

Requesting Organization :	SWISSO - Kalmo				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Integrated Emergency Primary Health Care services in Goofgadud and Awdiinle villages in Baidoa district				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/H/INGO/4549		
Cluster :		Project Budget in US\$:	178,724.80		
Planned project duration :	9 months	Priority:			
Planned Start Date :	20/02/2017	Planned End Date :	19/11/2017		
Actual Start Date:	20/02/2017	Actual End Date:	20/11/2017		
Project Summary :	<p>Currently, Somalia has been facing a severe drought similar to what happened in 2011. Large part of Somali population is facing severe to extreme drought conditions. Climate experts are now predicting poor rainy season in the coming seasons which may further aggravate the existing drought conditions. In this project, Swisso Kalmo will improve the access and utilization of Emergency in PHC services for women and children living in the most drought affected areas in Baidoa district which are Goofgadudow and Awdiinle with other 6 villages and IDP settlements in Baidoa (i.e. Towfiq IDP in Buulonuuraye). The two health centres in Goofgadudow and Awdiinle will be strengthened through establishment of CTC, provision medical supplies and the improvement staff capacity. Remote villages will be reached through mobile clinics; community mobilizers and CHWs will be recruited and trained. Among the activities that SK will be provide include routine and campaign immunization to 4066 under 5 children (2013 boys 2053 girls) and 23,143 Women of child bearing age (WCBA); Provision of antenatal and post-natal care to pregnant and lactating mothers (Target = 9056). Treatment and control of communicable diseases targeting 14,197 which includes: 10,062 boys, 10,062 girls, 9056 PLW, 23143 WCBA and 14,273 men; Strengthen referral system between Primary Health care facilities, the community (remote villages) and the regional hospital (Baidoa); Establishment of one mobile clinics; Conduct Disease Surveillance and Response plan; Training of 17 health workers (10 female and 7 Male) on clinical management of childhood illness and disease surveillance and response. The training will be conducted once and 70 community mobilizers (35 female and 35 male) will be trained on communicable disease prevention and control.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	14,273	32,199	12,075	12,075	70,622
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	12,075	12,075	24,150
Pregnant and Lactating Women	0	9,056	0	0	9,056
Women of Child-Bearing Age	0	23,143	0	0	23,143
Internally Displaced People/Returnees	14,273	0	0	0	14,273
Indirect Beneficiaries :					
<p>The drought affected host communities, IDPs/Returnees, 50 Community Health Workers (20 male and 30 Female); 25 project staff (10 men and 15 female) and Community based workers who will carry out community mobilization and sensitization and provide education and information at the community. The general community will also benefit from information and education from the Community Based Workers and the project staff during awareness campaigns and the regular Hygiene promotion.</p>					
Catchment Population:					
70,622 Drought affected host communities and IDPs in Baidoa district.					
Link with allocation strategy :					

The proposed activities are in line with the 2017 Somalia Humanitarian Plan's health priorities of (1) improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality; (2) to contribute to the reduction of maternal and child morbidity and mortality; (2) Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner. The health situation in the proposed target districts of Bay region is very critical due to the current drought, long crisis and the insecurity. People in the IDP camps are the most vulnerable community, women and children are most vulnerable as they are at risk of acquiring diseases, malnourishment and GBV. There are also returnees from Kenya who arrived earlier in Baidoa district who are in dire situation. The communities of Baidoa district, specially the resident in Goofgadudow and Awdiinle continue to experience critical challenges to food security as a result of current drought. With acute water shortages, pasture and food availability/purchasing power coupled with a struggling health system, the community is struggling to mitigate the situation and therefore the need for SK to respond to the immediate health needs of this community. SK has been implementing Health (both primary and secondary) in Bay region, so SK is better position to understand the situation; also SK has active health project in Bay region. This SHF grant will enable Swisso-Kalmo to increase the services to reach to remote villages and IDPs outside Baidoa town. The project can start immediately because infrastructure system is already in place.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Dr Abdi Hersi	Regional Director	abdi.hersi@swisso-kalmo.org	0722777455
Hassan Ahmed Shariff	Country Health Coordinator	hassan.shariff@swisso-kalmo.org	+254722640669

BACKGROUND

1. Humanitarian context analysis

Somalia, with a population estimated at 12.3 million people, is suffering one of the world's longest running humanitarian crises, lasting for over 20 years. The combination of conflict, insecurity, mass displacement, recurrent droughts, flooding and extreme poverty, coupled with very low basic social service coverage, has seriously affected food security and livelihoods and greatly increased the population's vulnerability to disease and malnutrition. The on-going drought conditions that the country is facing have left hundreds of thousands of Somalis to remain severe food and water shortages. Overall, some 5 million people are in need of humanitarian assistance. Over 1.1 Million people are internally displaced. About 320,000 children under the age of 5 years are acutely malnourished and in need of urgent nutrition support. Of these, 50,000 children are severely malnourished and far more vulnerable than any other group. Following a poor April to June 2016 Guu season, and failed October to December 2016 Deyr season as well as the on-going extended drought with expectation of poor rainfall in Guu 2017 season as forecasted, the severity and magnitude of food insecurity will be even larger than currently anticipated with an increasing number of people facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) acute food insecurity, and in need of emergency food assistance. As a consequence of droughts, the two main rivers (Jubba and Shabelle) became dry causing lack of water for human and animals. In consequence of the drought and lack of water, communities experienced poor hygiene and sanitation especially in the IDP camps; as a consequence, there are AWD outbreaks in many districts and villages. In Baidoa district where SK is planning to implement this SHF project is one of the districts severely affected by droughts and AWD; the area most affected include Goofgadudow Shabellow and Awdiinle. Further aggravating the humanitarian situation in Baidoa is the massive influx of displaced populations due to conflict, forced eviction and seasonal droughts in surrounding districts of Bay region. IDP and returnees' settlements in Baidoa and surrounding villages have become very congested. This also exerts further pressure on the limited basic services and increases the transmission rates of communicable diseases to populations already facing high mortality and morbidity rates. In this project, SWISSO Kalmo is proposing support drought affected areas (both IDPs and host communities); SK will reach remote villages through mobile clinic and providing integrated emergency Primary Health Care (PHC), hygiene promotion and sanitation; SK will manage two static health facilities (Awdiinle and Goofgadudow) and strengthen the referral systems from villages and communities to health centres.

2. Needs assessment

Climatic shocks exacerbated by widespread drought, continued insecurity and armed conflict, recurrent human rights violations, political instability and major gaps in development programming contribute to high levels of protracted humanitarian needs in Somalia. Acute food insecurity and malnutrition rates remain prevalent, most notably in urban areas. Disease outbreaks re-occur due to poor health infrastructure and a lack of clean and safe water, sanitation and hygiene. Due to worsening drought conditions, AWD/Cholera cases have spread to many regions. In January 2017, 1306 AWD cases and 26 death was reported. The lack of rule of law, pervasive protection violations, including forced evictions, gender-based violence and exploitation, remain widespread and continue to affect the most vulnerable groups, especially women and girls, people with disabilities, the elderly and minority groups. As the performance of the 2016 Deyr (October – December) rains have not even met the expectation to be below normal to near normal, low water availability and agricultural production in most areas with poor rainfall has further negatively impacted humanitarian needs. In tandem with ongoing drought and seasonal flooding expected later in the year, the multi-faceted crisis is expected to deepen in 2017. An increase in returns of Somali refugees from neighbouring Kenya to areas with limited absorption capacity, could further exacerbate the situation. In 2015, SK trained 115 CHWs were in Baidoa for prevention; promotion and curative services at community level, through these trained CHWs 38,801 households were reached. 497 children were treated for cough and fast breathing using the ICCM protocol; 345 had severe pneumonia, 2689 cases of diarrhoea with some dehydration were treated with ORS and ZINC; 43 cases of diarrhoea with severe dehydration were referred for further management; 723 children had fever, 82 tested positive for RDT and were treated with ACT, 4261 children were screened for malnutrition using MUAC, During the same period, 12,118 pregnant women visited the ANC visits in 3 health facilities in Bay; 18,801 <1 children received Penta 1 immunization; 30,820 children immunized for Measles (16,942 <1 and 13,878 >5); while 7477 WCBA received TT vaccines. SWISSO Kalmo has been working in Baidoa district for the last 5 years supporting PHC services (including 3 MCHs, iCCM, TB and malaria). The current health situation in Bay remains critical, especially among the IDPs and Returnees; the situation is aggravated by the current droughts with widespread AWD in many districts and villages, especially in the nomadic area outside Baidoa town; Aliyow mumin village is an example where SK opened CTC; in this village alone 150 cases were admitted (from 1st to 26th January 2017). The situation is also aggravated by the recent fighting between Government forces and Al-Shabab. In 2016, SK HCs in Bay reported 1612 AWD cases; 4336 under 1 children immunized with Penta, while 2428 under 5 children were immunized with measles; 7863 WCBA received TT vaccine. In this project, SK is planning to increase the immunization coverage and provide quality primary and secondary health care service in the region. A gender dimensions based women, girls, boys and men's different needs, roles and responsibilities will be integrated in the decision making and capacity development. In this project, SK is planning to increase its intervention to the IDPs thus increasing the access of health care services in Baidoa district through increasing of access PHC services in the IDPs enhanced by efficient referral system. The project targets direct beneficiaries: 2977 girls; 2200 boys; 2329 PLW; 5953 WCBA; 17 H/workers (10 female and 7 male) will be trained for proper management of maternal and neonatal care; 50 community members (25 female and 25 male) will be educated for the proper hygiene and sanitation.

3. Description Of Beneficiaries

This SHF project will focus the drought affected communities (i.e. boys, girls, men and women) in Goofgadudow Shabeelow and Awdiinle villages in Baidoa district, with special consideration given to pregnant women, women of child bearing age and children under five years of age. Special attention will be given AWD/Cholera treatment centres and strengthen communicable disease surveillance system in all health centres. Children U5 and women of child bearing age will be targeted for outpatient consultations and immunization services. Pregnant and lactating mothers will be especially targeted for immunization and maternal health services, including ANC, PNC and delivery through skilled birth attendant. The other patients will be targeted through the OPD consultations and referral system. The project will also target health care providers such as nurses, auxiliary nurses, CHWs among other staff for the mobile team operations.

4. Grant Request Justification

The health situation in the target areas in Baidoa district is very critical with poor accessibility, insecurity and high influx of IDPs/returnees; the situation is aggravated by the current droughts with poor hygiene and sanitation and AWD/Cholera outbreaks. People in the IDP camps are the most vulnerable community, women and children are most vulnerable as they are at risk of acquiring diseases, malnourishment and GBV. Swisso-Kalmo has been in operation in Baidoa district since 2012, SK has a sub-office in Baidoa town, is currently running 3 MCHs and a maternity waiting home in Baidoa/Berdale, Goofgadudow and Awdiinle; also, we run TB centre in Baidoa town, SK is the regional cold chain manager supplying Bay and Bakool; we are currently doing mass distribution of Long Lasting Insecticide Nets to Baidoa district and the districts surrounding it such as Berdale and Burhakaba. SK also runs a community based intervention through VHWs by doing integrated community case management. This SHF grant will enable Swisso-Kalmo to increase the services to the drought affected communities through the provision of emergency Primary health care services and the prevention and control of communicable diseases. SK is planning strengthen the existent health facilities, establishment of medical supplies and SK will reach remote villages through mobile clinic and providing integrated emergency Primary Health Care (PHC), hygiene promotion and sanitation; SK will manage two static health facilities (Awdiinle and Goofgadudow) and strengthen the referral systems from villages and communities to health centres.

5. Complementarity

SWISSO Kalmo has been implementing health care services (both primary and secondary) in 5 regions in SCZ such health are included Emergency maternal and Obstetric Care (EMOC) in three hospitals (i.e. Banadir, Merka and Dhusamareb). SK gender sensitive health package is offered at 17PHC centres; 11 TB centres; 3 ART and 5 PMTCT sites all integrated in other health care services; and Malaria interventions. SK manages more than 500 staff who has the capacity of implementing PHC, Reproductive health, communicable disease control and response and EPI. SK's comprehensive health services include: provision of routine immunization to children U5; prevention and treatment of communicable diseases; community education on hygiene, sanitation and prevention of epidemic diseases; support to the integration of disease surveillance and response mechanisms; social mobilization and community participation, and women empowerment. Swisso-Kalmo has been in operation in Baidoa district since 2012, SK has a sub-office in Baidoa town, is currently running 3 MCHs and a maternity waiting home in Baidoa district, also we run TB centre in Baidoa town, SK is the regional cold chain manager supplying Bay and Bakool; we are currently doing mass distribution of Long Lasting Insecticide Nets to Baidoa district and the districts surrounding it such as Berdale and Burhakaba. We are also in addition doing community based health care service through use of 115 Female Health Workers by providing integrated community case management and provide treatment of common childhood illnesses such as malaria, pneumonia, diarrhoea and identification of children with malnutrition within the community. Swisso-Kalmo will be working with WASH, Nutrition and Protection Clusters for an effective response to be realized.

LOGICAL FRAMEWORK

Overall project objective

To increase access and utilization of quality integrated primary healthcare services that are particularly responsive to Drought affected communities (boys, girls, Women, Men) in Baidoa district (IDPs and Host community)

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			30		
To contribute to the reduction of maternal and child morbidity and mortality		Somalia HRP 2017			30		
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner		Somalia HRP 2017			40		
Contribution to Cluster/Sector Objectives : SWISSO Kalmo will contribute to all 3 cluster objectives.i.e improved access to essential lifesaving health services, To contribute to the reduction of maternal and child morbidity and mortality and to strengthen and expand early warning disease detection to mitigate, detect and respond to disease in a timely manner.							
Outcome 1							
Improved maternal and child health through provision of quality Antenatal, postnatal and skilled delivery, immunization and treatment of common diseases enhanced by referral system between Primary Health Care and Secondary health care. The project will target 9,056 pregnant and lactating mothers, and 23,143 WCBA; the project will also target 20,124 under 5 years of age (10,062 boys and 10,062 girls).							
Output 1.1							
Description							
improved maternal and child health care services in the drought affected areas in Baidoa district Improved maternal and child health care services in drought affected areas in Baidoa District through provision of quality Antenatal, postnatal and skilled delivery, immunization and treatment of common diseases enhanced by referral system between Primary Health Care and Secondary health care. The project will target 9,056 pregnant and lactating mothers, and 23,143 WCBA; the project will also target 20,124 under 5 years of age (10,062 boys and 10,062 girls).							
Assumptions & Risks							
The security situation will be stable, Supplies will be available throughout the project period							
Activities							
Activity 1.1.1							
Standard Activity : Immunisation campaign							
Provide routine and campaign immunization to 4500 under 5 children and 7800 Women of Child Bearing Age (WCBA)							
Activity 1.1.2							
Standard Activity : Secondary health care and referral services							
Strengthen referral system through regular essential medical supplies and availability of skilled health staff							
Activity 1.1.3							
Standard Activity : Primary health care services, consultations							
Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centers. The project will support 9056							
Activity 1.1.4							
Standard Activity : Primary health care services, consultations							
Ensure the treatment of common diseases. The project will target 12075 boys, 12075 girls, 9056 Pregnant and Lactating women and 14,273 men							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					12,300
Means of Verification : HMIS report, EPI registers							
Indicator 1.1.2	Health	Number of children with severe diseases referred from the community to the health centers in Goofgadudow and Awdiinle					550
Means of Verification : Referral registers, Under 5 registers							
Indicator 1.1.3	Health	Number of Pregnant and Lactating Women receiving health care services during the period of the project					9,056
Means of Verification : ANC/PNC registers, HMIS report							
Indicator 1.1.4	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					47,479
Means of Verification : Outpatient registers, Monthly report, interim and final							

Outcome 2							
Prevention and control of communicable diseases improved through sensitization of local communities (male and female equally) for good hygiene/sanitation practices, capacity development and case management							
Output 2.1							
Description							
Improved communicable Disease response and control through hygiene and case management with improved referral and coordination							
Assumptions & Risks							
Activities							
Activity 2.1.1							
Standard Activity : Emergency Preparedness and Response capacities							
Strengthen Epidemic Preparedness and Response (EPR), disease surveillance and control of communicable diseases							
Activity 2.1.2							
Standard Activity : Awareness campaigns and Social Mobilization							
Conduct awareness campaign and community sensitization on Acute Watery Diarrhoea and other Hygiene related illnesses							
Activity 2.1.3							
Standard Activity : Essential drugs and Medical equipments distribution							
Treatment severely dehydrated cases at the health facilities in Goofgadudow and Awdiinle.							
Activity 2.1.4							
Standard Activity : Epidemic disease surveillance							
health staff training for communicable disease surveillance and treatment							
Activity 2.1.5							
Standard Activity : Primary health care services, consultations							
Provision of health services including management of patients with communicable and non-communicable diseases through 1 mobile clinic and two static health facilities							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number and Percentage of health facilities supported by humanitarian organizations					2
Means of Verification : HMIS report							
Indicator 2.1.2	Health	Number/Percentage of hygiene promotion events conducted.(one event targeting 50 participants)					50
Means of Verification : Meeting reports, Photos							
Indicator 2.1.3	Health	Number/percentage of patient with severe dehydration treated at health facilities in Goofgadudow and Awdiinle					2,500
Means of Verification : Outpatient register, CTC register, HMIS report							
Indicator 2.1.4	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					17
Means of Verification : Training report							
Indicator 2.1.5	Health	Number of health facilities supported i.e 2 static health facilities(Goofgaduud shabelow and Awdiinle) and 1 mobile in Lannta labaad					3
Means of Verification : Monthly reports, Interim and Final technical reports							
Additional Targets : Beneficiaries from the neighboring villages and regions if they visit the service delivery points both at the static sites and during the outreach exercises will receive services like any other beneficiary from the district and region.							
M & R							
Monitoring & Reporting plan							

A Technical person (health specialist) will implement the project and he/she will be responsible for the overall project activities in the area of operation. All sites will admit and treat cases every day, Weekly reports, documenting daily admissions and discharges will be entered into SWISSO Kalmo data base. Weekly reports will be combined to complete the required monthly reports. In addition to the regular weekly and monthly reports, overall interim and final financial and narrative project reports will be provided to UNOCHA. The project will be monitored continuously throughout the project time. SWISSO Kalmo will put the following mechanisms in addition to the regular reporting systems; Periodic monitoring exercises (monthly meetings with internal staff, quarterly meetings with relevant partners) which will allow the opportunity to address management and monitoring issues. SWISSO Kalmo has a field-based team who will monitor the implementation of the project against the agreed work plan and set targets on a day-to-day basis. Implemented activities will be checked monthly against the detailed implementation plan to ensure the activities are implemented as planned. Close supervision and monitoring of the project activities will provide information on how well the project is being implemented and also provide insight on what needs to be done to improve the implementation process. Field supervision will be done on daily basis. Financial monitoring of the project will take place continuously by the Technical Specialists, who approves advances and expenses in line with the project budgets, by the Finance officer who validates receipts and back up documentation in order to facilitate payment, and by the Finance manager who will ensure expenditures are in line with donor regulations and generates donor financial reports. Financial and programmatic reports, including data summaries, will be produced on monthly basis by the field team and submitted for review to Nairobi.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide routine and campaign immunization to 4500 under 5 children and 7800 Women of Child Bearing Age (WCBA)	2017		X	X	X	X	X	X	X				
Activity 1.1.2: Strengthen referral system through regular essential medical supplies and availability of skilled health staff	2017		X	X	X	X	X	X	X				
Activity 1.1.3: Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centers. The project will support 9056	2017		X	X	X	X	X	X	X				
Activity 1.1.4: Ensure the treatment of common diseases. The project will target 12075 boys, 12075 girls, 9056 Pregnant and Lactating women and 14,273 men	2017		X	X	X	X	X	X	X				
Activity 2.1.1: Strengthen Epidemic Preparedness and Response (EPR), disease surveillance and control of communicable diseases	2017		X	X	X	X	X	X	X				
Activity 2.1.2: Conduct awareness campaign and community sensitization on Acute Watery Diarrhoea and other Hygiene related illnesses	2017		X			X			X				
Activity 2.1.3: Treatment severely dehydrated cases at the health facilities in Goofgadudow and Awdiinle.	2017		X	X	X	X	X	X	X				
Activity 2.1.4: health staff training for communicable disease surveillance and treatment	2017			X									

OTHER INFO

Accountability to Affected Populations

Accountability to affected population is a key aspect in the transformative agenda of which SK is committed to. SWISSO-KALMO incorporates transparent and community-led approaches in this and all projects; in the proposed project, communities will be engaged in all aspects of project design, implementation, and monitoring. Project activities will be coordinated with SWISSO-KALMO's existing and future projects in the health sector. SWISSO-KALMO, through its standing presence in Baidoa, has good relationships with the local authorities and beneficiaries. The proposed project is based on information provided to SWISSO-KALMO by potential beneficiaries as well as local authorities. SWISSO-KALMO, as a matter of principle and tradition holds a grant opening workshop with all stakeholders invited before the launch of every project. The grant opening workshop is meant to introduce beneficiaries and stakeholders to the project, highlighting the key entitlements, the beneficiary selection criteria used or to be used, the design of the project and implementation policy of SWISSO-KALMO and donor requirements. This act of inclusivity in during program launch and implementation opens the program up to public scrutiny and healthy beneficiary/donor/implementer dialogue. SWISSO-KALMO conducts regular community meetings. During these meetings, the beneficiaries are informed about the project and their feedback is sought. This feedback is then communicated to SWISSO-KALMO Management and the project design is changed accordingly considering donor rules and regulations. At the end of the project, community feedback is sought again and lessons learned are incorporated into new project designs. SWISSO-KALMO and the line government authorities in collaboration with the key project stakeholders in Baidoa will conduct the process of recruiting key positions for this project. The hiring process will be transparent and will ensure fair representation of groups and communities among staff members. SWISSO-KALMO takes into consideration a number of critical issues when conducting its hiring. Some of the key considerations are: gender, people with disabilities and minority clan representation. In the proposed project, communities will be engaged in all aspects of project design, implementation, and monitoring.

Implementation Plan

SWISSO-KALMO will adhere to the implementation and M&R plan as submitted in the proposal. Before commencing implementation, a stakeholder meeting will be called and project activities will be shared with concerned partners and government ministries. SWISSO-KALMO is proposing to implement this project through SWISSO-KALMO field staff in close coordination with local authorities. In this project, SWISSO-KALMO is proposing to establish two AWD/Cholera Treatment Centers (CTC) in the existent health centers in Goofgadudow Shabelow and Awdiinle; to reach communities living in the remote villages, SWISSO Kalmo will establish and run two mobile clinics. Financial management within SWISSO-KALMO is headed by the financial manager based in Nairobi. The Finance Manager oversees the day to day operations and reporting and works closely with the Mogadishu-based Finance Manager and Officer to ensure that all financial matters are in accordance with SWISSO-KALMO and SHF rules and regulations. Swisso Kalmo will improve the access and utilization of Emergency Integrated PHC services for women and children living in IDPs and host communities. Focus will be on the increasing the awareness/sensitization of communities through messages and community gathering. Recruitment and training of CHWs, nurses, midwives, auxiliary nurses within the locality; SK health facility in the target areas (i.e. Awdinle and Gofgadudow) will be strengthened in order to capacity to accommodate the needs of the community affected by the drought. SK has good collaboration with ICRC working in Baidoa hospital, we will utilize the hospital as referral for complicated cases especially pregnancy complicated cases. In order to achieve these objectives, health facility staff will have technical training of staff on Integrated Management of Childhood Illnesses and supervision will be undertaken for both packages of mothers and children at various stages of their lifecycles including offering ANC services, prompt referral from the community, management of common childhood illnesses including full coverage of immunization through routine immunization and campaigns. HMIS officer will review monthly reports being submitted by monitoring the data against the indicators and targets set in the logical framework as well as the developed work plans during the inception period. Emphasis will be placed on activity monitoring and internal end of the term review by the involved staff to assess the project success and document lessons learned for future programming and decision making. In this project, SK will establish 2 outreach/mobile teams to reach communities (IDPs and host) by providing antenatal and postnatal care; treatment of sick children; immunization of under 5 children and WCBA; community awareness through CHW; and referral of severe cases to nearby health facilities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	provide mdical supplies and vaccines; support supervision; provide treatment guidance on HIV/AIDS and Malaria
UNFPA	Support Maternity waiting in Baidoa and training
Health Cluster	Conducting monthly regional cluster meeting and provision of weekly cluster and CSR reports
WHO	Provision of staff training and work related guidelines
MOH	Coordination and joint supervision

Environment Marker Of The Project

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

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

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

Protection Mainstreaming

Consideration of safety and dignity have been taken seriously in the design of this project and will continue to be taken seriously throughout the implementation. The advantage of employing mobile teams is that it reduces the distance that beneficiaries have to walk to access services. The project will serve both IDPs and Host communities equally and to ensure their safety and dignity. The project will look at all in need as clients who have to be treated fairly and with dignity. All beneficiaries will be treated equally regardless of age, gender, tribe or political affiliation, as per our policy. All our staff will be informed on the consequences of not complying with the policy.

Country Specific Information

Safety and Security

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

Access

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

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	PHC coordinator	D	1	1,500.00	9	100.00	13,500.00
	<i>He/she is based in Baidoa and frequently travel to project target areas; he/she will coordinate and manage the field staff through training, supervision and monitoring; directly report to the project coordinator; facilitate the community awareness campaign and organize community dialogue. This position is full time</i>						
1.2	Admin/Finance officer	D	1	800.00	4	100.00	3,200.00
	<i>The Admin/Finance will be based in Baidoa; he/she will report to Swisso-Kalmo Finance Manager in Mogadishu. The admin/finance will oversee the general activities and the operations and financial management of the project</i>						
1.3	Outreach supervisors	D	1	500.00	9	100.00	4,500.00
	<i>He is based in the field; organize the outreach team on daily basis and travel to the villages, IDPs and settlements; collects outreach data, analyze and report to PHC coordinator</i>						
1.4	Hygiene promoter	D	6	300.00	9	100.00	16,200.00
	<i>Responsible community education at facility level and distribute Information Education and Communication materials</i>						
1.5	Nurses	D	8	400.00	9	100.00	28,800.00
	<i>Responsible for diagnosis and treatment of patients, immunization. The project needs 8 nurses (2 for the mobiles and 6 for the static sites)</i>						
1.6	Midwives	D	4	400.00	9	100.00	14,400.00
	<i>Responsible for the management of pregnant and lactating mothers; diagnosis and treatment of pregnant related diseases and referral; They are responsible for the delivery and neonatal care. The project needs 4 midwives (2 works with mobile and 2 works at fixed facilities)</i>						
1.7	Vaccinators	D	2	200.00	9	100.00	3,600.00
	<i>one vaccinator for each mobile team, they will do the immunization services at the facilities and the mobile clinics</i>						
1.8	Auxiliary nurses (6)	D	6	200.00	9	100.00	10,800.00
	<i>Support the nurse for patient treatment and prevention at the health facilities; two Auxiliary nurses for the mobile; 2 auxiliaries' nurses for each of the fixed facilities</i>						
	Section Total						95,000.00
Supplies, Commodities, Materials							
2.1	Community Awareness campaign workshop	D	1	3,440.00	1	100.00	3,440.00
	<i>50 community mobilizers will be trained for community awareness for hygiene and sanitation and Acute Watery Diarrhoea management at the community level</i>						
2.2	Freight and transportation	D	1	1,000.00	2	100.00	2,000.00
	<i>Transportation for medical supplies and equipment (from Nairobi to Mogadishu to Baidoa. We will use air and land transportation. See the BOQ in the attachment. The lorries to be used will 14 tonnes capacity and transportation will be done twice during the project period</i>						
2.3	Health staff training	D	1	6,520.00	1	100.00	6,520.00
	<i>17 health workers will be trained for integrated epidemic preparedness and responses; Integrated Management of Childhood Illnesses including immunization. The training will be conducted at one time for 5 days.</i>						
2.4	Medical supplies and emergency materials	D	1	18,420.00	1	100.00	18,420.00
	<i>SWISSO Kalmo is providing essential medical supplies to support the mobile clinics and fixed facilities; medical disposables and emergency kits are also needed. The BOQ of this supplies is attached</i>						
	Section Total						30,380.00
Travel							
5.1	Vehicle hire for referrals	D	2	1,800.00	9	100.00	32,400.00
	<i>The two project vehicles will be used for mobile clinics and for referrals and each of the vehicles will be costing 1800 USD per month</i>						

5.2	Air travel for Project coordinator	D	1	300.00	3	100.00	900.00
	<i>The project coordinator will travel from Baidoa to Mogadishu once every three months (i.e 3 trips during the whole project period) for coordination and update meetings</i>						
5.3	Transport/travel for 2 facilitators from Mogadishu to Baidoa; Return air tickets	D	2	150.00	2	100.00	600.00
	<i>Two facilitators will travel from Mogadishu to Baidoa to facilitate training of Integrated Management of Childhood and Neonatal Illnesses (IMCNI)</i>						
	Section Total						33,900.00
General Operating and Other Direct Costs							
7.1	Communication (telephone and internet) for Baidoa office	D	1	400.00	9	44.44	1,599.84
	<i>Baidoa office Telephone charges and internet payment will be paid through this funds</i>						
7.2	Utilities for Baidoa office	D	1	200.00	9	44.44	799.92
	<i>This funds will be used to cater for Water and electricity payments that will be used for Baidoa office. The electricity will cost USD 120 while the water will cost USD 80 per month</i>						
7.3	Office rent contribution for Baidoa office	D	1	400.00	9	44.44	1,599.84
	<i>Office rent for Baidoa that will be used to run day today activities of the project</i>						
7.4	Office Stationary for Baidoa office	D	1	200.00	9	44.44	799.92
	<i>The stationary for the office such as A4 papers, staples and other stationaries will be bought</i>						
7.5	Bank charges	D	1	2,953.00	1	100.00	2,953.00
	<i>The funds received will be sent through bank transfers between Zurich to Nairobi then to the field which is 1.8 % as bank charge. Then hawala charges within the country(Somalia)</i>						
	Section Total						7,752.52
SubTotal			43.00				167,032.52
Direct							167,032.52
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							11,692.28
Total Cost							178,724.80

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bay -> Baidoa -> Aawdiinle	40	4,800	11,488	4,308	4,308	24,904	Activity 1.1.2 : Strengthen referral system through regular essential medical supplies and availability of skilled health staff Activity 1.1.3 : Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centers. The project will support 9056 Activity 1.1.4 : Ensure the treatment of common diseases. The project will target 12075 boys, 12075 girls, 9056 Pregnant and Lactating women and 14,273 men Activity 2.1.1 : Strengthen Epidemic Preparedness and Response (EPR), disease surveillance and control of communicable diseases Activity 2.1.2 : Conduct awareness campaign and community sensitization on Acute Watery Diarrhoea and other Hygiene related illnesses Activity 2.1.3 : Treatment severely dehydrated cases at the health facilities in Goofgadudow and Awdiinle. Activity 2.1.4 : health staff training for communicable disease surveillance and treatment
Bay -> Baidoa -> Goof-Gaduud-Shabelow 2	40	5,700	9,824	3,693	3,693	22,910	Activity 1.1.1 : Provide routine and campaign immunization to 4500 under 5 children and 7800 Women of Child Bearing Age (WCBA) Activity 1.1.2 : Strengthen referral system through regular essential medical supplies and availability of skilled health staff Activity 1.1.3 : Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centers. The project will support 9056 Activity 1.1.4 : Ensure the treatment of common diseases. The project will target 12075 boys, 12075 girls, 9056 Pregnant and Lactating women and 14,273 men Activity 2.1.1 : Strengthen Epidemic Preparedness and Response (EPR), disease surveillance and control of communicable diseases Activity 2.1.2 : Conduct awareness campaign and community sensitization on Acute Watery Diarrhoea and other Hygiene related illnesses Activity 2.1.3 : Treatment severely dehydrated cases at the health facilities in Goofgadudow and Awdiinle. Activity 2.1.4 : health staff training for communicable disease surveillance and treatment

Bay -> Baidoa -> Baidoa/Isha/Laanta 4Aad	20	6,008	9,600	3,600	3,600	22,808	<p>Activity 1.1.1 : Provide routine and campaign immunization to 4500 under 5 children and 7800 Women of Child Bearing Age (WCBA)</p> <p>Activity 1.1.2 : Strengthen referral system through regular essential medical supplies and availability of skilled health staff</p> <p>Activity 1.1.3 : Provision of antenatal and post-natal care to pregnant and lactating mothers at PHC centers. The project will support 9056</p> <p>Activity 1.1.4 : Ensure the treatment of common diseases. The project will target 12075 boys, 12075 girls, 9056 Pregnant and Lactating women and 14,273 men</p> <p>Activity 2.1.1 : Strengthen Epidemic Preparedness and Response (EPR), disease surveillance and control of communicable diseases</p> <p>Activity 2.1.2 : Conduct awareness campaign and community sensitization on Acute Watery Diarrhoea and other Hygiene related illnesses</p> <p>Activity 2.1.3 : Treatment severely dehydrated cases at the health facilities in Goofgadudow and Awdiinle.</p>
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Documents	
Category Name	Document Description
Budget Documents	SK BOQ SHF Baidoa 2017_Health.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health_07.02.2017.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health_07.02.2017.xlsx
Grant Agreement	HC signed Swisso kalmo GA 4549.pdf
Grant Agreement	SHF HEALTH Baidoa 4549.pdf