OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Action Contre la Faim
Allocation Type :	Reserve 2016

Primary Cluster	Sub Cluster	Percentage
Health		100.00
		100

Project Title :	Improved access to Life Saving basic Health services for vulnerable displaced boys, girls, men and women in Kaxda District, Mogadishu.
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-16/3485/R/H/INGO/3774
Cluster :		**Project Budget in US$:**	185,000.00
Planned project duration :	9 months	**Priority:**	
Planned Start Date :	01/12/2016	**Planned End Date :**	31/08/2017
Actual Start Date:	13/12/2016	**Actual End Date:**	12/09/2017

Project Summary :	The proposed project will be implemented in Kaxda district of Banadir region to cover health needs of internally displaced people and host community women, men, boys and girls.The project is in response to Somalia Humanitarian Fund 2016 allocation for IDPs long Afgoye corridor in Banadir region.The project will aim at providing a curative and preventive basic life saving health services among the IDPs in Kaxda District. An estimated beneficiaries of 27380 persons including 10250 women of child bearing age, 9000 boys and 8000 girls, 100 key community leaders (50 men and 50 women) ,20 staff (10 men and 10 women) and 10 TBAs will be targeted for a period of 9 months and provided with Basic primary health care services and referral of complicated cases and increased prevention activities(health education, hygiene promotion, IYCF promotion) . This will be achieved through the rehabilitation and operationalization of 1 fixed MCH and 1 mobile outreach team.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
60	10,320	9,000	8,000	27,380

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	9,000	8,000	17,000
Women of Child-Bearing Age	0	10,250	0	0	10,250
Staff (own or partner staff, authorities)	10	20	0	0	30
Other	50	50	0	0	100

Indirect Beneficiaries :

0

Catchment Population:

51318

Link with allocation strategy :

The proposed projects links with the Somalia Humanitarian Fund reserve allocation for 2016 that has prioritized for intervention 215,151 IDPs living in crowded camps along the Afgoye corridor by providing essential lifesaving health services to the IDP population in the target locations. additionally the project provides prevention and response to outbreaks such as malaria, AWD and measles through treatment and regular health education as per the allocation strategy.

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
John Clinton	Head of Mission	hom@so.missions-acf.org	+254 722 515382
David Mwaniki	Grants and Communications Manager	gcm@so.missions-acf.org	+254 720 367 990

BACKGROUND

1. Humanitarian context analysis

About 3.2 million women, girls, boys and men need emergency health services. Lack of access to reproductive healthcare can be life-threatening for women. The system remains weak, poorly resourced and inequitably distributed. The health situation is one of the worst in the world. Funding for health programmes remains very low and there is critical shortage of capacity for a health workforce. The 2014 estimates indicate that there are only about 6,300 doctors, nurses and midwives working in Somalia.4 The shortfall in funding is already jeopardizing provision of health services and putting health of the affected communities at dire risk. At least seven hospitals, including Belet Weyne, Bossaso, Burao, Gaalkacyo South, Johwar, Kismayo and Marka, are at risk of closure in the near future if no funding is made available.
Around 45 per cent of Somalis do not have access to safe water and 37 per cent of Somalis do not have access to basic sanitation. The acute shortage of water in some districts is further exacerbated by seasonal droughts and floods leaving vulnerable people with limited affordable options. Women and girls, also due to their needs linked to reproductive health, bear the brunt of poor sanitation facilities and the practice of open defecation is common and notably undertaken after dark, which is a severe protection risk and exposes them to physical assaults and (Gender Based Violence) GBV. Persistent waterborne disease outbreaks and lack of improvement (or a degradation) of the malnutrition situation is due, in part, to significant underfunding of Water, Sanitation and Hygiene (WASH) activities. Somalia has an inadequate health infrastructure, weak institutional capacity, inequity in the delivery of health services and insufficient public health sector accountability (Federal Government of Somalia (FGS), Government of Puntland, & Government of Somaliland, 2014). Less than 15 per cent of rural inhabitants have access to any health provider. It is also noteworthy that only 39 per cent of Somalis live in urban areas, which therefore leaves 61 per cent of the entire population potentially underserved (WHO Global Health Observatory, 2013). For example, in Hiraan region, patients in critical conditions, including pregnant mothers facing complications, have to travel 200 kilometres to reach the closest hospital in Jowhar, Middle Shabelle region. Southern and central Somalia is home to over 60 per cent of the population in need of life-saving assistance including measles vaccinations, basic and comprehensive mother and child services including referral.
As a result of the dire health situation, about 3.2 million girls, women, boys and men in Somalia need emergency health services. Also the lack of reproductive health care is particularly grave and leads to the second highest maternal mortality rate in the world. Only a quarter of pregnant women attend antenatal care, and only seven per cent complete the four recommended antenatal visits. Access to comprehensive emergency obstetric care is poor, as shown by a caesarean rate of 0.5 per cent and only 11 per cent coverage of major obstetric emergencies. This is aggravated by the fact that 98 per cent of women have undergone female-genital mutilation, which adds to the risks of maternal death. This is coupled with the fact that the country has one of the highest total fertility rates (6.7) in the world. Women in Somalia have a 1 in 18 lifetime risk of dying due to pregnancy and childbirth-related complications.
This places Somali women among the most high-risk groups in the world. 1 in every 10 Somali children dies before their first birthday and under-five mortality ranges from 180 to 225 per 1,000 live births.10
Diarrhoeal diseases and cholera are among the leading causes of death with over 48,000 cumulative cases reported between January and August 2015, 85 per cent of which were children

2. Needs assessment

The Internally Displaced Persons (IDP) population in Mogadishu presents the poorest health situation and also reports difficulties in accessing health services. While Mogadishu as a whole has the highest concentration of health care services in the Country, the distribution of services is not equitable with fewer basic services available in periphery districts as compared to more central districts. ACF anticipates a growing influx of individuals to peripheral districts of Mogadishu as a result of the different population movement including the evictions, influx from conflict prone regions in Southern Somalia as well as continuing (low-scale) forced refugee returns/repatriation from Saudi Arabia and Kenya, with, as example, the planned closure of Dadaab refugee camp or the UNHCR task force reported that over half of refugees fleeing violence in Yemen have expressed interest in coming to Mogadishu .
The crude and under five death rates reported are: 0.40/10 000/day and 1.5/10 000/day respectively in the Mogadishu IDPs, indicating Acceptable Crude death rate and sustained Serious under five mortality according to WHO classification and an improvement from the previously reported crude mortality rates of 0.76/10 000/day and 1.53/10 000/day, respectively for Gu 2015. However, under-five death rate (U5DR) at sustained Serious level (1.50/10 000/day) in Deyr 2015 and (1.53/10 000/day) seen in Gu 2015 is of concern. High morbidity rate of 29.7% (between October to December 2015) observed among Mogadishu IDPs can be attributed to current outbreaks of Acute Watery Diarrhoea (AWD) and other seasonal infections as malaria (36%), typhoid (12%), cholera (7%), bilharzia (3%), amebae (12%) and Upper Respiratory Tract Infection (URTI 12%) according to the ACF multisectoral assessment in Mogadishu done in May 2016. A main cause of under-five death reported was fever, diarrhoea and respiratory infections.
47% of the households reported to have a sick member in the household over last three months. That figure is highest for the IDP population at 44% followed by economic migrants at 34%. 90% of those with one member sick reported short-term illness as their main concern. 74.7% of those that had a member sick reported seeking medical assistance which mean that 47.3% went to health facility, 27.4% bought drugs whereas 11.4% visited a traditional healer and 5.7% seek prayers (ACF May assessment). Out of the 52% not seeking health care in health facilities, 36% is attributed to distance, 25% to cost and 26% due to poor services. Health is related to income as productive time lost in sick days eats up on the income, but also linked to the cost of health services and medication; According to ACF multi-sectoral assessment conducted in May, 17% Households (HH) consider Health as one of the most important thing to spend on and health is also one of the primary uses of loans for 26% of the HH (right after food). Additionally, FSNAU post Deyr reported coverage for vitamin A supplementation (44.1%) and Measles vaccination (39.5%) among the displaced in Mogadishu IDP suggests current coverage is far below the 95 percent coverage recommended by SPHERE. ACF proposes to address urgent needs and gaps by offering free, comprehensive primary healthcare service) by operationalizing 1 health facility in strategic locations of Kaxda district of Mogadishu-Banadir region. One mobile clinic will cover the remaining area of these districts in addition to strengthening the capacity of implementation staff by institutionalizing the system of supportive supervision to health facilities and supporting HR management systems with the purpose of supporting an equitable distribution of the health workforce as well as Strengthening Health management and information systems (HMIS) in line with recommendation of Mid-term Review of the Somali Joint Health and Nutrition Programme (JHNP) report (December 2015.

3. Description Of Beneficiaries

The target population for this project is specifically 17000 (9000 Boys and Girls) and 10250 women of child bearing age in 26 IDP settlement in Kaxda district. Additionally care givers of children under the age of five will be targeted for health education to enhance their knowledge on health, hygiene and nutrition practices and enable them take an active role in health status and well being of their children. 20 staff and 10 Traditional Birth attendants (TBAs) will also indirectly benefit from the project through training on Integrated Management of Childhood Illnesses (IMCI) and safe deliveries respectively.

4. Grant Request Justification

Urgent live saving health service targeting IDPs in Mogadishu is essential due to vulnerabilities resulting from forced evictions of internally displaced persons in Mogadishu which will exacerbate the already disconcerting health situation. An inter-agency rapid assessment report on the Dharkenley evictions revealed that the forced eviction resulted in the loss of access to health facilities for about 60 per cent of people who responded to the assessment. 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 rotavirus, which has been described to account for up to 60 per cent of (Acute Watery Diarrhoea) AWD cases in Mogadishu. This and the expected Deyr rains which may increase the occurrence of already high incidences of malaria, AWD/ cholera, measles and other diseases for Mogadishu IDPs highlights the necessity to rapidly detect the acute worsening of a protracted crisis, combined with the need for prompt and commensurate adjustment and scaling up of programmes from routine activities to emergency response. ACF 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. Majority of the medical facilities are overcrowded with insufficient safe water, poor hygiene and sanitation leading to a high risk of communicable disease outbreaks and an increase in avoidable death and disease.

5. Complementarity

ACF has been responding to the immense nutrition needs in South Central Somalia and specifically in Mogadishu to save lives and improve the nutrition situation, this has been through curative nutrition services mainly Outpatient therapeutic Programme (OTP) and Stabilization centres (SC) coupled with preventive nutrition components such Infant and Young child Feeding (IYCF), Health and nutrition education, community mobilization and sensitization as well as building local capacities on health and nutrition. In order to respond to the worrying Health and Nutrition situation in Mogadishu IDPs. ACF is currently running Community Management of Acute Malnutrition (CMAM) programmes specifically 2 stabilization centres (SC) and 2 OTPs in Hodan and Abdiaziz districts of Mogadishu, The SCs centres receive referrals of complicated SAM cases from all the districts in Mogadishu thus ACF will maintain the existing Health and Nutrition facilities in Abdiaziz and Hodan Districts of Mogadishu and scale up the Nutrition intervention in Kaxda district through fixed and outreach therapeutic (OTP) sites to reach severe acutely malnourished boys and girls in Kaxda district as well as IYCF and other preventive intervention. The proposed Health intervention will be integrated with WASH and Nutrition interventions targeting IDPs in Kaxda district, all children coming to the MCH will be screened for malnutrition and referred to the OTP site whereas all Severe Acute malnutrition (SAM) children admitted to the OTP site with identified underlying medical condition will be referred to the MCH for treatment of underlying medical condition to reduce length of stay, promote recovery and reduce relapse rate. Additionally ACF has engaged community Health workers (CHWs) at community level to conduct active case finding and referrals to enhance early detection of malnourished children as well as Health, Hygiene and Nutrition Promotion as well as follow up of children admitted to the SAM treatment programme. The WASH project supports provision of save and clean drinking water in Nutrition and health sites as well as sanitation facilities. All nutrition sites will have hand washing facilities with soap and water to promote hygiene practices

LOGICAL FRAMEWORK

Overall project objective

Improved access to quality preventative and curative health care services among boys and girls under 5 years and Pregnant and Lactating Women through one static MCH centre and mobile outreach services in Kaxda district, Mogadishu.

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	Somalia HRP 2016	100

Contribution to Cluster/Sector Objectives : The proposed projects contributes to Health cluster objectives through through provision of primary focusing on displaced people, host communities, undeserved rural and urban areas (including newly-recovered areas) while also providing preventing interventions to improve community capacity to prevent sickness through good health seeking behaviors. 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.
3. Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner

Outcome 1

Increased access to quality essential primary health care services (using fixed and mobile medical units) at primary health care and community sites

Output 1.1

Description

17000 children (9000 boys and 8000 girls) below 5 years and 10,250 women of child bearing age have access to basic lifesaving health care services.

Assumptions & Risks

There will adequate supply of drugs and vaccines from UNICEF and there will be no evictions of IDPs in target locations

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Integrated Management of Childhood Illness (IMCI) through decentralized MCH and mobile teams for 17000 underfive children (9000 boys and 8000 girls).

Activity 1.1.2

Standard Activity : Primary health care services, consultations

Provision of Antenatal and post-natal care for 10250 pregnant and lactating women, including micro-nutrients supplementation and provision of safe delivery kits through decentralized MCH and mobile teams

Activity 1.1.3

Standard Activity : Immunisation campaign

Provision of Immunization services according to the immunization calendar for children under five and PLWs attending MCH and mobile outreach sites and through periodic immunization campaigns

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Health	Number of consultations per clinician per day by Health facility					50
Means of Verification : MCH and mobile team registers, EPI reports, weekly and monthly health cluster reports							
Indicator 1.1.2	Health	Number of Pregnant and lactating mothers reached through Antenatal and Postnatal consultations					10,250
Means of Verification : MCH and outreach registers, weekly and monthly reports, ACF database							
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					10,250
Means of Verification : Immunization register, MCH reports, outreach reports.							

Outcome 2

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

Output 2.1

Description

17000 caregivers of under children and 10250 women of child bearing are sensitized on optimal health, hygiene and Nutrition practices including Infant and Young Child Feeding (IYCF).

Assumptions & Risks

There will be no security incidence that will hinder caregivers and MCH beneficiaries from attending health education sessions at health facility

Activities

Activity 2.1.1

Standard Activity : Hygiene promotion

Conduct structured and routine hygiene promotion sessions targeting 17000 caregivers of under five children 10250 women of child bearing age.

Activity 2.1.2

Standard Activity : Capacity building

Form and support 5 mother to mother support groups consisting of mothers attending antenatal and postnatal care sessions at health facility.

Activity 2.1.3

Standard Activity : Awareness campaign

Sensitize 50 (25 men and 25 women) community members (IMAMs, youth, women groups, elders, men) on health seeking behaviors through quarterly community sensitization sessions at community level.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	Health	Number of health education sessions targeting caregivers of under five children and women of child bearing age attending MCH sites.					300
Means of Verification : Health education reports, ACF database							
Indicator 2.1.2	Health	Number of health facilities supported					2
Means of Verification : MCH and mobile team Health, hygiene and Nutrition promotion reports, ACF database, Health education reports							

Indicator 2.1.3	Health	Number of caregivers attending health education sessions targeting caregivers of under five children and women of child bearing age at community level					100

Means of Verification : Health education reports, ACF database

Outcome 3

Improved capacity of Health care workers to deliver quality Health care service and referrals.

Output 3.1

Description

A total of 15 staff (8 male, 7 female) and 10 TBAs (all women) trained on Integrated management of childhood illness and safe deliveries respectively.

Assumptions & Risks

Security situation will remain the same for the trainees to access the training venue.

Activities

Activity 3.1.1

Standard Activity : Capacity building

Conducting 2 cycles (Initial and refresher) Integrated management of childhood illnesses (IMCI) targeting 15 (7 men and 8 women) health care workers working at MCH and outreach

Activity 3.1.2

Standard Activity : Capacity building

Train 10 Traditional Birth Attendants (TBA)s on safe deliveries and Infant Young Child Feeding (IYCF) to promote referral to health facilities for deliveries by skilled personnel.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
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.					30

Means of Verification : Training reports, pre and post test, training photos

Indicator 3.1.2	Health	Number of Traditional Birth Attendants trained on safe deliveries and Infant Young Child Feeding (IYCF).					10

Means of Verification : Training reports, Training photos, trainees action plans

Additional Targets :

M & R

Monitoring & Reporting plan

Throughout the implementation period ACF will maintain a specific M&E plan for the action. On monthly basis the Plan will be reviewed to check on progress of all indicators. Both external and internal monitoring of the project will be done during implementation. Field visit by staff from Nairobi will also take place to provide an independent monitoring of the progress in addition to the routine monitoring by project staff.
Internally ACF will maintain a monthly Activity Progress Report (APR) that has to be submitted on the 5th of each month. The APR will be used as an internal monitoring tool and clearly shows target for each activity, progress on each month and cumulative percentage achievement as at the end of that month. The APR will be used to monitor progress, and on monthly basis will show any variance or deviation from what was expected. This will be done through a narrative that accompanies each monthly APR. This will provide direction on what aspects of the action need to be re-adjusted.
Quality check at project sites will be done through exit interview questionnaires administered to beneficiaries. The questionnaire will be on a mobile platform and used to check a number of quality indicators that includes: beneficiary understanding of the project, proper treatment protocols, availability of basic sanitation at health centre, health education quality, integrity in the provision of essential drugs and suggestions to improve the program. Analysis of the data collected will routinely be done and feedback to the field team given for an improved intervention.
Externally, ACF will submit weekly morbidity data and surveillance reports to the health cluster and Ministry of Health, monthly summary reports will also be shared with WHO, Health cluster and to the MoH using the standard agreed tools. This will be done on a monthly basis during implementation.

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 decentralized MCH and mobile teams for 17000 underfive children (9000 boys and 8000 girls).	2016												X
	2017	X	X	X	X	X	X	X	X	X			

Activity 1.1.2: Provision of Antenatal and post-natal care for 10250 pregnant and lactating women, including micro-nutrients supplementation and provision of safe delivery kits through decentralized MCH and mobile teams	2016												X
	2017	X	X	X	X	X	X	X	X	X			
Activity 1.1.3: Provision of Immunization services according to the immunization calendar for children under five and PLWs attending MCH and mobile outreach sites and through periodic immunization campaigns	2016												X
	2017	X	X	X	X	X	X	X	X	X			
Activity 2.1.1: Conduct structured and routine hygiene promotion sessions targeting 17000 caregivers of under five children 10250 women of child bearing age.	2016												X
	2017	X	X	X	X	X	X	X	X	X			
Activity 2.1.2: Form and support 5 mother to mother support groups consisting of mothers attending antenatal and postnatal care sessions at health facility.	2016												
	2017	X		X		X		X					
Activity 2.1.3: Sensitize 50 (25 men and 25 women) community members (IMAMs, youth, women groups, elders, men) on health seeking behaviors through quarterly community sensitization sessions at community level.	2016												X
	2017		X				X						
Activity 3.1.1: Conducting 2 cycles (Initial and refresher) Integrated management of childhood illnesses (IMCI) targeting 15 (7 men and 8 women) health care workers working at MCH and outreach	2016												X
	2017					X							
Activity 3.1.2: Train 10 Traditional Birth Attendants (TBA)s on safe deliveries and Infant Young Child Feeding (IYCF) to promote referral to health facilities for deliveries by skilled personnel.	2016												
	2017	X					X						

OTHER INFO

Accountability to Affected Populations

As part of the MEAL approach, an appropriate community-based feedback and complaints handling mechanism will be established by the MEAL manager in ACF. This will be designed to be inclusive and sensitive to the local community providing a platform for the active involvement of beneficiaries. The feedback mechanism will help identify and respond to beneficiary/stakeholders feedback and complaints. ACF prioritizes accountability to the affected populace as a key humanitarian principle in its interventions. The organization will constitute project committees to represent the community interests in every stage of the project. The organization will conduct discussion with the community and the various stakeholders in the choice of the relevant infrastructure and will do sensitization on the project objectives, indicators, targeting criteria and all critical aspects in order to inform the community and the intended beneficiaries. The organization will set up a complaints mechanism in order to address community grievances on the process and provide immediate feedback. The organization will also do a post activity monitoring in every major activity in order to address priority issue highlighted in the monitoring visits. The project incorporates the DO NO HARM principle by making sure that there is complaints mechanism and immediate feedback and further enlists community support through the community based participation in order to avoid conflicts on the project. The project sets clear targeting criteria in order to minimize disagreement on the choice of beneficiaries.

Implementation Plan

ACF proposes to address urgent needs and gaps by offering free, comprehensive primary healthcare service) by operationalizing 1 health facility in strategic locations of Kaxda district of Mogadishu-Banadir region. One mobile clinic will cover the remaining area of these districts in addition to strengthening the capacity of implementation staff by institutionalising the system of supportive supervision to health facilities and supporting HR management systems with the purpose of supporting an equitable distribution of the health workforce as well as Strengthening HMIS in line with recommendation of Mid-term Review of the Somali Joint Health and Nutrition Programme (JHNP) report (December 2015). ACF will rehabilitate these MoH facilities and deliver services. Kaixda is peripheral districts with limited basic services (at least IMCI, ANC, PNC, BEMONC, lab services, deliveries, immunization and OPD services) and high numbers of displaced populations. The project will strengthen the capability of the local health services to cope with the increased demand. The proposed services includes outpatient consultations for common morbidities, routine immunization, nutrition screening/growth monitoring for U5s, ANC, PNC, promotion of birth spacing and provision of modern FP methods, clinical management of rape (CMR) and basic lab services. These basics services may change a lot the current health offer, while, as example, According to ACF assessment conducted in May , for 66% of the women who have given birth in the last 2 years, the delivery was done at home even if lack of professional heath worker at the time of birth is one huge cause of high mortality rate among both children and mothers. Social messages of awareness creation on health issues through local media and other traditional means of communication will reinforce the building of health facilities. Management of SAM should be included during the course of the project has part of these basic services while it is an opportunity to insure soft transition from current modus operandi to more integrated one in this districts to insure more sustainability for SAM treatment. 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, moreover the intervention considers the on-going health sector initiatives including the Essential Package of Health Services (EPHS), the flagship programme for the Somali Health Authorities which promotes the continued and expanded provision of essential health services as the as centrepiece of any future health programming.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Reporting, supplies requests and delivery.
IMC	Referral for BEMONC and CEMONC services
MOH	Reporting
Health cluster	Reporting, supplies requests and delivery.
WHO	Reporting, supplies requests and delivery.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project staff will enlist the participation of women and children in beneficiary selection and project activities as appropriate, and also where appropriate focus groups discussions will be divided by sex, age and other factors such as physical disability. All relevant collected data will be disaggregated and analysed by sex, age, disability, geographic area, etc. The project will also specifically provide health care to women in the Mother Child Health Clinic as well as boys and girls under five years of age because of their vulnerability to morbidity and mortality. ACF has integrated gender in the various planned project interventions ensuring all the activities as planned are disaggregated by sex and age from the planning to the output stages. the organization will follow the principles of the GOS Gender Strategy and ACF Gender Policy: undertaking realistic, informative, nutrition-sensitive gender and social analysis to help each member staff understand women's, men's, boys', and girls' needs and priorities, in order to design programs that have a higher impact and are more effective. ACF works towards gender equality organizationally across departments and programmatically across sectors, and mainstreams gender both in emergency settings and in recovery and development contexts. The Gender Policies seek to ensure greater consistency of gender principles, policies and practices across the organizations and provides an accountability framework in relation to gender equality, against which all staff are accountable. Member of the consortium experience have shown that women are the most likely household members to engage in food purchase on the markets and in taking care of the general needs of the family, and as such they play a vital role in the designed intervention. The Consortium will contribute to foster the vital role women have for the economic management of the household and the health and wellness of all its members.

Protection Mainstreaming

Protection considerations will be streamlined throughout this programme promoting the core protection principles. During the project inception stage all staff will undertake a tailored training package. I incorporating awareness of (child) protection issues, how to identify signs of abuse or neglect, and how to respond to concerns. ACF will apply lessons learned from ongoing programs in Mogadishu and pay special attention to these and other potential protection issues during the project lifetime. Female beneficiary work norms will be adjusted to include protection measures. The project will minimize travel distances as much as possible and avoid travel at odd hours to project activities. The project will help prepare in women in the community to listen to and involve men in preventive health activities and empower women in decision making on children well being. The mainstreaming of accountability will provide a vehicle for women to share feedback independently of men, and cultural norms will be observed, including ensuring female rather than male staffs interact directly with women beneficiaries. Feedback and complaint mechanisms will be strengthened to ensure gender sensitive and confidential feedback via a wider variety of means: complaint committees, feedback boxes, and SMS feedback system, and others the beneficiaries consider suitable in their context. Based on lesson learned, staff will also be sensitized on how to register feedback or complaints.

Country Specific Information

Safety and Security

This action is implemented in a volatile security context where the security situation is highly unpredictable with high levels of risks to both national and international staff. There is an active on-going conflict and there is a continued shift of actors in control (there is a consistent offensive and counter-offensive strategies employed by the armed actors involved in the conflict). 2016 marks an important political milestone for the country as it heads towards transfer of power and this also increases the level of risks that aid workers face in Somalia. Hence, the delivery of the humanitarian action does take into consideration the possible deterioration in the security context (albeit for short timeframe during the project period).
Some of the key security challenges predicted to be of concern during the implementation of the action includes deliberate targeting of aid workers through arrests at checkpoints; attack on key facilities (such as hotels, government buildings or NGO facility); threats and intimidation; traffic accidents and kidnapping. Mogadishu has been impacted by an increase in number of high-profile attacks on hotels while and militia groups respectively.
Aid agencies staff movement could be subjected to such risks by been at a wrong place at a wrong time. To minimize loses of high-value assets in the field, ACF do not use agency-owned vehicles in the field. Use of armed guards is also used to a limited extent to protect office premises and during movement of international staff (from high-profile countries).
Conflicts over resources are a key issue within the local communities and agencies or her staff could be targeted when they are seen as been "resourceful". Beneficiary registrations and distribution activities are especially sensitive. If a robust beneficiary sensitization and awareness creation isn't conducted at inception, communities not reached by the interventions could create security risks such as preventing the continuation of activities in their areas of influence. Recognising such risks, ACF 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 despite the security caution at all the time. ACF will establish health centre in a safe and secure environment.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Medical Officer	D	1	1,196.00	9	38.00	4,090.32
	1 Medical Officer whose role will be to do the overall coordination of the program at the district level will be hired. Budgeted at 38% of $1,196 or $454 per month for 9 months.						
1.2	MCH Supervisor	D	1	897.00	9	100.00	8,073.00
	1 supervisor to over see the day to day running and management of the OTP site. Budgeted at $897 per month for 9 months.						

1.3	Midwife	D	1	1,462.00	9	100.00	13,158.00
	1 Midwife will be hired whose role will be to oversee the maternal care services at the MCH/OPD (Maternal & Child Health/Outpatient Department) , in addition to capacity building role to the other staff and TBAs (traditional Birth Attendants) at community level. Budgeted at $1462 per month for 9 months.						
1.4	Auxiliary Nurses	D	2	1,200.00	9	100.00	21,600.00
	2 Auxilliary Nurses will be hired to support the Midwife in maternal care services. Budgeted at $1,200 each for 9 months						
1.5	Registrars	D	1	564.00	9	100.00	5,076.00
	1 Registrar will be recruited to be responsible for registration of beneficiaries and maintain records of all beneficiaries in the MCH. Budgeted at $564 per month for 9 months.						
1.6	Vaccinator	D	1	600.00	9	100.00	5,400.00
	1 Vaccinator to be responsible for EPI (Extended Program on Immunization) activities in the MCH . This is budgeted at $600 per month for 9 months.						
1.7	Cleaners in the MCH	D	1	543.00	9	100.00	4,887.00
	1 cleaner to maintain high standards of hygiene in the MCH. Budgeted at $543 per month for 9 months.						
1.8	Watchman MCH - Mogadishu	D	2	527.00	9	10.00	948.60
	2 Watchman are key staff for the security of the supplies, staff and beneficiaries. They will provide security to centres during provision of services. 2 watchmen are budgeted at 10% per month or $105 per month for 9 months.						
1.9	Support Staff Mogadishu	D	1	19,070.27	9	3.00	5,148.97
	A breakdown of the staff and costs per position are provided in the budget narrative attached in the excel sheet. This due to the limitation on the number of rows that can be accommodated on the GMS						
1.10	Medical & Nutrition Coordinator -Nairobi	D	1	4,257.69	9	2.00	766.38
	1 Medical & Nutrition Coordinator in Nairobi will be a focal person for implementation of all technical componets to ensure project is implemented more effectively and with highest efficiciency. Medical & Nutrition Coordinator is budgeted at 2% per month or $85 per month for 9 months.						
1.11	Offshore - support in Nairobi	D	1	17,328.92	9	2.00	3,119.21
	A breakdown of the staff and costs per position are provided in the budget narrative attached in the excel sheet. This due to the limitation on the number of rows that can be accommodated on the GMS						
1.12	International support staff - Nairobi	D	3	10,137.00	9	1.40	3,831.79
	A breakdown of the staff and costs per position are provided in the budget narrative attached in the excel sheet. This due to the limitation on the number of rows that can be accommodated on the GMS						
	Section Total						**76,099.27**
Supplies, Commodities, Materials							
2.1	Drugs and Medical Equipments	D	1	46,946.75	1	100.00	46,946.75
	Essential primary health care drugs and equipment for under 5 boys and girls, and pregnant and lactating women will procured and used in the MCH						
2.2	Hygiene and cleaning products	D	1	1,612.00	1	100.00	1,612.00
	Cleaning materials (detergents, cleaning materials, soaps for hand-washing) at the MCH/OPD will be provided as detailed in the attached BoQ.						
2.3	Register and Health Cards	D	1	4,710.00	1	100.00	4,710.00
	For reporting tools shall include :MCH HMIS (Health Management Information System) reporting tools, OPD (Outpatient Department) under five registers, EPI registers, ANC/PNC (Ante-Natal Care/ Post Natal Care) and registers and vaccination cards.						
2.4	Health IEC (Information, Education and Communication) materials	D	1	1,400.00	1	100.00	1,400.00
	Health education materials for health facility based patients' education						
2.5	MCH (Maternal and Child Health) center Furniture	D	1	1,710.00	1	100.00	1,710.00
	Tables and chairs will be provided at the MCH(1 room for pregnant and lactating women consultation, 1 room under 5 consultations). Cupboards for filing, recording and storing of drugs.investigation coaches will be provided in the consultation rooms.						
2.6	Non Food items	D	1	3,240.00	1	100.00	3,240.00

	Pregnant women who would have completed the antenatal profiling will receive treated mosquito net. Mats for health education on health seeking behaviour at the MCH level and community level shall be provided.						
2.7	Rehabilitation of MCH Facility	D	1	5,183.00	1	100.00	5,183.00
	Rehabilitation of MCH facility will be undertaken to make it safe for beneficiaries use. A detailed breakdown of cost items is reflected in the BoQ						
2.8	Local freight (Truck Rental)	D	1	500.00	1	100.00	500.00
	Truck rental will be used in Somalia to ship all supplies from Airport to the Warehouse and from the warehouse to the centres. Two trips are budgeted at $250 each leg						
2.9	IMCI (Integrated Management of Childhood Illnesses) Training	D	1	6,869.00	1	100.00	6,869.00
	15 health staff will receive 5 days IMCI (Integrated Management of Childhood Illnesses) initial training, a refresher training of the same 15 health staff will be conducted for 5 days, a total of 30 health staff will receive the IMCI training						
2.10	TBAs Training	D	1	3,640.00	1	100.00	3,640.00
	10 TBAs will receive 1 circle of training. A total of 10 TBAs will be trained during the project cycle.						
	Section Total						**75,810.75**
General Operating and Other Direct Costs							
7.1	Office Rent	D	1	8,000.00	9	5.50	3,960.00
	The office rental costs will be charged to SHF at 5.5% per month for Mogadishu field office or $440 out of $8,000.						
7.2	Communication Cost	D	1	2,250.00	9	4.00	810.00
	The communication costs include internet and airtime for project staff. It also include a contribution to the coordination office communication costs at the rate of 3.6% to be shared between the different grants i.e. $81per month for 10 months						
7.3	Financial Charges	D	1	3,097.18	1	100.00	3,097.18
	The financial charges are 2% of all cash / payments to be done in Somalia, based on an agreement partner has with Galaxy Star (hawala company).						
7.4	Stationery & Office Supplies	D	1	1,444.44	9	4.00	520.00
	The stationery and supplies (paper, pens, cartridges...) for the Field office during the duration of the program are based on approximation of monthly needs. SHF will be charged at 4% for stationery and office supplies.						
7.5	Vehicle rental	D	1	2,100.00	6	100.00	12,600.00
	1 Rented vehicle @ 2,100 USD per month will be will be required to implement the activities for 8 months						
	Section Total						**20,987.18**
SubTotal			31.00				**172,897.20**
Direct							172,897.20
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							12,102.80
Total Cost							**185,000.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu -> Mogadishu	100	60	10,320	9,000	8,000	27,380	Activity 1.1.1 : Integrated Management of Childhood Illness (IMCI) through decentralized MCH and mobile teams for 17000 underfive children (9000 boys and 8000 girls). Activity 1.1.2 : Provision of Antenatal and post-natal care for 10250 pregnant and lactating women, including micro-nutrients supplementation and provision of safe delivery kits through decentralized MCH and mobile teams Activity 1.1.3 : Provision of Immunization services according to the immunization calendar for children under five and PLWs attending MCH and mobile outreach sites and through periodic immunization campaigns Activity 2.1.1 : Conduct structured and routine hygiene promotion sessions targeting 17000 caregivers of under five children 10250 women of child bearing age. Activity 2.1.2 : Form and support 5 mother to mother support groups consisting of mothers attending antenatal and postnatal care sessions at health facility. Activity 2.1.3 : Sensitize 50 (25 men and 25 women) community members (IMAMs, youth, women groups, elders, men) on health seeking behaviors through quarterly community sensitization sessions at community level. Activity 3.1.1 : Conducting 2 cycles (Initial and refresher) Integrated management of childhood illnesses (IMCI) targeting 15 (7 men and 8 women) health care workers working at MCH and outreach Activity 3.1.2 : Train 10 Traditional Birth Attendants (TBA)s on safe deliveries and Infant Young Child Feeding (IYCF) to promote referral to health facilities for deliveries by skilled personnel.

Documents

Category Name	Document Description
Project Supporting Documents	Mogadishu Joint Multi-sectoral Assessment Report 2016.pdf
Budget Documents	ACF Health Budget and BoQ proposal to SHF.xlsx
Budget Documents	ACF Health Budget revised.xlsx
Budget Documents	Copy of ACF Health Budget revised.xlsx
Budget Documents	3774 ACF BoQ- 11.10.16.xlsx
Budget Documents	ACF SHF Health Proposal Budget revised 26102016.xlsx
Budget Documents	ACF SHF Health Proposal Budget revised 02112016.xlsx
Budget Documents	ACF SHF Health Proposal Budget revised 5122016.xlsx
Budget Documents	ACF SHF Health Proposal Budget and BoQ revised 04112016 (1).xlsx
Budget Documents	ACF SHF Health Proposal Budget revised 15112016 2.xlsx
Budget Documents	ACF SHF Health Proposal Budget revised 17112016.xlsx
Budget Documents	ACF SHF Health Proposal Budget revised 17112016.xlsx
Budget Documents	ACF SHF Health Proposal Budget revised 5122016.xlsx
Budget Documents	ACF SHF Health Proposal Budget 05122016.xlsx

Revision related Documents	ACF Actions on the SHF Health Proposal comment on the Budget.docx
Grant Agreement	HC signed GA ACF 3774.pdf