

Requesting Organization :	INTERSOS				
Allocation Type :	Standard Allocation 1 (Feb -Mar 2018)				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Provision of life saving emergency primary health services including maternal, neonatal and child health through both static and mobile health clinics to the drought affected population of Balcad District in Middle Shabelle region of South Central Somalia				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-18/3485/SA1/H/INGO/8654		
Cluster :		Project Budget in US\$:	373,828.04		
Planned project duration :	12 months	Priority:			
Planned Start Date :	02/05/2018	Planned End Date :	01/05/2019		
Actual Start Date:	02/05/2018	Actual End Date:	01/05/2019		
Project Summary :	<p>The project will deliver lifesaving emergency health services including maternal, neonatal and child health through 2 static and 2 mobile health facilities in drought affected districts of Balcad of Middle Shabelle. The health facilities will be equipped with essential medicines and equipment and trained staff to provide quality services. Emphasis will be laid on Maternal and Child Health, including Basic Emergency Obstetric and New-born Care (BEmONC) and Expanded Programme on Immunization to IDPs and most vulnerable communities. This action will focus on provision of both preventive and curative health services at primary level integrated with nutrition and protection components. Attention will be paid on application of treatment guidelines as per Essential Package of Health Services (EPHS) at the Primary Health Care (PHC). Building the capacity of health workers through training on integrated Management of childhood illness (IMCI) and infection control, Antenatal Care (ANC) and BEmONC will be done to equip health workers with pertinent skills to deliver quality health care services to the affected population. This action will deliver comprehensive reproductive health care to women of reproductive age among the target beneficiaries and promotion of health seeking behaviour including adoption of preventive practices through campaigns, health and hygiene education sessions. Health and hygiene promotion will mostly be done by trained 20 Community Health Workers (CHWs). INTERSOS will also integrate surveillance and emergency preparedness ensuring adequate stocks for epidemic outbreaks of Acute Watery Diarrhoea (AWD)/Cholera and measles are prepositioned. Furthermore, 14 staff will be trained on emergency cholera preparedness and response to equip them with skills and knowledge to be able to effectively respond to epidemic outbreaks. The project will also contribute to strengthening early warning disease surveillance through weekly submission of Electronic Disease Early Warning System (eDEW) reports from all the functional supported health facilities. Referral system for patients seeking secondary healthcare services to Jowhar regional referral hospital and Jowhar Maternity Hospital will be strengthened focusing on pregnant women requiring emergency services, victims of gunshots, casualties from accidents, trauma cases among others. The project will also refer Gender Based Violence (GBV) victims to health facilities for comprehensive care and psychosocial support. The CHWs and health workers will also make efforts to trace and reunify with their families the unaccompanied and separated children due to drought and other factors. Children with severe acute malnutrition will also be referred to nutrition centres for nutrition care and rehabilitation. Finally, INTERSOS 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
	28,343	36,074	30,920	33,496	128,833
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	25,676	32,679	28,010	30,344	116,709
Internally Displaced People	2,667	3,395	2,910	3,152	12,124
Indirect Beneficiaries :					
The indirect beneficiaries for this project will be family members of 128,833 direct beneficiaries.					
Catchment Population:					

The population of Balcad district as per 2014 UNFPA data was 212,261 individuals currently projected at 236,113. 28,470 is considered to be urban population and 185,423 is considered to rural while 22,220 is classified as IDPs,

Link with allocation strategy :

The project aligns with the objectives of the Somalia Humanitarian Fund (SHF) (First Standard Allocation 2018) and Humanitarian Response plan 2018 in providing primary health care integrated with nutrition and strengthen the referral system. The intervention will provide immediate integrated lifesaving response in a more rapid way by supporting mobile and static health clinics equipped with essential medicines and trained staff to provide emergency lifesaving health services including maternal, neonatal and child health. The project will complement the activities of previous and ongoing projects and will be implemented in coordination with other clusters, namely Nutrition, Health, Protection and WASH to avoid duplication of efforts and resources but providing synergy to response efforts. In addition, the proposed project will mainstream protection components in all aspects of programming.

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
Mirela Kuljanin	Head of Mission	somalia@intersos.org	+254734000710
Ahmed Unshur	Health and Nutrition Advisor	healthadvisor.somalia@intersos.org	+254 723 929 642

BACKGROUND

1. Humanitarian context analysis

The chronic severe internal conflict that has been affecting Somalia during the past 2 decades has resulted in weakening of the public sector, its systems and its personnel, with a subsequent focus on emergency response interventions to recurrent crises. The burden of disease is heavily dominated by communicable diseases, reproductive health problems and undernutrition. Immunization coverage is considerably low and Acute Watery Diarrhoea/cholera, measles, malaria, and other communicable diseases outbreaks are constantly reported in many areas across Somalia. The Health Cluster reported 78,560 cases of Acute Watery Diarrhoea/suspected cholera and over 20,809 measles cases in the November 2017 bulletin. Mostly affected are women, children and the elders in the community. In addition, the Gu (April to June) rains are expected to be average to below average, but levels of acute food insecurity in Somalia are expected to remain high through June 2018. Access to basic health services continues to be insufficient and requires additional response. The health risks due to high levels of malnutrition, poor hygiene and sanitation remain, in addition to the continuing measles outbreak, and the possibility of a resurgence of AWD/cholera.

The persistent food insecurity and resulting malnutrition rates beyond the emergency threshold, and outbreaks of infectious diseases (acute watery diarrhoea/cholera and measles) have been severely impacting in the general health status of the population. According to Food Security and Nutrition Analysis Unit (FSNAU) report released in January 2018, the risk of famine in Somalia has declined and there has been a reduction in the number of people in need of assistance. Nevertheless, it is estimated that 5.4 million people are in need of humanitarian, over 2.7 million people are in Crisis (IPC Phase 3) and Emergency (IPC 4) and will face acute food insecurity through June 2018 with an estimated 301,000 children under the age of five are acutely malnourished, 48,000 of them severely and at risk of death. The FSNAU Post-Deyr 2017 report highlight that food security has improved notably due to continued large-scale humanitarian assistance and seasonal improvements to food and income sources during the Deyr (October-December 2017) season. However, the 2017 Deyr rains were still below average in most parts of Somalia and the 2018 Gu (April-June) rains are also forecast to be below average.

2. Needs assessment

Somalia remains in a state of chronic catastrophe characterized by a complex political environment, extreme poverty, food insecurity, conflict and instability. This has led to poor access to basic health services, recurrent disease outbreaks, food insecurity and high malnutrition rates, a lack of safe water supplies, and significant rates of population displacement. The health sector in Balcad district and the larger Middle Shabelle region is in a critical situation with very poor health indicators. The high risk groups of the targeted direct beneficiaries are: children under 5 (21,120), children under 1 (4,224) and pregnant and lactating women (12,672). According to the analysis of HMIS data (January to December 2017), the leading causes of morbidity and mortality in Middle Shabelle are illnesses such as acute respiratory infections (proportional morbidity (21%), Urinary tract infection (13%), acute watery diarrhoea (10%), Anaemia (3%). In addition, the 2017 HMIS data reveals that 1st ANC attendance rate among pregnant women stands at 23.3%. The average Immunization rate for Penta- 3 and measles among children aged below one year is 19.3% indicating that a significant proportion of the children in Middle Shabelle are still not being reached by these lifesaving vaccines. Only 21.7% of pregnant women have been inoculated with tetanus toxoid antigens (TT3) with 33.9% of children reached with vitamin A supplementation.

Middle Shabelle has been experiencing major increase of AWD/cholera cases in 2016 and 2017. In 2017, a total number of 8,670 cases of AWD/cholera cases were treated in several health facilities supported by INTERSOS. In addition, CTC in Jowhar Regional and Referral Hospital treated 1,751 severe case in 2017 with case fatality rate 1.9%. Although response efforts to contain the epidemic have been robust and effective, cases of AWD are still being reported and treated in the CTCs opened in Jowhar, Mahadaay Balcad and Hawadley. Although most of the community members have been reached with messages on causes and prevention of diarrhoea, the prevalence of diarrhoea is still high with children aged below 5 years being the most affected. Insecurity, poor health seeking practices, lack of a well-functioning referral system, limited access to health services and underlying malnutrition pose major challenges for control and prevention of disease outbreaks.

Following the needs highlighted above INTERSOS will implement a lifesaving intervention which seek to increase access to basic health care services, contain recurrent disease outbreaks and enhance referral mechanisms. This action will scale up response to address endemic diseases like pneumonia, anaemia, acute water diarrhoea and acute respiratory infections. INTERSOS will provide Primary Health Care (PHC), with special attention to maternal and child health, including BEmONC/ANC/PNC, Expanded Program of Immunization (EPI) integrated with nutrition component. Emphasis will be on the application of Standard Treatment Guidelines adopted in 2013 in Somalia. Another component of this project will be to create demand for services including family planning, antenatal care services through sensitization of the communities by trained Community Health Workers.

INTEROS, the long experience in health service delivery in emergency context in Balcad and the larger Middle Shabelle region and the excellent working relationship established with coordination and health governance mechanisms (Health Cluster, State MoH Federal MoH, WHO), as well as the projected evolution in the security and displacement trends, indicate that the lifesaving activities proposed by this project are essential to cope with the current and expected critical health needs and services gaps.

3. Description Of Beneficiaries

The population in Balcad district as according to 2014 UNFPA data is 212,261 now projected as 236,113 individuals for 2018. INTERSOS will support, 2 MCHs one of them located inside Balcad town and the other located in the northern part of district. INTERSOS will target 55% of the population which is equal to 128,833. Approximately 116,709 will be host community members and 12,124 IDPs. Out of the overall population above mentioned, 21,120 will be children aged under 5 (which include 4,224 under 1 surviving infants), 4,224 pregnant women and 8,448 lactating women.

4. Grant Request Justification

Due to the combined deterioration of humanitarian situation and intensity of drought, the project will focus on scale up response to the drought affected region of Balcad district of Middle Shabelle which has experienced perpetual AWD/ cholera outbreaks coupled with cases of measles. The intervention will provide immediate lifesaving response in a more rapid way through delivery of emergency health services focusing on maternal, neonatal and child health. Moreover, INTERSOS has been present in Balcad and the larger Middle Shabelle for over 20 years, providing emergency and lifesaving services and coordinating response to emergency epidemic outbreaks. INTERSOS therefore understands the health needs of the population in Middle Shabelle and has built good rapport with the local authorities, communities and other health actors in the region. Therefore, INTERSOS is in the best position to implement this project with a lot of ease without facing any challenges associated with logistics and access to the drought affected population.

5. Complementarity

In Middle Shabelle, INTERSOS runs Jowhar Regional and Referral Hospital, a well-equipped paediatric, surgical, medicine and obstetrics/gynaecology departments and laboratory . The proposed project will therefore complement the efforts of this project by increasing referrals at the hospital. In addition, INTERSOS have been providing primary health care services to Jowhar and Balcad Districts through the support of 4 Mother and Child Health (MCH) centres (Jowhar, Balcad, Mahadaay and Hawadley) and 60 villages by weekly visit of a mobile clinic with general consultation for adults and children, ANC/PNC, nutrition screening, EPI, and Community Management of Acute Malnutrition (CMAM) programs for both SAM and MAM patients, and referral system to Jowhar hospital for those critical patients in need of further treatment. In addition to the health services provided at the hospital and Mother and Child Health (MCH) centres, INTERSOS have 48 Community Health Workers (CHWs) for community mobilization and sensitization for health, hygiene and sanitation components according to the most urgent needs and epidemiologic profile of the communities. The CHWs have been trained in provision of basic first aid and offer referral services to other health actors. Additionally, INTERSOS is serving as focal partner for Expanded Program of Immunization (EPI) and vaccines management for Middle Shabelle region, delivering cold chain services, vaccines and supplies logistic management for immunization activities implemented by all operational health organizations in the region. All these activities have been part of a robust, inclusive health services provision reaching more than 123 villages in the districts of Jowhar and Balcad districts, but reaching beyond Middle Shabelle region as the only available provider of lifesaving specialized care services to many of the border villages located in Hiraan (Jalalaqsy District) and Lower Shabelle (Afgooye District).

Moreover, following the recent spate of AWD outbreaks in Balcad coupled with the current drought situation, the project will play a crucial role in disseminating hygiene messages to prevent the spread of epidemic including measles and AWD consequently minimizing case fatalities. Hence, the project will further consolidate the gains made in 2017 through multiple funding (ECHO, SHF and UNICEF). Finally, INTERSOS have been working in the protection component through sensitization of communities on the dangers of female genital mutilation (FGM), early and forced marriage, and strengthening and improving the case management and referral services for survivors of gender-based violence (GBV) and unaccompanied and separated children (UASC). This has involved mentoring the GBV and CP staff to effectively provide case management and psycho-social support (PSS), including emergency care of GBV survivors, and a referral of these cases to INTERSOS supported facilities with trained staff on case management for clinical management of rape (CMR). INTERSOS has been chairing Middle Shabelle GBV field cluster and coordinating of GBV/child protection services

LOGICAL FRAMEWORK

Overall project objective							
To improve access to life-saving emergency primary health services including maternal and child health through both static and mobile health clinics in Balcad District of Middle Shabelle region, Somalia.							
Health							
Cluster objectives	Strategic Response Plan (SRP) objectives				Percentage of activities		
Improve access to essential life saving health services for crisis affected and host populations aimed at reducing avoidable morbidity and mortality	2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people				35		
Contribute to the reduction of maternal and child morbidity and mortality among crisis-affected and host populations	2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people				35		
Strengthen emergency preparedness and response capacity at all levels in order to mitigate and respond to communicable disease outbreaks in an efficient, coordinated and timely manner	2018-SO3: Support provision of protection services to affected communities, including in hard-to-reach areas and in IDP sites, targeting the most vulnerable, especially those at risk of exclusion.				30		
Contribution to Cluster/Sector Objectives : The project will contribute to the 2018 Health cluster objectives 1,2 &3 which is also in line with HRP strategic 1. The project will provide lifesaving primary health services to drought affected population of Balcad District to reduce morbidity and mortality of the affected population. Consequently, this project will contribute to health cluster objectives 1 and 2. The third outcome of this project will strengthen emergency preparedness and response capacities in Balcad districts of Middle Shabelle which will significantly contribute to health cluster objective 3.							
Outcome 1							
Improved access to and utilization of Emergency Obstetric, Child Care and other reproductive health services							
Output 1.1							
Description							
Increased number of beneficiaries accessing emergency obstetric , child care and other reproductive health services in Balcad district of Middle Shabelle							
Assumptions & Risks							
The assumption here is that the community members will accept the activities of the project and fully participate. The risk is that insecurity may hamper implementation of activities. The mitigation measure here is that INTERSOS will maintain active pro-neutrality policy and will always monitor the evolution of the security situation for remedial action							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					2
Means of Verification : Monthly and quarterly narrative reports, HMIS data							
Indicator 1.1.2	Health	% of Children U1 vaccinated with Penta 3 in 2 static and 2 mobile clinics					60
Means of Verification : HMIS, Immunization registers							
Indicator 1.1.3	Health	% of pregnant women who have at least four ANC visits					50
Means of Verification : ANC registers, HMIS							
Indicator 1.1.4	Health	Number of Staff trained on ANC and BEmONC					10
Means of Verification : Pre test and post test, participant training list and report							
Indicator 1.1.5	Health	Number of Staff trained on IMCI					11
Means of Verification : Pre test and post test, participant training list and report							
Activities							
Activity 1.1.1							
Standard Activity : Emergency Obstetric Care - Basic and Advanced							
Provision of Basic Emergency Obstetric and New-born Care (BEmONC) in all supported health facilities (Hawadley and Balcad MCHs). Cases requiring Advanced/comprehensive emergency obstetric care will be referred to Jowhar maternity hospital.							
Activity 1.1.2							
Standard Activity : Immunisation campaign							
Immunization services (EPI) will be provided within primary health services integrated with nutrition services through a network of 2 fixed primary health facilities and 2 mobile clinics. Children and pregnant women with malnutrition will be referred to nutrition centres in close proximity for nutrition care and support. INTERSOS will also participate in any vaccination campaign organized by MoH and health partners.							
Activity 1.1.3							

Standard Activity : Primary health care services, consultations							
Provision of antenatal care services for pregnant women in 2 static and 2 mobile clinics							
Activity 1.1.4							
Standard Activity : Emergency Obstetric Care - Basic and Advanced							
Training of Health Workers on ANC and BEmONC. The training will take place for 4 days and 10 staff will benefit							
Activity 1.1.5							
Standard Activity : Primary health care services, consultations							
Training of health workers on Integrated Management of childhood Illness(IMCI). This is a refresher training which will run for 2 days and 11 staff will benefit							
Outcome 2							
Strengthened Integrated primary lifesaving services including referral, emergency assistance and health promotion through 2 static and 2 mobile clinics and CHWs reaching accessible villages of drought affected districts of Balcad districts of Middle Shabelle.							
Output 2.1							
Description							
Increased access to free primary lifesaving services coupled with emergency assistance and health promotion for drought affected population of Balcad districts of Middle Shabelle.							
Assumptions & Risks							
The assumption here is that the community members will accept the activities of the project and fully participate. The risk is that insecurity may hamper implementation of activities. The mitigation measure here is that INTERSOS will maintain active pro-neutrality policy and will always monitor the evolution of the security situation for remedial action							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of consultations per clinician per day by Health facility					45
Means of Verification : HMIS reports, Facility registers							
Indicator 2.1.2	Health	Number of primary health care consultations					47,520
Means of Verification : HMIS reports, Facility registers							
Indicator 2.1.3	Health	% of obstetric emergency referred to Jowhar Maternity Hospital					10
Means of Verification : Monthly and quarterly reports							
Indicator 2.1.4	Health	Number of people (men, women, boys and girls) reached by health promotion message.					31,680
Means of Verification : Monthly and quarterly reports							
Activities							
Activity 2.1.1							
Standard Activity : Essential drugs and Medical equipments distribution							
The 2 supported facilities (Hawadley and Balcad) and 2 mobile clinics will be equipped with essential drugs, vaccines, post-rape treatment drugs and basic medical equipment to deliver lifesaving health services including medical care for SGBV.							
Activity 2.1.2							
Standard Activity : Secondary health care and referral services							
Support the referral of obstetric emergency cases from the MCHs in Balcad and Hawadley to Jowhar Maternity Hospital							
Activity 2.1.3							
Standard Activity : Primary health care services, consultations							
Curative consultations provided either through 2 static facilities (Hawadley and Balcad) and 2 mobile clinics which receives substantial support through the project. Included in this activity will be the training of 11 staff from the MCH and the mobile clinics on IMCI and infection control							
Activity 2.1.4							
Standard Activity : Awareness campaigns and Social Mobilization							
Health education, information and mobilization: Conduct C4D sessions by CHWs based on MoH health education guidelines, and health information and information on referral services (health but also non-health, such as protection, GBV, CP, etc.).							
Outcome 3							
Strengthened emergency preparedness and response capacities in Balcad districts of Middle Shabelle for enhanced early warning, disease detection and response to epidemic outbreaks in a timely manner							
Output 3.1							
Description							
Enhanced early warning system through staff training, prepositioning and community awareness							
Assumptions & Risks							

The assumption here is that there will be no access limitations during coordination activities for prompt action and response.

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Health	% of outbreak alerts that are evaluated and consequently responded in less of 48 hours					100
Means of Verification : Monthly, quarterly and end of project reports. Outbreaks response reports							
Indicator 3.1.2	Health	Case Fatality Ratio (CFR) for most common diseases - AWD/Cholera					1
Means of Verification : HMIS reports, monthly reports, outbreak response reports							
Indicator 3.1.3	Health	Number of facilities with emergency supplies procured and propositioned for rapid response to epidemic outbreaks					2
Means of Verification : Monthly and quarterly reports							
Indicator 3.1.4	Health	Number of Health Workers trained on Cholera treatment and prevention					14
Means of Verification : Pre/post test, Training attendance sheet, training report.							
Activities							
Activity 3.1.1							
Standard Activity : Epidemic disease surveillance							
Surveillance of epidemic diseases including , AWD/Cholera, measles through case registration using eDEWS tools and sharing reports with Health clusters, WASH cluster, sub-clusters and MoH for prompt response							
Activity 3.1.2							
Standard Activity : Emergency Preparedness and Response capacities							
Training of staff on cholera treatment and prevention - the training will focus on health workers both at MCH and mobile clinic level. The training will run for 4 days where 14 staff will benefit							
Activity 3.1.3							
Standard Activity : Essential drugs and Medical equipments distribution							
Procurement and Prepositioning of emergency supplies for prompt response to epidemic outbreaks like AWD/Cholera							
Additional Targets : Given that in the standard activity, there is no provision for capacity building related activities. this project will also train 11 staff on ANC and BEmONC and IMCI and infection control and emergency/cholera preparedness and response which will contribute to outcomes 1,2 and 3 respectively							

M & R

Monitoring & Reporting plan

Monitoring and reporting of the proposed activities will be an integral part of this project. Monitoring will be done by the project manager and supervised by health coordinator and Health Advisor who will ensure that activities are implemented according to plan and compliant with the national health strategy. This will involve monthly visits to the project location and compiling supervision report. Data collection will be done by the staff involved in the activities, supported by the Project Manager using the official HMIS tools and the same will be shared with the health cluster, MoH and UNOCHA. The project logical framework will form a base tool for monitoring and tracking the progress of the project against set indicators. An interim report for the projects' activities will then be prepared by the project manager and shared with UNOCHA, health cluster and the MoH on a regular basis. Monthly reports from project activities will also be shared with Ministry of Health, UNOCHA and the health cluster

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of Basic Emergency Obstetric and New-born Care (BEmONC) in all supported health facilities (Hawadley and Balcad MCHs). Cases requiring Advanced/comprehensive emergency obstetric care will be referred to Jowhar maternity hospital.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 1.1.2: Immunization services (EPI) will be provided within primary health services integrated with nutrition services through a network of 2 fixed primary health facilities and 2 mobile clinics. Children and pregnant women with malnutrition will be referred to nutrition centres in close proximity for nutrition care and support. INTERSOS will also participate in any vaccination campaign organized by MoH and health partners.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 1.1.3: Provision of antenatal care services for pregnant women in 2 static and 2 mobile clinics	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 1.1.4: Training of Health Workers on ANC and BEmONC. The training will take place for 4 days and 10 staff will benefit	2018												
	2019												

Activity 1.1.5: Training of health workers on Integrated Management of childhood Illness(IMCI). This is a refresher training which will run for 2 days and 11 staff will benefit	2018																		
	2019																		
Activity 2.1.1: The 2 supported facilities (Hawadley and Balcad) and 2 mobile clinics will be equipped with essential drugs, vaccines, post-rape treatment drugs and basic medical equipment to deliver lifesaving health services including medical care for SGBV.	2018					X	X	X	X	X	X	X	X	X					
	2019	X	X	X															
Activity 2.1.2: Support the referral of obstetric emergency cases from the MCHs in Balcad and Hawadley to Jowhar Maternity Hospital	2018					X	X	X	X	X	X	X	X	X					
	2019	X	X	X															
Activity 2.1.3: Curative consultations provided either through 2 static facilities (Hawadley and Balcad) and 2 mobile clinics which receives substantial support through the project. Included in this activity will be the training of 11 staff from the MCH and the mobile clinics on IMCI and infection control	2018					X	X	X	X	X	X	X	X	X					
	2019	X	X	X															
Activity 2.1.4: Health education, information and mobilization: Conduct C4D sessions by CHWs based on MoH health education guidelines, and health information and information on referral services (health but also non-health, such as protection, GBV, CP, etc.).	2018					X	X	X	X	X	X	X	X	X					
	2019	X	X	X															
Activity 3.1.1: Surveillance of epidemic diseases including , AWD/Cholera, measles through case registration using eDEWS tools and sharing reports with Health clusters, WASH cluster, sub-clusters and MoH for prompt response	2018					X	X	X	X	X	X	X	X	X					
	2019	X	X	X															
Activity 3.1.2: Training of staff on cholera treatment and prevention - the training will focus on health workers both at MCH and mobile clinic level. The training will run for 4 days where 14 staff will benefit	2018																		
	2019																		
Activity 3.1.3: Procurement and Prepositioning of emergency supplies for prompt response to epidemic outbreaks like AWD/Cholera	2018					X				X					X				
	2019																		

OTHER INFO

Accountability to Affected Populations

This action will ensure that at all times, there will be coordination with health, WASH, nutrition and protection actors operating in Middle Shabelle as a whole for free sharing of information to strengthen preparedness in case of any emergency outbreaks like measles and cholera for a coordinated and efficient response. In addition, analysis of project data will be conducted regularly to provide an evidence base for a more responsive programming to address the specific needs girls, boys, women and the elderly. This will be particularly for activities revolving around epidemic outbreaks like AWD/cholera and measles. In addition, this project will be implemented focusing on achieving the objectives set out in the humanitarian response plan to address the gaps in coverage while respecting the local cultural and religious beliefs of the affected population. Finally, the project will encourage participation of the affected populations in all stages of programming. This will be achieved through consulting the communities through their leaders during selection of CHWs to be engaged in this project. Monitoring and evaluation of project activities will be done on an ongoing basis to inform if there is need for remedial action. During this process, beneficiaries will be asked to provide their views on the activities being undertaken and adjustment will be made where necessary.

INTERSOS will conduct regular FGDs to assess the satisfaction level of the beneficiaries. In cases where beneficiaries are unsatisfied with the services provided, INTERSOS would take the appropriate corrective measures to improve service delivery. The FGDs will assess the activities of IERTs from the beneficiary viewpoint, promoting a beneficiary-cantered approach and raising beneficiary accountability levels. Lastly, INTERSOS will maintain a hotline phone number where beneficiaries can complain from staff, services and provide recommendations, suggestion and ask for help. This information is collected by a M&E officer independent from project activity implementation, reporting to the program and accountability coordinator, project manager, health, and nutrition coordinator and head of mission for independent verification and instruct corrective action.

Implementation Plan

Activity 1.1.1: There will be training of nurses with midwifery skills who, as team members, will provide Basic Emergency Obstetric and New-born Care (BEmONC) at all supported health facilities. Cases requiring Advanced/comprehensive emergency obstetric care will be referred to Jowhar Maternity Hospital.

Activity 1.1.2: The project will pay salaries on a monthly basis for project staff committing their time and resources on this project.

Activity 1.1.3: The project will provide Immunization services (EPI) within primary health services integrated with nutrition services through a network of 2 fixed primary health facilities and 2 mobile clinics. Children and pregnant women with malnutrition will be referred to nutrition centres in close proximity for nutrition care and support.

Activity 2.1.1: Provision of curative consultations either through 2 static facilities (Hawadley and Balcad) which receive substantial support through the project. Included in this activity will be the training of 11 staff from the MCH and the mobile clinics on IMCI and infection control.

Activity 2.1.2: Through the mobile clinics and the CHWs, the project will refer emergency cases from the MCHs in Balcad and Hawadley to JRRH

Activity 2.1.3: 20 CHWS will provide sensitization services to the villages in Balcad district. On a monthly basis each of the targeted villages will be reached by CHWs with health sensitization messages. Some of the topics to be covered will include the need to have children immunized, early health seeking at the health facility for sick patients

Activity 2.1.4: The project will equip the supported 2 facilities and 2 mobile clinics with essential drugs, vaccines, post-rape treatment drugs and basic medical equipment to deliver lifesaving health services including medical care for SGBV

Activity 3.1.1: On a weekly basis, the project will share Surveillance for epidemic diseases including ,AWD/Cholera, measles through case registration using DEWS tools with Health clusters, WASH cluster, sub-clusters and MoH for prompt response in case of an emergency outbreak.

Activity 3.1.2: The project will train all staff from each of the 2 MCHs, 2 mobile clinics on emergency preparedness and response including on cholera preparedness and response plan

Activity 3.1.3: The project will procure and preposition emergency supplies and equipment for prompt response to epidemics like cholera.

Coordination with other Organizations in project area	
Name of the organization	Areas/activities of collaboration and rationale
WOCCA	Operates in Jowhar and Balcad district implementing supplementary feeding programmes- INTERSOS staff will refer moderately malnourished children together with pregnant and lactating mothers to WOCCA managed facilities for nutrition rehabilitation.
PAH	This is an NGO implementing WASH activities in Middle Shabelle. INTERSOS will collaborate with this organization to enhance response to AWD/Cholera outbreaks
IMC	IMC runs maternity services in Jowhar district- INTERSOS will collaborate with IMC especially referral of complicated obstetric cases to Jowhar maternity hospital for specialized care
Health and Nutrition Cluster	INTEROS will coordinate with the Health and Nutrition Cluster at country level and ensure that INTERSOS programs are in line with the cluster work plan and are filling an identified gap in emergency response
UNICEF	Provides core pipeline nutrition supplies for SAM management. UNICEF also provides technical support for management of SAM and MAM cases including providing guidelines for running infant and young child programmes. INTERSOS will collaborate with UNICEF for provision of supplies especially RUTF and Vaccines.
Ministry of Health	The ministry of health coordinates all response efforts among partners implementing nutrition activities. INTERSOS will collaborate with MoH to ensure synergy is fostered among different partners and possibility of duplication of efforts and resources is eliminated
Community Leaders	INTEROS will work with the local authorities and respected members of the target communities and religious leaders in order to increase the awareness and utilization of existing power structures that facilitate activity implementation in the target communities. The local administration

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

1- The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

Gender will be mainstreamed throughout the project: data will be disaggregated by sex and age whenever possible and activities will be tailored to respond to the specific needs of women, girls, men and boys affected by drought in Balcad District of Middle Shabelle. The needs of girls and women in conflict will be taken into account by tailoring specific training to the female health workers and by strengthening the referral mechanism to assist women and girls who have been subjected to sexual gender based violence. The access to integrated lifesaving emergency health services will be particularly ensured for pregnant and lactating women and U5 children.

Protection Mainstreaming

Protection is a cross-cutting issue and therefore will be integrated into all aspects of this emergency response. INTERSOS will ensure that activities being implemented will not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. All activities will be tailored to ensure that they promote and respect human rights and enhance protection of women, girls, men and boys. Specifically, this action will mainstream protection by ensuring that from the outset, it will deploy female and male local health workers. In addition, this action will also ensure that survivors of sexual and gender based violence when encountered by the mobile clinics and CHWs will be referred to INTERSOS supported health facilities where they will be able to access medical and psycho social support. In addition, the community members will be informed of the nearest health facilities where SGBV are available.

Country Specific Information

Safety and Security

The security situation is categorized as not critical, however, recently some serious security incidence have been reported in Balcad district. INTERSOS has elaborate security procedures where staffs do undertake comprehensive planning process (CPP) which essentially involves security analysis of the area to be visited; the head of mission then approves or cancels the mission depending on the security situation. Secondly, INTERSOS recruits local staff who are very familiar with the context which supports the tenets of project ownership but also reduces the risk of kidnapping of international staff. Ultimately, this has enhanced programme ownership and reduced security threats for the organization. All INTEROS staffs undergo security training and basic first aid training. The security staff as well as a security manager will be in charge of the general security of the project and its staff. INTERSOS has security officers present on the ground and conducts regular analysis of the security situation. Maintaining the safety and security of staff during travel is an essential part of the security management process.

Access

INTEROS is one of the leading health actors in Somalia, with high technical capacity, institutional knowledge and over 20 years' experience in the Somali context, especially in South Central, INTERSOS have been working in Middle Shabelle for over 20 years with strong knowledge of the local context and developed a good rapport with the local administration. Since there are critical health concerns in Middle Shabelle, INTERSOS will target the area to deliver lifesaving emergency health services. INTERSOS has 100% access to the proposed project location and uses the local staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Supplies (materials and goods)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
2. Transport and Storage							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
3. International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Local Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Training of Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
6. Contracts (with implementing partners)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
8. Indirect Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
11. A:1 Staff and Other Personnel Costs: International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00

12. A:1 Staff and Other Personnel Costs: Local Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
13. B:2 Supplies, Commodities, Materials								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
14. C:3 Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
20. Staff and Other Personnel Costs								
1.1	Project Manager	D	1	2,000.00	12	100.00	24,000.00	
	<i>"Based in Jowhar/Mogadishu but with frequent travel to Balad for reporting and coordination. Assists the Health and Nutrition Coordinator in the implementation of project from a managerial standpoint. Reports on a weekly basis to the Health and Nutrition Coordinator. dedicated to this project 100% "</i>							
1.2	Health and Nutrition coordinator	D	1	3,000.00	12	30.00	10,800.00	

	<i>"Based in Mogadishu with frequent travel to the field locations. He will be in charge of coordination this project and the entire health and nutrition program coordination in Somalia, with functions also of technical supervision. He will support in capacity building of staff, represents INTERSOS at technical coordination meetings. He reports monthly to the Head of Mission and Health advisor.</i>							
	"							
1.3	Health advisor	D	1	4,700.00	12	25.00		14,100.00
	<i>"Crucial to this role is playing advisory role to INTERSOS entire health and nutrition sector and also fostering relationships with new donors including doing advocacy work.</i>							
	"							
1.4	Field Health Supervisor	D	1	1,200.00	12	100.00		14,400.00
	<i>Based in Balcad, with regular visits to all Health Centers and to the villages targeted by the mobile clinics where the activities take place, responsible for the coordination, supervision and monitoring of the activities in the field. Reports weekly to both Project Manager (for managerial component) and to Health and Nutrition Coordinator (for technical and coordination component) on a weekly basis. Responsible also of facilitating the training of staff and of CHWs .Dedicate to this project 100%</i>							
1.5	MCH - Midwife	D	2	400.00	12	100.00		9,600.00
	<i>Team member of the MCHs, delivers BEmONC services within the MCH. Each MCH will have 1 midwife*2MCH = 2 midwives</i>							
	"							
1.6	MCH - Nurse	D	4	400.00	12	100.00		19,200.00
	<i>Based in Balcad and Hawadley,they will deliver health activities in the field within the structure of the facilities: conduct visits, distribute medications on the basis of the diagnosed diseases and transport/ refer critical patients. Fully dedicated to this project. 2 nurses per MCH. 2 MCHs = 4 nurses</i>							
1.7	MCH - Auxiliary Nurse	D	4	200.00	12	100.00		9,600.00
	<i>Based in Balcad and Hawadley,they will deliver health activities in the field within the structure of the facilities: conduct visits, distribute medications on the basis of the diagnosed diseases and transport/ refer critical patients. Fully dedicated to this project. 2 auxiliary nurse per MCH. 2 MCHs = 4 auxiliary nurses</i>							
1.8	Mobile clinic - Midwife	D	2	400.00	12	100.00		9,600.00
	<i>Team member of the Mobile clinic, delivers ANC/PNC/BEmONC services within the Mobile clinic. Each mobile clinic will have 1 midwife*2 mobile clinic = 2 midwives</i>							
1.9	Mobile clinic -Nurses	D	2	400.00	12	100.00		9,600.00
	<i>one nurse will be working in each the mobile clinic to deliver life saving services within the mobile clinics. They will directly report to the head of mobile clinics on a daily basis. two mobile = 2 nurses</i>							
1.10	Mobile clinic -Auxiliary nurses	D	2	200.00	12	100.00		4,800.00
	<i>Based in Balcad and Hawadley mobile clinic,they will deliver health activities in the field within the structure of the facilities: conduct visits, distribute medications on the basis of the diagnosed diseases and transport/ refer critical patients. Fully dedicated to this project. 1 auxiliary nurse per mobile clinic. 2 Mobile clinic = 2 auxiliary nurses</i>							
1.11	Pharmacy - drug store manager	D	1	600.00	12	100.00		7,200.00
	<i>S/he is national staff based in the Balcad/Jowhar, responsible for drug stock movement, dispensing and compile the drugs consumption reports from teams and reporting to the health supervisor the forecast, utilizing drug reports.</i>							
1.12	CHWs Incentives	D	20	80.00	12	100.00		19,200.00
	<i>"Each CHW will be supported by incentives of \$ 80 per month. They will deliver sensitization messages and also play a crucial role in referring patients who need specialized care within their areas of jurisdiction. "</i>							
1.13	Guards MCH	D	2	150.00	12	100.00		3,600.00
	<i>One guard per HC to ensure that their is order and security within the health centres. They will be answeable to the head nurse of each Health facility</i>							
1.14	Cleaner MCH	D	2	180.00	12	100.00		4,320.00
	<i>Cleans the health centers in balcad and Hawadley and will be answerable to the head nurse of the health facilities.</i>							
1.15	Head of base - Mogadishu	S	1	2,500.00	12	10.00		3,000.00
	<i>Based in Mogadishu, represent the Organization at field level. Responsible of supporting the coordination and implementation of all programs implemented in Middle Shebbe by INTERSOS, including this one</i>							
1.16	Finance and admin staff	S	2	3,500.00	12	10.00		8,400.00

	<i>This staff will be responsible for the daily monitoring of the financial reporting from the field, facilitate the transfer of funds to the field, reporting to the donor for both interim and final</i>						
1.17	Finance and programme supervisor	S	1	7,000.00	12	10.00	8,400.00
	<i>Ensures that all project documents are well handled at the field level and send all accounting documents to Nairobi. He will also ensure compliance with donor requirements at the field level.</i>						
1.18	Support staff	S	2	300.00	12	10.00	720.00
	<i>Guards and cleaners at the coordination office</i>						
	Section Total						180,540.00
21. Supplies, Commodities, Materials							
2.1	Drugs and medical supplies/equipment	D	1	48,868.42	1	100.00	48,868.42
	<i>"Drugs and other medical supplies will be purchased for use in 2 static health facilities in Balcad and Hawadley and the 2 mobile clinics to deliver emergency life saving health services to drought affected population in Middle Shebelle. See the BoQ of the items to be purchased"</i>						
2.2	Transport by road/Air	D	1	12,500.00	1	100.00	12,500.00
	<i>"Transport of 3830.5 kg of drugs @ 2.95usd per kilo. This will be the costs of transporting all medical and non medical equipment purchased in Nairobi and to be delivered to the field. In addition a canter will be hired to transport the drugs from Mogadishu to Balcad. It will cost 1200\$. For calculation see BoQ."</i>						
2.3	Training of nurses in IMCI (Integrated Management of Child Hood illnesses and infection control)	D	1	2,289.00	1	100.00	2,289.00
	<i>"The training will be conducted in Mogadishu to equip 11 staff with knowledge and skills on Integrated Management of childhood illness and infection control. The training will be done in Mogadishu. The training will run for 2 days"</i>						
2.4	ANC and BEmONC Training.	D	1	3,648.00	1	100.00	3,648.00
	<i>"The training will be conducted in Mogadishu to equip 10 staff with knowledge and skills on antenatal care for pregnant mothers, Basic Emergency, Obstetrics and Newborn care to enable them deliver high quality services. The training will be done by a midwife consultant who is well experienced in Midwifery and training. the training will run for 4 days See the BoQ for details"</i>						
2.5	Training of staff on cholera treatment and prevention	D	1	4,820.00	1	100.00	4,820.00
	<i>""This training will be done at the field level in Jowhar. 14 staff will be trained on cholera case management, epidemic cholera preparedness and response among other topics. The training will run for 4 days. See the BoQ""</i>						
	<i>"cholera preparedness and response among other topics. See the BoQ"</i>						
2.6	Medical/Non-medical consumables	D	1	2,077.04	1	100.00	2,077.04
	<i>"Medical consumables will be purchased for use in 2 static health facilities in Balcad and Hawadley and the 2 mobile clinics to deliver emergency life saving health services to crisis affected population in Middle Shebelle, South Central Zone of Somalia. See the BoQ of the items to be purchased"</i>						
2.7	Visibility & IEC materials	D	4	400.00	2	100.00	3,200.00
	<i>Includes banners for visibility onsite, IEC materials and uniforms for all staff. 400\$ for each health facility(A total 4 health facility - 2 mobile clinic and 2 MCHs). Anticipating 2 time procurement</i>						
2.8	MCH Running costs	D	2	200.00	12	100.00	4,800.00
	<i>This include water, electricity and other utilities</i>						
2.9	Stationary and Printing of Medical Records/registration cards	D	4	100.00	12	100.00	4,800.00
	<i>Stationary and Printing of Medical Records/registration cards and referral cards. 100\$ for each health facility(A total 4 health facility -2 mobile clinic and 2 MCHs) for each month.</i>						
	Section Total						87,002.46

22. Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
23. Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
24. Travel								
5.1	Travel to NBO/Mogadishu	S	1	7,044.00	1	100.00	7,044.00	
	<i>"These are costs associated with travels from Nairobi to the field for monitoring purposes. The officers who will travel under this line include, Health and nutrition coordinator, Project manager, The head of Mission , and the medical referent from the HQ may also use this line to travel to the field for advisory purposes. See the BoQ"</i>							
5.2	Deployment costs - accomodation and perdiem	D	1	4,450.00	1	100.00	4,450.00	
	<i>"These are costs associated with deployment while in Mogadishu. It includes accomodation costs,perdiem for the health and Nutrition coordinator, Project manager and any staff mentioned in 5.1 who may travel to the field for monitoring purposes."</i>							
5.3	Car rental for supervision	D	1	1,200.00	12	100.00	14,400.00	
	<i>One car will be hired at a cost of 1200 for supervision of activities in the 2 MCHS supported and Mobile clinics. The Project Manager will use this for supervision of MCHs and Mobile clinics.</i>							
5.4	Car rent Mobile team	D	2	1,500.00	12	100.00	36,000.00	
	<i>"2 car rent in monthly base 1500*2*6=\$18,000 These cars will be used to conduct the outreach medical activities in the underserved villages in Balad Distrcit. The Vehicles will also transport referral case to Jowhar Regional Hospital. "</i>							
5.5	Security Management	S	1	800.00	6	100.00	4,800.00	
	<i>This are security escorts and security for staff while on mission</i>							
	Section Total							66,694.00
25. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
26. General Operating and Other Direct Costs								
7.1	Communication Costs	D	1	850.00	12	40.17	4,097.34	
	<i>Communication cost: contribution of the communication costs for project staff. This will include field health supervisor, MCH/Mobile clinic incharges,Health and Nutrition Coordinator, Project Manager, Field coordinator and the admin staff in Mogadishu/Nairobi contributing to the project.</i>							
7.2	Office rent - coordination office	S	1	2,000.00	12	18.00	4,320.00	
	<i>These costs include of Mogadishu Office where the expat staff is based.</i>							
7.3	Office Supplies and Stationery	S	1	399.00	12	15.00	718.20	
	<i>"These include office stationery, for Nairobi and Mogadishu coordination offices and the Jowhar Office. see BOQ for details."</i>							
7.4	Bank Charges	S	1	500.00	12	100.00	6,000.00	

Bank charges are calculated as 2% of USD 300,000			
Section Total			15,135.54
SubTotal	77.00		349,372.00
Direct			305,969.80
Support			43,402.20
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			24,456.04
Total Cost			373,828.04

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Middle Shabelle -> Balcad	100	28,343	36,074	30,920	33,496	128,833	<p>Activity 1.1.1: Provision of Basic Emergency Obstetric and New-born Care (BEmONC) in all supported health facilities (Hawadley and Balcad MCHs). Cases requiring Adva...</p> <p>Activity 1.1.2: Immunization services (EPI) will be provided within primary health services integrated with nutrition services through a network of 2 fixed primary h...</p> <p>Activity 1.1.3: Provision of antenatal care services for pregnant women in 2 static and 2 mobile clinics</p> <p>Activity 1.1.4: Training of Health Workers on ANC and BEmONC. The training will take place for 4 days and 10 staff will benefit</p> <p>Activity 1.1.5: Training of health workers on Integrated Management of childhood Illness (IMCI). This is a refresher training which will run for 2 days and 11 staff w...</p> <p>Activity 2.1.1: The 2 supported facilities (Hawadley and Balcad) and 2 mobile clinics will be equipped with essential drugs, vaccines, post-rape treatment drugs and ...</p> <p>Activity 2.1.2: Support the referral of obstetric emergency cases from the MCHs in Balcad and Hawadley to Jowhar Maternity Hospital</p> <p>Activity 2.1.3: Curative consultations provided either through 2 static facilities (Hawadley and Balcad) and 2 mobile clinics which receives substantial support thro...</p> <p>Activity 2.1.4: Health education, information and mobilization: Conduct C4D sessions by CHWs based on MoH health education guidelines, and health information and inf...</p> <p>Activity 3.1.1: Surveillance of epidemic diseases including , AWD/Cholera, measles through case registration using eDEWS tools and sharing reports with Health cluste...</p> <p>Activity 3.1.2: Training of staff on cholera treatment and prevention - the training will focus on health workers both at MCH and mobile clinic level. The training w...</p> <p>Activity 3.1.3: Procurement and Prepositioning of emergency supplies for prompt response to epidemic outbreaks like AWD/Cholera</p>

Documents	
Category Name	Document Description
Project Supporting Documents	02AS Balcad District 05.04.2018.pdf
Project Supporting Documents	02AS- beneficiary breakdown - 05.03.2018.xlsx

Budget Documents	02AS- BoQs- 10.03.2018.xlsx
Budget Documents	02AS- BoQs- 28.03.2018.xlsx
Budget Documents	Copy of 02AS- BoQs- 29.03.2018.xlsx
Budget Documents	INTERSOS 02AS- BoQs- 03.04.2018.xlsx
Budget Documents	Copy of INTERSOS 02AS- BoQs- 03.04.2018 with OCHA comments.xlsx
Budget Documents	INTERSOS 02AS- BoQs- 10.04.2018 -final.xlsx
Budget Documents	Copy of INTERSOS 02AS- BoQs- 16 04 2018.xlsx
Budget Documents	INTERSOS 02AS- BoQs- 20. 04. 2018.xlsx
Grant Agreement	Intersos GA 8654 signed by HC.pdf