

<b>Requesting Organization :</b>	Somali Aid			
<b>Allocation Type :</b>	Standard Allocation 1 (Jan 2017)			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
Health		100.00		
		<b>100</b>		
<b>Project Title :</b>	Provision of primary health care services (treatment of common illnesses, routine immunization and EMOC services among other services) to vulnerable people and drought affected populations, including women, men, boys and girls in Kismayo District			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/SA1 2017/H/NGO/4622	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	200,000.64	
<b>Planned project duration :</b>	9 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	20/02/2017	<b>Planned End Date :</b>	20/11/2017	
<b>Actual Start Date:</b>	20/02/2017	<b>Actual End Date:</b>	20/11/2017	
<b>Project Summary :</b>	<p>To address the need for primary health care in Kismayo district Lower Juba, Somali Aid will implement primary health service delivery through 3 static health facilities and 2 outreach facilities in Kismayo District. The project will be responding to health needs of 32484 persons in Kismayo district who include host community, the returnee influx as well as internally displaced persons flocking the district of Kismayo from the neighboring districts due to drought and insecurity 25 health workers and 17 community health personnel. Project implementation will take place in 3 static facilities of Sinai Health center, Fanole maternal child health and out patient department (MCH/OPD), Abdalla Birole maternal child health and out patient department (MCH/OPD) as well as 2 outreach facilities for abdallah birole which is around 45km away from Kismayo town and the only accessible area the surrounding. Treatment of minor illness in boys and girls under 5 years, children above 5 years as well as adult male and female will be undertaken full day for 6 days a week at the static facilities and the outreach services. In one of the static facilities that is Sinai Health center, Emergency Obstetric care (EmOnC) services will be implemented with a fully running maternity ward and a labor ward while the facility at abdalla Birole will support the deliveries on arrival. The MCH/OPD in Kismayo district will not run a labor ward and therefore refer all maternity cases to the Kismayo General Hospital. Immunization services will be provided at all the facilities and the outreach teams. The Vaccines will be collected from the Kismayo General hospital Cold chain and delivered daily to Fanole MCH.OPD as well as Sinai health facility. The Vaccines to Abdalla birole will be delivered with a Vaccine cool box on weekly basis and the outreach teams provided with vaccine carriers to carry the vaccines for outreach services. Antenatal and Postnatal follow up will be done daily for all the service delivery points 6 days a week and this will be recorded and reported separately.</p> <p>2 Community health Mobilizers (CHM) will work with existing 15 community health workers from the communities to ensure community health education, health awareness and early referrals of cases to the facility as well as aid in follow up of special cases and reporting in the project. 15 community health workers from the community will work with the community health mobilizers to ensure community health activities are done and reported.</p> <p>Technical health team consisting of all the Facility nurses, auxiliary nurses, Expanded Program on Immunization (EPI) nurses, Head nurse, pharmacy assistants, and midwives will be conducted at the beginning of the project and will include technical training on integrated management of childhood illnesses IMCI, basic obstetric care services BeMonC and EPI protocols.</p> <p>A 2 day training will combine community Health Mobilizers and community health workers training will be done that will entail community health and hygiene package, roles and responsibilities of community health persons in the community.</p> <p>Somali Aid through the health program is committed to ensure community systems are equally strengthened for community health service delivery.</p> <p>A monitoring and evaluations officer from Somali Aid will undertake the role of monitoring and evaluation of the project during the implementation period.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
8,573	8,958	7,010	7,985	32,526

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Urban Poor	8,551	8,938	0	0	17,489
Children under 18	0	0	1,320	1,408	2,728
Children under 5	0	0	5,690	6,577	12,267
Staff (own or partner staff, authorities)	22	20	0	0	42

**Indirect Beneficiaries :**

182,861 persons from the community will benefit indirectly from the project through health screening, health education and awareness programs.

**Catchment Population:**

203317 persons are within the catchment population and include returnees, IDPs, Host communities.

**Link with allocation strategy :**

Urgent live saving health service targeting Kismayo district both in the town and in abdallah birole is essential due to vulnerabilities resulting from new IDP arrivals fleeing drought prone districts outside Kismayo, which will exacerbate the already disconcerting health situation. Somali Aid will primarily targets women and children who are most vulnerable due to increasing frequency of communicable disease outbreaks, rising rates of severe acute malnutrition, low immunization rates, and other serious health risks for vulnerable groups, particularly women and children, are symptomatic of the poor coverage and quality of essential health care (including maternal, neonatal and child care), and shortages of life saving medicines and trauma supplies

The project through the provision of primary health services provided at the health facilities (3 static and 2 outreach services) ie Fanole, Sinai and Abdallah birole in Kismayo District will be responding to health cluster priority of Provision of life-saving emergency primary health services including maternal and child health through both static and mobile health clinics in drought affected areas. Equally through the facilities and the community health worker networks will be able to collect information on and respond to emergencies within the project area especially to save lives during the emergency and to prevent re-occurrence of the same e.g Measles and Acute watery diarrhea.

**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
Faiza Hussein	HEALTH COODINATOR	faiza.hussein@somali-aid.org	0721/0731682051

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

The health sector in Somalia is still in a critical condition with one of the worst health indicators in the world. With a population of 12.3 million, 1.1 million people are internally displaced. 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. 3.3 million people are in need of health services. The humanitarian needs in Somalia have long been driven by an extremely complex mix of factors including (1) the ongoing violence and instability; (2) deterioration of living conditions largely as a result of years of conflict, floods and droughts, limited access to nearby safe havens for the displaced and limited access for health care providers, and (3) the continued lack of funding for the health sector. The rapid movement of IDPs has overwhelmed health facilities, while the national supply chain has ruptured and is unable to rapidly redirect support. Delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages and rupture of the cold chain. The situation remains fragile and the dire humanitarian needs in Somalia remain high. As per UNOCHA 2016, in Somalia, the under-five mortality rate (U5MR) of 137 per 1,000 live births is presently the third worst in the world after Angola and Chad and one in seven Somali children dies before their fifth birthday. The maternal mortality ratio (MMR) in Somalia is also, at 732 per 100,000 live births, among the world's highest, exceeded only by Central African Republic, Chad, Nigeria, Sierra Leone and South Sudan. Moreover, there is a higher lifetime risk of maternal death, at 1 in 22, in Somalia than in any other country in Africa apart from Chad and Sierra Leone. Due to worsening drought conditions, AWD/Cholera cases have spread to Lower Juba, Shabelle and Bayi regions. An increase from 629 cases and 14 deaths during the week ending 8th January to 677 cases and 12 deaths during the week-ending 15th January 2017 was reported from different regions of Somalia. The most affected regions are Lower Juba, Hiran and Banadir regions. The October to December 2016 Deyr season performed poorly across Somalia, with large areas of the country receiving less than 40 percent of usual rainfall (Figure 1). This failed season follows below-average April to June rainfall which resulted in poor pasture conditions and Gu-season harvests in the south that were 20 percent below the recent five-year average and 50 percent below the 1995-2015 average.

In lower Juba, the drought analysis done by the state of Juba land with other actors showed a combination of factors; depletion of pasture and water sources, death of livestock from thirst and animal diseases, poor harvest in areas inhabited by agro-pastoralists and pastoralists leading to the displacement of people from their homes into peri-urban areas and refugee camps. Disease outbreaks in the region and especially in Kismayo district have been increasing in the recent seasons with reemergence of whooping cough, Measles outbreak, Acute watery diarrhea and a deteriorating nutrition situation. According to the FSNAU 2016 post Gu report. Immunization coverage is still low in Kismayo with measles vaccination at only 52% and just a few facilities offering the services. Many of the Partner run health facilities have run out of funds coupled up with the high number of people from surrounding districts thus posing a huge service Gap in the health sector within the district

## **2. Needs assessment**

South Central regions have been the worst hit by the low health services coverage and are experiencing major increase of AWD/cholera cases in 2016. By January 2017 more than 13,643 cases and 497 deaths (CFR3.6%) have been reported. Of these 6,471 (47.4%) are women while 7,918 (58.0%) are children below 5 years; a significant increase from the 5,257 cases reported in all of 2015. Measles is one of the commonest illness affecting children below five years in the country with an ongoing measles outbreak now in Abdallah Birole and Kismayo town with at least one child died due to complications of measles in Abdalla Birole. Abdalla Birole; among recently liberated villages is experiencing Acute watery diarrhea (AWD) and measles outbreaks affecting mostly children under 5 years old. In a random assessment done by the Juba land state, 17 out of 100 children assessed were categorized as severely malnourished. The area is populated by pastoral communities who have suffered from prolonged drought caused by insufficient Deyr rains during the months of October-December 2016, leading to the scarcity of water pasture for livestock (OCHA 2016)

Drought continues to worsen and has affected the availability of water and pasture. It has been observed that there is low latrine coverage in Abdalla Birole leading to poor human waste management yet there are no WASH programs ongoing in the area hence health facility is anticipating a continued rise in AWD cases. Somali Aid has been operating an MCH/OPD in the town and has been the first to respond to the outbreak of AWD and Measles, however the facility has been running on minimal funds support from private funds and Medair international which at the moment is not able to support the need as supplies are running out fast. This is posing a great challenge in the serving delivery that is more than urgently needed in the area.

There have been over 704 cases of fever & rashes in Kismayo, majority of them children. Many of the children, suspected to be suffering from measles, are sleeping on the floor of Kismayo General Hospital. Most were not vaccinated against measles although there are 16 free vaccination posts in Kismayo. Preliminary findings from recently concluded SQUEAC survey for Kismayo indicates that coverage of health and nutrition services in the town is at 42.3%, a situation which is worrying considering the drought, AWD and measles outbreak in Kismayo (UNICEF, 2016)

In Kismayo, Somali Aid runs SHF funded health & nutrition projects integrated in Fanole MCH/OPD with a functional outpatient treatment program (OTP) and a stabilization center for children with Severe acute malnutrition. At the facility, expanded program for immunization, nutrition, treatment of common illnesses and health, nutrition and hygiene promotion services are all integrated and this is under threat as the health project is coming to an end on the 28th of February 2017. Fanole MCH/OPD health facility is a point of first contact for the community including returnees, IDPs and those referrals from other surrounding villages since it's the OPD/MCH for the Kismayo general hospital the main referral hospital in the district.

Somali Aid has also been implementing a 24 hr health center in Sinai with support from Medair and this has been a main facility that attracted community to come for deliveries and other services including EPI and treatment as well as BemoC services. This support from medair will be moving to a new hospital built in shaqaalaha. This means there will be a big gap left in Sinai in terms of health service delivery.

Somali Aid therefore intends to scale up the health service delivery in Kismayo town and abdalla birole. Somali Aid will improve coverage of health services by increasing the mobile teams and also improving access to services by continuing service delivery at Fanole MCH/OPD, Sinai health center and Abdalla Birole MCH/OPD.

## **3. Description Of Beneficiaries**

The target population for this project is 32484 persons living in Kismayo town and Abdalla birole. 5690 Boys and 6577 Girls under the age of 5 years, 8551 men and 8938 adult men and 2728 under 18 years (1320 boys and 1408 girls) will be direct beneficiaries of the project. Additionally care givers of children under the age of five, general community and community leaders will be targeted for health education to enhance their knowledge on health, hygiene and nutrition practices and enable the community support to proper case identification, referral and follow up.

25 health care staffs (50% female and 50% male), 3 community mobilizers (at least 2 will be female) and 15 community health workers (60% female & 40% male) will benefit from different training including (IMCI, NHHP and EPI) during the project to enable them carry out their roles efficiently.

## **4. Grant Request Justification**

Urgent live saving health service are needed following the ongoing drought crisis in Kismayo and the surrounding areas that has increases vulnerabilities and caused an increase in morbidities especially communicable diseases and malnutrition. With the ongoing alert on the situation that is most likely to continue to deteriorate and continue to exacerbate the already distressing health situation.

The lack of access to safe drinking water, lack of sanitation facilities and inadequate access to hygiene interventions, increases the risk of waterborne diseases especially cholera and Acute watery diarrhea that has been a key health issue for the populations in Kismayo district and lower Juba in general.

## 5. Complementarity

Somali Aid being a key health and nutrition partner in Lower Juba especially in Kismayo and Badhadhe districts has been a first to respond to the health emergencies that have occurred in the region especially the Acute watery diarrhea and measles outbreaks. In Kismayo, Somali Aid implements an MCH/OPD funded by the SHF (funds end on 28th February 2017) at fanole attached to the main Kismayo general hospital as the main health facility in the town center and this is facility serves the larger Kismayo population including the IDP and returnees in the district. At this Fanole facility, Somali Aid also implements nutrition services which include Management of SAM through the OTP and also runs an Stabilization Center. Somali Aid has also been implementing health care services at Abdalla Birole with private funds from Somali Aid and some support from Medair over the past 6 months. Somali Aid has been running an MCH in Sinai with support from Medair which was 24 hr health service delivery. however, the facility supported by Medair will be moving to another end of the town in Shaqaalaha where a big hospital has been built thus leaving a Gap within Sinai on Health service delivery. MCH/OPD in Fanole will refer patients for admissions and women in labor to the Kismayo General hospital words and maternity. maternity unit is currently run with support from Physicians across Continents (PAC).

Somali Aid will maintain the existing health and Nutrition facilities in Fanole and the facilities in Sinai, and therefore will be implementing the health and nutrition interventions in integration within the facilities giving a holistic approach to treatment of children and women who visit the Antenatal clinic. so that all children and pregnant women coming to the MCH will be screened for malnutrition and referred to the relevant management while those identified at the nutrition program needing medical attention will be referred to the consultant. Equally this gives a chance for all children and pregnant women who visit the MCHs will all receive immunization services.

The health project will complement Expanded Immunization programs that are ongoing in the district mainly through the EPHS project implemented by IOM and other partners implementing Nutrition programs.

Somali Aid will also work closely with WASH sector and hygiene programs implemented by partners like American refugee committee and Norwegian refugee council.

## LOGICAL FRAMEWORK

### Overall project objective

To improve access to essential health care services ( preventive and curative) to the vulnerable and crisis affected boys and girls, men and women in Kismayo district through 3 static Health facilities and 2 outreach services in Kismayo town and Abdallah birole in order to reduce morbidity and mortality

## 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	100

**Contribution to Cluster/Sector Objectives :** The proposed projects contributes to Health cluster objectives through through provision of essential life saving health care services which include management of different morbidity, Bemonc and immunization services to the crisis affected populations in Kismayo district.

The cluster objective to which the project contributes to are which are

- 1.Improved access to essential lifesaving 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.

### Outcome 1

1. Improved access to primary healthcare services to 32484 persons in crisis affected populations in Kismayo district.

### Output 1.1

#### Description

7985 girls, 7010 boys and 8551 men, 8938 women have access to basic life saving health care services

#### Assumptions & Risks

There will be good health service uptake among all age groups and in all health care services provided.

#### Activities

##### Activity 1.1.1

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

Integrated Management of Childhood Illness (IMCI) through 3 static health facilities and 2 outreach services for 12,267 children under the age of 5 years (5690 boys and 6577 girls), consultations and treatment of common illnesses among 20217 persons (8551 men, 8938 women) and 2728 children over 5 years old.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					32,484

**Means of Verification** : Facility under 5 years consultation register books

**Output 1.2**

**Description**

1624 pregnant women and women within 6 weeks post natal receive emergency BemonC services at the health facilities.

**Assumptions & Risks**

Women will seek BemonC services at the health facilities.

**Activities**

**Activity 1.2.1**

**Standard Activity : Emergency Obstetric Care - Basic and Advacned**

consultation and provision of Antenatal and Post natal services to 1624 women of child baring age

**Activity 1.2.2**

**Standard Activity : Emergency Obstetric Care - Basic and Advacned**

1624 women will be supported with Antenatal and Postnatal care through 3 functional health facilities

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	number of pregnant women and women within 6 weeks post partum who visit and are served in the Antenatal clinic and post natal clinic.					1,624

**Means of Verification** : FACILITY ANTENATAL and POST NATAL REGISTER BOOK, EXPANDED IMMUNIZATION PROGRAM REGISTER FOR PREGNANT WOMEN RECEIVING TETANUS TOXOID

Indicator 1.2.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					3
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**Means of Verification** : Health Facility antenatal and postnatal registers

**Output 1.3**

**Description**

increased coverage of immunization among 5690 boys and 6577 girls under fives and 447 pregnant women

**Assumptions & Risks**

caretakers of children and pregnant women will visit the health facility for immunization and there will be a good availability of supplies.

**Activities**

**Activity 1.3.1**

**Standard Activity : Immunisation campaign**

Provision of Immunization services according to the immunization schedule of Somalia for children under five (5690 boys, 6577 girls and 447 pregnant women attending MCH and mobile outreach sites and through periodic immunization campaigns.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					12,714

**Means of Verification** : facility immunization register books

**Outcome 2**

Improved health seeking behavior among caregivers of underfive children and Women in Child Bearing Age (WCBA) in Kismayo District

**Output 2.1**

**Description**

14995 caregivers of under children and 1340 women of child bearing are sensitized on optimal health, hygiene and Nutrition practices using the NHHP guideline

<b>Assumptions &amp; Risks</b>							
Community members will attend and head the call in health promotion activities							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Awareness campaigns and Social Mobilization</b>							
conduct quarterly community sensitization sessions to Sensitize 16335 (8167 men and 8168women) community members (religious leaders, youth, women, elders, men) on health seeking behaviors.							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Awareness campaigns and Social Mobilization</b>							
Conduct weekly community health promotion sessions in the facility catchment areas to educate the community on prevailing health issues and prevention of common illnesses.							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
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.					16,335
<b>Means of Verification</b> : community health sessions photos, attendance lists and Health facility register books, weekly and monthly reports							
Indicator 2.1.2	Health	Number of community health promotion sessions conducted					144
<b>Means of Verification</b> : Health promotion session schedule, health promotion photos and reports							
<b>Outcome 3</b>							
Improved capacity of 42 Health care workers and community health workers to deliver quality Health care service and referrals in Kismayo District							
<b>Output 3.1</b>							
<b>Description</b>							
A total of 25 health care staffs (13 male, 12 female), 2 community health mobilizers and 15 community health workers trained on Integrated management of childhood illness and safe deliveries respectively, community referral and case follow up.							
<b>Assumptions &amp; Risks</b>							
There will be adequate and qualified human resource for the project and safe environment for the training to be done							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
<b>Standard Activity : Not Selected</b>							
Training of 25 health care staffs (13 male, 12 female) on IMCI, EPI and BemoC,							
<b>Activity 3.1.2</b>							
<b>Standard Activity : Not Selected</b>							
training of 2 community health mobilizers (1 female and 1 male) and 15 community health workers (8 Men and 7 women) in Health, Hygiene and Nutrition package.							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 3.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					25
<b>Means of Verification</b> : training reports and training photos							
Indicator 3.1.2	Health	Number of community health personnel trained on health and hygiene promotion and prevention of common illnesses					17
<b>Means of Verification</b> : Training reports, training attendance lists and Training pictures							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

Throughout the implementation period Somali Aid will maintain a specific M&E plan for the activities. The progress of all indicators will be monitored on a monthly basis by the project technical team as well as the Monitoring and evaluation officer. Both external (Auditors and SHF) as well as internal monitoring of the project will be done during implementation period. Field visits by staff from Nairobi will be done every 4 months at different times by the coordinator and the M&E officer to understand any progress and challenges as well as give technical guidance to the teams in the field. Also take place to provide an independent monitoring of the progress in addition to the routine monitoring by project staff.

A monthly Activity Progress Report will be done that has to be submitted on the 5th of each month to the health coordinator and forms basis for discussion with the teams on the program and provide direction on what aspects of the action need to be re-adjusted.

Somali Aid Monitoring and evaluation officer together with the health coordinator will be responsible for ensuring project progress and outcomes are monitored, documented and an end term evaluation and lessons learned documented.

Adhoc interviews with beneficiaries by the Monitoring team will provide necessary information on service Gaps and suggest ways to improve the services delivery. Somali Aid will submit project weekly and monthly reports as well as any reports on updates to the ministry of health in the region and the federal government. Somali Aid will also work hand in hand with external monitors from the SHF that may be sent to follow up on the program. Somali Aid will submit Monthly, Quarterly and Annual reports to the SHF as required by the project.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Integrated Management of Childhood Illness (IMCI) through 3 static health facilities and 2 outreach services for 12,267 children under the age of 5 years (5690 boys and 6577 girls), consultations and treatment of common illnesses among 20217 persons (8551 men, 8938 women) and 2728 children over 5 years old.	2017			X	X	X	X	X	X	X	X	X	
Activity 1.2.1: consultation and provision of Antenatal and Post natal services to 1624 women of child bearing age	2017			X	X	X	X	X	X	X	X	X	
Activity 1.2.2: 1624 women will be supported with Antenatal and Postnatal care through 3 functional health facilities	2017			X	X	X	X	X	X	X	X	X	
Activity 1.3.1: Provision of Immunization services according to the immunization schedule of Somalia for children under five (5690 boys, 6577 girls and 447 pregnant women attending MCH and mobile outreach sites and through periodic immunization campaigns.	2017			X	X	X	X	X	X	X	X	X	
Activity 2.1.1: conduct quarterly community sensitization sessions to Sensitize 16335 (8167 men and 8168 women) community members (religious leaders, youth, women, elders, men) on health seeking behaviors.	2017			X			X				X		
Activity 2.1.2: Conduct weekly community health promotion sessions in the facility catchment areas to educate the community on prevailing health issues and prevention of common illnesses.	2017			X	X	X	X	X	X	X	X	X	
Activity 3.1.1: Training of 25 health care staffs (13 male, 12 female) on IMCI, EPI and BemoC,	2017			X									
Activity 3.1.2: training of 2 community health mobilizers (1 female and 1 male) and 15 community health workers (8 Men and 7 women) in Health, Hygiene and Nutrition package.	2017			X									

#### OTHER INFO

##### Accountability to Affected Populations

Somali Aid prioritizes the accountability to affected populations and through the monitoring and evaluation of the project, community feedback mechanisms and complaint management modalities will be designed in line with the project. Somali Aid will ensure the beneficiary populations are made aware of and are encouraged to use the feedback mechanisms and ensure their involvement in problem solving. Through the community health workers and the other existing community committees, Somali Aid will seek the community involvement in the implementation of the project to ensure community participation and ensure project will employ the DO NO HARM principle during implementation and after.

Target populations and profile for the project will be well explained to the community to ensure understanding and utilization of the project and services offered through the project.

##### Implementation Plan

Somali Aid proposes to address urgent health care needs through offering essential health services in 3 static health facilities and 2 outreach facilities offering services including outpatient consultations for common morbidities, routine immunization, nutrition screening/growth monitoring for U5s, ANC, PNC, promotion of birth spacing and clinical management of rape (CMR). one static MCH/OPD will be at Fanole in Kismayo town, 1 static MCH/OPD will be at Abdalla birole (45 kms from Kismayo town), One health center will be at Sinai ( ANC, PNC, BEMONC, deliveries, immunization and OPD services) in kismayo town and around 6 kms from the Fanolle OPD/MCH, and 2 outreach services through abdalla Birole MCH/OPD to accessible areas surrounding the facility.

community health promotion will be done by community health mobilizers and community health workers. mothers and caretakers of children as well as other women of child bearing age and men in the community will benefit from Quarterly sensitization on prevailing health issues, health seeking behaviours as well as community health dialogue sessions. community health education sessions will be done at least 1 session per week per facility in the catchment areas surrounding the facility and the outreach areas.

capacity building of health workers and the community health workers will be done to ensure that the project is implemented effectively and efficiently. The capacity building will be done through refresher training for the health workers on Integrated management of childhood illnesses, expanded program on Immunization and emergency obstetric care. A training facilitator will be sourced from Nairobi to conduct this training and the training will take 5 days in total. A refresher training will also be done for community health workers and the community mobilizers. The training for community health personnel will take 2 days and facilitator for this training will be sourced locally.

Through the project, Somali Aid will strengthen the capability of the local health services to cope with the increased demand as well as to respond efficiently to emergencies. Awareness creation and health messages on health issues through local community forums will be done to reinforce the increase in health service uptake and early identification of diseases.

The intervention is in line with National Development Plans and within Somali health priorities to work towards increased Aid Effectiveness and delivery of essential health services.

The program reporting will be done on weekly, monthly and annual basis to the Ministry of health and the Health cluster.

#### **Coordination with other Organizations in project area**

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
UNICEF	Technical guidance, coordination reporting and supplies
WHO	technical guidance, surveillance on disease outbreaks and response to outbreaks.
IOM	Supplies of vaccines and immunization equipment to the Expanded immunization program (EPI)
Ministry of health	coordination and reporting

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

A+: Neutral Impact on environment with mitigation or enhancement

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

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

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

The project will ensure equity in the selection of project staffs to have a fair representation of male and female workers with at least 50% of health workers being male and the remaining 50% being women. in regards to community health workers, the project will ensure a good representation of females to 60% of the total community health workers recruited in the district.

project will address health needs of women, men, boys and girls in Kismayo district and ensure none of the gender is neglected. Gender dis-aggregated data will be collected and reported in terms of service delivery and reach to the affected populations.

#### **Protection Mainstreaming**

Protection issues will be streamlined throughout this program promoting the core protection principles. All staffs will be taken through the human resource policy on abuse by Somali Aid. because the project will respond to cases of rape through clinical management of rape, all information pertaining to this cases and other cases will be held confidential and only disclosed with permission from the client.

The project will work closely with women in the community as well as listen to and involve men in preventive health activities and empower women in decision making on children well being. Female employees will be encouraged to report any cases of Sexual exploitation during and outside of working hours and premises with clear reporting mechanisms that are protected

#### **Country Specific Information**

##### **Safety and Security**

the project will be implemented in secure areas with only one static facility being in a fairly unpredictable security situation. Abdala Birole is among the newly accessible areas of Kismayo district recently liberated. Sinai and Fanole facilities are in very safe areas and Somali Aid being a national Ngo enjoys a good security among the population and beneficiaries.

To minimize loses in the case of any insecurity incident, Somali Aid will work closely with the community administration and beneficiaries for information and updates. Somali Aid will put lots of emphasis on community mobilization and ensure that all activities are preceded by a strong sensitization and re-emphasis on targeting criteria. Community leaderships are also been involved in the design and implementation of the action to boost the acceptance of the action.

##### **Access**

Proposed area of operation is currently accessible at all time despite some minor security caution in Abdala Birole.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	health coordinator	D	1	3,000.00	9	70.00	18,900.00
	<i>project will contribute 70% of the coordinator's salary. The health coordinator provides technical guide and oversight for the project and coordination and representation of the project with relevant stake holders. He/she is responsible for overall reporting, liaison, and communication with donors of the project.</i>						
1.2	field project manager	D	1	1,000.00	9	50.00	4,500.00
	<i>The project will utilize 50% of the persons time in day to day running of the project and field management of project during implementation period. The project manager is responsible for weekly, and quarterly generation of the field reports</i>						
1.3	programs head nurse	D	1	600.00	9	100.00	5,400.00
	<i>The head nurse involved in the project 100% will be in charge of all nurses and the nursing activities for the project. He/she will manage the nursing department and provide necessary technical guide and mentoring, provide leadership and delegation of duties across all the facilities in the project. The head nurse is responsible for presenting the weekly facility orders and ensure proper recording of use and distribution of medical and other hospital equipment.</i>						
1.4	clinicians	D	3	500.00	9	100.00	13,500.00
	<i>The Main clinician is to provide clinical consultation and assessment of the beneficiaries. he will receive referrals from the under five, EPI and antenatal clinics for further medical diagnosis.</i>						
1.5	nurses (anc, under 5ves)	D	6	400.00	9	100.00	21,600.00
	<i>Nurses are to provide emergency life saving primary health care specific to the under fives, pregnant women and women within 6 weeks post natal. services include nutritional and health assessment, milestones assessment , antenatal and post natal assessment and consultation.</i>						
1.6	Midwives	D	2	400.00	9	100.00	7,200.00
	<i>Midwives will be responsible to provide maternity services and post delivery follow up to women</i>						
1.7	auxiliary nurses	D	2	300.00	9	100.00	5,400.00
	<i>Auxiliary nurses will work in assistance to the Clinical Nurses and midwives to provide primary health care</i>						
1.8	EPI nurses (1 stationed at each static health facility)	D	3	400.00	9	100.00	10,800.00
	<i>Nurse will be responsible to provide immunization services to all the children under five and women who come to the facility as well as undertake the same for the outreach clinics.</i>						
1.9	pharmacy assistants	D	3	250.00	9	100.00	6,750.00
	<i>Pharmacy assistants are responsible to dispense drugs after prescription from the clinicians. He/she will be responsible for drug accounting and balancing of the drug register.</i>						
1.10	community health mobilizers	D	2	500.00	9	100.00	9,000.00
	<i>The community health mobilizer is responsible for all community engagements and community health workers' supervision. He/she will be responsible for ensuring community sensitization is done, community health promotion sessions are conducted, mobilization for outreach services and follow up of special cases who need home visits. The community health mobilizer works with the community health workers and is a bridge between health facility and community.</i>						
1.11	project finance officer	s	1	1,000.00	9	75.00	6,750.00
	<i>Field based finance will support project 75% on financial reporting and accounting of the project funds.</i>						
1.12	field logistic officer	s	1	800.00	9	60.00	4,320.00
	<i>the logistics assistant will undertake logistical activities, procurement and fleet management, management of the warehouse and documentation of purchases and consumption for the projects. the field logistical will distribute supplies to the different facilities on request and maintain a proper stock card on all items. project will contribute 60% to the salary of the field logistic officer</i>						
1.13	community health workers	D	15	25.00	9	100.00	3,375.00
	<i>these are community own resource persons who will be undertaking routine community health activities within their respective communities, they will work with the community mobilizer to conduct health education sessions, home visits and referrals of cases from the community.</i>						
<b>Section Total</b>							<b>117,495.00</b>

Supplies, Commodities, Materials							
2.1	Medical pharmaceuticals	D	1	15,099.50	1	100.00	15,099.50
	<i>we will purchase drugs to be administered to young children under five and adults as well as children over 5 years. these drugs will be used to treat childhood illnesses and other common illnesses affecting the population. other drugs will be used to respond to emergencies that may occur in the area. Lump sum: BOQ indicates the quantities and pricing per item and per facility</i>						
2.2	Expanded Program of Immunization (EPI) supplies	D	1	1,333.50	1	100.00	1,333.50
	<i>Expanded program on Immunization utilizes vaccines to be administered to children under five and pregnant women in order to give them the needed immunity against vaccine preventable diseases. This supplies include the vaccine carriers that will aid in storage and transportation of vaccines, vaccination cards for the children and women as well as for women.</i>						
2.3	Medical Stationaries	D	1	222.00	1	100.00	222.00
	<i>This are daily stationary needed to run the day to day activities in the health facilities to record the patient information and treatment. Patient cards, and facility registers for each department are needed and will also be used as verification means. BOQ attached. this include Outpatient cards, vaccination log books and other facility registers</i>						
2.4	transport and freight for comodities	D	1	3,970.00	1	100.00	3,970.00
	<i>Pharmaceuticals will be purchased from Mogadishu and transported to Kismayo by a track in once trip one once in the project period. Cost include movement of supplies to the facility outside kismayo in Abdalla Birole, loading and offloading of items. Cost is a lumpsum</i>						
2.5	warehouse fumigation	D	1	150.00	1	70.00	105.00
	<i>to Protect the integrity of the pharmaceutical products while in the storage facility, and to ensure they are pest free, Fumigation of the warehouse in done every six months. during the 9 month project, the warehouse will be fumigated only once.</i>						
2.6	medical supplies	D	1	3,541.49	1	100.00	3,541.49
	<i>This are assorted daily medical consumables that are used by the medical staffs during routine medical procedures.</i>						
2.7	social mobilization and Community sensitization	D	1	494.00	3	100.00	1,482.00
	<i>Quarterly sensitization sessions through community dialogue will be conducted to sensitize community on prevailing health issues, health seeking behaviors triggering action on the common illnesses.</i>						
2.8	refresher trainings of health workers on IMCI, EPI, and Bemonc	D	1	6,002.00	1	100.00	6,002.00
	<i>refresher training on integrated management of childhood illnesses, Expanded program on immunization and basic obstetric emergency care will be given to 25 health care workers to equip them with necessary updates on management guidelines and update their knowledge and skill needed as they provide life saving health services. Facilitator for this training will be sourced from Nairobi.</i>						
2.9	refresher training of community mobilizers and community health workers on Nutrition Health and Hygiene Promotion manual	D	1	1,286.00	1	100.00	1,286.00
	<i>A refresher training training will be given to the 15 community health workers and 2 community mobilizers to equip them and refresh their knowledge on community health issues, preventive health solutions,early identification of diseases and counseling techniques needed as they undertake referrals, follow ups and home visits of cases. facilitator for this training will be locally sourced.</i>						
	<b>Section Total</b>						<b>33,041.49</b>
<b>Equipment</b>							
3.1	medical equipment	D	1	2,154.00	1	100.00	2,154.00
	<i>these are instruments, apparatus, machines, appliances intended to assist the medical personnel and include items providing information by means of examination, disinfection machinery and those that assist specific nursing interventions and procedures.</i>						
	<b>Section Total</b>						<b>2,154.00</b>
<b>Contractual Services</b>							
4.1	repair of Abdallah Birole maternal child health and outpatient department (MCH/OPD )	d	1	1,961.00	1	100.00	1,961.00
	<i>a few repairs will be done to the facility to allow proper sanitation and privacy in the examination in the facility since there are damages on the walls from recent military offensive as the town was being liberated. A clear explanation and detail is given in the attached Bill of Quantity</i>						
4.2		D	1	0.00	0	0.00	0.00
	<b>Section Total</b>						<b>1,961.00</b>

Travel							
5.1	travel costs for project coordinator and M\$ E officer	D	1	4,040.00	1	100.00	4,040.00
	<i>Project Health coordinator will be traveling to the field for project kick off meetings, implementation of the project e.g during training. monitoring of the project will also involve travel of the monitoring, evaluation officer for monitoring and close out meetings. The monitoring officer will travel once each quarter to support field team in the follow up of project implementation process and achievements of the project objectives as well as indicators. travel cost totals to \$4320 and the attached BoQ contains the breakdown.</i>						
5.2	Travel costs for training facilitator	D	1	550.00	1	100.00	550.00
	<i>one facilitator sourced from Nairobi will need to travel from Nairobi to the field to conduct the training of health workers in integrated management of childhood illnesses, expanded program of immunization and emergency obstetric care.</i>						
5.3	vehicle hire for project activities	D	1	1,800.00	9	65.00	10,530.00
	<i>Vehicle will be used for project activities which include emergency referrals, movement of outreach teams and supervision purposes by the project manager</i>						
	<b>Section Total</b>						<b>15,120.00</b>
General Operating and Other Direct Costs							
7.1	stationary and office supplies	D	1	450.00	1	100.00	450.00
	<i>during project implementation, initiation/kick off meetings, coordination meetings with other stake holders, review meetings, staff weekly and monthly meetings as well as continuous learning and information exchange for updates will take place in the office and this requires stationary include paper, notebooks, pens and flip charts This also includes stationary for filling and reporting. . total cost is 457 and is a one off purchase for the project. details can be found in the attached BoQ.</i>						
7.2	communication	D	1	280.00	9	100.00	2,520.00
	<i>This is communication costs (phone and internet) for key project staffs during project implementation necessary for urgent referral of patients between facilities, technical consultation between the project teams, communication with other partners as well as community members including organizing for outreach services. internet is also critical for reporting purposes and official communication with the donors and other stake holders.</i>						
7.3	utilities	D	1	600.00	9	100.00	5,400.00
	<i>This includes water for facility running which includes drinking water for patients, water used for cleaning, hand washing and the equipment sterilization. The cost also include electricity for the facility for visibility during procedures and doe operating special equipment.</i>						
7.4	office rental	D	1	1,500.00	9	65.00	8,775.00
	<i>This covers cost for office rent for the Kismayo office, the office will support project activities, review meetings and the overall coordination of the project. it will be the project central point of coordination and communication with other partners as well as contact with the community members for accountability.</i>						
	<b>Section Total</b>						<b>17,145.00</b>
<b>SubTotal</b>				60.00			<b>186,916.49</b>
Direct							175,846.49
Support							11,070.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,084.15
<b>Total Cost</b>							<b>200,000.64</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	
Lower Juba -> Kismayo -> Kismayo	100	8,573	8,958	7,010	7,985	32,526	<p>Activity 1.2.1 : consultation and provision of Antenatal and Post natal services to 1624 women of child baring age</p> <p>Activity 2.1.1 : conduct quarterly community sensitization sessions to Sensitize 16335 (8167 men and 8168women) community members (religious leaders, youth, women, elders, men) on health seeking behaviors.</p> <p>Activity 3.1.1 : Training of 25 health care staffs (13 male, 12 female) on IMCI, EPI and BemoC,</p> <p>Activity 3.1.2 : training of 2 community health mobilizers (1 female and 1 male) and 15 community health workers (8 Men and 7 women) in Health, Hygiene and Nutrition package.</p>
Lower Juba -> Kismayo -> Abdale Birole							<p>Activity 1.1.1 : Integrated Management of Childhood Illness (IMCI) through 3 static health facilities and 2 outreach services for 12,267 children under the age of 5years (5690 boys and 6577 girls), consultations and treatment of common illnesses among 20217 persons (8551 men, 8938 women) and 2728 children over 5 years old.</p> <p>Activity 1.2.1 : consultation and provision of Antenatal and Post natal services to 1624 women of child baring age</p> <p>Activity 1.3.1 : Provision of Immunization services according to the immunization schedule of Somalia for children under five (5690 boys, 6577 girls and 447 pregnant women attending MCH and mobile outreach sites and through periodic immunization campaigns.</p> <p>Activity 2.1.1 : conduct quarterly community sensitization sessions to Sensitize 16335 (8167 men and 8168women) community members (religious leaders, youth, women, elders, men) on health seeking behaviors.</p>

Documents	
Category Name	Document Description
Budget Documents	BOQ SHF Health SA1 2017.xls
Budget Documents	BOQ SHF Health SA1 2017 revised.xls
Budget Documents	BOQ SHF Health SA1 2017 revised 4.2.2017.xls
Budget Documents	BOQ SHF Health SA1 2017 revised 4.2.2017.xls
Budget Documents	BOQ SHF Health SA1 2017 revised 5.2.2017.xls
Budget Documents	Final BOQ SHF Health SA1 2017 revised 6.2.2017.xls
Budget Documents	Somali Aid BOQ SHF Health SA1 2017 revised 7.2.2017.xls
Budget Documents	Somali Aid BOQ SHF Health SA1 2017 revised 10.2.2017.xls
Grant Agreement	HC signed SA GA 4622.pdf
Grant Agreement	Somali Aid -SHF agreement-Pg 10&24.pdf