of the project will take place continuously by the Technical Specialists, who approves advances and expenses in line with the project budgets, by the Finance officer who validates receipts and back up documentation in order to facilitate payment, and by the Finance manager who will ensure expenditures are in line with donor regulations and generates donor financial reports. Financial and programmatic reports, including data summaries, will be produced on monthly basis by the field team and submitted for review to Nairobi.</p>														
Workplan														
	Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
	Activity 1.1.1: Provide routine and campaign immunization to 5177 under five children (2200 boys 2977 girls) and 5428 Women of child bearing age (WCBA).	2016								X	X	X	X	X
		2017	X	X	X	X	X	X	X					
	Activity 1.1.2: Strengthen referral system between Primary Health care facilities and the regional hospital (Baidoa), ensuring prompt treatment to 850 severely ill patients will be managed within the project period.	2016								X	X	X	X	X
		2017	X	X	X	X	X	X	X					

Activity 1.1.3: Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres. The project will support 1267 pregnant mothers and 1583 post natal mothers.	2016									X	X	X	X	X
	2017	X	X	X	X	X	X	X	X					
Activity 1.1.4: Treatment and control of communicable diseases targeting 14,127 which includes: 2200 boys, 2977 girls, 2850 PLW, 5428 WCBA and 672 men.	2016									X	X	X	X	X
	2017	X	X	X	X	X	X	X	X					
Activity 2.1.1: Conduct Disease Surveillance and Response activities in 2 outreach sites in Baidoa.	2016									X	X	X	X	X
	2017	X	X	X	X	X	X	X	X					
Activity 2.1.2: Training of 20 health workers (10 male and 10 female) on integrated Management of Childhood Illnesses (IMCI)	2016										X			
	2017													
Activity 2.1.3: Train 50 (25 female and 25 male) community mobilizers on disease surveillance and reporting	2016										X			
	2017													

OTHER INFO

Accountability to Affected Populations

Accountability to affected population is a key aspect in the transformative agenda of which SK is committed to. SWISSO-KALMO 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 SWISSO-KALMO's existing and future projects in the health sector. SWISSO-KALMO, through its standing presence in Baidoa, has good relationships with the local authorities and beneficiaries. The proposed project is based on information provided to SWISSO-KALMO by potential beneficiaries as well as local authorities. SWISSO-KALMO, 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 SWISSO-KALMO 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. SWISSO-KALMO 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 SWISSO-KALMO Management and the project design is changed accordingly considering donor rules and regulations. At the end of the project, community feedback is sought again and lessons learned are incorporated into new project designs. SWISSO-KALMO and the line government authorities in collaboration with the key project stakeholders in Baidoa 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. SWISSO-KALMO takes into consideration a number of critical issues when conducting its hiring. Some of the key considerations are: gender, people with disabilities and minority clan representation. In the proposed project, communities will be engaged in all aspects of project design, implementation, and monitoring.

Implementation Plan

SWISSO-KALMO 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. SWISSO-KALMO is proposing to implement this project through SWISSO-KALMO field staff in close coordination with local authorities. In this project, SWISSO-KALMO is proposing to establish and run two mobile clinics that will provide essential health services to the population in Baidoa IDP settlement and surrounding areas. Financial management within SWISSO-KALMO is headed by the financial manager based in Nairobi. The Finance Manager oversees the day to day operations and reporting and works closely with the Mogadishu-based Finance Manager and Officer to ensure that all financial matters are in accordance with SWISSO-KALMO and SHF rules and regulations. Swisso Kalmo will improve the access and utilization of Emergency Integrated PHC services for women and children living in Baidoa IDPs as well as host communities through the establishment of two outreach activities and strengthening of referral system between the IDPs and the fixed health facilities including Baidoa hospital (As mentioned in the log frame). Focus will be on the increasing the awareness/sensitization of IDP communities through messages and community gathering. Recruitment and training of CHWs, nurses, midwives, auxiliary nurses within the locality i.e Badoa town; SK health facility in Baidoa district (i.e. Baidoa Berdale, Awdinle and Gofgadudow) will be strengthened in order to capacity to accommodate the needs of patients from IDPs. Bedale Health Centre in Baidoa town is upgraded MCH which is open 24 hours. SK has good collaboration with ICRC working in Baidoa hospital, we will utilize the hospital as referral for complicated cases especially pregnancy complicated cases. In order to achieve these objectives, health facility staff will have technical training of staff on Integrated Management of Childhood Illnesses and supervision will be undertaken for both packages of mothers and children at various stages of their lifecycles including offering ANC services, prompt referral from the community, management of common childhood illnesses including full coverage of immunization through routine immunization and campaigns. HMIS officer will review monthly reports being submitted by monitoring the data against the indicators and targets set in the logical framework as well as the developed work plans during the inception period. Emphasis will be placed on activity monitoring and internal end of the term review by the involved staff to assess the project success and document lessons learned for future programming and decision making. In this project, SK will establish 2 outreach/mobile teams to reach IDP camps as well as host communities and provide antenatal and postnatal care; treatment of sick children; immunization of under 5 children and WCBA; community awareness through CHW; and referral of severe cases to nearby health facilities by providing transportation as captured in the log frame.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Provide Vaccine supplies
UNFPA	Provision of training and RH kits
Health cluster	Conducting monthly regional cluster meeting and provision of weekly cluster and CSR reports
WHO	Provision of staff training and work related guidelines

MoH	SWISSO-KALMO, with its presence in Baidoa, has been in close contact with the Ministries of Health from the Federal Government of Somalia and Ministry of Health, South West State on and will coordinate with them on the proposed interventions in order to strengthen ownership
INTERSOS	Collaborates in service delivery, referrals and share information
World Vision	Collaborates in service delivery, referrals and share information
ICRC	Provides surgical services in Baidoa hospital
UNOCHA	Donor

Environment Marker Of The Project

N/A: Not applicable, only used for a small number of services

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This project address specific needs of women, men, children and youth. SWISSO-KALMO's trained community health workers are comprised of both women and men. The project supports the gender equality and specific health needs of women and girls will be addressed by ensuring the active participation of women and girls in every phase of the project including identification of sites and services, design of activities, and implementation of the project. The project will empower women and girls by including them in the training, social mobilization and activities. The overall proposed project activities are specifically targeting women and children i.e Boys and Girls less than 5 years of age, Women of Child Bearing Age, IDPs and the host community. Swisso-kalmo has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of projects. the intervention will ensure equal number of male and female will be selected durig recruitment.

Protection Mainstreaming

Consideration of safety and dignity have been taken seriously in the design of this project and will continue to be taken seriously throughout the implementation. The advantage of employing mobile teams is that it reduces the distance that beneficiaries have to walk to access services. Additionally, the location in the IDPs where the mobile team serves patients will be selected in consultation with community leaders, beneficiaries and the Ministry of Health to ensure that they create an ideal environment for women and children. This ensure that they are safe and served with dignity. While the focus of this project will be the IDP communities, members of the host community who visit the mobile sites and static facility will be provided the necessary services, in hopes of reducing the conflict that can be caused by service provision targeting one group. The project will look at all in need as clients who have to be treated fairly and with dignity. All beneficiaries will be treated equally regardless of age, gender, tribe or political affiliation, as per our policy. All our staff will be informed on the consequences of not complying with the policy.

Country Specific Information

Safety and Security

All of Swisso-Kalmo's security related matters are coordinated by an expert security officer, with support from a national security officer who is based in Baidoa. There will be an update on safety and security issues provided on weekly basis that are shared with all staff. The security situation of Baidoa is so far stable. However all our staff regularly undergo a short training on field safety and acquainted with our security policy. Swisso-Kalmo will also give priority to qualified personnel from the area during the recruitment process before out sourcing. Regular up date will be given to all the staff on the security situation of the area and it is hoped that this will enhance sharing of security information.

Access

Swisso-Kalmo has been in operation in Baidoa district since 2012, SK has a sub-office in Baidoa town, is currently running 3 MCHs and a maternity waiting home in Baidoa district, also we run TB centre in Baidoa town, SK is the regional cold chain manager supplying Bay and bakool; we are currently doing mass distribution of Long Lasting Insecticide Nets to Baidoa district and the districts surrounding it such as Berdale and Burhakaba. The situation in Baidoa is so far stable which is a facilitating factor in implementation of this project. SK will regularly monitor the access issues and also participate in all coordination meeting discussing access issues in the area. Should access become an issue, SK would share this with the donor and ask for their guidance in addition to temporarily modifying the mobile team movement accordingly depending on the situation.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Project coordinator	D	1	3,500.00	12	50.00	21,000.00
	<i>The Project Coordinator will be based in Mogadishu town and travel to Baidoa and Nairobi on Quarterly basis to oversee the project status and will have direct communication with local communities and local authority to get their view on the project implementation status, will be responsible for all activities to be undertaken under this project, technical and financially.</i>						
1.2	PHC coordinator	D	1	1,500.00	12	70.00	12,600.00
	<i>The PHC Coordinator will be based in Baidoa town and travel to Mogadishu and Nairobi on Quarterly basis to provide updates on project status and will have direct communication with local communities and local authority, will be responsible field based health activities</i>						

1.3	Admin/Finance	D	1	1,000.00	12	80.00	9,600.00
<i>The admin/finance will oversee the general activities and the operations and financial management of the project at the field level.</i>							
1.4	Hygiene promoters/educators	D	1	400.00	12	100.00	4,800.00
<i>Hygiene promoters are responsible community education for hygiene and sanitation.</i>							
1.5	Field Health Supervisor	D	2	500.00	12	100.00	12,000.00
<i>The Field health Supervisor will be based in Baidoa town and will have direct communication with local communities and local authority, will be responsible for all the field based health activities related to this project.</i>							
1.6	Nurses and midwives	D	4	400.00	12	100.00	19,200.00
<i>Nurse and midwives are responsible for the management of patients at all levels from admission, counselling, consultation, immunization and provision of delivery services through a skilled birth attendance.</i>							
1.7	Auxiliary nurse	D	4	200.00	12	100.00	9,600.00
<i>Auxiliary nurses and midwives are responsible for assisting the management of patients at all levels from admission, counselling, consultation, immunization and provision of delivery services through a skilled birth</i>							
1.8	HMIS officer	D	1	400.00	12	100.00	4,800.00
<i>The HMIS Officer will be Responsible for receiving of data from the facilities and managing the received data and sharing them with the cluster, our zonal office, MoH and UNOCHA</i>							
1.9	Community Health Workers (CHWs)	D	6	110.00	12	100.00	7,920.00
<i>The CHWs Works at the community by supporting in referral of patients from the community. They are the link between the health facility staff and the community</i>							
1.10	Cleaners for the health facilities	D	2	150.00	12	100.00	3,600.00
<i>The cleaners are responsible for Cleaning of the facilities and responsible for the sanitation of the general working environment</i>							
1.11	Security guards/watchmen for the health facilities	D	3	150.00	12	100.00	5,400.00
<i>Responsible for taking care of the Security of the commodities and the staffs at the health facility level.</i>							
Section Total							110,520.00
Supplies, Commodities, Materials							
2.1	Medical supplies	D	1	7,000.00	1	100.00	7,000.00
<i>The PHC facilities needs more medical supplies and equipment to support the outpatient clients such supplies will be included essential drugs. The BOQ is attached showing the exchange rate from KSHs to US Dollars at the rate of 101.44 kshs/1USD. See the attached BOQ titled " " Final Revised Swisso 2537 BOQ" dated 27.07.2016</i>							
2.2	Training of 20 health staff on IMCNI (5 days training)	D	1	4,999.00	1	100.00	4,999.00
<i>The training will be done for staffs working in the health facilities and it will be on Integrated Management of Childhood and Neonatal Illnesses to improve the capacity of the staff</i>							
2.3	Community awareness training (50 mobilizers)	D	1	1,705.00	1	100.00	1,705.00
<i>Community members will be trained on disease surveillance and reporting</i>							
2.4	Freight cost on medical supplies (from mogadishu to Baidoa)	D	1	550.00	4	100.00	2,200.00
<i>Transportation for medical supplies and equipment costing 550 USD for a truck from Mogadishu to Baidoa and it will be done once every Quarter i.e 4 times during the life cycle of the project.</i>							
Section Total							15,904.00
Travel							
5.1	Vehicle rent (for supplies and supervision)	D	2	1,600.00	12	100.00	38,400.00
<i>It will be used to transport Medical supplies on regular basis and will also be used for supervision</i>							
5.2	Travel cost nairobi-Moga-Baidoa and per diem	D	1	1,070.00	4	100.00	4,280.00

	<i>Travel for the project coordinator see the attached BOQ please.</i>							
	Section Total							42,680.00
General Operating and Other Direct Costs								
7.1	Communication (Internet and telephone)	D	1	400.00	12	50.00	2,400.00	
	<i>Telephone and internet for Baidoa office (Telephone charges for 2 project staff for \$100 per month/per person (50% being paid by SK) and internet charges of \$200 per month (50% being paid by SK).</i>							
7.2	office stationary	D	1	200.00	12	100.00	2,400.00	
	<i>Stationary of Baidoa office. Please see the attached BOQ.</i>							
7.3	office rent	D	1	600.00	12	100.00	7,200.00	
	<i>Office rent in Baidoa costing 600 USD per month.</i>							
7.4	Bank charge/Hawala charge (2%)	D	1	3,500.00	1	100.00	3,500.00	
	<i>Hawala and bank charges.</i>							
	Section Total							15,500.00
SubTotal			37.00				184,604.00	
Direct								184,604.00
Support								
PSC Cost								
PSC Cost Percent								6.90
PSC Amount								12,737.68
Total Cost								197,341.68
Grand Total CHF Cost								197,341.68
Project Locations								
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name	
		Men	Women	Boys	Girls	Total		
Bay -> Baidoa -> Baidoa	100	705	8,315	2,200	2,977	14,197	<p>Activity 1.1.1 : Provide routine and campaign immunization to 5177 under five children (2200 boys 2977 girls) and 5428 Women of child bearing age (WCBA).</p> <p>Activity 1.1.2 : Strengthen referral system between Primary Health care facilities and the regional hospital (Baidoa), ensuring prompt treatment to 850 severely ill patients will be managed within the project period.</p> <p>Activity 1.1.3 : Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres. The project will support 1267 pregnant mothers and 1583 post natal mothers.</p> <p>Activity 1.1.4 : Treatment and control of communicable diseases targeting 14,127 which includes: 2200 boys, 2977 girls, 2850 PLW, 5428 WCBA and 672 men.</p> <p>Activity 2.1.1 : Conduct Disease Surveillance and Response activities in 2 outreach sites in Baidoa.</p> <p>Activity 2.1.2 : Training of 20 health workers (10 male and 10 female) on integrated Management of Childhood Illnesses (IMCI)</p> <p>Activity 2.1.3 : Train 50 (25 female and 25 male) community mobilizers on disease surveillance and reporting</p>	

Documents	
Category Name	Document Description
Budget Documents	SK BOQ for the health project-Baidoa.xls
Budget Documents	Revised SK BOQ for the health project-Baidoa-06.07.2016.xls
Budget Documents	SWISSO 2537 BOQs - ek.xlsx
Budget Documents	SWISSO 2537 BOQs - ek -with addressed comments.xlsx
Budget Documents	SWISSO 2537 BOQs- 12.7.16.xlsx
Budget Documents	Revised SWISSO 2537 BOQs-22.07.2016.xlsx
Budget Documents	Final Revised SWISSO 2537 BOQs-22.07.2016.xlsx
Budget Documents	Final Revised SWISSO 2537 BOQs-27.07.2016.xlsx
Budget Documents	SWISSO 2537 BOQs- 28.7.16.xlsx
Revision related Documents	SWISSO 2537 BOQs- Revised-18.07.2016.xlsx