

Requesting Organization :	WARDI Relief and Development Initiatives				
Allocation Type :	Standard Allocation 2 (Nov-Dec 2017)				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of emergency lifesaving health care services to drought affected populations in Maxaas, Bula Burte and Mataban districts in Hiraan region, South Central Somalia.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA2/H/NGO/7484		
Cluster :		Project Budget in US\$:	300,606.32		
Planned project duration :	12 months	Priority:			
Planned Start Date :	29/12/2017	Planned End Date :	28/12/2018		
Actual Start Date:	29/12/2017	Actual End Date:	28/12/2018		
Project Summary :	<p>The project targets three major districts in Hiran region;Bulo burte,Maxaas and Mataban. The districts have been hard hit by the prolonged drought, devastating waves of acute watery diarrhoea and clan conflicts that has put the inhabitants in precarious humanitarian situation. Due to insecurity, especially in rural villages, access to humanitarian support for the target population is quite limited except for Mataban which is relatively peaceful. Basic services such as health are scarce and funding for major health centres in these districts will come to an end in December 2017.With the current rains experienced in the area, flush floods are expected which may further increase displacement and outbreak of AWD in the riverine villages as well as the main towns of Beletweyn,Maxaas and Bula Burte.</p> <p>In Mataban, the district is hard hit by drought as well as clan conflict between 2 major clans leading to loss of over 50 lives in the last quarter which has hampered movement leading to pastoral dropouts who cannot cross to the other sides in search of pasture and water for their animals.</p> <p>WARDI is currently implementing different projects in the area to include health, WASH and nutrition which will be integrated with the proposed health project in order to have an integrated response to the situation which has been greatly hindered by absence of essential services including; health, WASH and nutrition.</p> <p>In response, WARDI is proposing the continuation of primary health service delivery in three main health centres in Maxaas, Mataban and Bulo Burte districts. To cater for the health care needs of those hard to reach populations including pastoralists, WARDI will complement the services delivered in Mataban health centre with a fully equipped mobile health unit. WARDI already manages the proposed health facilities. Combined, the proposed facilities will provide basic health services including maternal and child health services to an estimated 65,000 people including 23,227 children under the age of 18(8,450 children five years), 12,703 women of childbearing age (WCBA), 5,400 pregnant and Lactating women(PLWs) and 23,670 men and others from the general population. The project will serve both IDPs and host communities in the target districts.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
23,670	18,103	9,582	13,645	65,000	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 18	0	0	9,582	13,645	23,227
Women of Child-Bearing Age	0	12,703	0	0	12,703
Pregnant and Lactating Women	0	5,400	0	0	5,400
People in Host Communities	23,670	0	0	0	23,670
Indirect Beneficiaries :					
17,600 people among the catchment population will benefit from the project outside of the target beneficiaries to be served by the project.					
Catchment Population:					
149,472 persons as per 2014 UNFPA population figures for Somalia.					

Link with allocation strategy :

The allocation strategy for the 2nd SHF instalment is aimed at the continuation of life-saving humanitarian response to prevent famine in Somalia. The allocation prioritises the provision of essential primary health care services including basic maternal and reproductive health services through supporting non-functioning health facilities (HC) and outreach services in hard-to reach areas as well as supporting outbreak prevention, control and response interventions at community level which is expected to contribute to the reduction of maternal and child morbidity and mortality. In this project WARDI proposes the provision of lifesaving health services in mainly pastoralists, agropastoralists and reverine communities in the target areas through three fixed facilities and one mobile outreach.

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
Hussein Abdi Issak	Chairman	wardiorg@yahoo.com	+252615501688

BACKGROUND**1. Humanitarian context analysis**

About 6.2 million people are in need of humanitarian assistance, a marginal reduction from the 6.7 million reported at the beginning of the year. Over 3.1 million people are in Crisis (IPC Phase 3) and Emergency (IPC 4) and will face acute food insecurity through the end of 2017. The number of people in the Emergency (IPC 4) has doubled from 439,000 to 800,000 over a five-month period. An estimated 388,000 children under the age of five are acutely malnourished, 87,000 of them severely and at risk of death.¹ The deterioration of the overall nutrition situation in Somalia is largely attributed to the acute and widespread food insecurity and increased morbidity as a result of limited health service availability, poor health-seeking behaviour, sub-optimal feeding practices, and difficulty of accessing clean water. Despite the massive scale up of humanitarian assistance in response to the rapidly deteriorating drought, the threat of famine still persists in the worst affected areas, particularly in the north-east and among the internally displaced. Cumulative dry seasons including the below average to poor Gu (April-June) rains have resulted in severe livestock losses and poor or limited cereal production consequently leading to reductions in milk and meat as well as increase in cost of minimum expenditure basket. Poor households in crop dependent and pastoral livelihoods face destitution, increasing indebtedness and have little or no food stocks. Drought remains by far the largest driver of displacement in Somalia, followed by conflict, accounting for over 804,000 of the more than 975,000 people displaced in 2017 alone. Banadir and Bay regions have borne the largest burden, receiving 458,000, almost half the number, of internally displaced persons (IDP) reported by the Protection and Return Monitoring Network (PRMN) by the end of August 2017. IDPs remain most vulnerable and continue to face discriminatory practices that deny them equitable access to limited services available including shelter. They face exploitation, child separation, sexual and gender based violence, and have limited livelihood and coping options. The deleterious effect of the drought on IDPs revealed a deterioration in the nutrition situation in most of the 13 main settlements with the majority being in either Crisis or Emergency. In Hiraan region, where the project will be implemented, outbreaks of AWD/Cholera, measles coupled with droughts and clan conflicts has had a heavy toll on the population worsening the already precarious humanitarian crisis.

2. Needs assessment

Somalia has one of the worst health indicators in the world due to a host of factors. Hiraan is one the most affected regions by the ravaging drought as well as being the epicenter of disease outbreaks such as AWD/Cholera and measles. According to the Somalia Severity ranking matrix, 215,000 people in Hiraan are in need (Phase 3 and 4) with more than 11600 people internally displaced. The same ranking shows that the area has a high measles severity index at 5-the highest with 1,199 cases reported accounting for 23% of the total cases in the country as of May 2017. The number of cases of suspected measles have been increasing for the past seven weeks in Beletweyn/Mataban district and surrounding areas. Some 102 measles cases -majority being children under age 5- have been reported in Beletweyn and Mataban districts in the last five weeks. 672 cases have been registered in Hiraan region since the beginning of the year; almost six times higher than the cases (107) reported for all last year. Two children severely affected and blinded by measles were brought to a health facility in Beletweyn town (OCHA, May 2017). Other diseases such as TB are also increasing in the area increasing the poor health indicators in the region. The AWD outbreak accounts for 7% of the national figure with villages inaccessible not getting the required assistance in terms of response to outbreaks while malnutrition closely linked to poor health service delivery, is also among the highest with the GAM rates at 3-moderate levels. As per the UN OCHA Somalia monitoring matrix, only half of the targeted population to receive primary health care services have done so in the region.

According to the HMIS data from WARDI health facilities in the region, 14,390 people have received primary health care services to include maternal, child and neonatal health as well as the general population. The target district of Bulo burte has been under fragile humanitarian situation for quite some time now. Repeated inter-clan conflicts and general insecurity in the area has made access to humanitarian aid quite limited. The situation is further aggravated by the rampaging drought that has swept across the country resulting in outbreaks of acute watery diarrhoea and other water borne diseases. Access to health care services in the target districts is quite restricted with a few public health facilities serving the entire population. These health facilities are poorly resourced to fully respond to the healthcare needs of the population. Lack of reproductive health care is particularly grave and leads to the 2nd highest maternal mortality rate in the world. Only a quarter of pregnant women attend antenatal care, and only 7% complete the four recommended antenatal visits. Access to comprehensive emergency obstetric care is poor, as shown by a CS rate of 0.5 per cent and only 11 per cent coverage of major obstetric emergencies. This is aggravated by the fact that 98% of women have undergone female-genital mutilation, which adds to the risks of maternal death. This is coupled with the fact that the country has one of the highest total fertility rates (6.7) in the world. Women in Somalia have a 1 in 18 lifetime risk of dying due to pregnancy and childbirth-related complications. Insecurity, poor health seeking practices and population awareness, lack of functioning referral systems, poor distribution of health service access points and underlying malnutrition pose major challenges for control and prevention of disease outbreaks. With regards to malaria, about 65 per cent of settlements in southern and central Somalia, have moderate to very high malaria epidemic risk, contributing to higher morbidity and mortality levels. WARDI, which is currently implementing malaria project in these districts funded by the global fund malaria, has tested 8549 cases and 652 were diagnosed and treated as per guidelines. WARDI proposes 3 HCs and one mobile team to respond to the needs stated.

3. Description Of Beneficiaries

The project will target 65,000 vulnerable populations affected by prolonged drought and AWD outbreaks. Among the target beneficiaries are 23,227 children under 18 years (including 8,450 children under fives), 12,703 women of child bearing age, 5,400 pregnant and lactating women and 23,670 men. Target beneficiaries of the proposed project lack access to adequate basic health care services and cannot afford to purchase health care from private providers where available. Additionally frequent Acute Watery Disease outbreaks and measles has had a devastating effect on the population with limited or no response from the government or humanitarian actors. The project will benefit those that live in the three major towns of Maxaas, Mataban, Buloburte and accessible villages, which will be done through three static health facilities and one mobile outreach team that will attend to persons living in 14 accessible villages. Services to be provided will include a package of comprehensive Primary health care (PHC) services with bias towards maternal and child health. In addition to the PHC services, screening and referral for malnutrition will be conducted as well as nutrition, health and hygiene promotion (NHHP), Community mobilisation and sensitisation on behaviour change targeting common communicable diseases as well as promote good health seeking behaviours.

4. Grant Request Justification

Hiraan is one of the most affected regions by the ravaging drought as well as being the epicentre of disease outbreaks such as AWD/Cholera and measles. According to the Somalia Severity ranking matrix, 215,000 people in Hiraan are in need (Phase 3 and 4) with more than 11600 people internally displaced. The same ranking shows that the area has a high measles severity index at 5-the highest with 1,199 cases reported accounting for 23% of the total cases in the country. The AWD/Cholera outbreak in Hiraan accounts for 7% of the national figure with villages inaccessible not getting the required assistance in terms of response to outbreaks. WARDI is implementing an SHF Grant in Buloburte and Jalalaqsi health centres and Cholera treatment Centres (CTCs) which has helped in the mitigation of AWD/Cholera outbreaks through early diagnosis, referral and treatment as well as health promotion. The malnutrition which is closely linked to poor health service delivery is also among the highest with the GAM rates at 3-moderate levels. As per the UN OCHA Somalia monitoring matrix, only half of the targeted populations to receive primary health care services have done so in the region.

According to the Health Management Information System (HMIS) data from WARDI health facilities in the region, 14,390 people have received primary health care services to include maternal, child and neonatal health as well as the general population. The target districts of Buloburte and Maxaas have been under fragile humanitarian situation for quite some time now. Repeated inter-clan conflicts and general insecurity in the area has made access to humanitarian aid quite limited. The situation is further aggravated by the rampaging drought that has swept across the country resulting in outbreaks of acute watery diarrhoea and other water borne diseases. Access to health care services in the target districts is quite restricted with a few public health facilities serving the entire population. These health facilities are poorly resourced to fully respond to the healthcare needs of the population.

The proposed project aims to fully respond to the above situation by providing comprehensive integrated emergency primary healthcare services to 65,000 of the most affected population. This will be done by fully equipping three health centres in Buloburte, Mataban and Maxaas districts to provide primary health care services and referral of severe cases after stabilisation as well as setting up one mobile outreach team to provide services to hard to reach populations in Mataban villages. Other than the standard maternal and child health services, the health facilities will be adequately able to respond to AWD outbreaks which might occur due to expected flash floods as a result of the rains and overflowing of River Shebelle. The health activities will be integrated with nutrition and WASH activities ongoing in the facilities as well as protection services mainly GBV. The intervention will equally play a significant role in community education and sensitisation on hygiene and sanitation through the mobile outreaches and health providers at the facility.

5. Complementarity

WARDI has been present in the target districts providing various humanitarian services to include health, nutrition, WASH, Protection and livelihood projects to support the vulnerable communities. Currently its providing health services to the population including response to AWD through self as well as donor funding with limited funds. The proposed project will scale up services in three of the health centres WARDI manages to enhance continuation of services to the target populations and provide wide range of health services. One of the target health facilities currently implement nutrition project funded by UNICEF to provide OTP, IYCF among other services to children under fives and PLWs in Mataban district supporting the integration of services. WARDI also supports the stabilisation centre and paediatric ward at Beletweyn General Hospital which is the only one in the entire region making referral and management of children with severe illnesses easy.

Further WARDI is managing the regional cold chain in Beletweyn and the districts cold chains of Buloburte and Maxaas and will thus easily and seamlessly integrate immunisation of children under five and Women of child bearing age including PLWs to the proposed program. With the intended intervention, it is expected that children under the age of five years and pregnant and lactating women will access save and quality immunisation services.

One of the target facilities also has a gender based violence stop centre providing services alongside the routine health services while field monitors for GBV and Protection project are in all the target districts monitoring and referring cases to the health facilities.

Additionally, WARDI in partnership with UNICEF is implementing the national malaria control program in the three districts. Among other things, the program provides case management to target populations while at the same time undertaking mass distribution of nets targeting the entire population and routine nets for antenatal mothers. Under this program over 100,000 long lasting treated nets were distributed in these districts in 2016/2017 alone with further 167,000 currently being distributed in Beletweyn district while all the three targeted facilities as well as others provide testing, diagnosis and treatment of malaria as per the national treatment guidelines. Furthermore, WARDI was implementing an integrated childhood case management (ICCM) in Beletweyn and Mataban district which was closed due to funding gap in early 2017. Under this project, 126 community health/workers (CBWs) were fully trained to provide essential childhood diseases management and health promotion activities. While the project has ended, these CBWs still exist and are community resource persons who will be called upon to refer cases to the mobile team as well as the facilities, conduct hygiene and health promotions.

The intended project will thus ride on an already established infrastructure which is expected to significantly help in immediate role out of the project taking into context the emergency context in the area. WARDI regional office in Beletweyn will be responsible for the entire project while the sub-office in Buloburte will be in charge of both Buloburte and Maxaas health facilities supported by the regional office.

Lastly, WARDI has applied for a complementary nutrition under the nutrition cluster in Maxaas district that if approved will play critical role in improving the health outcomes of the target beneficiaries specifically for children under five and pregnant women.

LOGICAL FRAMEWORK

Overall project objective

To scale up lifesaving and life sustaining humanitarian response to populations affected by prolonged drought in Mataban, Buloburte and Maxaas districts of Hiran region through the provision of integrated emergency primary healthcare services and essential medical supplies, prevention and treatment of Acute Watery diarrhoea/Cholera and conducting awareness raising, ensuring equal service opportunity and access for women, men, girls and boys.

Health								
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities					
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality		Somalia HRP 2017						60
To contribute to the reduction of maternal and child morbidity and mortality		Somalia HRP 2017						20
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner		Somalia HRP 2017						20
Contribution to Cluster/Sector Objectives : The intended project activities will feed to Somalia health cluster objectives particularly objective 1 and 2, the selected interventions includes safe motherhood services, immunization,detection and control of communicable diseases, and outpatient treatment, which will definitely contribute to the provision of quality essential health service thus reducing maternal,child and infant morbidity and mortality .								
Outcome 1								
Improved access to essential life-saving health services with special focus on maternal/child health and prevention,response and control of AWD outbreaks to drought affected populations in Mataban, Bulu burte, and Maxaas Districts of Hiran region,South Central Somalia.								
Output 1.1								
Description								
65,000 people including 23,670 men,18,103 women, 9582 boys and 13645 girls have access to integrated primary health care services to include maternal,Neonatal and child health services by sustaining service delivery in three health facilities and one mobile outreach.								
Assumptions & Risks								
Improved security situation and safety in target areas Availability of essential drugs throughout project period with no stock out								
Indicators								
Code	Cluster	Indicator	End cycle beneficiaries				End cycle	
			Men	Women	Boys	Girls	Target	
Indicator 1.1.1	Health	Number of health facilities supported					3	
Means of Verification : Monthly HMIS reports, monitoring and supervision reports								
Indicator 1.1.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					3	
Means of Verification : HMIS reports,supervision reports								
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					14,620	
Means of Verification : HMIS reports								
Indicator 1.1.4	Health	Coverage of measles vaccination (%)					60	
Means of Verification : HMIS reports, immunisation campaigns reports								
Indicator 1.1.5	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					5,760	
Means of Verification : HMIS reports								
Indicator 1.1.6	Health	Case Fatality Ratio (CFR) for most common diseases - AWD/Cholera					1	
Means of Verification : Monthly HMIS reports, referrals by CBWs reports								
Activities								
Activity 1.1.1								
Standard Activity : Primary health care services, consultations								
Sustain service delivery in three main health centres located in;Bulu burte,Mataban and Maxaas.The target facilities will be provided with essential drugs and well trained health workers to facilitate access to basic primary health care for beneficiaries.								
Activity 1.1.2								
Standard Activity : Emergency Obstetric Care - Basic and Advacned								
Provide Basic Emergency Obstetric care to 1650 pregnant women in the target health facilities.Service to be provided include,Focused antenatal care, skilled delivery, postnatal care and referral of complicated cases.Midwives will be undergo refresher training to improve their competence and skills levels.Skilled delivery will be provided 24 hours a day for seven days a week.In addition, drugs and other essential equipments necessary for safe delivery will be made available.								
Activity 1.1.3								
Standard Activity : Immunisation campaign								

Quality and safe routine immunisation will be provided to 8,450 children under the age of five years(3,482 boys and 4,968 girls) and to 6,170 Women of child bearing age at 3 static health centres and one mobile outreach.Vaccines will be supplied to district cold chains from the regional cold chain in Beletweyne managed by WARDI.

Activity 1.1.4

Standard Activity : Immunisation campaign

Provide measles vaccines to children under fives, conduct defaulter tracing as well as increase the vaccination of children 5-10 years in pastoral and hard to reach areas. Coverage will be increased from 40% to 60%

Activity 1.1.5

Standard Activity : Primary health care services, consultations

At the outpatient department,Provide consultations to 60 persons per day per health facility(3) and the mobile outreach, 6 days a week.5760 persons will receive consultations for both communicable and none communicable conditions.

Activity 1.1.6

Standard Activity : Epidemic disease surveillance

Enhance referral, treatment and management of AWD/Cholera cases in the target health facilities. All the cases admitted will be managed accordingly to reduce the case fatality rate to less than 1% as per the WHO standards. WARDI will also enhance community health promotion activities on prevention and early referral of cases

Outcome 2

Improved technical capacity of facility level health workers and enhanced awareness and understanding of the target communities on common communicable diseases with emphasis on Acute watery disease, practice community based prevention and response strategy.

Output 2.1

Description

Improve the knowledge of health workers and 36,055 community members to include 14300 men,11000 women, 4212 Boys and 6543 girls on emergency preparedness, response and prevention of communicable disease

Assumptions & Risks

Security situation remains stable in target areas
Availability of IEC materials

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					8

Means of Verification : Training reports, attendance sheets duly filled and signed

Indicator 2.1.2	Health	Number of people (men, women, boys and girls) reached by health promotion message.	1,000	2,000	512	843	4,355
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Means of Verification : Sessions reports

Activities

Activity 2.1.1

Standard Activity : Emergency Preparedness and Response capacities

Conduct 5 days classroom training for 8(4 nurses and 4 Auxiliary nurses) front line health staff on integrated management of childhood illnesses management, prevention and treatment of acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks.The training is aimed at enhancing the capacity of health workers to detect and manage childhood illnesses and adequately prepare and respond to emergencies. training targets staffs at Mataban facility and mobile team as the staffs at the other facilities were already trained

Activity 2.1.2

Standard Activity : Awareness campaigns and Social Mobilization

Health facilities and mobile teams conduct health promotion activities targeting common health conditions, hygiene as well as nutrition. A total of 4355(1000 men, 2000 women, 512 boys and 843 girls) will be reached with health promotion messages

Additional Targets :

M & R

Monitoring & Reporting plan

The Health Project Manager and a Monitoring, Evaluation, Accountability and Learning (MEAL) officer will be responsible for the monitoring, supervision and reporting aspect of the project and both based in the field. WARDI regional office in Beletweyn and the headquarter office in Mogadishu will be responsible for providing technical support to the project and ensuring the project is on track. Weekly and Monthly morbidity report from the target health facilities and mobile outreach will be compiled by the monitoring and evaluation officer and will be analysed together with the health project manager and health project officer for immediate feedback to the field and for sharing with Ministry of health officials and to aid in decision making. Quarterly support supervisions and monitoring visits will be made by the MEAL officer and the health project manager to ascertain progress made, provide technical assistance and feedback to the facility staff. Quarterly data audits will be undertaken to ensure data received is of high quality and complete. The monitoring will continue tracking the project indicators and key milestones to ensure the project achieves the intended objectives. Additionally, monthly reports will be shared through the District Health Information Software (DHIS) while interim and final report will be prepared and shared with UN OCHA through the GMS.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Sustain service delivery in three main health centres located in; Buloburte, Mataban and Maxaas. The target facilities will be provided with essential drugs and well trained health workers to facilitate access to basic primary health care for beneficiaries.	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Provide Basic Emergency Obstetric care to 1650 pregnant women in the target health facilities. Service to be provided include, Focused antenatal care, skilled delivery, postnatal care and referral of complicated cases. Midwives will be undergo refresher training to improve their competence and skills levels. Skilled delivery will be provided 24 hours a day for seven days a week. In addition, drugs and other essential equipments necessary for safe delivery will be made available.	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Quality and safe routine immunisation will be provided to 8,450 children under the age of five years (3,482 boys and 4,968 girls) and to 6,170 Women of child bearing age at 3 static health centres and one mobile outreach. Vaccines will be supplied to district cold chains from the regional cold chain in Beletweyne managed by WARDI.	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.4: Provide measles vaccines to children under fives, conduct defaulter tracing as well as increase the vaccination of children 5-10 years in pastoral and hard to reach areas. Coverage will be increased from 40% to 60%	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.5: At the outpatient department, Provide consultations to 60 persons per day per health facility (3) and the mobile outreach, 6 days a week. 5760 persons will receive consultations for both communicable and non communicable conditions.	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.6: Enhance referral, treatment and management of AWD/Cholera cases in the target health facilities. All the cases admitted will be managed accordingly to reduce the case fatality rate to less than 1% as per the WHO standards. WARDI will also enhance community health promotion activities on prevention and early referral of cases	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.1: Conduct 5 days classroom training for 8 (4 nurses and 4 Auxiliary nurses) front line health staff on integrated management of childhood illnesses management, prevention and treatment of acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks. The training is aimed at enhancing the capacity of health workers to detect and manage childhood illnesses and adequately prepare and respond to emergencies. training targets staffs at Mataban facility and mobile team as the staffs at the other facilities were already trained	2018		X										
Activity 2.1.2: Health facilities and mobile teams conduct health promotion activities targeting common health conditions, hygiene as well as nutrition. A total of 4355 (1000 men, 2000 women, 512 boys and 843 girls) will be reached with health promotion messages	2018	X	X	X	X	X	X	X	X	X	X	X	X

OTHER INFO

Accountability to Affected Populations

WARDI is already managing the proposed health facilities and has a long standing relationship and continuous engagement with the communities in the three districts and the entire Hiran region. WARDI has already engaged the target population directly and through its leadership in running these health facilities. The need to scale up service delivery in the three target health centres and setting up of a mobile team for outreach purposes was arrived at after numerous consultative meetings with community leaders headed by the district commissioners of the districts, clan elders and Hiran regional Medical Officer. Thus the proposed setting up of these health facilities is solely based on the community's needs and felt priorities. Further, upon the approval of the project, community meetings will be organised in districts to inform the beneficiaries of the continuation and scaling up of both the health facilities and the mobile outreach. Additionally, an official complaint and feedback mechanism will be set up and be managed by the health project manager and the Senior management team. In this regard, WARDI will apply two-way approach in communicating with the target beneficiaries which is meant to promote dialogue and allow the organisation to gather ideas, suggestions and feedback from target communities. This will help adjust the project to better fit people's needs. In this case feedback will be gathered formally during community meetings, monitoring visits and informally as part of other activities. Field staff including the health project officer and health workers will also receive feedback from community they serve as they utilise the services. This feedback will then be documented and transmitted to the health project manager, who will then make a decision about whether to adjust the program and how to respond to the communities. response to the community will be done through community meetings.

Implementation Plan

Upon the approval of the project, WARDI will undertake stakeholder engagement targeting beneficiaries in the target villages, their leadership, local authority and Ministry of health officials to provide overview of the intended project including the objectives, key activities, indicator and the target beneficiaries. Key project staff including the project manager, project officer and finance positions will be advertised and eligible candidate employed through WARDI HR policy. Further, in close cooperation with the community leaders, local authority and ministry of health (MOH) officials', front line staff of the project including nurses, midwives, auxiliary nurses, vaccinators will be recruited. Those selected will undergo induction as well as technical training to help them familiarise with the project logic and overall goal. Minor renovation works and equipping of health facilities and mobile team with furniture will follow immediately where needed. Once the project is set up, the three health facilities and one mobile team will be provided with the required drugs and related supplies, and guidelines. The Mobile team will work 6 days in a week with guidance of a micro plan with details of villages to be targeted, community contact persons, population figures with details of specific special groups like children under five and women of child bearing age. The mobile outreach team will be hosted by the target communities who will provide strategically located shelters where the teams can set up and serve the community. The health project manager will be expected to coordinate the entire project on daily basis. Field staff will generate daily health report in hard copies using the approved Health Management Information System (HMIS) tools that will be consolidated and verified on weekly basis by the Health project manager and the MEAL Officer. Monthly support supervisions will be undertaken together with the management team and MOH officials for quality assurance and addressing bottlenecks. Supervision visits will equally act as feedback session from the beneficiaries as well as on the job training of field staff.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. Ministry of Health,2. Save the Children,3. CESVI,4. ZAMZAM foundation,5. WARDI	WARDI will closely work with Hiran regional medical officer throughout the implementation period. The state ministry of health officials will also be involved where possible. The RMO will undertake joint supervision with WARDI to assess progress made and provide technical support. With the MOH set to take over the operations of EPI in the country, the cold chain department will support in micro planning and issuance of vaccines to the facilities and mobile teams,The organization carries out nutrition project mainly TSFP in Mataban and Beletweyn and children screened at the facilities will be referred to them,CESVI support the OPD and emergency centre at Beletweyn hospital. Severe cases will be referred to them for support and management before admission,ZAMZAM foundation has TB diagnosis and treatment center in Buloburte,suspected TB cases will be transferred to ZAMZAM for management.,WARDI is implementing nutrition project as well as supporting the SC/Paediatric ward at beletweyn general hospital and they will be instrumental in managing the children referred there. WARDI also has OTP project in Mataban and this will play an important role

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The proposed project will be gender sensitive and will take care of individual needs of the target beneficiaries. WARDI recognizes sex and gender are important determinants of health for women and men (UN, 2010; WHO, 2010). Beyond the biological differences, gender roles, norms and behavior have an influence on how women, men, girls and boys access health services and how health systems respond to their different needs. To advance this critical gender issue, a discussion with target communities including men and women will be conducted at district and village level to identify key gender related issues hindering access to services with a view of coming up with local remedies to the obstacles. Efforts including continuous community decision makers engagement and community education will be made to address socio-cultural and structural factors that inhibit access to health services to women, boys, girls and men. In implementation phase, services provided will be free of charge with equal access to men, women, boys and girls. Specific issues affecting access and utilization of services in the target areas include low levels literacy level and lack of awareness on the benefits of seeking both promotive, preventive and curative health services specially for caretakers of children under five and pregnant mothers which will be addressed through continuous individual and group education and counseling by health promoters and health workers both at the health center and at the community level to increase level of awareness of the target beneficiaries for optimum behavior.

Further, owing to the limited services available to them, a large proportion of children under the age of five years both boys and girls in the target districts remain not immunized exposing them to deadly vaccine preventable conditions. The proposed project will reverse these by providing quality and safe vaccines and other child health services with equal access to boys and girls at the door steps of children under the age of five thus improving their chances of survival.

It is understood that service utilization in somalia for women is greatly affected by the sex of the service provider with women preferring to be attended to by female colleagues specially on sexual and reproductive related issues. In responding to these need, WARDI will select, train and place female midwives and nurses at ANC, delivery and Postnatal rooms to cater for the unique needs of this group. To further ease access to services, opening and closing hours of health facilities will be aligned to the preferred timings of the beneficiaries specially women who are often locked out due to their engagement and little time available to them as they attend to house hold chores. Moreover, mobile outreach team will be utilized to access far flung villages to take services closer to women, men, boys and girls thereby pre-empting gender related violence such as rape that women and girls suffer as they walk long distances seeking health services. Even as services are provided to the general population, specific and deliberate attempt will be made to detect, manage and link with protection services cases of gender based violence. Staff coming into contact with this special cases will be sensitized on gender based violence issues, counseling and how to handle such clients with dignity while at same time maintaining confidentiality. Gender based violence massaging will be given the attention it deserves. In all our contacts with community at community meetings, health educations sessions in health centers, our staff including the community health promoters will provide appropriate, culturally and religiously relevant messages on gender based violence on issues around women and child rights. Data and other reports coming from the target health facilities will be dis-aggregated by age and sex for relevant and gender conscious and appropriate decision making.

Protection Mainstreaming

Protection mainstreaming will be considered at all levels of project cycle and project activities, the centres are close to the main settlements and accessibility is not a concern, there is roving mobile team to far villages settlements to minimise risk of GBV incident and reduce walking distance of women to seek health and nutrition service. One of the health facilities is a GBV stop centre and this will be well equipped to provide GBV services in conjunction with the health services.

WARDI will use "Do no harm" principle in engagement with the target community. Before undertaking the project extensive consultations will be undertaken to ensure the needs and the interest of all is taken care. Minorities and marginalized groups will be engaged and will have equal access to services. To pre-empt possible conflict over resources, the set up complaint and feedback mechanism will be utilized for efficient and quick mitigation and resolution of possible conflicts.

WARDI will equally use its community health educators, community leaders and health workers to promote non violence and respect for women and girls. Cases of rape, assault and other forms of GBV identified will be linked to the health centers for immediate care and for linkage with other partners providing protection services including Clinical management of rape.

Country Specific Information

Safety and Security

Security is fluid in Somalia with a spate of bombings happening mainly in Mogadishu with 400 people killed in different attacks in October. The main target towns are safe and accessible to the agency and thus we don't foresee any security bridge in the near future. The villages targeted for outreach in Mataban are safe and accessible to the teams and agency staff. WARDI has a longstanding presence in the region since its establishment and has good understanding of the context. Teams involved in operations are regularly trained by a Security Manager. WARDI has established direct relations with clan elders to promote humanitarian principles, gain access, enhance program awareness, monitoring on issues including complaints/feedback about operation within the framework of the new complaint/feedback system. WARDI also maintains proper balancing between different clans/sub-clans, including when contracting for services or goods or in staff recruitment. These measures reinforce local acceptance and protection of the staff by the communities, local authorities and other interest groups

Safety and security for project staff and beneficiaries are our top priority, there will be security briefing every day during staff meeting to minimise risk, mobile teams will be established in accessible villages/camps where the community settles to reduce risk of walking long distance to sites by women and girls.

Access

Once approved, the project will be easily accessible to the target groups. Those in in-accessible villages and pastrolists will be reached through mobile team as the target areas in Mataban are accessible. WARDI has a web of CBWs under the ICCM project who will be referring clients from the inaccessible villages to the nearby accessible ones for service delivery. It is however important to note that Buloburte is under blockade by Al-shabab making road access difficult. To navigate this challenge WARDI has been airlifting supplies to Buloburte using commercial flights and at times using AMISOM flights, the same approach will be used for successful delivery of supplies and other essential drugs. Mataban and Maxaas are relatively safe and supplies will be delivered by road from Beletweyn warehouse.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Supplies (materials and goods)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
2. Transport and Storage							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
3. International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Local Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Training of Counterparts							
NA	NA	NA	0	0.00	0	0	0.00

	NA									
	Section Total							0.00		
6. Contracts (with implementing partners)										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
7. Other Direct Costs										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
8. Indirect Costs										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
11. A:1 Staff and Other Personnel Costs: International Staff										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
12. A:1 Staff and Other Personnel Costs: Local Staff										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
13. B:2 Supplies, Commodities, Materials										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
14. C:3 Equipment										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
15. D:4 Contractual Services										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
16. E:5 Travel										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		

17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
20. Staff and Other Personnel Costs								
1.1	Health project manager	D	1	2,500.00	12	100.00		30,000.00
	<i>The Health Project manager will be responsible for the overall project implementation ,coordination ,supervision and preparing of programmatic reports both interim and final report of the project. Based in Beletweyne with frequent travel to Buloburte, Mataban and Jalalaqsi,He/She will provide technical backstopping for the project. The manager will be employed and paid @USD 2500 per month inclusive of all benefits for 12 Months. SHF will pay 100% of the cost.</i>							
1.2	Health project Officer	D	1	1,500.00	12	100.00		18,000.00
	<i>Reporting to the health project manager, the health project Officer will be responsible for the day to day implementation of health activities.The Officer will be responsible for providing technical support and supervision to the health team; contributing to reporting and data collection; initiating and leading monitoring visits to supported facilities; and providing technical input, monitoring the implementation of activities, writing and submitting reports to the manager. He will be paid @USD 1500 inclusive all benefits. SHF will be charged 100% of the costs.</i>							
1.3	Finance Officer	D	1	1,000.00	12	50.00		6,000.00
	<i>The Finance officer will be responsible for the preparation of financial documents, payments, recording of daily transactions and maintaining of Cash Books and Bank statements prepare all the financial reports of the project and will keep in record. The finance officer will be responsible for handling all finance related works of this project and will be paid @USD 1000 per months with SHF paying 50% f for 12 months.</i>							
1.4	Monitoring,Evaluation, Accountability and Learning officer	D	1	1,200.00	12	15.00		2,160.00
	<i>The MEAL Officer will be responsible for the monitoring and ensuring high quality and timely inputs, and for ensuring that the project maintains its strategic vision and that its activities result in the achievement of its intended outputs in a cost effective and timely manner. The M&E officer will be responsible for designing and implementing the M&E activities of the Project; assisting the Project Manager in preparing Quarterly/Annual reports on project progress and will monitor the project activities on a regular basis and will be responsible for the collection & analysis of different data in relation to the project activities. He will have the following duties in this project: Develop and strengthen monitoring, inspection and evaluation procedures; Monitor all project activities, expenditures and progress towards achieving the project output; Develop monitoring and impact indicator for the project success; Monitor and evaluate overall progress on achievement of results; Monitor the sustainability of the project's results; Provide feedback to the Project Manager on project strategies and activities; Suggest strategies to the Project Management for improving the efficiency and effectiveness of the project by identifying bottlenecks in completing project activities and developing plans to minimise or eliminate such bottlenecks; and Report monthly, quarterly, half-yearly and annual progress on all project activities to the program manager. He will also be responsible for compiling success/human interest story and learning to be used in future programming. The salary of the officer is USD 1200, SHF will pay 15% of his/her salary.</i>							
1.5	Nurses-two per health facility and two per mobile team	D	8	400.00	12	100.00		38,400.00
	<i>8 qualified nurses will be recruited for the project, 6 for the health facilities and 2 for the mobile team. The nurses will be expected to provide promotive, preventive and curative services to the clients. They will be seated in consultation rooms providing treatment to sick boys, girls, men and women. They will equally educate and advice target beneficiary on best practices. They will provide these services both at community and health facility level as well as referral of severe cases. They will paid @USD400 per month for 12 months. SHF will contribute 100% of the cost.</i>							
1.6	Midwives-2 per facility and 1 per mobile	D	7	400.00	12	100.00		33,600.00
	<i>7 midwives will be recruited for the project, two per health facility and one per mobile team .They will expected to; examine and monitor pregnant women, assess care requirements and write care plans, undertake antenatal care, carry out screening tests, provide information, emotional support and reassurance to women and their partners, take patient samples, take and record patient vital signs, monitor labour and provide skilled delivery to women. Detect, monitor, assist or refer complicated pregnancies for further management. Counsel and assess postnatal mothers and advise them on daily care of their newborn babies, help parents to cope with miscarriage, termination, stillbirth and neonatal death, and write records.. The salary of midwives will be at US\$400 month. SHF will pay 100% of the midwives' salaries.</i>							

1.7	Auxiliary Nurses-2 per facility and 2 per mobile	D	8	200.00	12	100.00	19,200.00
	<i>8 auxiliary nurses will be recruited to assist nurses in providing care to patients/clients. 2 per facility and 2 per mobile team. They will be paid a monthly salary of @USD 200 per month all inclusive with SHF paying 100% of the cost.</i>						
1.8	Vaccinators-1 per mobile and 1 per facility	D	4	200.00	12	100.00	9,600.00
	<i>4 vaccinators will be recruited who will be responsible to immunise children and WCBA against vaccine preventable diseases on a daily basis at both the facilities and community level through the mobile teams</i>						
1.9	Logistics Coordinator	D	1	1,500.00	12	100.00	18,000.00
	<i>Logistics coordinator will be hired to oversee warehouse maintenance, records keeping and inventory for all the supplies procured under the project through Logistics information management system(LMIS), among others. He/she will also be responsible for procurement of drugs and supplies for the health facilities and mobile team. The logs coordinator will be paid \$1500 for the 12 months and SHF will pay 100% of the cost</i>						
	Section Total						174,960.00
21. Supplies, Commodities, Materials							
2.1	Essential drugs and supplies procurement	D	1	20,000.99	1	100.00	20,000.99
	<i>Essential drugs and related medical supplies will be purchased from Mogadishu and transported to the point of use. The total cost will be USD 20,000.99 as per the attached BOQ to be paid 100% by SHF,</i>						
2.2	Training for 8 health workers on Integrated Management of Childhood Illnesses and emergency response	D	1	2,562.00	1	100.00	2,562.00
	<i>Conduct 5 days classroom training for 8(4 nurses and 4 Auxiliary nurses) front line health staff on integrated management of childhood illnesses management,,prevention and treatment of acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks. The training is aimed at enhancing the capacity of health workers to detect and manage childhood illnesses and adequately prepare and respond to emergencies. The training is for Mataban facility and mobile team as the staffs in Bula Burte and Jalalaqsi were trained under the current grant.</i>						
2.3	Registers designing and printing cost	D	40	30.00	1	100.00	1,200.00
	<i>Assorted registers composed of under five, over five, ANC, delivery, postnatal will be designed, printed out as per the MOH specifications for capturing data at the facility and community levels. Each facility will use 10 of the registers while the mobile team needs 10. A total of 40 registers will be printed @\$ 1,200 translating to \$30 per register of which 100% of the cost will be met by SHF.</i>						
2.4	Cost of providing water to the three health centres	D	3	150.00	12	80.00	4,320.00
	<i>Water will be made available to the three health centres for cleaning and drinking as well as ablution at a monthly charges of @ USD 150 for 12 months. SHF will pay 80% of the total cost.</i>						
2.5	Cost of providing electricity to the three health centres	D	3	250.00	12	72.00	6,480.00
	<i>Facilities will be provided with electricity to maintain cold chain as well as for sterilisation and provision of services 24/7. Electricity is provided by private companies and is quite costly. The estimated cost electricity for one month per health facility is @USD 250. Two of the facilities are currently supported by SHF where the project will end early next year while the other one is supported by WARDI own funds. SHF will pay 72% of the cost while WARDI will pay the rest.</i>						
2.6	Furniture for mobile team	D	1	3,257.50	1	100.00	3,257.50
	<i>Furniture will be bought the setting up of the mobile team in Mataban. Items to be bought will include metal chairs, tables, mats for the mobile team. Visibility materials for both the facilities and mobile teams staffs will also be included such as the lab coats, t-shirts, hijabs etc.</i>						
	Section Total						37,820.49
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
23. Contractual Services							
4.1	Warehouse Rent	D	1	500.00	12	10.00	600.00
	<i>1 warehouse will be managed for the drugs and other essential supplies for the project. The warehouse is based in Beletweyn and will be handling the storage, packaging and onward forwarding of supplies to the target districts/facilities. The cost of the warehouse is for rent and other related services and the cost is \$500 and SHF will cater for 10% of the cost</i>						
	Section Total						600.00

24. Travel							
5.1	Vehicle hire	D	2	1,800.00	12	100.00	43,200.00
	<i>2 cars will be rented for 12 months at a cost of \$1800 per month inclusive of driver's salary, fuel and maintenance. one car will be used by the mobile outreach teams to deliver services to hard to reach and accessible villages and transport supplies while the third car will be in Maxas for referral of patients and supplies transportation as well as the monitoring of day to day project activities in the project sites. The standard rate of vehicle rent in Somalia is US\$1800/month including the driver, fuel and security. SHF will contribute 100%</i>						
5.2	Quarterly M&E of project	D	1	5,400.00	1	100.00	5,400.00
	<i>The MEAL officer based in Mogadishu will undertake quarterly project monitoring visits with the support of the project manager to track progress made and provide guidance where necessary. The cost is for flights and Daily subsistence allowance. Kindly see the BOQ for breakdown.</i>						
	Section Total						48,600.00
25. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
26. General Operating and Other Direct Costs							
7.1	Communication	D	1	700.00	12	30.00	2,520.00
	<i>Is the communication cost used in field office including internet and telephone expenses, which is US\$700. SHF will pay 30%, while WARDI will cover the remaining 85% from the other projects.</i>						
7.2	Stationery	D	1	400.00	12	40.00	1,920.00
	<i>The stationery is used in the field office, which is US\$400, SHF will pay 40%, WARDI will cover the remaining 60% from the other projects</i>						
7.3	Office rent	D	1	6,800.00	12	10.00	8,160.00
	<i>Office rent is charge to all projects WARDI is implementing. The unit cost of Mogadishu office is US\$4000 and \$2800 for Beletweyn regional office totalling to \$6800. SHF will pay 10% of the cost monthly while WARDI will cover the remaining 90% from the other projects.</i>						
7.4	Utilities-Electricity and water for the office in Beletweyn and Bula Burte.	D	1	1,060.00	12	50.00	6,360.00
	<i>Combined cost for electricity and water for the Beletweyn and Bula Burte offices \$1060 per month and this project will be charged 50% of the total cost.</i>						
	Section Total						18,960.00
SubTotal			89.00				280,940.49
Direct							280,940.49
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							19,665.83
Total Cost							300,606.32

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Hiraan -> Belet Weyne -> Matabaan	35	7,320	4,958	2,888	3,565	18,731	<p>Activity 1.1.1 : Sustain service delivery in three main health centres located in;Bulo burte,Mataban and Maxaas.The target facilities will be provided with essential drugs and well trained health workers to facilitate access to basic primary health care for beneficiaries.</p> <p>Activity 1.1.2 : Provide Basic Emergency Obstetric care to 1650 pregnant women in the target health facilities.Service to be provided include,Focused antenatal care, skilled delivery, postnatal care and referral of complicated cases.Midwives will be undergo refresher training to improve their competence and skills levels.Skilled delivery will be provided 24 hours a day for seven days a week.In addition, drugs and other essential equipments necessary for safe delivery will be made available.</p> <p>Activity 1.1.3 : Quality and safe routine immunisation will be provided to 8,450 children under the age of five years(3,482 boys and 4,968 girls) and to 6,170 Women of child bearing age at 3 static health centres and one mobile outreach.Vaccines will be supplied to district cold chains from the regional cold chain in Beletweyne managed by WARDI.</p> <p>Activity 1.1.4 : Provide measles vaccines to children under fives, conduct defaulter tracing as well as increase the vaccination of children 5-10 years in pastoral and hard to reach areas. Coverage will be increased from 40% to 60%</p> <p>Activity 1.1.5 : At the outpatient department,Provide consultations to 60 persons per day per health facility(3) and the mobile outreach, 6 days a week.5760 persons will receive consultations for both communicable and none communicable conditions.</p> <p>Activity 1.1.6 : Enhance referral, treatment and management of AWD/Cholera cases in the target health facilities. All the cases admitted will be managed accordingly to reduce the case fatality rate to less than 1% as per the WHO standards. WARDI will also enhance community health promotion activities on prevention and early referral of cases</p> <p>Activity 2.1.1 : Conduct 5 days classroom training for 8(4 nurses and 4 Auxiliary nurses) front line health staff on integrated management of childhood illnesses management,,prevention and treatment of acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks.The training is aimed at enhancing the capacity of health workers to detect and manage childhood illnesses and adequately prepare and respond to emergencies. training targets staffs at Mataban facility and mobile team as the staffs at the other facilities were already trained</p> <p>Activity 2.1.2 : Health facilities and mobile teams conduct health promotion activities targeting common health conditions, hygiene as well as nutrition. A total of 4355(1000 men, 2000 women, 512 boys and 843 girls) will be reached with health promotion messages</p>

Hiraan -> Bulo Burto	35	8,450	7,045	3,500	5,430	24,425	<p>Activity 1.1.1 : Sustain service delivery in three main health centres located in;Bulo burte,Mataban and Maxaas.The target facilities will be provided with essential drugs and well trained health workers to facilitate access to basic primary health care for beneficiaries.</p> <p>Activity 1.1.2 : Provide Basic Emergency Obstetric care to 1650 pregnant women in the target health facilities.Service to be provided include,Focused antenatal care, skilled delivery, postnatal care and referral of complicated cases.Midwives will be undergo refresher training to improve their competence and skills levels.Skilled delivery will be provided 24 hours a day for seven days a week.In addition, drugs and other essential equipments necessary for safe delivery will be made available.</p> <p>Activity 1.1.3 : Quality and safe routine immunisation will be provided to 8,450 children under the age of five years(3,482 boys and 4,968 girls) and to 6,170 Women of child bearing age at 3 static health centres and one mobile outreach.Vaccines will be supplied to district cold chains from the regional cold chain in Beletweyne managed by WARDI.</p> <p>Activity 1.1.4 : Provide measles vaccines to children under fives, conduct defaulter tracing as well as increase the vaccination of children 5-10 years in pastoral and hard to reach areas. Coverage will be increased from 40% to 60%</p> <p>Activity 1.1.5 : At the outpatient department,Provide consultations to 60 persons per day per health facility(3) and the mobile outreach, 6 days a week.5760 persons will receive consultations for both communicable and none communicable conditions.</p> <p>Activity 1.1.6 : Enhance referral, treatment and management of AWD/Cholera cases in the target health facilities. All the cases admitted will be managed accordingly to reduce the case fatality rate to less than 1% as per the WHO standards. WARDI will also enhance community health promotion activities on prevention and early referral of cases</p> <p>Activity 2.1.1 : Conduct 5 days classroom training for 8(4 nurses and 4 Auxiliary nurses) front line health staff on integrated management of childhood illnesses management,,prevention and treatment of acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks.The training is aimed at enhancing the capacity of health workers to detect and manage childhood illnesses and adequately prepare and respond to emergencies. training targets staffs at Mataban facility and mobile team as the staffs at the other facilities were already trained</p> <p>Activity 2.1.2 : Health facilities and mobile teams conduct health promotion activities targeting common health conditions, hygiene as well as nutrition. A total of 4355(1000 men, 2000 women, 512 boys and 843 girls) will be reached with health promotion messages</p>
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Hiraan -> Bulo Burto -> Maxaas	30	7,900	6,100	3,194	4,650	21,844	<p>Activity 1.1.1 : Sustain service delivery in three main health centres located in;Bulo burte,Mataban and Maxaas.The target facilities will be provided with essential drugs and well trained health workers to facilitate access to basic primary health care for beneficiaries.</p> <p>Activity 1.1.2 : Provide Basic Emergency Obstetric care to 1650 pregnant women in the target health facilities.Service to be provided include,Focused antenatal care, skilled delivery, postnatal care and referral of complicated cases.Midwives will be undergo refresher training to improve their competence and skills levels.Skilled delivery will be provided 24 hours a day for seven days a week.In addition, drugs and other essential equipments necessary for safe delivery will be made available.</p> <p>Activity 1.1.3 : Quality and safe routine immunisation will be provided to 8,450 children under the age of five years(3,482 boys and 4,968 girls) and to 6,170 Women of child bearing age at 3 static health centres and one mobile outreach.Vaccines will be supplied to district cold chains from the regional cold chain in Beletweyne managed by WARDI.</p> <p>Activity 1.1.4 : Provide measles vaccines to children under fives, conduct defaulter tracing as well as increase the vaccination of children 5-10 years in pastoral and hard to reach areas. Coverage will be increased from 40% to 60%</p> <p>Activity 1.1.5 : At the outpatient department,Provide consultations to 60 persons per day per health facility(3) and the mobile outreach, 6 days a week.5760 persons will receive consultations for both communicable and none communicable conditions.</p> <p>Activity 1.1.6 : Enhance referral, treatment and management of AWD/Cholera cases in the target health facilities. All the cases admitted will be managed accordingly to reduce the case fatality rate to less than 1% as per the WHO standards. WARDI will also enhance community health promotion activities on prevention and early referral of cases</p> <p>Activity 2.1.1 : Conduct 5 days classroom training for 8(4 nurses and 4 Auxiliary nurses) front line health staff on integrated management of childhood illnesses management,,prevention and treatment of acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks.The training is aimed at enhancing the capacity of health workers to detect and manage childhood illnesses and adequately prepare and respond to emergencies. training targets staffs at Mataban facility and mobile team as the staffs at the other facilities were already trained</p> <p>Activity 2.1.2 : Health facilities and mobile teams conduct health promotion activities targeting common health conditions, hygiene as well as nutrition. A total of 4355(1000 men, 2000 women, 512 boys and 843 girls) will be reached with health promotion messages</p>
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Documents	
Category Name	Document Description
Budget Documents	consolidated BOQ Nutrition trainings.xls
Budget Documents	SOM-17_3485_SA2_H_NGO_7484 WARDI_SHF health Budget Break down.13.11.17.Final..xls
Budget Documents	SOM-17_3485_SA2_H_NGO_7484 WARDI_SHF health Budget Break down.13.11.17.Final. (1).xls
Budget Documents	WARDI BOQs _7484 with SHF comments.xls
Budget Documents	SOM-17_3485_SA2_H_NGO_7484 WARDI_SHF health Budget Break down.09.12.17.Final..xls