OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Comitato Internationale per lo Sviluppo dei Popoli
Allocation Type :	Standard Allocation 1 (Jan 2017)

Primary Cluster	Sub Cluster	Percentage
Health		100.00
		100

Project Title :	Increased access to quality emergency primary health services in Eldere (Galgaduud) and Harardere (South Mudug) Districts
Allocation Type Category :	

OPS Details

Project Code :	SOM-17/H/100453	**Fund Project Code :**	SOM-17/3485/SA1 2017/H/INGO/5048
Cluster :	Health	**Project Budget in US$:**	369,265.34
Planned project duration :	9 months	**Priority:**	A - High
Planned Start Date :	30/03/2017	**Planned End Date :**	30/12/2017
Actual Start Date:	30/03/2017	**Actual End Date:**	30/12/2017

Project Summary :

The high burden of morbidity and mortality coupled with poor public health infrastructure, persistent perennial drought resulting food insecurity and inadequate humanitarian assistance are among the main contributing factors the humanitarian crisis Somalia. The country is still one of the countries with highest maternal mortality rates (MMR) in the world and is estimated at 723/100,000 live births with less than 50 % of the pregnant women having access to skilled birth attendants. Infant mortality (137 deaths/1,000 live births) is as well among the highest. The population remains at risk due to inadequate humanitarian support to the health sector and the on-going severe drought in most parts of the country which had led to frequent acute watery diarrhea (AWD)/Cholera outbreaks in almost all affected regions. Eldere and Harardere districts are situated in Galgaduud and South Mudug regions in Galmudug State, Central Somalia and the area is largely food insecure due to its dependence on erratic rainfall to produce crops and pasture. In the recent past, severe drought has continued to worsen across Somalia, due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Hagaa (July-September, 2016) and significantly below-average Deyr rainfall (October-December, 2016). Water sources have been drying up due to the prolonged dry spell and water scarcity has been a major problem. This has led to aggravated conflicts of water for livestock and human beings, and led to a surge in water related morbidity (AWD/Cholera) in the districts. The area has been chronically insecure due to on-going inter and intra-clan conflicts largely related to revenge and control of resources. Currently, the security risks in the region are linked to external and internal threats and influences associated with the political situation at the national level intertwined with the internal conflict. This has led to frequent population displacement and settlement of IDPs within the two districts.
In Harardere, out of the total 17,090 children under 5yers screened in 2016, 24% were classified with acute malnutrition (MAM and SAM) while 10,696 children under 5 years were diagnosed with different morbidity including 1770 cases of AWD; while in Eldere, out of the total 16,566 children under 5 years screened, 19% were classified with acute malnutrition (MAM and SAM) while 18,2017 children under 5 years were diagnosed with different morbidity including 910 cases of AWD. Cases of morbidities and acute malnutrition are expected to increase due to the increasing drought resulting in food insecurity, water scarcity and population displacements due to resource instigated insecurity.
To avert this worsening health and nutrition situation, CISP will implement life-saving emergency primary health interventions including maternal, neonatal and child health through both static and mobile health clinics in drought affected areas; scale up disease outbreak surveillance system for early cases detection and timely responses; accelerate response to epidemics and communicable diseases outbreaks by conducting rapid assessments, joint field monitoring and supervision, regional and state health cluster coordination meetings; enhance the capacity of health workers including regional rapid response teams for effective emergency responses and disseminate health information on the prevention and control of AWD/cholera outbreak. CISP will support service delivery in 4 MCH in Eldere (Eldere hospital, Wah-weyn health unit, Hul-aduur Village MCH and Osweyne Village MCH) and 3 MCH in Harardere (Harardere town MCH, Jowle MCH and Dabagalo MCH). Additionally, there will be two mobile clinics (Eldere-1 and Harardere-1) each with an auxiliary nurse and a Community health worker (CHW) who will conduct hygiene and sanitation promotion, health education, immunizations, screening, treatment of minor childhood illnesses and referral to the MCHs.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
41	26,494	9,614	9,614	45,763

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	9,614	9,614	19,228
Pregnant and Lactating Women	0	15,877	0	0	15,877
Women of Child-Bearing Age	0	10,584	0	0	10,584
Staff (own or partner staff, authorities)	41	33	0	0	74

Indirect Beneficiaries :

Men = 17,641

Catchment Population:

Link with allocation strategy :

Eldere and Harardere populace are affected by the severe drought due to failure of three consecutive rains, the rapidly deteriorating food security situation, increase in malnutrition and morbidity, acute water shortages leading to an increased incidence of acute watery diarrhea/cholera outbreaks among other social problems. The drought and fluid security situation has resulted in population displacement with Internally displaced persons (IDPs) population increased within the District with some living with their relatives while others live in Ali-daaqaay camp, which is the east of the town hosting about 270 families. The stained living conditions, food insecurity and water scarcity among Internally displaced persons and Host community has progressively led to increased morbidity (including acute watery diarrhea/Cholera) and mortality among vulnerable children below five years of age.

The project thus seeks to detect, treat and prevent morbidity and reduce mortality among drought affected, vulnerable populations with high burden of active Internally displaced persons/Cholera outbreaks and with no access to basic health services in Eldere and Harardere districts. This will involve the provision of life-saving emergency primary health services including maternal and child health through seven (7) static and two (2) mobile health clinics in drought affected areas, enhancing the capacity of health workers including regional/District rapid response teams for effective emergency responses, and dissemination of health information on the prevention and control of Internally displaced persons/cholera outbreak in the districts.

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
MORENA BASSAN	Health/Nutrition Coordinator	bassan@cisp-nairobi.org	0707935974
Rosaia Ruberto	Regional Coordinator	Ruberto@cisp-nairobi.org	0723992436

BACKGROUND

1. Humanitarian context analysis

Eldere and Harardere districts are situated in Galgaduud and South Mudug regions in Galmudug State, Central Somalia and have an estimated catchment population of 130,367 and 139,097 respectively (UNFPA Population Estimation, 2014). The population is mainly pastoral with agriculture practiced in the cowpea belt livelihood zone. Elder and Harardere districts have historically been one of most underdeveloped areas of Somalia, with minimal infrastructure, a weak economic base and only very basic health and education services available to the communities. The 2 districts have got public infrastructures including 2 referral hospitals, 8 MCHs for mother and children and as well as number of primary schools that are run privately and or supported by community.

The area is largely food insecure due to its dependence on erratic rainfall to produce crops and pasture. In the recent past, severe drought has continued to worsen across Somalia, due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Hagaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016). Food security has deteriorated significantly across Somalia, with an increasing number of people facing Crisis. The latest findings from a countrywide seasonal assessment conducted in December 2016 indicate that over 2.9 million people face Crisis and Emergency (Integrated Phase Classification-IPC Phases 3 and 4) across Somalia through June, 2017 and need emergency food assistance. According to the FSNAU nutrition survey (December, 2016), over 363 000 children under the age of five acutely malnourished, including more than 71 000 children likely to be severely malnourished and face increased risk of morbidity and death. Global Acute Malnutrition (GAM) prevalence is above the Critical (15%) threshold in 13 out of 27 rural and displaced population groups surveyed. Severe Acute Malnutrition (SAM) is Critical/Very Critical (≥4.0%) in 6 out of 27 rural and displaced population groups surveyed, Due to the increasing aggravating factors, including the worsening drought and food insecurity situation, it is estimated that the burden will be close to one million acutely malnourished children over the coming one-year period. Water is mainly from private Berkads, Shallow wells and fewer boreholes. Boreholes have been drying up due to the prolonged dry spell and water scarcity has been a major problem. This has led to aggravated conflicts of water for livestock and human beings, and also led to a surge in water related morbidity (Acute watery diarrhea/Cholera) in the districts.

The area has been chronically insecure due to on-going inter and intra-clan conflicts largely related to revenge and control of resources. Currently, the security risks in the region are linked to external and internal threats and influences associated with the political situation at the national level intertwined with the internal conflict. This has led to frequent population displacement and settlement of Internally displaced persons within the two districts.

2. Needs assessment

The high burden of morbidity coupled with poor public health infrastructure, persistent perennial drought resulting in food insecurity, sub-optimal infant and young child feeding practices and inadequate humanitarian assistance are among the main contributing factors of malnutrition in Somalia. The country has been affected insecurity and the situation has been further aggravated by prolonged droughts. The combination of conflict and drought has eroded livelihoods, caused structural food insecurity, population displacements and extreme poverty. In the recent past, severe drought has continued to worsen across Somalia, due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Hagaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016). Food security has deteriorated significantly across Somalia, with an increasing number of people facing Crisis. The Nutrition situation in Banadir region (among Mogadishu IDPs and Host community) has been deteriorating in the recent past and is expected to worsen as June, 2017 approaches if the situation doesn't change. The population of IDPs has increased within the District with some living with their relatives while others live in Ali-daaqaay camp, which is the east of the town hosting about 270 families.

Eldere and Harardere populace are affected by the severe drought due to failure of three consecutive rains in the districts, the rapidly deteriorating food security situation, increase in malnutrition and morbidities, acute water shortages leading to an increased incidence of acute watery diarrhea/cholera outbreaks among other social problems.

Eldere District
Eldere District is situated in the Galgaduud region of Somalia. The population is currently served by Eldere hospital, Wah-weyn health unit, Elder Town MCH, Hul-aduur Village MCH and Osweyne Village MCH. Current, the management and running of the health facilities is though community contribution / effort. However, there are significant basic primary health services that are not offered due to the lack of supplies and financial resources. The human resources running the facilities are; Midwife – 1, Auxiliary Midwife – 1, screener –1, ANC Care giver-1, PNC care Giver -1, Nurse-1, and EPI Nurse-1.
In 2016, out of the total 16,566 children under 5yers screened, 19% were classified with acute malnutrition (MAMA and SAM) while 18,2017 children under 5 years were diagnosed with different morbidities including 910 cases of AWD. Cases of morbidities and acute malnutrition are expected to increase due to the increasing drought resulting in food insecurity, water scarcity and population displacements due to resource instigated insecurity.
Harardere District
Harardere District population is currently served by Harardere hospital; Harardere town MCH, Jowle and Dabagalo MCHs. The health facilities experience poor referral network systems for pregnant mothers requiring ANC services, low immunization coverage, limited basic emergency obstetric care and minimal outreach activities carried out in many rural and nomadic settlements are the major gaps recognized having unfavorable impact on children under five, pregnant and lactating women. Generally, the district reports poor health indicators including unacceptably high child and maternal morbidity and mortality rates. Most of women have no or limited access to health facilities during pregnancy, childbirth and post-partum. Isolation, poverty, female genital mutilation still widely spread, coupled with continued displacements due to the insecurity and drought in the district, widespread illiteracy and lack of appropriate health and nutrition knowledge are among the factors that contribute to poor maternal and child health and place women and the community in a state of extreme vulnerability.

In 2016, out of the total 17,090 children under 5yers screened, 24% were classified with acute

3. Description Of Beneficiaries

The project will target women of child bearing age (WCBA) and children below 5 years of age in Eldere and Harardere Districts. This will encompass the host community and Internally displaced persons that are vulnerable. 13,231 women of child bearing age receive access to quality RMNCH Services at the supported health facilities (FP, ANC, PNC, skilled delivery and referral for high risk pregnancies) and 19,228 children under-5 have access to essential primary health Services to reduce morbidity and mortality from main childhood illnesses, including malaria, pneumonia, diarrhea and measles

4. Grant Request Justification

There is increased morbidity and mortality among Internally displaced persons and host population living within Eldere and Harardere Districts. This has been majorly due to poor public health infrastructure, sociocultural barriers to access of health services, insecurity and drought. The populace is affected by severe drought due to failure of three consecutive rains in the districts, rapidly deteriorating food security situation, increase in malnutrition and morbidity, acute water shortages leading to an increased incidence of acute watery diarrhea (AWD)/cholera outbreaks among other social problems. The situation has continued to worsen due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Hagaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016).
To avert the worsening health and nutrition situation, CISP will offer life-saving emergency primary health services including maternal, neonatal and child health through both static and 2 mobile health clinics in drought affected areas; scale up disease outbreak surveillance system for early cases detection and timely responses; accelerate response to epidemics and communicable diseases outbreaks by conducting rapid assessments, joint field monitoring and supervision, regional and state health cluster coordination meetings; enhance the capacity of health workers including regional rapid response teams for effective emergency responses and disseminate health information on the prevention and control of AWD/cholera outbreak.
CISP will offer life-saving emergency primary health services in 4 MCH in Eldere (Eldere hospital, Wah-weyn health unit, Hul-aduur Village MCH and Osweyne Village MCH) and 3 MCH in Harardere (Harardere town MCH, Jowle MCH and Dabagalo MCH). There will be two mobile clinics (Eldere-1 and Harardere-1) each with an auxiliary nurse and a CHW who will conduct hygiene and sanitation promotion, health education, immunizations, screening, treatment of minor childhood illnesses and referral to the MCHs.

5. Complementarity

CISP has progressively created a good working relationship with population and authorities in Eldere and Harardere, and has contributed to the built health capacities and systems. The project will build up on system and capacities build in the previous project and will leverage on the good relationship build with the authorities and the community. CISP will endeavor to integration service delivery while coordinating and collaborate with other partners in the area to avoid overlapping and duplication of activities. CISP has a good relationship with the MoH and will endeavor to complement the government efforts while strengthening their capacity to manage and offer quality nutrition services to the population.

CISP started its contribution in these districts in 1995, establishing and supporting secondary and primary health services and strengthening local capacities at communities and the capacities of local communities and health authorities that are the main partners in the implementation of CISP's projects in Somalia. CISP, through UNICEF funds, has been supporting 4 MCHs in Eldere and Harardere Districts, ensuring the minimum package of health activities, provision of kits and cold chain maintenance. This will be a major strength for CISP in continuing with service delivery in the districts.

LOGICAL FRAMEWORK

Overall project objective

To improve access to essential lifesaving health services (quality primary health care) for crisis-affected populations to reduce avoidable morbidity and mortality in Eldere and Harardere Districts

Health		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	Somalia HRP 2017	40
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2017	40
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	Somalia HRP 2017	20

Contribution to Cluster/Sector Objectives : - To improve access to essential quality lifesaving health services for crisis-affected aimed at reducing avoidable morbidity and mortality among children below 5 years and WCBA in Eldere and Harardere Districts
- To strengthen and expand early warning disease detection to mitigate, detect and respond to disease outbreaks (particularly AWD/Cholera) in a timely manner in Eldere and Harardere Districts
- To contribute to the reduction of maternal and child (0-59 months) morbidity and mortality in Eldere and Harardere Districts

Outcome 1

Improved access to quality RMNCH Services (FP, ANC, PNC, skilled delivery and referral for high risk pregnancies) in 4 MCHs in Eldere and 3 MCHs in Harardere Districts.

Output 1.1

Description

13,231 WCBA receive quality RMNCH Services (FP, ANC, PNC, skilled delivery and referral for high risk pregnancies) in 4 MCHs in Eldere and 3 MCHs in Harardere Districts.

Assumptions & Risks

1.The security situation in Eldere and Harardere Districts will remain stable or improve to enable continuous provision of services without interruption.
2. There will be no major pipeline problems on the supply of essential drugs and medical commodities resulting in service delivery interuption.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Health	Number of health facilities supported					7
Means of Verification : Health Management Information System (HMIS) data and project reports							
Indicator 1.1.2	Health	Number of health facilities with no stock outs of essential drugs in the last three months.					7
Means of Verification : Health Management Information System (HMIS) data and monthly stock status reports							
Indicator 1.1.3	Health	Number of on-job-training and mentor-ship sessions conducted in all the 7 MCHs					63
Means of Verification : Activity reports and Quarterly narrative reports							
Indicator 1.1.4	Health	Number of pregnant women who received focused ante-natal care (ANC) services					3,175
Means of Verification : Health Management Information System (HMIS) data and project reports							
Indicator 1.1.5	Health	Number of post-partum women who received quality PNC services including post-partum vitamin A supplementation within 48 hours of child birth					1,488
Means of Verification : Health Management Information System (HMIS) data and project reports							

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Support 7MCHs (4 MCHs in Eldere and 3 MCHs in Harardere Districts) to offer quality RMNCH Services (FP, ANC, PNC, skilled delivery and referral for high risk pregnancies) services

Activity 1.1.2

Standard Activity : Essential drugs and Medical equipments distribution

Provide adequate drugs and Medical supplies to the 7 MCH in Eldere and Harardere health facilities based on case projections and in line with Somalia essential drugs lists.

Activity 1.1.3

Standard Activity : Emergency Preparedness and Response capacities

Conduct on-job-training and mentor-ship sessions (one session per MCH per month) in all the MCHs targeting all the frontline health care workers to enhance their capacity to offer high quality RMNCH Services

Activity 1.1.4

Standard Activity : Emergency Obstetric Care - Basic and Advacned

Provide pregnant women with focused ante-natal care (ANC) in the 7 MCHs and 2 mobile clinics

Activity 1.1.5

Standard Activity : Emergency Obstetric Care - Basic and Advacned

Provide post-partum women with quality PNC services including post-partum vitamin A supplementation within 48 hours of child birth

Outcome 2

Improved access to essential primary health services with focus on child health and prevention, response and control of AWD outbreaks among drought affected populations in Harardere Districts.

Output 2.1

Description

19,228 children 0 – 59 months old receive essential primary health services with focus on child health and prevention, response and control of AWD outbreaks in Harardere Districts.

Assumptions & Risks

1.The security situation in Eldere and Harardere Districts will remain stable or improve to enable continuous provision of services without interruption.
2. There willingness of community members to take part in community sensitization sessions.
3. Supply of essential immunizations/vaccinations will be timely and uninterrupted.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of children below five years offered treatment for childhood illnesses including diarrhea, pneumonia, malaria, measles and acute respiratory infections					2,010
Means of Verification : Health Management Information System (HMIS) data and project reports							
Indicator 2.1.2	Health	Number of children 0 – 59 months old immunized/vaccinated against Vaccine preventable diseases					2,732
Means of Verification : Health Management Information System (HMIS) data and project reports							
Indicator 2.1.3	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					20
Means of Verification : Training report and project reports							
Indicator 2.1.4	Health	Number of community members sensitized on common communicable diseases and their prevention with emphasis on AWD in children 0 – 59 months of age					44,102
Means of Verification : Project reports and participants list							

Activities

Activity 2.1.1

Standard Activity : Primary health care services, consultations

Provide treatment for childhood illnesses including diarrhea, pneumonia, malaria, measles and acute respiratory infections to 2010 children 0 – 59 months old

Activity 2.1.2

Standard Activity : Immunisation campaign

Provide growth monitoring and immunization (routine and supplemental) services to 2732 children 0 – 59 months old

Activity 2.1.3

Standard Activity : Emergency Preparedness and Response capacities

Train 20 health care workers on integrated management of childhood illnesses (IMCI) including AWD/Cholera prevention and management to enable them competently respond the healthcare needs of the target population during emergency

Activity 2.1.4

Standard Activity : Awareness campaigns and Social Mobilization

Sensitize the 44102 community members (men and women) on common communicable diseases and their prevention with emphasis on AWD in children 0 – 59 months of age

Additional Targets :

M & R

Monitoring & Reporting plan

CISP field staff will conduct an on-going monitoring of the project activities to ensure that implementation is in accordance to plans to inform actions. Monthly data will be analyzed to check the trend and performance of the different project indicators. The monthly nutrition data will be send to MoH and to the Health Cluster. The MoH will be involved in the monitoring of project deliverables activities and will receive monthly data and report. Also, CISP will organize quarterly field visits and quarterly review meeting with the MoH.
Monthly narrative reports will be done and send to the Health Coordinator in Nairobi for review and adjustments of the project, if deems fit.
A technical adviser will be in charge to create new tools of supervision and monitoring adapted at this project. A particular attention will be given at the analysis of data and at the on-job training. The M&E responsible will travel often in Somalia to check the implementation of the project with the Senior Public Health based in Mogadishu.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12

OTHER INFO

Accountability to Affected Populations

The project will remain fully accountable to the duty bearer and rightful holders. The beneficiaries will be fully consulted and involved in the project from its conception to ensure ownership, partnership and sustainability. In the inception stage, a meeting involving MoH leaders, local authorities and key community resource persons to discuss and agree the anticipated outcomes and the role of each player in making the implementation successful. All the project deliverables and target beneficiaries will be discussed and agreed upon.
Community mobilization sessions involving the community members will be held at the start of the project to let the beneficiaries understand the available health services and their right to receive the different services. Community dialogues will also be held on monthly basis to get feedback on service delivery as well as their recommendation for better project administration and implementation. CISP, as the IP, will maintain an open-door policy to allow feedback from MoH staff and local authorities and will float the recommendation during the periodic review meetings for discussion and action for continuous improvement. A beneficiary satisfaction mini-survey will be conducted midway the project implementation to capture the general feeling about service delivery, complaints and recommendation for improvement. CISP, will ensure that equal opportunities are given to local potential local employees at facility and community (CHW) level and that the process is fair to all and based on merit to ensure inclusion of local competent staff in project implementation. CISP will invest in capacity building of project staff to ensure that they offer high quality primary health care services as per standard protocols. The project staff will also be sensitized on humanitarian principles to ensure adherence when implementing the project in the emergency context. This is to ensure that all individuals are get their right to health indiscriminately being cognizant of women and children who are most vulnerable. Weekly emergency information and monthly service delivery data will be collected, collated and shared to MoH. Monthly HMIS data and quarterly project reports will be share with MoH, Health cluster and OCHA for decision making.

Implementation Plan

The project activities will be coordinated and monitored by a Health Coordinator (CISP), a Public health specialist based in Mogadishu. The project will be implemented by two health field officer (CISP), based in Eldere and Harardere to ensure the quality of the project and to be the link with the local authorities. The two health field officers will be responsible of ensuring quality and smooth implementation and accurate reporting from all the 7 MCHs and 2 mobile clinics. The project will be supported by a technical advisor who will be in charge of the accountability of the project, travelling frequently to Mogadishu to conduct monitoring and on-job training and will be responsible of the project data and the reports to donors. The MCH staff will be employed by the local Somali District Health Boards and MoH, and they will benefit from project incentives, training and technical assistance. They will be in charge of offering life-saving emergency primary health services including maternal and child health in the seven (7) static and two (2) mobile health clinics in Eldere and Harardere. The project launch will be held involving MoH leaders, local authorities and key community resource persons in Eldere and Harardere districts to discuss on the project deliverables and anticipated roles of all players. This will be proceeded by community mobilization and periodic dialogues for awareness, demand creation and feedbacking. MoU will be developed to guide partnerships with the local authorities and incentive staffs. The health staff will be trained on the management of childhood illness and prevention and treatment of Cholera and periodically mentored on identified service delivery gaps. The MCHs will provide pregnant women with focused ante-natal care (ANC) and post-partum women with quality PNC services including post-partum vitamin A supplementation within 48 hours of child birth, skilled deliveries services to women, treatment for childhood illnesses including AWD and growth monitoring and immunization services to children 0 – 59 months of age. The staff will collect, collate and send monthly data and quarterly reports to MoH and UNICEF. Joint monitoring, supervision and review meeting will be held periodically to ensure, strengthen and sustain quality service delivery.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Health	CISP will partner with MoH through inception through the implementation of the project. MoH will steer the process of recruiting competent incentive health care staff to offer emergency primary health care services. CISP will also support MoH through capacity development and supervision to offer quality health services to the target beneficiaries. ssful implementation, as well as the sustainability.
UNICEF	UNICEF, (through the health cluster) will be key in offering technical support, guidance and coordination during the implementation of the project.
I/NGO	There are not other INGO working in Eldere and Harardere. There are local NGOs working in nutrition (sometimes) and CISP will be in contact with them during the implementation of this health project.

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The proposed project will equally target boys and girls, particularly those from vulnerable families affected by drought. The vulnerabilities are exacerbated by the worsening drought, water scarcity and displacement into IDP settlements where children live in extremely precarious conditions with only limited community support. Therefore, the project seeks to lower the burden of morbidity and reduce by providing life-saving emergency primary health services including maternal, neonatal and child health through both static and mobile health clinics. Considering that mothers in Somalia are the primary responsible in the family for children's care, at least 80% of children will be accompanied by mothers to the health facilities and will benefit from health education including water, hygiene and sanitation promotion messages to avert water-borne infections. This project will support the MoH to identify the staff with optimum qualifications and experiences taking into account the different capacities and needs of men and women. According to the emergency primary health care activities in the static and mobile facilities, equal opportunities, tasks and responsibilities will be assigned to both men and women.

Protection Mainstreaming

CISP will endeavor to leverage on her technical prowess in Protection programming to mainstream protection intervention in the project. This will be achieved through sensitization of the health workers on protection including assessment and management of GBV cases. Beneficiaries will also be sensitized on self-assessment mechanisms and services available.

Country Specific Information

Safety and Security

Eldere and Harardere districts have been partly insecure with frequent insecurity incidences reported in some areas. In the recent past, the situation has been slightly improving despite the resource-based conflicts due to the worsening drought which has resulted in displacement of some families.

CISP, has been working in the two districts for some time implementing health and nutrition interventions (Primary and secondary health, EPI, Nutrition, HIV and TB). The CISP field health staff (one in Harardere and one in Eldere) have been working in the districts since 1996 and have created a strong working relationship with the communities the project staff will offer services in a familiar and supportive environment. The CISP Operations manager who is the security advisory focal person will support the implementing team and offer timely advice to ensure their movements and operations are safe.

Access

CISP has been working in Eldere and Harardere districts for quite some time and has developed a good relationship with population and authorities, and the key staff are familiar with the district's social and geographical landscape. Therefore, CISP staff will freely have access to all the 7 MCHs in Eldere and Harardere districts which are accessible to a huge fraction of the target population. The 2-mobile clinics will offer services in the hard to reach, far-flung sites in the 2 districts. CISP will ensure that local staffs/ incentive workers are recruited on basis of competency and merit to inspire communal confidence and acceptability and ensure that the staff can easily access all the project sites.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health Coordinator Contribution	D	1	4,500.00	9	25.00	10,125.00
	Health coordinator will be based in Nairobi. She/he will be responsible for the overall technical management, representation and coordination of the project. Also in charge of reporting to donors. She will carry out field visit at least one every quarter or a meeting in Nairobi with CISP senior staff from the field. Health Coordinator will be accountable to the country director and technical to our NGO headquarter.						
1.2	Finance and Human Resources Manager Contribution	D	1	5,700.00	9	15.00	7,695.00
	The finance and Human Resources Manager will be based in Nairobi. He/She will ensure the good management and the accountability of the programmes and the financial report to the donors.						
1.3	Public Health Specialist/project manager Mogadishu	D	1	3,000.00	9	100.00	27,000.00
	The public Health specialist and programme managerr will be based in Mogadishu. He/she will be in charge of the day to day implementation, management and monitoring of the Health project activities in the two districts. Also in charge of representing and attending coordination meeting in the field, in Mogadishu with donors and Ministryof Health. He will be accountable to the Health Coordinator in Nairobi.						
1.4	Project Accountant contribution	S	1	1,200.00	9	50.00	5,400.00
	The project account will ensure accuracy of procedures, accountability of programme and reporting documentation on the project.						
1.5	Logistician	S	1	2,000.00	9	12.00	2,160.00
	He/she will ensure the good management of procurement and purchase for supplies.						
1.6	Memorandum of understunding (MoU) qualified nurse Maternal and Child Health center (1x MCH)	D	7	400.00	9	100.00	25,200.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with the Memorandum of understunding (MoU) and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						

1.7	Memorandum of understunding (MoU) Midwife (1 x Maternal and Child Health centers)	D	7	400.00	9	100.00	25,200.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with the Memorandum of understunding (MoU) and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.8	Memorandum of understunding (MoU) Auxillary Nurse OPD, under 5 and prevention cholera (1x Maternal and Child Health centers)	D	7	200.00	9	100.00	12,600.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with the Memorandum of Understunding and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.9	Memorandum of understunding (MoU) EPI nurse (1 x Maternal and Child Health centers)	D	7	400.00	9	100.00	25,200.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with the Memorandum of Understunding and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.10	Memorandum of understunding (MoU) Cleaners (1 xMaternal and Child Health centers)	D	7	100.00	9	100.00	6,300.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with the Memorandum of understunding (MoU) and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.11	Memorandum of understunding (MoU) Guards (1 x Maternal and Child Health center)	D	7	100.00	9	100.00	6,300.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with the Memorandum of understunding (MoU) and contract to pay incentives to Heath Workers in the 7Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.12	Memorandum of understunding (MoU) Health Managment Information System (HMIS) officer	D	2	400.00	9	100.00	7,200.00
	They will not be CISP employees. CISP will support theMinistry of Health and District of Health in Eldere and Harardere districts with the Memorandum of understunding (MoU) and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.13	Memorandum of understunding (MoU) Community Health workers (2xMaternal and Child Health centers)	D	14	150.00	9	100.00	18,900.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with theMemorandum of understunding (MoU) and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.14	Memorandum of understunding (MoU)Auxillary Nurse cholera and hygiene and screening U5 and women in mobile clinic (2xMobile clinic)	D	4	200.00	9	100.00	7,200.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with the Memorandum of understunding (MoU) and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.15	Memorandum of understunding (MoU) Community Health workers (2x mobile clinic)	D	4	150.00	9	100.00	5,400.00
	They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Harardere districts with the Memorandum of understunding (MoU) and contract to pay incentives to Heath Workers in the 7 Maternal and Child Health centers and the 2 Mobile clinics . They will be under technical supervision of health field officers.						
1.16	Senior Operation manager	S	1	3,000.00	9	60.00	16,200.00
	The senior opeartion manager will be based in Mogadishu to guarantee the security and the quality of the operations in the field. He will be in charge of the Mogadishu office and he will monitor the operations of this project. He will ensure that operational planning and programs are designed and implemented in line with internationally recognized quality and accountability standards such as Core Humanitarian Standard, *Principles of Partnership, Anti Fraud & Corruption etc.He will establish and/or maintain safety and security management protocols and procedures according to CISP.The Operations Manager acts as a strategic advisor on all operational aspects of the programme/project. S/he is responsible an effective and efficient implementation of financial, human resources, procurement, logistics, asset management and ICT for CISP. The Operations Manager will serve as the field-level representative for all CISP programs, ensuring coordination and information-sharing mechanisms are in place with relevant government, community, cluster and INGO stakeholders and that the program takes leadership roles whenever possible in these forums. He/she will ahve a key role. CISP is working in diffucult localitites and the operation manager will have a key role to keep the link with CISP colleagues in the remote areas.*						
1.17	Store keeper in the field	S	1	400.00	9	100.00	3,600.00
	Store Keeper will be responsible of supplies and distribution in the Maternal and Child Health centers, good management of the store and reporting documentation						
1.18	Health field officer (Eldere/Harardere)	D	2	1,000.00	9	100.00	18,000.00
	They will be based in Eldere and Harardere and they will assist the Maternal and Child Health centers's staff in the day to day implementation, management and monitoring of the project activities in their district. They will also be in charge of on-job training and supervising the community component of the health project and they will be the link for CISP with the local authorities						
	Section Total						**229,680.00**

Supplies, Commodities, Materials							
2.1	Drugs and medical consumables for 7 Maternal and Child Health centers and 2 mobile clinics	D	1	20,009.50	1	100.00	20,009.50
	Drugs and medical consumable are necessary to manage health service care. the number of beneficiares will benefit of the drugs and the medical consumable will be 45,689.						
2.2	Transport of drugs and medical equipment within Somalia From Mogadishu to Eldere and Harardere	D	1	1,800.00	1	100.00	1,800.00
	The transport is considering the transport Drugs and consumable from Mogadishu warehouse to Eldere and Harardere. The trucks used have a capacity of 12 tons because they are able to go across the sand dunes. The road is very raft and difficult.						
2.3	Transport drugs and medical consumable from the store in Eldere and Harardere to theMaternal and Child Health centers , 1 vehicle*1day*9 months	D	2	150.00	9	100.00	2,700.00
	The monthly transport of drugs from Eldere and Harardere stores to the 7Maternal and Child Health centers . For the transport within the districts (from Harardere and Eldere to the Maternal and Child Health centers)the vehicles used have a capacity of 2 tons.						
2.4	Quarterly review meeting Ministry of Health (MoH) and District of Health (DoH) and supervision of from Maternal and Child Health centersMoH/DoH	D	1	1,320.00	1	100.00	1,320.00
	Quarterly review meeting MoH and DOH will be managed by Cisp staff. During the meeting and supervision Health authorities will be involved directly in the monitoring of project. One person of the MoH will be in charge of the monitoring and supervision of the health programme. Cisp will manage three Quarterly review meeting to keep informed and to share the information regarding the project with the DoH in Eldere and Harardere. *Each quarter 4 MoH/DoH people will attend the meeting managed by the CISP health field officer, it will happen in Eldere and Harardere three times during the project. So, they are 5 people per District/1review meeting(one day)/three times (each quarter).*						
2.5	Running costs of 7 Maternal and Child Health centers in Eldere and Harardere to be functional	D	7	200.00	9	100.00	12,600.00
	The running cost for 7Maternal and Child Health centers (water, electricity, stationery, cleaning material). Running cost for pannel solar at MCH : 100 USD/9months/7Maternal and Child Health centers - Water for Maternal and Child Health centers: 50USD/9months/7Maternal and Child Health centers - Maternal and Child Health centers utilities (cleaning materials, stationery):50USD/9months/7Maternal and Child Health centers						
2.6	Training on Integrate Management of Childhood Illness (IMCI) and prevention and treatment of Cholera	D	1	2,400.00	1	100.00	2,400.00
	The health staffs from the 7 Maternal and Child Health centers will be trained on the Integrate Management of Childhood Illness (IMCI) and on the prevention and treatment of cholera. The health staffs from the 7 Maternal and Child Health centers will be trained on the IMCI and on the prevention and treatment of cholera. 14 MoH/DoH health staffs will be trained for 3 days.						
2.7	Warehouse rent in Mogadishu contribution	S	1	750.00	9	70.00	4,725.00
	A contribution for the rent of the warehouse in Mogadishu needed to run the programme. The warehouse is used as store for drugs, medical equipment and supplies received by Unicef. From Mogadishu the supplies will be sent to Eldere and Harardere.						
	Section Total						**45,554.50**
Travel							
5.1	International air travel and related expenses	D	1	2,580.00	1	100.00	2,580.00
	Health coordinator will travel in Mogadishu from Nairobi to give a technical support to the project. If it will not possible for security reasons, the field staffs will travel to Nairobi to work with the health coordinator. She/He will travel to Mogadishu for the quarterly review meeting with CISP staffs, for meetings with MoH and donors.						
5.2	Monitoring and Evaluation	D	1	9,212.00	1	100.00	9,212.00
	A technical advisor will be in charge of the accountability of the project, he/she will travel to Mogadishu to do the on-job training and he/she will prepare a monitoring plan and will be responsible of the data and the report to donors. These are the costs related to the tecnhical advisor who will implement the monitoring and evaluation activities for the project.						
5.3	Vehicle rent (include fuel) for 2 mobile clinics (1 in Eldere and 1 in Harardere)	D	2	1,800.00	9	100.00	32,400.00
	he vehicle rental (include fuel) will be necessary to run the activities for 2 mobile clinics. They will be used by the MCH's staff for the screening and the prevention of Cholera in the two Districts.						
5.4	Car rent Mogadishu contribution	D	1	1,800.00	9	41.00	6,642.00
	A contribution for the rent of the car in Mogadishu needed to run the programme. CISP staffs in Mogadishu working for this project need to move within Mogadishu to attend Health cluster meetings, meetings with Unicef, to follow the purchase of the supplies, to dispach the supplies. And the cars are utilised also for the movement for CISP staffs in mission in Mogadishu.						
	Section Total						**50,834.00**
General Operating and Other Direct Costs							
7.1	Stationery and office supplies	S	1	11,884.30	1	30.00	3,565.29
	Bills of stationery and office supplies in Mogadishu, Eldere, Harardere needed to run the programme						

7.2	Communication and internet	S	3	400.00	9	40.00	4,320.00
	Bills of phone and internet to allow communication between the field and programme manager. The costs are for Eldere, Harardere, Mogadishu. The three location need to be connected with internet for skype calls, to send and receive documents, to communicate with Nairobi.						
7.3	Office utilities	S	3	150.00	9	40.00	1,620.00
	Bill of water and electricity for Eldere, Harardere and Mogadishu office						
7.4	Office rent in Mogadishu contribution	S	1	5,500.00	9	13.20	6,534.00
	A contribution for the rent of the office in Mogadishu. CISP has an office in Mogadishu used by CISP expatriate and national staffs. It is a shared office for all projects that CISP is implementing in Somalia. When CISP staffs from the field and from Nairobi is going in Mogadishu, they use this office. The operation manager, the logistician, the financial officers, the public health specialist and other staffs are working daily in this office. In Eldere and in Harardere, we have 2 offices within the Hospital. CISP is not paying the rent for these two offices because in the past CISP built the hospitals and the District of Health in Eldere and Harardere host our local staffs (financial officers, health field officer).						
7.5	Bank transfer cost	S	1	3,000.00	1	100.00	3,000.00
	Bank transfer cost to send money in the field for activities. The percentage used is 1% on the budget.						
	Section Total						**19,039.29**
SubTotal			103.00				**345,107.79**
Direct							293,983.50
Support							51,124.29
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							24,157.55
Total Cost							**369,265.34**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Galgaduud -> Ceel Dheer -> Elder	22	11	5,816	2,111	2,111	10,049	
Galgaduud -> Ceel Dheer -> Hul Caduur	12	4	3,285	1,192	1,192	5,673	
Galgaduud -> Ceel Dheer -> Oswein	11	4	2,956	1,072	1,073	5,105	
Galgaduud -> Ceel Dheer -> Wahweyn	10	4	2,694	977	978	4,653	
Mudug -> Xarardheere -> Dabagalo	11	4	2,998	1,121	1,121	5,244	
Mudug -> Xarardheere -> Dhalwo	12	4	3,089	1,088	1,087	5,268	
Mudug -> Xarardheere -> Xarardheere	22	11	5,655	2,053	2,052	9,771	

Documents

Category Name	Document Description
Project Supporting Documents	CISP B.O.Q. budget Eldere and Harardere.xlsx
Budget Documents	comments on stationeries CISP B.O.Q. budget Eldere and Harardere.xls
Budget Documents	CISP B.O.Q. budget Eldere and Harardere -16.3.17.xlsx
Budget Documents	final revised CISP B.O.Q. budget Eldere and Harardere -16.3.17.xls
Grant Agreement	HC signed GA for CISP 5048.pdf

Grant Agreement	HC signed CISP 5048 Health.pdf
Grant Agreement	HC and IP signed CISP 5048 Health.pdf