

Requesting Organization :	Hidig Relief And Development Organization				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of lifesaving emergency health services and response to drought affected populations in Elbarde and Hudur districts in Bakool region				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-17/H/99972	Fund Project Code :	SOM-17/3485/SA1 2017/H/NGO/4628		
Cluster :	Health	Project Budget in US\$:	193,894.86		
Planned project duration :	9 months	Priority:	A - High		
Planned Start Date :	15/02/2017	Planned End Date :	15/11/2017		
Actual Start Date:	15/02/2017	Actual End Date:	15/11/2017		
Project Summary :	<p>The project is to provide life-saving emergency healthcare to 14,000 drought affected direct beneficiaries in two districts in Bakool region namely Elbarde and Hudur through the provision of one static and two mobile clinics. Emphasis will be on maternal, neonatal and child health including emergency immunization to the host communities and Internally Displaced People (IDPs). This action will focus on provision of both preventive and curative health services at primary level integrated with nutrition activities that are undertaken by HIDIG. Building the capacity of health workers through training on Basic Emergency Obstetric Care (BEmONC) will be done to equip health workers with the required skills to deliver quality health care services to the affected population. Referral of malnourished children with complicated cases will be done to the Outpatient Therapeutic Programme (OTP) centres managed by HIDIG and other actors in the districts. This will lead to easy treatment and saving lives of children under-five, the most affected by the drought. HIDIG with the technical guidance of WHO and the Health Cluster will also integrate surveillance and emergency preparedness in the program so that enough steps are taken in ensuring early response. Finally, HIDIG will coordinate with Health, WASH, and Nutrition clusters to coordinate response activities for maximum impact to beneficiaries.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
4,300	5,200	2,200	2,300	14,000	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	300	200	200	500	1,200
Internally Displaced People	1,000	500	500	500	2,500
Children under 5	1,000	1,500	500	300	3,300
Agro-Pastoralists	1,000	3,000	1,000	1,000	6,000
Indirect Beneficiaries :					
A total of 3,200 indirect beneficiaries will benefit from the mobile clinics provided to the two districts in the health facility in Elbarde and Hudur.					
Catchment Population:					
The catchment population 18,000 population living in Elbarde and Hudur districts and 3,200 indirect beneficiaries surrounding areas including villages and water points.					
Link with allocation strategy :					
<p>This proposal is in line with the Somalia Humanitarian Fund (SHF) strategies of preventing and controlling epidemic prone and other communicable diseases outbreaks through the provision of timely interventions with appropriate emergency health care support, and lifesaving humanitarian health services for affected communities. Funding this project will enable it to respond to the aggravated drought situation in Elbarde and Hudur districts by providing lifesaving emergency healthcare including immunization to 14,000 beneficiaries and the project will complement the activities of previous and ongoing projects and will be implemented in coordination with other clusters, namely Nutrition, Health, and WASH to avoid duplication of efforts and resources but provide synergy to response efforts.</p>					

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Daud Moalim Abdinur	Executive director	damac09@hotmail.com	+252615532161

BACKGROUND**1. Humanitarian context analysis**

Somalia is experiencing worsening drought conditions, leading towards a deteriorating humanitarian situation in a protracted crisis environment affected by long-term conflict and cyclical natural hazards, where some 3.3 million people are already in need of emergency health services across Somalia. Many indicators of the crisis are similar to those in 2010/2011 before the famine that resulted in 260,000 deaths. Key challenges facing the Somali health sector include persistently high burden of disease; repeated outbreaks, limited institutional capacity and stewardship role of ministries of health; inadequate, unpredictable and unsustainable level of financing, with a high share of out-of-pocket spending on health; absence of balanced, motivated, well-distributed and well-managed health workforce with the appropriate skills mix; limited and unequal access to essential health services, and poor quality and safety of services across all levels of care; inadequate procurement & supply system; absence of national surveys and census, weak births and deaths registration, limited operational research and disease surveillance; lack of synergy of humanitarian response to health; and inadequate action on social determinants of health. In the newly accessible areas, the majority of health infrastructure is non-existent and the persistent elevated rates of maternal and under-5 mortality are symptomatic of the depth of the humanitarian crisis. The lack of access to basic health services in many areas exacerbates already high rates of under-5 child mortality and increases the incidence of preventable diseases. The existing cold chain equipment, vital for immunization, is inadequate and its capacity is limited. Persistent low immunization coverage results in high numbers of unvaccinated children under 5 and occurrence of vaccine preventable diseases (VPD) such as measles. Acute malnutrition rates remain high, requiring lifesaving interventions. The lack of adequate antenatal care (ANC) puts women at elevated and recurrent risk of death due to obstetric complications. Health facilities lack essential medicines to deliver quality basic health services. In Bakool region, healthcare is almost non-existent and the region due to multiple challenges from access issues, poor communities, historical underserved status and the recurrent seasonal shocks experiences high morbidity and mortality rates. According to the Joint Health & Nutrition Programme (JHNP) 2016 Annual Report, Bakool region in Somalia has the least Antenatal Care (ANC) visits, facility delivery and access to health. Therefore, this project will address that gap and enhance health services delivery to these underserved communities

2. Needs assessment

Somalia is experiencing worsening drought conditions, leading towards a deteriorating humanitarian situation in a protracted crisis environment affected by long-term conflict and cyclical natural hazards, More than 2.5 million people in drought-affected areas in need of health services, including 500,000 children under-5 and 575,000 women of child bearing age. In 2016, Over 14,000 of Acute Watery Diarrhea (AWD) cases were reported and 497 of these died with case fatality of 3.5%. 58% of the cases were children under 5 years of age. In southern regions of Somalia in particular Bay, more than 677 Acute Watery Diarrhea AWD/cholera cases have already been reported in the second week of January (Health Cluster Bulletin, January 15, 2017) and the number of cases is expected to increase as rivers are already drying up and water is scarce. Bakool region is one of the most underserved regions in Somalia and large part of it remain inaccessible denying communities much-needed services. Apart from Hudur, Elbarde and Wajid, cold chain, vital for immunization is non-existent. Bakool region is one of the most underserved regions in Somalia. According to the Joint Health and Nutrition Programme, the region has the least facility deliveries in Somalia and virtually non-existent primary healthcare. According to the Somali Health Cluster, Somalia's health sector remains in critical condition with one of the worst health indicators in the world and the 7th largest internally displaced people. The under-five mortality rate is 137 per 1,000 live births while approximately 732 women per 100,000 live births die from pregnancy or childbirth-related complications. An estimated 3.3 million people are in need of health services in 2017.

3. Description Of Beneficiaries

Beneficiaries will include 14,000 IDPs and host community members in Elbarde and Hudur towns that host the largest numbers of IDPs and host communities as well as vulnerable members of their host communities in surrounding villages, with special consideration given to pregnant women, mothers, women of child bearing age and children under five years.

4. Grant Request Justification

HIDIG's ongoing emergency health programmes in the project location funded by UNICEF is ending in April 2017. This Somalia Humanitarian Fund (SHF) grant will enable HIDIG to continue its life-saving interventions including response to Acute Water Diarrhea (AWD/cholera) response without any interruption. The project can start immediately as ongoing UNICEF project staff and infrastructure system are already in place. HIDIG also implements nutrition activities in Bakool region which will play a significant role in referring malnourished children seen at health facilities and noticed by mobile teams to its Outpatient Therapeutic Programme (OTPs).

5. Complementarity

HIDIG is currently providing integrated life-saving humanitarian assistance in the proposed project sites through static and mobile health facilities. HIDIG's services include primary health care service and nutrition activities. HIDIG also implements a health project with the support of SHF in Baidoa, Bay region, thus its ability to leverage on this project for essential supplies provided by UNICEF. HIDIG closely works with other implementing partners in Bay and Bakool and also is a regional Health Cluster member.

LOGICAL FRAMEWORK**Overall project objective**

Provide lifesaving emergency healthcare to drought-affected communities in Elbarde and Hudur districts in Bakool region leading to the reduction of avoidable morbidity and mortality in internally displaced persons (IDP) and host community populations living in target areas

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	40
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	30

Contribution to Cluster/Sector Objectives : Increased coverage of life-saving primary and emergency health care services to internally displaced persons (IDPs) and host communities in Elbarde, and Hudur districts with special focus on pregnant and lactating women, women of child-bearing age, and children under five years.

Outcome 1

Increased coverage of life-saving primary and emergency health care services to internally displaced person(IDPs) and host communities in Elbarde, Hudur with special focus on pregnant and lactating women, women of child-bearing age, and children under five years

Output 1.1

Description

14,000 direct beneficiaries including 3,600 children under-5 and 1,620 pregnant and lactating women have access to integrated emergency primary health care services

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Provide 67 daily consultations to patients both at the static facility and through the two mobile clinics

Activity 1.1.2

Standard Activity : Immunisation campaign

Provide outreach immunization against child killer diseases such as measles and reach 80% of under-fives

Activity 1.1.3

Standard Activity : Emergency Obstetric Care - Basic and Advanced

Provide basic emergency obstetric care to pregnant women including assisted facility delivery for pregnant women

Activity 1.1.4

Standard Activity : Essential drugs and Medical equipments distribution

Equip one facility with all essential drugs and necessary equipment for service delivery and also equip outreach vehicles with equipment and emergency supply required

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Coverage of measles vaccination (%)					80
Means of Verification : HMIS, weekly epidemiological reports, EPI data							
Indicator 1.1.2	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					18,090
Means of Verification : HMIS reports							
Indicator 1.1.3	Health	Number of pregnant women assisted with skilled delivery in Elbarde and Hudur districts					450
Means of Verification : HMIS reports							
Indicator 1.1.4	Health	Number of health facilities with no stock-outs of essential drugs in the last three months.					1
Means of Verification : HMIS reports							

Outcome 2

Target beneficiaries exhibit enhanced awareness of and practice community-based prevention of and response to common illnesses, and have reduced mortality and morbidity rates from vaccine preventable diseases including measles

Output 2.1

Description

14,000 IDPs and host community members benefit and have access to weekly health promotion and awareness activities with participation of women, girls, boys and men.

Assumptions & Risks

Activities

Activity 2.1.1

Standard Activity : Awareness campaigns and Social Mobilization

Monthly (9) social mobilization campaigns on preventive health and nutritional needs in a culturally acceptable manner on public health concerns are conducted in all target areas

Activity 2.1.2

Standard Activity : Awareness campaigns and Social Mobilization

Recruit and train 12 community educators on health promotion and prevention activities and effective community mobilization and health education on order to sensitize target communities and create better uptake of health services

Activity 2.1.3

Standard Activity : Awareness campaigns and Social Mobilization

Provision of facility-based health education to beneficiaries

Activity 2.1.4

Standard Activity : Epidemic disease surveillance

The % of alerts investigated and outcome shared with the health cluster

Activity 2.1.5

Standard Activity : Awareness campaigns and Social Mobilization

A BEmOC and child health refresher training is held for the staff for effective response

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of community social mobilization campaigns conducted on preventive health and nutritional needs.					9
Means of Verification : Training reports							
Indicator 2.1.2	Health	Number of community health educators trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					12
Means of Verification : HMIS reports							
Indicator 2.1.3	Health	Number of facilities who provide daily health education to beneficiaries and outpatient visitors					1
Means of Verification : HMIS reports, outpatient register							
Indicator 2.1.4	Health	Number and Percentage of health facilities supported by humanitarian organizations					1
Means of Verification : Reports submitted							
Indicator 2.1.5	Health	Number of health staff trained on BEmOC and child health interventions					18

Means of Verification : Training reports

Additional Targets :

M & R

Monitoring & Reporting plan

The overall monitoring and reporting responsibility will rest on the Primary Health Care (PHC) Supervisor and the Monitoring and Evaluation (M&E) Officer based in Baidoa and continuously goes to field to monitor the activities. The field supervisor will be supervising and monitoring the health teams on a daily basis and provide statistics and reports of the activity on a weekly basis (Activities 1.1.1, 1.1.2, 1.1.3 & 1.1.4). HMIS reports and daily registers apart from photos will be filled and taken to capture the distribution as a means of verification. The M&E Officer will review monthly monitoring data against the indicators and targets set in the Results Framework (Activities 1.1.3 & 1.1.4) as well as the detailed work plans developed by the PHC Supervisor. To ensure total inclusivity in its interventional approach, HIDIG will strengthen health service provision to the target communities (Activities 2.1.1, 2.1.2, 2.1.3) and work closely with MOH, UNICEF and other partners in Bakool. HIDIG has in place a variety of M&E tools such patient satisfaction survey, participative monitoring and evaluation, quarterly review meetings and data collection and analysis plan that will be used to assess programme activities in the health service. HIDIG primary healthcare supervisor (PHC) will provide support for supportive supervision of MoH staffs, training and other capacity building activities. Joint monthly supervision and monitoring visits between HIDIG and MoH where applicable will be scheduled.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide 67 daily consultations to patients both at the static facility and through the two mobile clinics	2017			X	X	X	X	X	X	X	X		
Activity 1.1.2: Provide outreach immunization against child killer diseases such as measles and reach 80% of under-fives	2017			X	X	X	X	X	X	X	X		
Activity 1.1.3: Provide basic emergency obstetric care to pregnant women including assisted facility delivery for pregnant women	2017			X	X	X	X	X	X	X	X		
Activity 1.1.4: Equip one facility with all essential drugs and necessary equipment for service delivery and also equip outreach vehicles with equipment and emergency supply required	2017			X	X	X	X	X	X	X	X		
Activity 2.1.1: Monthly (9) social mobilization campaigns on preventive health and nutritional needs in a culturally acceptable manner on public health concerns are conducted in all target areas	2017			X	X	X	X	X	X	X	X		
Activity 2.1.2: Recruit and train 12 community educators on health promotion and prevention activities and effective community mobilization and health education on order to sensitize target communities and create better uptake of health services	2017		X										
Activity 2.1.3: Provision of facility-based health education to beneficiaries	2017			X	X	X	X	X	X	X	X		
Activity 2.1.4: The % of alerts investigated and outcome shared with the health cluster	2017			X	X	X	X	X	X	X	X		
Activity 2.1.5: A BEmOC and child health refresher training is held for the staff for effective response	2017		X										

OTHER INFO

Accountability to Affected Populations

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

Implementation Plan

HIDIG will implement this project directly whilst working closely with local authorities and partners at the field. HIDIG is planning to continue the UNICEF supported project ending in April for the same region by continuing one static facility and 2 outreach mobile teams in Elbarde and Hudur districts. HIDIG will continue maintaining the already existing qualified human resources at the mobile teams to implement the proposed activities. HIDIG will use the same technical Staffs of the project that composed of qualified nurses, auxiliary nurses, mid wives, Community Mobilizers, HMIS officer and Admin Finance, The teams will be operational six days a week with 8 working hours per day. The Elbarde facility will be maintained due to the large IDPs in the town and the huge needs. Each day daily attendance sheets registration of the staffs and the patients shall be set up and managed by the HIDIG field team, while the project manager will supervise the activities at the field progress. During the Project, a refresher trainings for health staff on management of common illness training will be conducted. The training will enhance the capacity of the project staff to enable provide the primary health care services to the most vulnerable IDPs and host communities in target areas. Through this project, HIDIG shall provide daily consultation services, ANC, PNC and outreach services to the affected populations in the target district project locations.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MARDO	Referral to its Hudur MCH
ARD	Referral to its Wajid MCH & OTP
MoH	Provision of leadership and oversight
Health Cluster	Weekly reporting, alert reporting and oversight
WHO	Staff training and technical guidelines
UNOCHA	Oversight and reporting
GRRN	OTP Referral
UNICEF	Immunization supply support

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

Gender mainstreaming will be ensured in the health provision programming to provide equal access to health services for boys and girls, women and men. The project will serve and respond to the gender needs of the IDPs by designing special interventions that meet to women and girls' needs, Women consultation will be separate from men and health promotion activities will be culturally sensitive. For capacity building, both men and women will have equal opportunities and this includes also during capacity building of staff and CHWs. Recruitment of staff will also ensure equal opportunities for both men and women. Efforts will be made so that there is good representation of women and men during meetings at community level and supervision visits. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. HIDIG strongly supports equal employment opportunities for men and women and sees the inclusion of female staff as a tool for better addressing gender related matters of the beneficiaries. Therefore, an equal number of women and men will be trained and also HIDIG will maintain and ensure the equal representation of women and men staffing in all project activities to promote equity and the fact that presence of large number of women staff will encourage women to seek healthcare. HIDIG has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of project. The project will empower women and girls by including them in the training, social mobilization and activities.

Protection Mainstreaming

Protection mainstreaming will be considered at all levels of project cycle and project activities and will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries, in particular children, the elderly, persons with disabilities, widows, and female-headed households, who will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health committees which foster participation, empowerment and accountability. It will be based on Do no Harm and mobile clinics will ensure referral for any GVB affected women to facilities for medical attention.

Country Specific Information

Safety and Security

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

Access

HIDIG has been in the area for the last five years and runs health and nutrition projects in Bakool region. HIDIG expects to keep good relationships with all actors in the area and expects that this will allow HIDIG to work in the area without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all HIDIG interventions. HIDIG has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. HIDIG's services will be strategically placed and thus easily accessible to all the target IDPs and vulnerable population and shall be accountable to all affected population in its area of operation

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Emergency Programme Manager	D	1	1,000.00	9	100.00	9,000.00
	<i>The overall person in charge of Bakool emergency health intervention, overall project implementation, coordination & technical support</i>						
1.2	Qualified nurses	D	6	400.00	9	100.00	21,600.00
	<i>Qualified nurses to provide daily consultation, immunization and screening. 3 will be at the health facility and 3 will be attached to the mobile and outreach teams in the two districts</i>						
1.3	Qualified midwives	D	2	400.00	9	100.00	7,200.00
	<i>To assist in skilled delivery at the Elbarde health facility, one during the day and one during the night. They are also to assist in referral of complicated cases to secondary health providers outside the area</i>						
1.4	Auxiliary nurses	D	4	200.00	9	100.00	7,200.00
	<i>A total of four, two at the health facility and one for each mobile team in the two districts, they do registration, assisting nurses and midwives and data entry at first point</i>						
1.5	Outreach expanded program on immunization nurses	D	2	400.00	9	100.00	7,200.00
	<i>Each helps in immunization activities for the outreach teams</i>						
1.6	Field health information management Officer	D	1	400.00	9	50.00	1,800.00

	<i>The person in charge of collection of facility and mobile clinics data, consultation figures, stocks and reporting to the cluster</i>						
1.7	Project monitoring and evaluation Officer	D	1	600.00	9	50.00	2,700.00
	<i>The monitoring and evaluation 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</i>						
1.8	Facility Security Guard	D	2	150.00	9	100.00	2,700.00
	<i>Guards the facility and drug store, one during the day and one at night</i>						
1.9	Facility Cleaners	D	2	100.00	9	100.00	1,800.00
	<i>One cleans the maternal child health consultation rooms and one the toilets and keeps general tidiness</i>						
1.10	Head Nurse	D	1	500.00	9	100.00	4,500.00
	<i>Provide leadership role among the nurses and auxiliary nurses. Head nurses carry out the same functions as any other nurse, but they are in a managerial position and often are responsible for whole sections of facilities as well as communication with upper management and doctors.</i>						
1.11	Community Health Workers	D	6	100.00	9	100.00	5,400.00
	<i>Two at the facility, two at each outreach team, they are the ones responsible for community engagement, sensitization, referral, reporting complicated cases and assisting patients</i>						
1.12	Health Officer	D	1	1,000.00	9	100.00	9,000.00
	<i>The health officer is overall in charge of daily personnel supervision and provision of guidance to all the project location. He/she will provide administrative leadership to all health care personnel. He/She will also be responsible of program quality and delivery of the basic services to all targeted beneficiaries and as well appraise all the health staff as well as other personnel within the projects. He/She descipline the project teams and shall be reporting to all administrative issues to the emergency program manager in Elbarde.</i>						
	Section Total						80,100.00
Supplies, Commodities, Materials							
2.1	Warehosue storage	D	1	450.00	9	100.00	4,050.00
	<i>This is the main store rented by HIDIG in Elbarde town to store all drugs and immunization supplies</i>						
2.2	Medical supply cost	D	1	15,000.00	1	100.00	15,000.00
	<i>The drugs needed to prescribe for the patients and functioning of facility and outreach teams</i>						
2.3	BEmOC and child health refresher training to project staff.	D	1	7,583.50	1	100.00	7,583.50
	<i>A refresher training to help 18 project staff know the basics on BEmOC and child health care management will be conducted .See the BOQ attached for detailed budget description.</i>						
2.4	Community health educators training	D	1	4,580.00	1	100.00	4,580.00
	<i>The 12 community health educators trained on community health engagement and outreach support</i>						
2.5	Truck for transportation of medical supply in the outreach mobile clinic sites	D	3	600.00	3	100.00	5,400.00
	<i>A 3 ton truck to transport immunization supplies from main warehouse in Elbarde to various project locations with the two target district for three months. The supply will moved to the far outreach areas three times (3 months) out of the 9 months proposed and this will be able to avoid any security risk of transporting the supply on monthly basis as well as cost effectiveness. The three truck indicated is meant to ease the transportation of the supply in the different location both in Hudur and Elbarde and this is also because if all the supply is transported in one or two truck it might take long time to deliver the different and with unpredictable security not advisable hence 3 truck for easy and safety of the supply.</i>						
	Section Total						36,613.50
Travel							
5.1	Travel (fare and DSA)	D	1	1,300.00	1	100.00	1,300.00
	<i>This cost will take care of air travel ticket and daily allowance of the project monitoring teams. This is intended to be the initiation period of the project start time and mid-term project project monitoring. The air ticket will is costed at \$ 150 per individual ticket and as well daily allowance of \$70 for 5 days, hence this total to \$1,300. See attached BOQ</i>						
5.2	Vehicle rental	D	1	1,800.00	9	100.00	16,200.00
	<i>The project vehicle is for use of project teams to monitor activities, visit areas of intervention, provide extra support in mobility and help in referral as necessary due to the needs</i>						

5.3	Vehicle rental for outreach and referral support	D	2	1,800 .00	9	100.00	32,400.00
	<i>The project is covering two district in Bakol region which is current worst draught hits district, the two target district is far apart and for effective management each mobile and outreach teams in the various destination will have a vehicle for easy movement thus the project will have one vehicle at Hudur and one at Elbarde each hired at a cost of \$ 1800 per months for 9 months period.</i>						
	Section Total						49,900.00
General Operating and Other Direct Costs							
7.1	Office rent	D	1	800.0 0	9	50.00	3,600.00
	<i>This is the office rented by Hidig in Elbarde to act the liaison office & point of control</i>						
7.2	Communication cost	D	1	240.0 0	9	100.00	2,160.00
	<i>These includes internet and telephone charges for staff at Elbarde district project office.</i>						
7.3	Utilities	D	1	260.0 0	9	100.00	2,340.00
	<i>This cost is meant to cater for Elbarde office water and electricity. See attached BOQ</i>						
7.4	Stationaries	D	1	2,700 .00	1	100.00	2,700.00
	<i>Facility and mobile/outreach teams stationary for Elbarde health facilities. this is explained in attached BOQ</i>						
7.5	Bank transfer	D	1	3,796 .65	1	100.00	3,796.65
	<i>Bank transfer charges are meant to facilitates transaction charges to the staff and field offices in the project areas. It has been calculated at a rate of 2% of the total project cost.</i>						
	Section Total						14,596.65
SubTotal			45.00				181,210.15
Direct							181,210.15
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							12,684.71
Total Cost							193,894.86

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bakool -> Ceel Barde -> Qurac Joome	50	1,000	2,200	1,800	1,800	6,800	<p>Activity 1.1.1 : Provide 67 daily consultations to patients both at the static facility and through the two mobile clinics</p> <p>Activity 1.1.2 : Provide outreach immunization against child killer diseases such as measles and reach 80% of under-fives</p> <p>Activity 1.1.3 : Provide basic emergency obstetric care to pregnant women including assisted facility delivery for pregnant women</p> <p>Activity 1.1.4 : Equip one facility with all essential drugs and necessary equipment for service delivery and also equip outreach vehicles with equipment and emergency supply required</p> <p>Activity 2.1.1 : Monthly (9) social mobilization campaigns on preventive health and nutritional needs in a culturally acceptable manner on public health concerns are conducted in all target areas</p> <p>Activity 2.1.2 : Recruit and train 12 community educators on health promotion and prevention activities and effective community mobilization and health education on irder to sensitize target communities and create better uptake of health services</p> <p>Activity 2.1.3 : Provision of facility-based health education to beneficiaries</p> <p>Activity 2.1.4 : The % of alerts investigated and outcome shared with the health cluster</p>
Bakool -> Xudur -> Xudur	50	1,000	2,200	2,000	2,000	7,200	<p>Activity 1.1.1 : Provide 67 daily consultations to patients both at the static facility and through the two mobile clinics</p> <p>Activity 1.1.2 : Provide outreach immunization against child killer diseases such as measles and reach 80% of under-fives</p> <p>Activity 1.1.3 : Provide basic emergency obstetric care to pregnant women including assisted facility delivery for pregnant women</p> <p>Activity 1.1.4 : Equip one facility with all essential drugs and necessary equipment for service delivery and also equip outreach vehicles with equipment and emergency supply required</p> <p>Activity 2.1.2 : Recruit and train 12 community educators on health promotion and prevention activities and effective community mobilization and health education on irder to sensitize target communities and create better uptake of health services</p> <p>Activity 2.1.3 : Provision of facility-based health education to beneficiaries</p> <p>Activity 2.1.4 : The % of alerts investigated and outcome shared with the health cluster</p>

Documents

Category Name	Document Description
Project Supporting Documents	Health Cluster Bulletin_December 2016.pdf
Project Supporting Documents	HIDIG SHF 1st Std Health Supply List.xlsx
Budget Documents	HRDO BOQs - 30.1.17.xlsx
Budget Documents	HRDO 4628 BOQs - 4.2.2017.xlsx
Budget Documents	HRDO 4628 BOQs - Health -08-02-2017.xlsx
Budget Documents	HRDO 4628 BOQs - Health -08-02-2017.xlsx
Budget Documents	Final HRDO BOQ revised-09-02-2017.xls

Grant Agreement	HC signed HRDO GA 4628.pdf
Grant Agreement	HC and IP signed HRDO GA 4628.pdf