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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|--------------|--------------|
| Requesting Organization : | Hidig Relief And Development Organization | | | | |
| Allocation Type : | Reserve 2016 | | | | |
| Primary Cluster | Sub Cluster | Percentage | | | |
| Health | | 100.00 | | | |
| | | 100 | | | |
| Project Title : | Provision of lifesaving and life-sustaining integrated response to IDPs and host communities in Baidoa, Bay region, Central South Somalia | | | | |
| Allocation Type Category : | | | | | |
| OPS Details | | | | | |
| Project Code : | SOM-16/H/85612 | Fund Project Code : | SOM-16/2470/R/H/NGO/2561 | | |
| Cluster : | Health | Project Budget in US\$: | 200,000.00 | | |
| Planned project duration : | 12 months | Priority: | A - High | | |
| Planned Start Date : | 01/09/2016 | Planned End Date : | 31/08/2017 | | |
| Actual Start Date: | 01/09/2016 | Actual End Date: | 31/08/2017 | | |
| Project Summary : | The project aims to establish primary health facilities and mobile clinics in Baidoa IDP sites and scale up the health care through skilled health professionals. HIDIG through this project will provide regular medical supplies and life-saving drugs to established health facilities, establish referral mechanisms between HIDIG facilities and secondary healthcare providers in Baidoa, improve the coverage of measles vaccinations and Vitamin A; and support safe motherhood and reproductive health while also ensuring readiness to prevent and respond to outbreaks such as malaria, measles or AWD/Cholera and promote health update through health education and beneficiary sensitization. | | | | |
| Direct beneficiaries : | | | | | |
| Men | Women | Boys | Girls | Total | |
| 1,553 | 2,071 | 3,107 | 3,624 | 10,355 | |
| Other Beneficiaries : | | | | | |
| Beneficiary name | Men | Women | Boys | Girls | Total |
| Indirect Beneficiaries : | | | | | |
| Apart from the IDPs, host community members with health needs will be assisted since according to UNOCHA 2014 assessment, 81% of Baidoa IDPs in one way or another live with or have mingled with a host community family. The whole community will also benefit from the health promotion activities that will be conducted and offered. | | | | | |
| Catchment Population: | | | | | |
| Taking into consideration that many IDPs in Baidoa stay with their extended families and relatives and taking into consideration the urban poor and urban-rural population of Baidoa, through two MCHs and two mobile/outreach clinics, an estimated 9,145 (a quarter of urban Baidoa population) in the surrounding areas will have access to the health facilities and will indirectly benefit from the increased health provision activities in Baidoa. | | | | | |
| Link with allocation strategy : | | | | | |
| HIDIG's proposal is in line with the SHF strategy number 2: Lifesaving and life-sustaining integrated response to IDPs and host communities as well as SHF strategy number 3: AWD/Cholera response in Baidoa and Kismayo. Furthermore, proposed activities are in line with the 2016 Somalia Humanitarian Plan's health priorities of number 1: Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality and number 2: To contribute to the reduction of maternal and child morbidity and mortality | | | | | |
| Sub-Grants to Implementing Partners : | | | | | |
| Partner Name | Partner Type | | Budget in US\$ | | |
| | | | | | |
| Other funding secured for the same project (to date) : | | | | | |
| Other Funding Source | | | Other Funding Amount | | |
| | | | | | |

Organization focal point :

| Name | Title | Email | Phone |
|----------------------|--------------------|---------------------|---------------|
| Daud Mo'alim Abdirur | Executive Director | damac09@hotmail.com | +252615532161 |

BACKGROUND**1. Humanitarian context analysis**

A preliminary findings from 2016 Gu season nutrition surveys among Internally Displaced Persons (IDPs) in Somalia among 12 IDP sites including Baidoa conducted between May 28th to June 3rd where a total of 7 683 children (6-59 months) and 3,710 of women in the reproductive age group (15-49 years) were taken from 4,520 households shows Critical levels of Global Acute Malnutrition (GAM rate $\geq 15\%$) were observed among six IDPs of 12 surveyed during Gu 2016 assessment. These are Dhobley, Baidoa and Dolow IDPs in South-Central regions and Garowe, Bosasso and Galkayo. Other contextual factors on food security, WATSAN, household and child diversity, maternal health and nutrition data were collected have shown greater needs for these services. The above recent assessment shows Baidoa IDP needs have been increasing based on a previous joint assessment that undertaken in Baidoa town from 28th of September to 5th of October 2014. In 11 sampled IDPs camps out of 77 IDPs Camps, 5 out of 8 sections of the town, with main purpose being to get a better understanding of the level of existing humanitarian situation, vulnerability of the IDPs, host community and related immediate needs of Humanitarian Aid services in Baidoa district. According to the NGO Inter-agency Joint Rapid Assessment on the Current Situation of IDPs and Vulnerable Host Communities Affected by Conflicts and Droughts in Baidoa town, there are about 77 IDPs camps covering 5 out of 8 sections of the town. Prolonged conflicts and droughts had severely affected the lives of many residents in Bay and Bakool regions in the past five years. Massive displacement have taken place in most of the villages and districts of these regions. The military operations led by the Somali Governments troops alliance with AMISOM troops against Al Shabaab is still continuing in these regions exacerbating the situation. All districts of Bakool (Tieglow, Rabdhure, Huddur, Wajid) are now liberated but still in siege, and in Bay –Berdale, Diinsor, Qansaxdhare, Awdinle, Danbal, Seydhelow among other areas generated IDPs to Baidoa. The majority of the IDPs have fled from the areas of conflict to Baidoa town, where they can access and get immediate response from Humanitarian Aid services in Baidoa. The majority of the IDPs have created new temporary shelters in the corridors of the city while many of them joined their family in the town. Poor living conditions and insufficient healthcare has led to measles and AWD outbreaks since April 2015 apart from many other communicable diseases that afflict the IDPs.

2. Needs assessment

According to the Joint Health and Nutrition Programme (JHNP) dashboard results 2015, Bay region where Baidoa is the regional seat had the least deliveries in MCH/HC, the least number of children immunized for Penta3 and the least number of moderately and severely under nourished children provided with care at MCH/HCs in Somalia. With the lowest facility based delivery in Somalia, the lives of pregnant women remain in danger. Women of child bearing age have no access to much needed life-saving healthcare. To address these glaring challenges, underserved status and inequities, HIDIG intends to operationalize a fully functioning two health centres with BEmONC services and two mobile clinics to reduce maternal mortality rates and have more children immunized. HIDIG participated in needs assessment conducted in Baidoa to determine the gaps in health service provision for the IDPs and host communities in the area where the need for immediate life-saving healthcare provision was acutely noticed. The need increased as Baidoa has recently seen an upsurge of measles and AWD outbreak. HIDIG in running two health facilities offering BEmONC services in neighbouring Bakool region and also two mobile clinics serving IDPs in Elbarde and host communities also in Quracjoom within Bakool region. Some of the IDPs in Elbarde are from Baidoa while others are from Hudur. HIDIG is seeking additional funds to establish two primary health care centres also offering full BEmONC services for the IDPs in Baidoa and link with its other services provided in Bakool for the wider benefits of the vulnerable communities in Bay and Bakool. The estimated IDP population living in the target locations are 10,335 persons. An additional quarter of urban Baidoa population will also have access to these services.

3. Description Of Beneficiaries

Beneficiaries are mainly the IDPs and all the people who were affected by the drought in the area. The beneficiaries include girls, boys, women and men irrespective of status and needs. Especial emphasis is given to pregnant and lactating women and children under-five who face the biggest danger of morbidities and mortality due to pregnancy-related complications and childhood illnesses. Men will be encouraged to seek healthcare to create healthy communities and due to their role as bread winners in a difficult situations and circumstances.

4. Grant Request Justification

HIDIG has recently established a health post in one of the IDPs to respond to increasing needs. It has been managing two UNICEF funded health centres and two mobile clinics in enighbouring Bakool region which also cater for IDPs and host communities. Through this grant, HIDIG will fully operationalize two health centres and a mobile clinic and will use its existing staff and facilities to realize the same. HIDIG will also leverage on its Bakool health and nutrition projects to provide better services to Baidoa IDPs. Since 95% of all forced evictions affected IDPs, resulted in further rights violations, loss of shelter, livelihoods and access to humanitarian services. 75 per cent of all Gender Based Violence (GBV) incidents recorded occurred in IDP settlements, HIDIG will laise with other sectors and the protection to provide medical support and much needed life-saving healthcare

5. Complementarity

HIDIG will closely work with the Nutrition, WASH and Protection clusters. Through complementarity with these clusters, all acutely malnourished children will be referred to OTPs managed by nutrition partners. To address AWD response, sanitation and hygiene matters, HIDIG will partner with WASH partners and to address protection issues since 75 per cent of all Gender Based Violence (GBV) incidents recorded occurred in IDP settlements, HIDIG will mainstreaming health activities in linkage with protection cluster and activities to realize an integrated response. HIDIG will also closely work with secondary healthcare providers in Baidoa for referral mechanism to complicated cases that need higher attention

LOGICAL FRAMEWORK**Overall project objective**

To provide and scale up access to lifesaving and life-sustaining integrated response through the provision of healthcare services and outbreaks response to IDPs and host communities in Baidoa, Bay region, Central South Somalia

| 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 | | |
| <p>Contribution to Cluster/Sector Objectives : The project contributes to all the three Health Cluster strategic objectives starting with Objective (1) through the prevention and control epidemic-prone and other communicable diseases through the provision of life-saving humanitarian health services for various Somali zones and target populations (IDPs, returnees, vulnerable groups) in line with the national Health Strategic Frameworks. Here HIDIG's IDP (and host communities) centered response intends to provide much needed life-saving healthcare to prevent and control epidemics and other communicable diseases within those communities. The project also contributes to Objective (2) through the provision of increased access to high-impact emergency obstetric and routine reproductive, maternal and newborn and child health services and the project contributes to Objective (3) by facilitating health systems early recovery and transition through enhanced coordination with humanitarian and development partners and provision of technical support and capacity-building of partners as per privileges and immunities outlined in the humanitarian partnership principles.</p> | | | | | | | |
| Outcome 1 | | | | | | | |
| Increased coverage of life-saving primary and emergency health care services to IDPs and members of their host communities in Baidoa with special provision for pregnant women, lactating mothers and women of child-bearing age. | | | | | | | |
| Output 1.1 | | | | | | | |
| Description | | | | | | | |
| Enhanced access to PHC services such as immunization, ANC, PNC and treatment of common and chronic disease for underserved and vulnerable women, girls, boys and men in Baidoa district | | | | | | | |
| Assumptions & Risks | | | | | | | |
| | | | | | | | |
| Activities | | | | | | | |
| Activity 1.1.1 | | | | | | | |
| Standard Activity : Primary health care services, consultations | | | | | | | |
| Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres. | | | | | | | |
| 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 | | | | | 54 |
| Means of Verification : Facility Register, OPD Register and HMIS Reports | | | | | | | |
| Indicator 1.1.2 | Health | Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks. | | | | | 18 |
| Means of Verification : Training reports | | | | | | | |
| Indicator 1.1.3 | Health | Number of health facilities supported | | | | | 2 |
| Means of Verification : GPS coordinates, photos | | | | | | | |
| Outcome 2 | | | | | | | |
| Provision of quality health care services against main childhood illnesses, including malaria, pneumonia, diarrhea and measles | | | | | | | |
| Output 2.1 | | | | | | | |
| Description | | | | | | | |
| Reduction of childhood illnesses and promotion of their optimal growth through the provision of timely healthcare support | | | | | | | |
| Assumptions & Risks | | | | | | | |
| | | | | | | | |
| Activities | | | | | | | |
| Activity 2.1.1 | | | | | | | |
| Standard Activity : Immunisation campaign | | | | | | | |
| Provide routine immunization to 6,731 children under five boys(3107) and girls(3624). | | | | | | | |
| Activity 2.1.2 | | | | | | | |
| Standard Activity : Not Selected | | | | | | | |
| Conduct daily OPD consultation to <5 children boys,girls for effective treatment of all childhood illness in the target IDPs in Baidoa. | | | | | | | |
| Indicators | | | | | | | |

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|---------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 2.1.1 | Health | Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD). | | | | | 6,731 |

Means of Verification : EPI Registers, HMIS Reports

Outcome 3

Increased knowledge, attitude and practices of essential child health, nutrition and WASH awareness among IDP and host communities households

Output 3.1

Description

Improve prevention and control of communicable diseases through sensitization of local communities and promotion of good hygiene, sanitation and health uptake practices and community case management

Assumptions & Risks

Activities

Activity 3.1.1

Standard Activity : Awareness campaign

Conduct 24 health education sessions for caregivers to enable identify at least 5 danger signs for childhood illness in the target project IDPs center.

Activity 3.1.2

Standard Activity : Hygiene promotion

Carry two campaigns promotion session on hygiene and sanitation for optimal health uptake among the target boys,girls and women of reproductive age in Baidoa north IDPs.

Activity 3.1.3

Standard Activity : Capacity building

Capacity of target communities to conduct basic community case management is developed through awareness and community engagement and support

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|---------|------------------------------------------------------------------------|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 3.1.1 | Health | Number of health education sessions conducted at the health facilities | | | | | 24 |

Means of Verification : Exit interviews, meeting minutes and HMIS reports

| | | | | | | | |
|-----------------|--------|---------------------------------------|--|--|--|--|---|
| Indicator 3.1.2 | Health | Number of health facilities supported | | | | | 2 |
|-----------------|--------|---------------------------------------|--|--|--|--|---|

Means of Verification : GPS coordinates, photos

Additional Targets :

M & R

Monitoring & Reporting plan

HIDIG Programme Coordinator will be the main person in charge of this project. He will be assisted by the M&E Officer, Field Programme Coordinator, Facility-in-Charge, Bay and Bakool Coordinator and the entire HIDIG team in the field will be fully responsible for monitoring, evaluation and reporting. Monitoring of activities and deliverables will be daily and weekly reporting lines established and managed. HIDIG will be compiling data and reports as indicated in the results framework and additional information where needed and necessary and share accordingly as the plan. Programme Coordinator will be visiting the implementation sites to provide guidance and monitor the situation and rectify anomalies where they exist. In the event of unforeseen circumstances or material change in implementation activities, HIDIG will accordingly notify UNOCHA immediately. HIDIG will also be reporting to the Health Cluster on weekly basis by submitting the epidemiological report. HIDIG will also train its staff on M&E activities and reporting lines at its own cost for better project management.

Workplan

| Activitydescription | Year | End cycle beneficiaries | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|---|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Activity 1.1.1: Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres. | 2016 | | | | | | | | | X | X | X | X |
| | 2017 | X | X | X | X | X | X | X | | | | | |
| Activity 2.1.1: Provide routine immunization to 6,731 children under five boys(3107) and girls(3624). | 2016 | | | | | | | | | X | X | X | X |
| | 2017 | X | X | X | X | X | X | X | | | | | |
| Activity 2.1.2: Conduct daily OPD consultation to <5 children boys,girls for effective treatment of all childhood illness in the target IDPs in Baidoa. | 2016 | | | | | | | | | X | X | X | X |
| | 2017 | X | X | X | X | X | X | X | | | | | |

| | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---|---|---|---|---|---|---|--|--|---|---|---|---|
| Activity 3.1.1: Conduct 24 health education sessions for caregivers to enable identify at least 5 danger signs for childhood illness in the target project IDPs center. | 2016 | | | | | | | | | | X | X | X | X |
| | 2017 | X | X | X | X | X | X | X | | | | | | |
| Activity 3.1.2: Carry two campaigns promotion session on hygiene and sanitation for optimal health uptake among the target boys,girls and women of reproductive age in Baidoa north IDPs. | 2016 | | | | | | | | | | X | | | |
| | 2017 | X | | | | | | | | | | | | |
| Activity 3.1.3: Capacity of target communities to conduct basic community case management is developed through awareness and community engagement and support | 2016 | | | | | | | | | | X | | | X |
| | 2017 | X | | | X | | | | | | | | | |

OTHER INFO

Accountability to Affected Populations

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

Implementation Plan

For the implementation plan, on activities 1.1.1 related to provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres, HIDIG will implement these activities directly at its two health centres and two outreach services. The MoH and the Health Cluster will be involved through supervision and epidemiological reports sharing on weekly basis. Additionally, secondary healthcare providers like Baidoa General Hospital and Bayhaw Hospital will be liased for the referral of critical cases that need higher attention. On activities 2.1.1 and 2.1.2, HIDIG will implement these activities. Together with BGH and Bayhaw Hospital, a referral mechanism for complicated cases will be implemented. On activities 3.1.1, 3.1.2 and 3.1.3, social mobilization, awareness campaigns and health education activities will be conducted together with the MoH in consultation with area stakeholders and service providers like WASH and nutrition cluster partners. In all activities, HIDIG will provide technical support and supervise its staff's activities for the maximum benefit of the affected populations

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| MoH | Overall coordination and leadership through Regional and District Medical Officers |
| Swisso Kalmo | Manages emergency health intervention with iCCM component in Baidoa |
| World Vision | Runs an MCH in Baidoa which supports IDPs |
| Nutrition Cluster Partners | To coordinate in acutely malnourished children referral |
| WASH Cluster Partners | To coordinate in AWD response and the promotion of hygiene and sanitation |
| Protection Cluster Partners | To coordinate on GBV response and medical treatment of GBV cases |
| SAMA | Manages Bayhaw Hospital in Baidoa town which will be used for referral apart from Baidoa General Hospital |
| Health Cluster Partners | HIDIG participates in Health Cluster meetings and shall contribute to the meeting deliberations for effective inter-partner response and coordination |

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

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, as indicated in the target figures in the logical framework. Through health promotion activities and awareness campaigns, harmful cultural practices that curtail health seeking behaviour will be addressed. Taking into consideration that the power of tradition that give men the power of control over women, men will be engaged through education so that they give their women and girls the right to seek healthcare services and type of services. The project serves all the community members and is targeting a direct beneficiary list of 10,335 desegregated into 1,553 men, 2,071 women, 3,107 boys and 3,624 girls plus 9,145 indirect beneficiaries. The project supports enhanced access to PHC services such as ANC and PNC services for pregnant and lactating women and (activity 1.1.1) and treatment of childless illness for boys and girls (2.1.1 & 2.1.2).

Protection Mainstreaming

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

Country Specific Information

Safety and Security

HIDIG's staff have access to the area and will be directly manning the facilities and providing services. However, security is unpredictable in Somalia and HIDIG will be closely monitoring the situation and will closely work with other actors to monitor the situation. HIDIG has local based security plan so that its staff and facilities are safe and secure. Staff are informed to be on the look for any suspicious elements and report to authorities and also evacuate as necessary. HIDIG will be participating in cluster forums and will be implementing all security advisories and shared briefings. In the event of untoward activities, HIDIG will immediately notify the communities, MoH, the Health Cluster and UNOCHA plus other actors in the area.

Access

HIDIG is also in the area and is quite familiar with the situation on ground and communities. HIDIG also runs facilities in neighbouring Bakool region with the colloboration of UNICEF and is familair with these areas. HIDIG's services will be strategically placed and thus easily accessible

BUDGET

| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrance | % charged to CHF | Total Cost |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-----------|---------------------|------------------|------------|
| Staff and Other Personnel Costs | | | | | | | |
| 1.1 | Emergency Project Coordinator | D | 1 | 2,000.00 | 12 | 60.00 | 14,400.00 |
| | <i>He/she will be responsible of the overall program coordination and implementation to reach the intended project beneficiaries.He/she will be overall technical person as well as the resources person in providing guidance to the program team in Baidoa</i> | | | | | | |
| 1.2 | PHC Coordinator | D | 1 | 1,000.00 | 12 | 100.00 | 12,000.00 |
| | <i>Will be responsible of the project coordination and day to day implementation activities in the area.</i> | | | | | | |
| 1.3 | Facility-in-Charge/Head Nurse | D | 1 | 700.00 | 12 | 80.00 | 6,720.00 |
| | <i>The head nurse shall be responsible of the daily facility occurrence and provide guidance to the medical teams at the health and mobile facility in HIDIG area of operation in Baidoa.</i> | | | | | | |
| 1.4 | Qualified Nurses | D | 4 | 400.00 | 12 | 100.00 | 19,200.00 |
| | <i>Provide actual treatment services to the vulnerable children and women and men in the target locations.They also help in the overall project activity implementation in Baidoa.</i> | | | | | | |
| 1.5 | Qualified Midwives | D | 2 | 400.00 | 12 | 100.00 | 9,600.00 |
| | <i>They will integral part of the health facility team and shall be able to execute the delivery of mothers to enable reduce maternal mortality in the target IDPs and Host communities in Baidoa.</i> | | | | | | |
| 1.6 | Outreach and EPI Nurses | D | 4 | 400.00 | 12 | 100.00 | 19,200.00 |
| | <i>For effective program immunization coverage the mobile team will deliver the services to the interior IDP camps and the far areas of host communities for holistic treatment and attainable program coverage in the target areas.</i> | | | | | | |
| 1.7 | Auxiliary Nurses | D | 4 | 200.00 | 12 | 100.00 | 9,600.00 |
| | <i>The auxiliary nurses will assist the nurses in the project to enable provide the required services to the communities members in the area .</i> | | | | | | |
| 1.8 | Programme HMIS and Data Officer | D | 1 | 400.00 | 12 | 100.00 | 4,800.00 |
| | <i>The data clerk will be able to provide monthly and quarterly qualitative and quantitative report and shall be able to coordinate with Ministry of health federal government and donors for well coordinated response and verifiable health coverage report.</i> | | | | | | |
| 1.9 | Community Health Workers and Health Promoters | D | 8 | 200.00 | 12 | 80.00 | 15,360.00 |
| | <i>The community health workers will be able to provide adequate and efficient referral and follow up of the patient in the target location.</i> | | | | | | |
| 1.10 | Health Facility Cleaners | D | 2 | 100.00 | 12 | 100.00 | 2,400.00 |

| | | | | | | | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|-----------|----|--------|-------------------|
| | <i>Cleanes is part of public health responsibility and thus the cleaners will be able to provide this vital role in the health facility</i> | | | | | | |
| 1.11 | Health Facility Security Guards | D | 2 | 150.00 | 12 | 100.00 | 3,600.00 |
| | <i>To ensure the safety of the program team both in the facility based and the mobile one HIDIG shall employ security guards to provide the same to the program team.</i> | | | | | | |
| 1.12 | Monitoring and Evaluation Officer | D | 1 | 500.00 | 12 | 50.00 | 3,000.00 |
| | <i>Monitoring is part of the program quality and thus HIDIG shall provide 50% of the cost to employ the monitoring officer who will be responsible to follow up with the implementation of the project intended indicators and monitoring plan.</i> | | | | | | |
| 1.13 | Field Finance Officer | D | 1 | 600.00 | 12 | 50.00 | 3,600.00 |
| | <i>For transparency and accountability to the affected people inn Baidoa HIDIG shall employ finance officer who shall be able to provide the required financial documentation as per the project cost.</i> | | | | | | |
| | Section Total | | | | | | 123,480.00 |
| Supplies, Commodities, Materials | | | | | | | |
| 2.1 | Medical Supplies | D | 1 | 22,640.00 | 1 | 100.00 | 22,640.00 |
| | <i>This shall facilitate the project smooth runing and hence a BOQ for the supplies to be provided for quality checks by the donors.</i> | | | | | | |
| 2.2 | Training for IMCI-Qualified Health Workers | D | 1 | 4,500.00 | 1 | 100.00 | 4,500.00 |
| | <i>Project staff shall be trained on effective management of IMCI protocols</i> | | | | | | |
| 2.3 | Training for BEmONC for health staff | D | 1 | 3,500.00 | 1 | 100.00 | 3,500.00 |
| | <i>18 project staff shall be capacity build to deliver the BEmONC services in the target IDPs and host communities.</i> | | | | | | |
| 2.4 | Electricity/Fuel For Generator | D | 2 | 30.00 | 12 | 100.00 | 720.00 |
| | <i>This cost shall be able to provide smooth facility operation.</i> | | | | | | |
| 2.5 | Warehouse storage cost | D | 1 | 200.00 | 12 | 100.00 | 2,400.00 |
| | <i>This is the cost intended to be used for the hire of proper warehousing for the program supplies in the project area.</i> | | | | | | |
| | Section Total | | | | | | 33,760.00 |
| Travel | | | | | | | |
| 5.1 | Vehicle rental for outreach and referral support | D | 1 | 1,800.00 | 12 | 100.00 | 21,600.00 |
| | <i>The project shall hire a full time vehicle that shall facilitates the project coordination and implementation of day to day in the 2 MCH and mobile clinics to enhance the management movement.</i> | | | | | | |
| 5.2 | Vehicle rental for supervision and supplies transportation | D | 1 | 1,800.00 | 12 | 40.00 | 8,640.00 |
| | <i>This shall be the cost for medical supply delivery and supportive supervision of the project during its implementation.</i> | | | | | | |
| 5.3 | Frieght and transport | D | 1 | 800.00 | 2 | 100.00 | 1,600.00 |
| | <i>This cost shall cover the emergency program coordinator and PHC coordinators air travel and per diem cost, the officer shall be able to coordinates program with other humanitarian actors and cluster and shall be pad per diem and air travel expense outside their duty stations.</i> | | | | | | |
| | Section Total | | | | | | 31,840.00 |
| General Operating and Other Direct Costs | | | | | | | |
| 7.1 | Communication Cost | D | 1 | 200.00 | 12 | 100.00 | 2,400.00 |
| | <i>This cost is intended to be used for both internet and telephone services during the project implementation period.</i> | | | | | | |
| 7.2 | Office Rent | D | 1 | 800.00 | 12 | 50.00 | 4,800.00 |
| | <i>To provide central point for coordination and implementation services the project shall be able to rent a premise the program office and hence this shall be the cost that needs to cater for the program. See attached BOQ</i> | | | | | | |
| 7.3 | Utilities | D | 1 | 400.00 | 12 | 10.00 | 480.00 |
| | <i>It is the cost intended to provide the water and electricity to the office. See attached BOQ</i> | | | | | | |
| 7.4 | Stationery & Office Suplies | D | 1 | 1,440.00 | 1 | 100.00 | 1,440.00 |

| | See attached BOQ for the office supplies and stationary(Books 12box*10,Pens12box*10,24 cartrige and 30 Markers for the entire 12 months project period) it shall be used both the outreach mobile clinics and static MCH in Baidoa. | | | | | | |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------|----------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7.5 | Bank Charges | D | 1 | 1,800.00 | 1 | 100.00 | 1,800.00 |
| | This are charges of the bank transactions.it shall be 0.9% of 198,200 overall project coast. | | | | | | |
| | Section Total | | | | | | 10,920.00 |
| SubTotal | | | 46.00 | | | | 200,000.00 |
| Direct | | | | | | | |
| Support | | | | | | | |
| PSC Cost | | | | | | | |
| PSC Cost Percent | | | | | | | |
| PSC Amount | | | | | | | |
| | | | | | | | 0.00 |
| Total Cost | | | | | | | 200,000.00 |
| Grand Total CHF Cost | | | | | | | 200,000.00 |
| 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 | | | | | | | |
| Bay -> Baidoa -> Buulo Barako | 50 | 776 | 1,036 | 1,554 | 1,812 | 5,178 | Activity 1.1.1 : Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres. Activity 2.1.1 : Provide routine immunization to 6,731 children under five boys(3107) and girls (3624). Activity 2.1.2 : Conduct daily OPD consultation to <5 children boys,girls for effective treatment of all childhood illness in the target IDPs in Baidoa. Activity 3.1.1 : Conduct 24 health education sessions for caregivers to enable identify at least 5 danger signs for childhood illness in the target project IDPs center. Activity 3.1.2 : Carry two campaigns promotion session on hygiene and sanitation for optimal health uptake among the target boys,girls and women of reproductive age in Baidoa north IDPs. Activity 3.1.3 : Capacity of target communities to conduct basic community case management is developed through awareness and community engagement and support |
| Bay -> Baidoa -> Mursal | 50 | 777 | 1,035 | 1,553 | 1,812 | 5,177 | Activity 1.1.1 : Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centres. Activity 2.1.1 : Provide routine immunization to 6,731 children under five boys(3107) and girls (3624). Activity 2.1.2 : Conduct daily OPD consultation to <5 children boys,girls for effective treatment of all childhood illness in the target IDPs in Baidoa. Activity 3.1.1 : Conduct 24 health education sessions for caregivers to enable identify at least 5 danger signs for childhood illness in the target project IDPs center. Activity 3.1.2 : Carry two campaigns promotion session on hygiene and sanitation for optimal health uptake among the target boys,girls and women of reproductive age in Baidoa north IDPs. Activity 3.1.3 : Capacity of target communities to conduct basic community case management is developed through awareness and community engagement and support |

| Documents | |
|------------------------------|---------------------------------------------------------------|
| Category Name | Document Description |
| Project Supporting Documents | HIDIG SHF Health Supply List.xlsx |
| Project Supporting Documents | 2.2 BOQ IMCI Training..xls |
| Project Supporting Documents | 2.3 BOQ BEmONC Training..xls |
| Project Supporting Documents | BOQ 7.3 Utilities cost.xls |
| Project Supporting Documents | BOQ 7.1 Communication cost..xls |
| Project Supporting Documents | 7.4 BOQ for office stationary.xlsx |
| Project Supporting Documents | ICRC-Hospital helps contain cholera outbreak in Baidoa.pdf |
| Project Supporting Documents | Rapid Joint Assessment Baidoa Final Report - October 2014.pdf |
| Project Supporting Documents | HRDO 2561 BOQs - Daud.xlsx |
| Project Supporting Documents | Transport and freight cost BQ 5.3.xls |
| Project Supporting Documents | HRDO 2561 BOQs - 20.7.16_Daud.xlsx |
| Project Supporting Documents | HRDO 2561 BOQs - 21.7.16_Daud.xlsx |
| Budget Documents | HRDO 2561 BOQs - ek.xlsx |
| Budget Documents | HRDO 2561 BOQs - 16.7.16.xlsx |
| Budget Documents | HRDO 2561 BOQs - 20.7.16.xlsx |
| Budget Documents | HRDO 2561 BOQs - 2.8.16.xlsx |
| Budget Documents | Itemised IEHK2011 & Midwifery Kits.-HIDIG.xls |