

Requesting Organization :	Action for Relief and Development				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Health	Maternal and newborn health	100.00			
		100			
Project Title :	Provision of integrated lifesaving primary health care services in Gedo region				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/H/NGO/4645		
Cluster :		Project Budget in US\$:	199,734.89		
Planned project duration :	9 months	Priority:			
Planned Start Date :	20/02/2017	Planned End Date :	20/11/2017		
Actual Start Date:	20/02/2017	Actual End Date:	20/11/2017		
Project Summary :	<p>The proposed project will be implemented in Gedo region particularly Bardhere and Garbaharey district targeting 30,000 drought affected people through continues of two fixed health centers and one mobile outreach team, the project will also integrated into ongoing WASH project as integrated package of intervention. The target districts are accessible and the organization has active agreement with United Nation Population Fund Agency (UNFPA) in reducing maternal mortality rate through skilled deliveries and strengthening referral system in Somalia.</p> <p>Under this project, The capacity of midwives/nursed will be improved through training while the community member will also be increased their knowledge and skills on disaster risk reduction, Acute watery diarrhea (AWD) prevention, identification of cases and early referral to health facilities, the organization is active health cluster member in Mogadishu and Nairobi level and will actively share information with health cluster members.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	3,000	7,500	9,000	10,500	30,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,000	2,000	4,000
Pregnant and Lactating Women	0	4,500	0	0	4,500
Internally Displaced People	2,000	2,000	3,500	3,500	11,000
People in HE and/or AFLC	1,000	1,000	3,500	5,000	10,500
Indirect Beneficiaries :					
5000 beneficiaries including host community					
Catchment Population:					
120,000 Including people in Humanitarian emergency					
Link with allocation strategy :					
<p>The proposed activities and objective are directly linking to Somali Humanitarian Fund standard allocation 2017 as well as the Somali health cluster objectives as indicated in 2017 Humanitarian Response Plan For Somalia. It's also feeds four of six pillars /building blocks for Somalia Health Sector outlined in the country health policy.</p> <p>These integrated solutions have the potential to credibly scale to improve the lives of thousands of pregnant women and newborns Below the health cluster objective</p> <ol style="list-style-type: none"> 1. Reduction of maternal mortality and neonatal deaths. 2. Provision of primary and secondary health care services. 					

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
Siyad Guleid	Acting program Manager	guleid@actionrelief.net	+252616990444

BACKGROUND**1. Humanitarian context analysis**

The Humanitarian situation in Somalia including Gedo region is currently classified as being at critical where millions of people are in need of humanitarian assistance (quarterly are women and girls between 15-49 years), The country has significant high maternal mortality 732 per 100,000 live births, high newborn mortality 94 per 1000 live births. The health situation in the target districts reflects the critical situation of most of South Central Somalia where the delivery of health services has been deeply affected by the long crisis and the security problem..As of epidemiological week 3, the AWD/Cholera outbreak in Somalia continues to increase in with more cases being reported from 33 districts in 5 south central regions of the country

Acute malnutrition has worsened and remains high in many parts of Somalia. Results from 28 separate nutrition surveys conducted between June and July 2016 by FSNAU and partners among rural and internally displaced populations across Somalia indicate that an estimated 193,200 children under the age of five are acutely malnourished, including 36,900 who are severely malnourished and face increased risk of morbidity and death. Global Acute Malnutrition (GAM) prevalence is above the Critical threshold (15%) in 14 out of 28 rural and displaced population groups surveyed. Severe Acute Malnutrition (SAM) is Critical (4.0-5.6%) in 7 out of 28 rural and displaced population groups surveyed.To avail these, ARD is proposing to cover the need of sexual reproductive health services in line with minimum initial services package for reproductive health in humanitarian setting and linking to development aspect, e.g restoring the capacity of communities and local authority to respond to disaster and improve their knowledge on birth spacing and demand creation.

ARD is also proposing to scale up two fixed health facilities and one mobile clinic targeting 30,000 drought affected people (3000 men ,7500 women ,9000 boys and 10500 girls) in Gedo region with equal access to boy, girls, men and women

2. Needs assessment

According to FSNU report, Approximately 1,096,000 people face Crisis (IPC Phase 3) and 43,000 more people will be in Emergency (IPC Phase 4) across Somalia through December 2016. According to the latest findings from a countrywide seasonal assessment. Additionally, 3.9 million people are classified as Stressed (IPC Phase 2) through the end of the year, bringing the total number of people facing acute food insecurity across Somalia to five million. Compared to six months ago, these figures represent an increase of approximately 20 percent in the number of people in IPC Phases 3 and 4 and a five percent increase in the number of people in IPC Phase 2.

ARD field staff conducted rapid assessment in January 2017 , during the assessment all groups were consulted and actively participated in needs assessments and design-making to meet the needs of young and old, male and female, and ensure that all have equal access to the health care services, according to assessment report , access to the essential services is limited due to the limited infrastructures and health services in the hosting communities as well as lack of awareness by IDPs, increase displacement caused overcrowding, the majority of disease reported include infection , anemia, AWD and malaria, sexually transmitted infections including HIV increased; pregnant women are in need of clean and safe deliveries , the facilities under staffed with limited capacity , the funding gaps exists across the region , furthermore, the Joint health and nutrition programme JHNP which was supporting few health expired and there is no clear direction and existing strategies to cover the need and continues the services , this has caused mass displacement of population to urban cities to seek for health care and the communities has limited purchasing power to buy medicines.

The gaps identified through the assessment include delay in care seeking which being influenced by status of women in the target communities related to social and cultural factors including decision of when to seek care and how to seek care for pregnancy complications where men can influence this decision. This is why this project also addresses men as beneficiaries to be trained and motivated to improve health seeking behavior

ARD is also proposing to scale up two fixed health facilities and one mobile clinic to cover health needs of 30,000 drought affected people (3000 men, 7500 women, 9000 boys and 10500 girls) in Gedo region with equal access to boy, girls, men and women

ARD is very active in coordination with other Humanitarian organizations, particularly Cluster level where ARD is very active specially health and WASH.

3. Description Of Beneficiaries

30, 000 population who are in dire need of life saving health services in Gedo region.(including 3000 men ,7500 women ,9000 boys and 10500 girls)

The beneficiaries include host communities and IDPs, and particularly vulnerable communities , they include boys, girls, men and women at target districts

4. Grant Request Justification

The geographic locations of this project are recommended by health clusters for priority interventions. The proposed activities will improve the access to emergency health services of children and women, build resilience of the local communities.

The planned interventions Focus is on immediate life-saving response e.g provision skilled services to pregnant women , prevention and response to AWD/Cholera. these activities definitely contributes to Somalia health cluster objective 1 and objective 2. The project also in response to the worsening drought conditions in Somalia.

5. Complementarity

Ongoing maternal health care services, WASH and Education project in Gedo region

The project will complement on the following

1. Health system support for emergency response to pregnancy and child birth complications in IDP settlements and host communities in Gedo region in partnership with UNFPA
2. Emergency Prevention and Response to sexual violence and other forms of Gender Based Violence in Gedo region.
3. Emergency WASH services to affected people in Gedo Region

LOGICAL FRAMEWORK

Overall project objective

To provide emergency lifesaving primary health care services to drought affected people (with equal access to women, girls, boys and men) in Bardhere and Garbaharey in Gedo Region.

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	50
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2017	30
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	Somalia HRP 2017	20

Contribution to Cluster/Sector Objectives : The project activities and objectives will contribute to Somalia health cluster objectives , the selected interventions include provision of skilled deliveries in health facilities ,increase uptake of life saving intervention like vaccination of children under five which absolutely contributes reduction of maternal and child morbidity and mortality in Somalia.

The Somali health cluster objectives are :

- 1.Reduction of maternal and child morbidity and mortality in Somalia
- 2, Improved access to essential lifesaving health services both primary and secondary

Outcome 1

30,000 ((3000 men ,7500 women ,9000 boys and 10500 girls) of affected persons in drought/AWD affected districts in Gedo region through one mobile clinic and two health centers with equal access to boys,girls ,women and men

Output 1.1

Description

Improved availability and accessibility of primary health care services to affected people in Garbaharey and Bardhere districts through scaling up of two health facilities and one mobile clinic

Assumptions & Risks

Delays of funds

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Scale up two health facilities and one mobile clinic to cover the health needs of 30,000 affected people (3000 men ,7500 women ,9000 boys and 10500 girls) with equal access to women, girls, boys and men in Garbaharey and Bardhera Districts

One health center in Bardhera and one health center and mobile clinic in Garbaharey district

Activity 1.1.2

Standard Activity : Immunisation campaign

Conduct immunization services to estimated 4000 children under five in Garbaharey and Bardhera districts

Activity 1.1.3

Standard Activity : Primary health care services, consultations

Provide Antenatal and postnatal care services to 4500 pregnant and lactating women in Garbaharey and Bardhera districts

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					30,000

Means of Verification : HMIS report, monthly reports ,photos ,register

Indicator 1.1.2	Health	Number of children immunized					4,000
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Means of Verification : Register, reports														
Indicator 1.1.3	Health	Number of PLW receiving Services									4,500			
Means of Verification : ANC register ,reports ,photos														
Output 1.2														
Description														
Improved Capacity of 20 national staff and 400 community members through training and awareness campaign														
Assumptions & Risks														
Activities														
Activity 1.2.1														
Standard Activity : Awareness campaigns and Social Mobilization														
Organize community awareness sessions on service utilization, Acute water diarrhea /cholera prevention and health service utilization targeting 400 beneficiaries .this will be conducted by mobile clinic														
Activity 1.2.2														
Standard Activity : Incentive for Health workers														
Provide training for 20 staff(Male , 10 female) on Basic emergency obstetric care guideline in Garbaharey and Bardhera districts														
Indicators														
			End cycle beneficiaries				End cycle							
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target							
Indicator 1.2.1	Health	Number of people reached through awareness campaign					400							
Means of Verification : Awareness reports ,attendance sheet,photos														
Indicator 1.2.2	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 reports ,attendance sheet ,photos														
Additional Targets :														
M & R														
Monitoring & Reporting plan														
A specific monitoring and evaluation plan will be developed for this project. This will include a detailed work plan, indicator performance tracking table that will be used to track progress towards performance targets. Data collection tools includes standard Health information management system developed by Ministry of health and our staff was trained on this tools by health management Unit /MOH, the tools will be used to collect and analyze project data. At project level, there will be a monthly review and analysis of data from program implementation and the results will be used to make any required implementation adjustments. Monthly review meetings will also include discussions, key challenges and actions on how to address the challenges. Our Monitoring Evaluation and Learning officer will conduct independent monitoring of program quality following standards that are agreed upon by the technical and the team. Outcomes of these monitoring visits will be discussed with the project team to address quality shortcomings.														
Workplan														
	Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
	Activity 1.1.1: Scale up two health facilities and one mobile clinic to cover the health needs of 30,000 affected people (3000 men ,7500 women ,9000 boys and 10500 girls) with equal access to women, girls, boys and men in Garbaharey and Bardhera Districts One health center in Bardhera and one health center and mobile clinic in Garbaharey district	2017	X	X	X	X	X	X	X	X	X	X	X	
	Activity 1.1.2: Conduct immunization services to estimated 4000 children under five in Garbahareyd Bardhera districts	2017	X	X	X	X	X	X	X	X	X	X	X	
	Activity 1.1.3: Provide Antenatal and postnatal care services to 4500 pregnant and lactating women in Garbaharey and Bardhera districts	2017	X	X	X	X	X	X	X	X	X	X	X	
	Activity 1.2.1: Organize community awareness sessions on service utilization, Acute water diarrhea /cholera prevention and health service utilization targeting 400 beneficiaries .this will be conducted by mobile clinic	2017	X	X										
	Activity 1.2.2: Provide training for 20 staff(Male , 10 female) on Basic emergency obstetric care guideline in Garbaharey and Bardhera districts	2017	X											
OTHER INFO														

Accountability to Affected Populations

ARD has already connection with local community and currently working with community through community based project where by community members provided a land and ARD established five maternity wards at target districts to provide skilled delivery and other reproductive health services. ARD had discussion with community committee consisting 2 men and 2 women on project needs, design and implementation modalities to ensure accountability to affected population and ensure that quality services are provided to the community , moreover , the beneficiary feedback mechanism were established to ensure that compliance and effective measures to be taken. During implementation of the project , ARD will organize a meeting with community members together with community committee to explain project objectives ,activities ,outcomes, target beneficiaries and how the community will actively participate project implementation e.g recruiting ,site monitoring and .providing security.

ARD will use Do no harm principles. ARD has clear policy and procedures with will be trained for the project staff. To be effective and efficient, To improve, promote and protect the health of people and their communities, we seek to avoid or minimize harm to patients and staff during provision of services, health center environment and day to day activities

Actions to be taken to ensure the principle of Do No harm

Apply standard diagnostic procedures in health centers

Training staff on safety and precaution measures to prevent a serious threat to life

Provision of Protected equipment and PEP at health centers to prevent transmission of infectious disease and prevent disability.

Ensure a high standard of care for patients such as acting in the best interests of their patients or putting patients' interests first. ARD is committed to working in an open and responsible way that builds the trust and respect of all our stakeholders including host community and local government , We also seek to work with affected communities and populations in the best way possible.

ARD will establish Complaints Mechanisms system (provision of contact address (local number) to encourage feedback about our work from all its stakeholders. Where the feedback is received shall respond in a timely and appropriate manner through established mechanisms.

ARD committed to have an effective procedure for handling and responding to complaints. Procedures shall be simple, easily understood, the procedure for complaints will be reviewed regularly to ensure and incorporate learning.

ARD understand that affected communities might express concern about:

- How a service has been managed, which has a direct impact on the communities and affected population.
- A concern about the behavior of staff
- The quality of program delivery;

Specific operational complaints and concerns will be dealt with at a project or country program level and immediately resolution of the concerned parties

Implementation Plan

The target communities will be involved from the project design, plan, implementation through series of meetings and other informal forums. Quarterly meetings will be held with the community members and other stakeholders to update them on project activities and get their valuable input on how best to achieve the desired goals.

ARD proposes 2 health facilities in Bardhere and Garbaharey of Gedo Region,

Each facility will be staffed one nurse, one midwife and one auxiliary nurse

Mobile clinic will function in rural villages (Burdhube, Ceel gadud, buraag villages) and IDPs camps in Garbaharehy district. The mobile team will be staffed one nurse, one midwife, one auxiliary nurse and community health workers

ARD has PCA with UNFPA to provide emergency kits at target facilities to ensure steady supply. Routine immunization activities will be carried out in the facilities by trained nurses. Qualified nurses will be engaged to diagnose and treat common illnesses. Skilled midwives will provide antenatal and delivery services to reduce the high maternal and infant morbidity and mortality. ARD will report the cluster and sub-cluster for the project progress and other humanitarian situation in the operation areas.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	Active participating health cluster meeting at field and Nairobi level to share information with partners
Gedo Sub-Health Cluster	ARD will closely coordinate with the cluster and sub-cluster in the Gedo and other geographic areas.
UNFPA	UNFPA will support referral system and provide technical guidelines
Trocaire	We coordinate with Trocaire for referral of complicated cases and for secondary health care interventions
Bardhere Hospital	Pregnant women with complication will be referred to Bardhere hospital
Garbaharey Hospital	Pregnant women with complication will be referred to Garbaharey hospital

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

Girls and boys as well as men and women will be targeted equally with no discrimination, including on the basis of gender. However, sexual and reproductive health interventions will specifically target women of reproductive age, pregnant and lactating women. Other services that will be offered including outpatient services and health education will also target men.

ARD will make sure that there is equal participation and decision making of female and male in the design, implementation, and monitoring & evaluation process. Women and men will participate equally access to health committee and training.

Protection Mainstreaming

Protection mainstreaming will be considered in project design and activities minimize the risk of GBV incidents at target locations, e.g the facilities will be access to all people equally and located in secure areas which is accessible and available at 24/7, while mobile clinic will go to rural villages close to their settlement to minimize the risk of SGBV while looking for health care services.

Country Specific Information

Safety and Security

According to UNDSS, The Safety and security of target district is relative moderate and calm, there was not major incidents reported in the last quarter, however ARD security officer monitors the situations, there will be a security briefing among staff on daily basis, all staff will be accounted every day.

Access

The target districts are accessible with relative some government check points along the main road. ARD has an office in Kismayo, Bardhere and Garbahery district and has accessibility to the target locations;

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Project Coordinator	D	1	1,800.00	9	100.00	16,200.00
	<i>The project coordinator will response over all project implementation ,coordination and reporting both interim and final report , at rate of 1800 usd including health benefits.</i>						
1.2	Health Information Management Officer-	D	1	800.00	9	100.00	7,200.00
	<i>PLAN and coordinate on job training to health staff on health management information data collection, data entry and reporting Support collection, review data collection from health centers, identifying potential gaps, and data review and data utilization Participate regional meeting organized by ministry of health on Health management roll out process Prepare and submit by weekly and monthly report to prorgamme coordinator Participate assessment and surveys at field level.</i>						
1.3	Nurses(one per facility) for two fixed health center	D	2	400.00	9	100.00	7,200.00
	<i>in a total of two nurses (one nurses per facility, She/He provide general and preventative care, conduct check-ups, treat illnesses, order lab tests and prescribe medication for children and adult. Immunization of children (BCG, OPV, PENTA, and Measles)</i>						
1.4	Auxiliary nurses (one per facility and one for mobile)	D	3	250.00	9	100.00	6,750.00
	<i>in a total of three auxiliary nurses to support nurses for register of patient ,vaccination and drug distribution</i>						
1.5	Nurse for mobile clinic -one nurse	D	1	400.00	9	100.00	3,600.00
	<i>one nurses for mobile clinic will provide general and preventative care, conduct check-ups, treat illnesses, order lab tests and prescribe medication for children and adult. Immunization of children (BCG, OPV, PENTA, and Measles)</i>						
1.6	Community workers (six)	D	6	200.00	9	100.00	10,800.00
	<i>in a total of six community workers recruited from community , working in Garbaharey and Bardhere district , his/her work include active case finding ,malaria treatment and early referral of cases to the facilities.</i>						
1.7	Finance officer (one person	D	1	800.00	9	100.00	7,200.00
	<i>His/her task include prepare financial reports including transaction detail report, maintain and reconcile the general ledger, Maintain the purchase order system, Ensure transactions are properly recorded and entered into the computerized accounting system , Prepare income statements , Prepare balance sheets and ensure both interim and final report are in place.</i>						
1.8	Security (total four)	D	4	200.00	9	100.00	7,200.00
	<i>four security guards to support mobile teams and over charge of safety and security of staf</i>						
1.9	Lab technicians for two health facilities	D	2	400.00	9	100.00	7,200.00

	<i>laboratory technician responsible for conducting chemical, physical, and microbiological laboratory tests of solids</i>						
1.10	Cleaner (total four)	D	4	200.00	9	100.00	7,200.00
	<i>four cleaner for the health facilities, Undertake washing of floor, wall and transporting waste material to designated collection points as well as Cleaning toilets</i>						
1.11	midwives (1 per facility and one for mobile)	D	3	400.00	9	100.00	10,800.00
	<i>midwives per facility, they assist women in all stages of pregnancy, childbirth and post-delivery. undertaking antenatal care, monitoring the foetus during labour taking patient samples, pulses, temperatures and blood pressures</i>						
1.12	Doctor (one per district) -Garbaharey and Bardhera	D	2	1,200.00	9	100.00	21,600.00
	<i>The task include : He. /she will examine, diagnose and treat patients. The doctor will work as general practice physicians, undertaking patient consultations and physical examinations, assessing and planning treatment requirements, performing surgical procedures, writing reports and maintaining records and promoting health education</i>						
	Section Total						112,950.00
Supplies, Commodities, Materials							
2.1	essential drugs (two health center & one mobile) in Garbaharey and Bardhera district	D	1	14,995.12	1	100.00	14,995.12
	<i>There are supplies required for Garbaharey & Bardharea health and Mobile clinic to provide treatment for patients. We noted that due to fund gaps and UN procurement of supplies take long, it is important to procure emergency medical supplies for two health centers and mobile team and mainly intended for primary health care level The supplies will have a significant impact on the quality of patient care. List of essential drugs will be procured, stored and distributed to health facilities, ARD will ensure to prevent stock out and delays of supplies. USD 14,995.12 as per the attached BOQ.</i>						
2.2	Staff training on Basic emergency obstetric care -20 staff	D	1	2,948.00	1	100.00	2,948.00
	<i>twenty staff wil be trained on basic emergency obstetric care guidelines</i>						
2.3	warehouse Rent in Garbarahey Dstrict	D	1	400.00	9	100.00	3,600.00
	<i>This is cost for warehouse in Garbahery district for storage of drugs, supplies and equipment, ARD recruited store keeper who is responsible to take the reasonable care of the goods and safeguard them against various risks. For any loss or damage sustained by goods, warehouse keeper shall be liable to the owner of the goods</i>						
2.4	community awareness sessions on services utilization and acute water diarrhea - target 400 people	D	1	8,825.00	1	100.00	8,825.00
	<i>community awareness sessions on utilization of services , Acute water diarrhea prevention targeting 400 community members</i>						
	Section Total						30,368.12
Equipment							
3.1	Equipments for delivery WARD- two health health centers	D	1	6,450.00	1	100.00	6,450.00
	<i>These are equiomentns for delivery WARD in Garbaharey and Bardhera health centers (including delivery beds, postanal beds and examination beds for two health centers) the beds will be used for examining pregnant mothers and delivery purpose. The main beneficiaries will be pregnant and postnatal mothers. Delivery Reproductive health set include (Forceps, Sponge Holding, 200mm Needle holder, Mayo, 160mm Scissors, Mayo, Curved, 150mm Scissors, Epiotomy, Braun-sadler, 145mm Scissors, umbilical, 105mm Speculum, vaginal, Auvard Speculum, vaginal, Sims Bowl, lotion, s/s, 6 liters Instrument Container,</i>						
	Section Total						6,450.00
Travel							
5.1	Vehicle rent (two vehicle) in Garbaharey and Bardhera	D	2	1,800.00	9	100.00	32,400.00
	<i>Two vehicle is required, one for mobile clinic team and function as outreach team to cover 4 locations while other will be used for office supervision, monitoring and staff transportation. The standard rate of vehicle rent is US\$1800/month cost include driver, maintenance and fuel</i>						
	Section Total						32,400.00

General Operating and Other Direct Costs										
7.1	Office rent in Garbaharey	D	1	500.00	9	100.00	4,500.00			
	<i>Budget reduced to 500 The office is where we will be using our administrative work and to support project implementation, guidance and monitoring of day to day activities and reporting.</i>									
	Section Total							4,500.00		
SubTotal			38.00				186,668.12			
Direct							186,668.12			
Support										
PSC Cost										
PSC Cost Percent									7.00	
PSC Amount									13,066.77	
Total Cost									199,734.89	
Project Locations										
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name			
		Men	Women	Boys	Girls	Total				
Gedo -> Baardheere -> Baardheere	50	1,500	3,750	4,500	5,250	15,000	Activity 1.1.1 : Scale up two health facilities and one mobile clinic to cover the health needs of 30,000 affected people (3000 men ,7500 women ,9000 boys and 10500 girls) with equal access to women, girls, boys and men in Garbaharey and Bardhera Districts One heath center in Bardhera and one health center and mobile clinic in Garbaharey district Activity 1.2.1 : Organize community awareness sessions on service utilization, Acute water diarrhea /cholera prevention and health service utilization targeting 400 beneficiaries .this will be conducted by mobile clinic Activity 1.2.2 : Provide training for 20 staff(Male , 10 female) on Basic emergency obstetric care guideline in Garbaharey and Bardhera districts			
Gedo -> Garbahaarey -> Garbahaarey	50	1,500	3,750	4,500	5,250	15,000	Activity 1.1.1 : Scale up two health facilities and one mobile clinic to cover the health needs of 30,000 affected people (3000 men ,7500 women ,9000 boys and 10500 girls) with equal access to women, girls, boys and men in Garbaharey and Bardhera Districts One heath center in Bardhera and one health center and mobile clinic in Garbaharey district Activity 1.2.1 : Organize community awareness sessions on service utilization, Acute water diarrhea /cholera prevention and health service utilization targeting 400 beneficiaries .this will be conducted by mobile clinic Activity 1.2.2 : Provide training for 20 staff(Male , 10 female) on Basic emergency obstetric care guideline in Garbaharey and Bardhera districts			
Documents										
Category Name					Document Description					
Signed Project documents					NA					

Budget Documents	SAMPLE OF boq.xls
Budget Documents	ARD BOQ (1).xls
Budget Documents	Revised ARD BOQ Health.xls
Budget Documents	Revised ARD BOQ Health 9 2 17.xls
Budget Documents	Revised ARD BOQ Health 10 2 17.xls
Budget Documents	Revised ARD BOQ Health 13 2 17.xls
Budget Documents	Revised ARD BOQ Health 14 2 17.xls
Grant Agreement	HC signed ARD GA 4645.pdf
Grant Agreement	NA
Grant Agreement	ARD SIGNED GA-4546.pdf