

<b>Requesting Organization :</b>	Relief International UK	
<b>Allocation Type :</b>	Reserve 2016	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
Health		100.00
		<b>100</b>
<b>Project Title :</b>	Emergency Drought Response in Maaxas and Mataban Districts of Hiraan Region	
<b>Allocation Type Category :</b>		

**OPS Details**

<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/H/INGO/4460
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	184,087.08
<b>Planned project duration :</b>	9 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	05/02/2017	<b>Planned End Date :</b>	04/11/2017
<b>Actual Start Date:</b>	05/02/2017	<b>Actual End Date:</b>	04/11/2017

**Project Summary :** This program aims to improve, access to quality maternal, neonatal, reproductive and child health for children <5 years and women of child bearing age in Mataban and Maaxas districts by expanding on improved access to essential lifesaving health services (quality primary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality and to contribute to the reduction of maternal and child morbidity and mortality. Another aim is to strengthen and expand on early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner so as to increase access to health services for internally displaced persons (IDPs) who have settled in Mataban and Maaxas Districts as a result of drought and conflict.

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
9,068	12,210	2,854	2,854	26,986

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,205	2,205	4,410
Pregnant and Lactating Women	0	2,539	0	0	2,539
Internally Displaced People	2,656	2,994	649	649	6,948
People in Host Communities	6,412	6,677	0	0	13,089

**Indirect Beneficiaries :**

Through the health intervention, 15,000 indirect beneficiaries will be targeted. This includes the general population which lives in Mataban and Maaxas Towns, and their surrounding villages, including the IDPs. In Mataban and Maaxas, increased efforts in disease surveillance will benefit the population in the area.

**Catchment Population:**

26,986 people of Mataban Town and Maaxas and surrounding areas

**Link with allocation strategy :**

The project targets improvement of primary health services access to IDPs and the general population in drought-affected areas and also strengthening of the early warning surveillance and response systems for outbreak-prone diseases, which are the focused objectives of this allocation (for the health sector).

**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
Shueyb Youb	Country Director - Somalia	shueyb.youb@ri.org	+254708128261

**BACKGROUND****1. Humanitarian context analysis**

Mataban and Maaxas districts in Hiraan region are among the worst hit areas by armed conflicts ranging from AMISOM/SNAF-AI-shabab and inter-clan conflicts resulting in massive displacements and casualties creating a humanitarian crisis. These armed conflicts, the withdrawal of international troops in Hiraan, and drought in surrounding areas has led to an influx of more internally displaced persons (IDPs) compounded with the return of returning refugees returnees. This has led to more pressure on delivery of critical health services for children and women, including immunization, nutrition support and skilled delivery, which put these groups at increased risk of death due to diarrheal, malnutrition and obstetric complications. Moreover, in Mataban district, Relief International (RI) is the only organisation that runs a health centre within the center of Mataban town and its environs and a second health centre in Beergadiid outside of the main town; hence, with the increased number of beneficiaries accessing these services this is putting the health facility at risk of under staffing and the need for more adequate essential drugs and equipment. Morbidity reports from facilities managed at the Mataban health center indicates that the most prevalent conditions causing morbidity and mortality are the high incidence of vaccine preventable diseases, childhood communicable diseases, anemia, malnutrition, respiratory tract infections, AWD, and problems associated with pregnancy and childbirth among others. More so, this situation is aggravated during rains and droughts with anticipated high impact on IDPs and children continuously affected by cyclical disease outbreaks that requires more support and expansion to cater for the needs of these IDPs and host communities by expanding on current services and integrating with important WASH interventions.

RI has been providing emergency lifesaving primary health care services to the affected populations. According to Quarter 3 data, an estimated 2,456 people were reached by RI in Mataban, including 1,312 women and 834 children under 5 with basic primary health and secondary health care services. Comparison of weekly Health Cluster reports submitted by RI show that the number of patients at RI's Mataban Town health centre has increased by approximately 60% from week 48 to week 49 reports (from 237 to 381 patients, respectively). Drought in Hiraan has exacerbated the already concerning situation. An AWD/Cholera outbreak began in Beletweyne at the beginning of November 2016. RI has treated 532 patients in its UNICEF-funded cholera treatment centre (CTC) from 1st November – 10th December 2016. In coordination with WHO, UNICEF and other partners, RI is contributing to disease surveillance of AWD/cholera in Beletweyne. Case tracing is also being conducted to locate the main sources(s) of the outbreak in coordination with the Somalia WASH Cluster. RI is conducting hygiene promotion activities and distributing hygiene kits and Aqua Tabs to patients released from the CTC. Surveillance efforts should be stepped up in light of the continuing drought and displacement of people into Hiraan, including Mataban.

In Maaxas, RI recently closed an OCHA-SHF protection (GBV) project. Therefore, RI is familiar with the area and maintains strong relationship with the local authorities and host community in Maaxas. Only Save the Children is currently present to provide nutrition services for the affected populations. There is a gap in primary health services which is exacerbated by the influx of people into the area due to the drought situation. Returnees are also going back to Maaxas in as in other areas of Somalia.

Cognizant of the stated problems above, there is an urgent need to increase access to quality, primary health care as well as surveillance efforts for AWD/cholera in Mataban and Maaxas districts of Hiraan Region.

**2. Needs assessment**

Disease outbreaks, such as measles and AWD/cholera, continue to place a considerable strain on the health systems in place Hiraan Region.

Per joint internal displacement profiling undertaken by UNHCR, Hiraan, in which Mataban and Maxaas districts are placed, has 51,000 IDPs. The lack of basic healthcare services throughout the district leads to much of the population to either travel to other districts or forfeit accessing health care altogether. (One exception is the two health centres run by RI through OFDA funding in Mataban Town and Beergadiid village just outside the town.) In Hiraan, due to the offensive by the AMISOM/SNAF campaigns to fight armed groups in the region, more IDPS are pouring in to the main towns, such as Beletweyne, Maxaas and Mataban, creating a crisis as these people have not had any humanitarian support in their respective areas. A recent (20 November 2016) joint assessment was conducted by WFP, FAO and several local NGOs in Mataban and Guriel District of Hiraan. The assessment provided alarming results, including the fact that poor Deyr rains in the area have caused livestock deaths and human suffering due to the lack of water, whereby populations from locations such as Baxdo, Cadado, Xananbuure, Ceelbuur, Xeraale Cabudwaq and Dhusamareb are migrating into other areas to find a reprieve from the drought. Some small amount of rainfall attracted people to Mataban District. A total 11,500 HH who have migrated with their livestock from Puntland and Galgaduud have converged in Mataban and Maxaas area in the past few months. This means that there are many cases of undiagnosed diseases and ailments. With the current offensive, more and more areas are currently becoming accessible needing humanitarian support such, health, WASH and livelihood interventions.

Many migrants are pregnant and lactating women with young children. This increases the number of patients RI has received at its two health centres in Mataban. RI is the only NGO operating health centres in Mataban, with WARDI holding mobile clinics and Save the Children implementing nutrition services. Maaxas does not have a health clinic. RI-run clinics offer primary healthcare services and the additional drugs supplied through this project will allow for RI to reach more beneficiaries, targeting women and children.

RI plans to target and reach people in Mataban and Maxaas with integrated health interventions mainly focusing on children and obstetric care expansion. These activities will be integrated with existing programs to have maximum impact. RI will participate in the cluster meetings in Nairobi, national and regional levels and coordinate with other health, WASH and food security cluster.

Surveillance of disease outbreaks is also a priority in Hiraan due to the influx of people in combination with the increasing drought situation. RI has treated 532 patients in its UNICEF-funded cholera treatment centre (CTC) from 1st November – 10th December 2016. In coordination with WHO, UNICEF and other partners, RI is contributing to disease surveillance of AWD/cholera in Beletweyne. In addition to continuing these efforts in Beletweyne, there is a need to step up surveillance in Mataban and Maxaas as well to prevent any outbreak there as a result of the above migration and drought.

**3. Description Of Beneficiaries**

Primary beneficiaries will be IDPs in Matabaan and Maxaas Districts of Hiraan Region; however, all people are eligible to receive services at the health facility. The project will especially target women of child-bearing age, including pregnant and lactating women. Children will also be targeted, with children under five targeted for routine immunization at the health facility as well as receiving vaccinations during campaigns.

#### **4. Grant Request Justification**

The massive influx of IDPs has increased the strain on the available resources in the Mataban and Maaxas communities. Many of the new arrivals experience poor health status which has resulted in increased strain on the health care system as well as providing a conducive environment for communicable disease outbreaks. Increased insecurity with a subsequent scale down in activities at the community level has significantly affected the quality of response and control of the outbreaks. Relief International is currently implementing OFDA supported program in Matabaan and the adjacent district of Beletweyne, which is also in Hiraan. With program staff already familiar with the area, population and the critical needs, they will be able to hit the ground running. For the past three years, RI has been implementing health services in Beletweyne District of Hiraan so is experienced in these interventions; Mataban services began in 2016 and are filling a great gap in health services available to populations in Mataban District. In Beletweyne, RI has been involved also in WASH and collaboration with key stakeholders through harmonization and integration of successful approaches and lessons learned; hence, RI will be able to more effectively and cost-efficiently provide the needed services in Mataban. The health centres are already set up and running, fully operational with staff in place. Thus, minimal resources for operations will be needed; this SHF funding will be put towards programming such as medical supplies and capacity building of staff on surveillance efforts.

RI has been operating a CTC in Beletweyne since July 2016 with UNICEF. RI is providing data on a daily basis to UNICEF, MOH and other stakeholders such as Health and WASH Clusters to contribute to disease surveillance efforts. In addition, RI is coordinating with the WASH Cluster on a case tracing exercise, distribution of hygiene kits and hygiene promotion efforts to stem the outbreak. Furthermore, RI is a key stakeholder in the health sector and partner of the MOH and Somali Health Cluster, allowing for a more effective alignment of programme activities with the needs of the health sector. RI currently closely collaborates with other partners implementing health/nutrition projects, and also with the WASH Cluster both at Nairobi and Hiraan levels. RI will continue to advocate through data-driven decision making. RI also has strong programme and grant management systems and processes, and brings proven leadership in achieving results in a challenging and often uncertain environment.

#### **5. Complementarity**

This project will complement RI's OFDA –funded ongoing project in Beletweyne (4 health centres) and Matabaan (2 health centres) which also supports health interventions. In addition, RI is operating a CTC in Beletweyne in coordination with UNICEF to respond to the ongoing AWD/cholera outbreak. Program staff are familiar with the area and can move from one district to another to supervise health facility staff. Also, RI has an office in Beletweyne which can support both project areas. RI health program staff are well equipped and experienced to manage and implement health projects as it has done so for many years.

Health Cluster via OCHA has agreed to provide all supplies, both medicines and consumables, that will be needed in order to operate two health facilities in Hiraan District for the duration of 9 months per the dates in this proposal. Supplies will be provided under the Therefore, no supplies (medicines nor consumables (e.g. syringes, gloves, etc.)) are written in the budget for this project. Life-saving supplies will be provided through UN agencies who were given CERF UFE funding (WHO and UNICEF).

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To improve access to quality primary health care services for IDPs in the project area.

#### **Health**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
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	80
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	Somalia HRP 2016	20

**Contribution to Cluster/Sector Objectives :** This project will contribute to the cluster objective by providing health services to crisis-affected populations, with the case here being IDPs as the target group. Services, including curative, preventative and health education will together help reduce morbidity and mortality of this population.

#### **Outcome 1**

Essential preventative and curative services and health education provided to IDPs and other vulnerable populations in Matabaan and Maxaas Districts.

#### **Output 1.1**

#### **Description**

IDPs in Matabaan and Maxxas Districts received health services in order to decrease morbidity and mortality of this vulnerable population.

#### **Assumptions & Risks**

The security situation allows for implementation of intervention. The MOH and government agencies are in support of the implementation of the project.

#### **Activities**

#### **Activity 1.1.1**

**Standard Activity : Primary health care services, consultations**

Outpatient consultations and referrals provided to patients at the health facility.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Immunisation campaign</b>							
Children receive immunization services. (Target: 4,140 children; no women will be targeted for vaccination under this award.)							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Awareness campaign</b>							
Campaign addressing community health promotion and hygiene education conducted by hygiene promoters for the project (Target: 2 campaigns per each location during the project period)							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of consultations provided throughout the duration of the project at RI's two Mataban health centres (combined).					26,986
<b>Means of Verification</b> : Facility patient registers, HMIS, project reports.							
Indicator 1.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					4,140
<b>Means of Verification</b> : Health facility patient registers, HMIS, project reports.							
Indicator 1.1.3	Health	Number of people reached by awareness campaigns					11,000
<b>Means of Verification</b> : Reports, HMIS, photos							
<b>Outcome 2</b>							
Capacity building of staff leads to increased disease surveillance (in addition to better patient care in the health centres).							
<b>Output 2.1</b>							
<b>Description</b>							
Staff working in the health facility received capacity building training to continue work of high quality and increased ability to contribute to disease surveillance.							
<b>Assumptions &amp; Risks</b>							
The security situation will allow for implementation of the project activities. Local government will be supportive of the project and its activities.							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Capacity building</b>							
Training provided to health facility staff on EPI (Essential Program for Immunization), IMCI (Integrated Management of Childhood Illness) and BEmONC (Basic Emergency Obstetric and Newborn Care).							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Disease surveillance</b>							
Weekly reports submitted to key stakeholders (WHO, UNICEF or Clusters). Daily reports submitted during increased times of disease outbreak (AWD/cholera).							
<b>Indicators</b>							
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
<b>Means of Verification</b> : Reports, attendance sheets, photos of training events.							
Indicator 2.1.2	Health	Number of weekly reports submitted during project period (to WHO, UNICEF and/or Clusters). Daily reports are submitted during peak times of AWD/cholera outbreaks.					36
<b>Means of Verification</b> : Reports submitted							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

During the implementation of this project, RI will put in place mechanisms to ensure continuous monitoring of the program:

**Program Planning and Work plans**

The logical framework matrix and the work plan will be used to monitor and report on program implementation. The logical framework matrix matches verifiable indicators and means of verification to program objectives and activities. Program performance will be tracked using the monthly, quarterly and annual plans developed by the team. Photos will be taken of the rehabilitated health facility and during trainings and campaigns.

Internal and external reporting will be implemented using the weekly and monthly activity reporting as well as the Health Management Information System.

**Monitoring and Evaluation Tools and Activities**

An RI program specific log frame will be implemented by the program staff and monitored in close supervision and support of the Health Programme Manager, Senior Health Project Officer, M&E Officer and Program Officer (Nairobi). On a weekly basis, data will be collected and analyzed per facility to monitor how the various health facilities are doing with regards to the proposed indicators.

**Financial overview**

Spending plans and budget versus actual analyses reports will be prepared and reviewed every month to ensure spending is in accordance with set program objectives.

**Field Visits**

Key program staff and operations staff from both the Beletweyne and Mogadishu Offices as well as the Nairobi office (Country Director, Program Staff, Country Finance Manager) will visit regularly to give guidance and support on program implementation and provide capacity building support and monitoring.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Outpatient consultations and referrals provided to patients at the health facility.	2017		X	X	X	X	X	X	X	X	X	X	
Activity 1.1.2: Children receive immunization services. (Target: 4,140 children; no women will be targeted for vaccination under this award.)	2017		X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Campaign addressing community health promotion and hygiene education conducted by hygiene promoters for the project (Target: 2 campaigns per each location during the project period)	2017			X				X					
Activity 2.1.1: Training provided to health facility staff on EPI (Essential Program for Immunization), IMCI (Integrated Management of Childhood Illness) and BEmONC (Basic Emergency Obstetric and Newborn Care).	2017			X				X					
Activity 2.1.2: Weekly reports submitted to key stakeholders (WHO, UNICEF or Clusters). Daily reports submitted during increased times of disease outbreak (AWD/cholera).	2017		X	X	X	X	X	X	X	X	X	X	

**OTHER INFO**

**Accountability to Affected Populations**

RI will work through community ownership strategy and participation in the health sector. Together, this will lead to a more sustainable health system and improved capacity to meet HSSP goals. RI, working with the MOH, will track transition of ownership for key activities across the life of the project.

**Implementation Plan**

First, note that the start of any project activities in either Maaxas or Mataban will be contingent on first receiving in-kind supplies (all medicines and consumables that are necessary to sufficiently run a health facility) which will be provided by the project as in-kinds (Life-saving supplies will be provided through UN agencies who were given CERF UFE funding(WHO and UNICEF -- per Somalia Health Cluster).

RI will rehabilitate one health facility in Maaxas in order to begin and maintain health service operations for a nine-month period. While a BOQ is attached to give more description of the activities involved, this rehabilitation includes walls, doors, ceilings, windows and a waiting area. Even after the project period, if no additional funding is secured and does not permit RI to remain in operation of the health facility, it will be given back to the community in order to allow another party to operate.

The project will be directly implemented by RI. The Health Programme Manager, who reports back to the Somalia Country Director, will supervise the project on the ground. The Senior Health Programme Officer will work directly with the health facility staff providing supportive supervision and reporting back to the Health Programme Manager on progress and any issues that need to be addressed. The HMIS Officer will be in charge of all data and reporting.

RI will work directly with MOH and local governments to ensure communication. RI will coordinate closely with the Somali Health Cluster as well as partner NGOs working in Matabaan and surrounding districts to ensure coverage and to avoid overlap of activities. RI will communicate appropriately with local government and communities to promote buy-in and inclusion into the project at the same time promoting sustainability.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Save the Children	Referrals on child protection/Nutrition support
UNICEF	Support for RI-operated CTC in Beletweyne; coordination for supplies for CTC and surveillance support of AWD/cholera outbreak

Somali Ministry of Health	Clinical guidelines for the provision of clinical, HIV, SGBV and nutritional care, disease outbreak investigation and response and conducting joint immunization campaigns among others.
WARDI	Work together to exchange ideas and support one another as WARDI is implementing Health and nutrition Mobile clinics in the interior of Mataban district
Somali Health Cluster	Share information (4Ws and other updates) and seek guidance on any challenges
Somali WASH Cluster	Coordination and support in Beletweyne and Mataban on issues related to AWD/cholera outbreak and case tracing, water purification, in-kind hygiene kits for distribution, etc.
CESVI	Coordination for referral of patients from Beletweyne General Hospital to RI-operated CTC for treatment of AED/cholera; and vice versa the referral of patients to the hospital from the health centers for complicated cases requiring specialized health services

### **Environment Marker Of The Project**

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

### **Gender Marker Of The Project**

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

### **Justify Chosen Gender Marker Code**

Relief International's experience in Somalia clearly indicates that women are particularly disadvantaged in regard to health care services and this project will help RI to better serve women with pregnancy and delivery needs as this project provides for supplies and one nurse/midwife to complement RI's Mataban health facilities already in operation. As result, the project is heavily focused on maternal and child health. Relief International will ensure that female health staff members are adequately represented. RI will also ensure that both men and women are represented in the community sensitization for the programme to encourage equal gender representation and involvement in decision-making in matters relating to service delivery. In the matters related to health promotion, male and female will equally benefit from the services offered.

### **Protection Mainstreaming**

Protection programming is defined by RI as the activities and processes through which fundamental human rights principles, including non-discrimination, ensuring meaningful access and prioritizing the safety and dignity of our constituents are recognized and realized in program design and implementation. In Mataban and surrounding vulnerable areas, women can often experience gender-based violence. RI is prepared to treat cases in the health facility as is necessary, and will refer any women for psychosocial support. RI staff are well versed in protection issues and have recently implemented a protection project (SHF) in Beletweyne district Hiraan. They will take lessons learned from that project and apply them to this health project in Mataban

### **Country Specific Information**

#### **Safety and Security**

RI has taken steps to ensure inclusion of security measures in all its areas of operations.

RI has in place field security procedures for South Central Region. Trained security officers will monitor the security situation in all our project areas, including in Hiraan Refion, and these individuals advise staff on security issues in direct communication with the Country Director for Somalia. The Security Officer at RI Headquarters also carefully monitors the situation in Somalia and advises personnel on risks and employing best practices to stay as safe as possible in an often uncertain environment.

RI interacts with the communities in such away has proved beneficial as early warning systems. Through close coordination and collaboration with these communities, RI has been able to maintain good relationships which is a cornerstone for enhanced security. RI has in place safety and security standard operating procedures reviewed and adjusted to the current security situation with contingency plans for a further escalation of security incidents.

All RI staff undergo security training as a compulsory part of orientation. This training is renewed on an annual basis.

#### **Access**

Due its mode of operation, RI has access to this area by running health facilities for several years and is well known in the communities. There has never been an issue in being denied access by the community or local administration as all stakeholders are involved in the projects. RI will continue to work fully with local governments and the MOH as well as the community.

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Program Manager	D	1	3,600.00	9	30.00	9,720.00
	<i>Supervises implementation on the ground, including verification of activities, staff compliance with proper procedures at the health facilities and quality data collection.</i>						
1.2	Nurse/Clinician	D	2	650.00	9	100.00	11,700.00
	<i>Provides primary healthcare services at health facility, acting as lead health staff on patient consultations and referrals.</i>						

1.3	Guard	D	4	400.00	9	100.00	14,400.00
	<i>Provide security services to two health facilities (Maaxas and Mataban). Two guards will keep watch day and night to ensure safety of patients and staff coming and going from the health facilities. Guards will report to Operations Manager on any security issues or concerns.</i>						
1.4	Cleaner	D	2	300.00	9	100.00	5,400.00
	<i>Keep the health facility in a sanitary state, including disinfecting patient beds after examinations, cleaning floors, keeping toilets in a clean state and maintaining clean grounds.</i>						
1.5	Logistics Assistant	S	1	895.00	9	50.00	4,027.50
	<i>In charge of transportation of supplies and staff from one area to another for the purpose of the project. Supports with keeping log of supplies and requesting additional supplies when low to prevent stockouts.</i>						
1.6	Finance and Administrative Officer	S	1	900.00	9	50.00	4,050.00
	<i>Supports reporting and day to day finance activities for the project, including OCHA required financial reports, making payments for staff salaries, and logging all transactions that are part of the project for internal and formal OCHA reports.</i>						
1.7	Auxilliary Nurse	D	2	400.00	9	100.00	7,200.00
	<i>Provides support to Nurse/Clinician at the health facility, including scheduling follow-up appointments and dispensing medicines as are required.</i>						
1.8	Qualified Midwife	D	2	600.00	9	100.00	10,800.00
	<i>Provides antenatal and postnatal care to pregnant and lactating women and supports skilled delivery of women giving birth at the health facility.</i>						
1.9	Community Health Promoter	D	2	200.00	9	100.00	3,600.00
	<i>Conducts health awareness campaigns within the broaded community, provides health education to community members and refers patients from the community to the health facility for treatment and follow-up.</i>						
1.10	Primary Health Care (PHC) Nurse	D	2	600.00	9	100.00	10,800.00
	<i>Provides support to Nurse/Clinician at the health facility by supporting with patient consultations and bringing at-risk cases to the attention of the Nurse/Clinician for further advice on treatment and referrals.</i>						
1.11	Program Support Officer	D	1	3,000.00	9	10.00	2,700.00
	<i>Provides direct support to the project through coordination with project staff on updates, data and report writing which are required deliverables for OCHA interim and final reports.</i>						
	<b>Section Total</b>						<b>84,397.50</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Transportation of Drugs/Supplies/Equipment	D	1	22,000.00	1	100.00	22,000.00
	<i>Drugs,Supplies and Equipment Transportation (see BOQ for breakdown)</i>						
2.2	Comprehensive Training for Health Facility Staff (Capacity Building)	D	2	3,350.00	1	100.00	6,700.00
	<i>Provide one time training to 8 health staff to build their capacity on e.g. EPI (Essential Program for Immunization), IMCI (Integrated Management of Childhood Illness) and BEmONC (Basic Emergency Obstretic and Newborn Care facility). See Attached BOQ for breakdown of costs from each training.</i>						
	<b>Section Total</b>						<b>28,700.00</b>
<b>Equipment</b>							
3.1	Furniture	D	1	1,798.00	1	100.00	1,798.00
	<i>Health Facility Furniture (see BOQ for breakdown)</i>						
3.2	Equipment	D	1	3,918.00	1	100.00	3,918.00
	<i>Equipment for Health Facility (see BOQ for breakdown)</i>						
	<b>Section Total</b>						<b>5,716.00</b>
<b>Contractual Services</b>							
4.1	Health Facility Rehabilitation	D	1	12,050.00	1	100.00	12,050.00

	<i>Rehabilitation costs of one health facility in Maaxas</i>						
	<b>Section Total</b>						<b>12,050.00</b>
<b>Travel</b>							
5.1	Travel Costs for the Health Program Manager	D	1	500.00	4	100.00	2,000.00
	<i>Travel costs for supervision of project - Flights (and ground transport from Beletweyne to Mataban) to and from Nairobi/Mogadishu and Mogadishu/Beletweyne and Beletweyne/Mataban and Maxaas. Represents round trips (4) during life of project.</i>						
5.2	Field Travel Per Diem	D	6	30.00	4	100.00	720.00
	<i>Travel per diem for project staff for implementation and supervision of project</i>						
	<b>Section Total</b>						<b>2,720.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office Supplies	S	1	949.00	9	50.00	4,270.50
	<i>General office supplies and utilities needed for supporting project. (See BOQ for breakdown.)</i>						
7.2	Vehicle hire	S	1	2,100.00	9	100.00	18,900.00
	<i>Vehicle hire to support Mataban Health Facilities (inclusive of fuel and driver)</i>						
7.3	Office Utilities	S	1	950.00	9	50.00	4,275.00
	<i>Electricity, internet and water. (See BOQ for breakdown.)</i>						
7.4	Office Rent	S	1	2,000.00	9	50.00	9,000.00
	<i>Payment of office rent for the project</i>						
7.5	Security Improvements	S	1	4,030.00	1	50.00	2,015.00
	<i>Office improvements to meet standard security requirements for Somalia context. (see BOQ for breakdown)</i>						
	<b>Section Total</b>						<b>38,460.50</b>
<b>SubTotal</b>			38.00				<b>172,044.00</b>
Direct							125,506.00
Support							46,538.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							12,043.08
<b>Total Cost</b>							<b>184,087.08</b>

## 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	100	9,068	12,210	2,854	2,854	26,986	<p>Activity 1.1.1 : Outpatient consultations and referrals provided to patients at the health facility.</p> <p>Activity 1.1.2 : Children receive immunization services. (Target: 4,140 children; no women will be targeted for vaccination under this award.)</p> <p>Activity 1.1.3 : Campaign addressing community health promotion and hygiene education conducted by hygiene promoters for the project (Target: 2 campaigns per each location during the project period)</p> <p>Activity 2.1.1 : Training provided to health facility staff on EPI (Essential Program for Immunization), IMCI (Integrated Management of Childhood Illness) and BEmONC (Basic Emergency Obstetric and Newborn Care).</p> <p>Activity 2.1.2 : Weekly reports submitted to key stakeholders (WHO, UNICEF or Clusters). Daily reports submitted during increased times of disease outbreak (AWD/cholera).</p>

## Documents

Category Name	Document Description
Budget Documents	RI_BOQ - Medical supplies Consumable and Equipment for Mataban HF 1
Budget Documents	RI_BOQ - Medical Supplies Consumables Equipment Transportation for Mataban HF-UPDATED 19Dec2016.xlsx
Budget Documents	RI_BOQ - for Mataban HF-UPDATED 22Dec2016.xlsx
Budget Documents	RI_BOQS - for Mataban HF-UPDATED 13Jan2017.xlsx
Budget Documents	RI_BOQS - for Mataban and Maaxas HF-UPDATED 26Jan2017.xlsx
Budget Documents	RI_BOQS - for Mataban and Maaxas HF-UPDATED 27Jan2017.xlsx
Budget Documents	RI_BOQS - for Mataban and Maaxas HF-UPDATED 31Jan2017-Final.xlsx
Budget Documents	Final RI_BOQS - for Mataban and Maaxas HF-UPDATED 31Jan2017-Final.xls
Grant Agreement	HC Signed GA 4460 RI.pdf
Grant Agreement	RI_Somalia_OCHA-SHF_Grant Agreement_4460 - Health Response for Drought_7Feb2017-signed by RI.pdf