

Requesting Organization :	American Refugee Committee			
Allocation Type :	Standard Allocation 2 (Nov-Dec 2017)			
Primary Cluster	Sub Cluster	Percentage		
Health	Maternal, Neonatal and Child Health	100.00		
		100		
Project Title :	Provision of essential primary healthcare services in Taleeh including Maternal, Neonatal and Child health services			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SOM-17/3485/SA2/H/INGO/7435	
Cluster :		Project Budget in US\$:	207,422.11	
Planned project duration :	12 months	Priority:		
Planned Start Date :	29/12/2017	Planned End Date :	28/12/2018	
Actual Start Date:	29/12/2017	Actual End Date:	28/12/2018	
Project Summary :	<p>Due to the current humanitarian situation in Taleeh district (Sool region) ARC proposes to conduct an intervention focusing on:</p> <ol style="list-style-type: none"> 1. Providing basic maternal, neonatal and child health services through supporting non functioning health facilities and outreach services in hard to reach areas 2. Referral of severe cases to health facilities 3. Provision of Clinical Management of Rape (CMR) 4. Supporting outbreak prevention and control and response intervention in drought affected communities 5. Health education and community awareness raising on prevention and promotion approaches and utilization of available services. <p>The aim is to reduce morbidity and mortality associated with diseases and hazards resulting from lack of access to health services. The target beneficiaries are Internally Displaced People (IDPs) and host community members in the district of Taleeh. The intervention will focus on the provision of both preventive and curative health services. Accordingly, this program will conduct the following activities:</p> <ol style="list-style-type: none"> 1. Make functional two newly constructed Maternal and Child Health facilities (MCHs) in order to cover gaps in service provision and utilization. 2. Reduce morbidity and mortality via provision of comprehensive reproductive health care including Ante Natal Care (ANC), routine deliveries, and referral for complicated obstetric emergencies, and postnatal services. 3. Routine immunization; nutritional screening; promotion of health seeking behaviour and adoption of preventive practices through campaigns, health education sessions and use of (Information, Education and Communication) IEC materials. 4. Capacity building of community volunteers to improve community awareness and health promotion efforts and enhance community ownership for their facilities and services that are provided by the MCHs. 5. Training for health workers on specialized topics like Integrated Management of Childhood illnesses (IMCI), prevention and control of outbreaks, ANC/PNC and public health promotion and responses in emergencies. 6. Strengthening of early warning disease surveillance through weekly submission of the Communicable Disease Surveillance and Response (CSR) reports from all the functional ARC supported health facilities. 7. Sharing of weekly diseases data with the health cluster, Somaliland Ministry of Health (SLMOH) and Somalia government health authorities so as to follow the trend and pattern of diseases reported, as well as respond to any outbreaks identified. 			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
3,480	5,845	5,445	6,221	20,991

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	190	334	312	335	1,171
Women of Child-Bearing Age	0	1,461	0	0	1,461
Children under 5	0	0	498	622	1,120
Pregnant and Lactating Women	0	492	0	0	492

Indirect Beneficiaries :

An estimated 30,500 people in Taleeh district and the surrounding areas, who have reasonable access to the proposed health facilities (MCHs) and who will also indirectly benefit from the increased health status of the population coming from villages around the two locations. In addition, pastoralists whom are moving place to place who also utilizes the health care services.

Catchment Population:

According to a recent report published by FSNAU and Somaliland government, the entire population of Taleeh district, estimated to be 66,000 (PESS, 2014), is affected by the drought. However, this project especially targets those whom are living in the proximity of the two proposed MCHs (Arrolay and Lasacurdin). IDPs that may reside in these areas will also access these services.

Link with allocation strategy :

The proposed project directly contributes to Cluster Objectives: 1) 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, and 2) contribute to the reduction of maternal and child morbidity and mortality.

The Proposed project addresses humanitarian needs by providing life-saving and life-sustaining assistance to the vulnerable population affected by drought in the district of Taleeh. In addition to this, four areas that ARC focus on includes:

1. Providing basic maternal, neonatal and child health services through supporting non functioning health facilities and outreach services in hard to reach areas
2. Referral of severe cases to health facilities
3. Provision of CMR
4. Supporting outbreak prevention and control and response intervention in drought affected communities
- 5.. Health education and community awareness raising on prevention and promotion approaches and utilization of available 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
Adan Adar	Country Director	adana@arcrelief.org	+254704595491
Agnes Geijer	Climate Change Adaptation and Programme Development Coordinator	agnesg@arcrelief.org	+254790999267

BACKGROUND**1. Humanitarian context analysis**

Somalia's health system has significantly underperformed for many years because of the longstanding conflict and instability. The health sector experienced a further decline in 2017 due to the impacts of the drought and worsening humanitarian crisis. This has increased a burden to a population with an already poor health, leading to increased levels of malnutrition across the country. The situation was further exacerbated by an AWD/ cholera outbreak earlier this year. This outbreak entailed that over 78,000 cases were reported. There has also been an outbreak of measles with a resulting 19,000 cases reported. The risks to individual and population health from malnutrition, diseases such as measles and the possibility of a resurgence of AWD/cholera outbreak as a consequence of Deyr 2017 rains and poor hygiene and sanitation is estimated to remain through to the end of 2017 and early 2018. This is beyond excess avoidable morbidity and mortality occurring as a consequence of major gaps in health service availability, accessibility and utilization.

Young children and women of child-bearing age disproportionately bear the brunt of the protracted health crisis across Somalia. Amongst children under the age of 5 years, 42% were stunted whilst 13.2 % were wasted. Both the under-5 mortality rate of 137/1000 as well as maternal mortality ratio of 732/100,000 live births, were the highest in the region. Needs are especially high amongst IDPs and in areas controlled by non-state armed actors, where access to health services is either absent or extremely limited. Also amongst underserved, rural areas where drought is most severe. This includes the district of Taleeh. Taleeh district has one of the highest prevalence of acute malnutrition recorded at 20.8%. Sustained humanitarian assistance has provided a mitigating effect to more extreme outcomes in many areas, though persistent drought threatens recovery of normal livelihoods, and further deterioration in food security is likely through May 2018. This situation will directly affect the nutrition and health status of people living in Somaliland. The Health Cluster estimates that approximately 3.3 million people need access to emergency health care. According to the REACH report in Sool region (including the district of Taleeh), more than 65% of the population no access to basic and essential health services.

According to Somaliland ministry of Planning and Rehabilitation in Taleeh district is among the most affected districts throughout Somaliland by the drought, due to the dependence of climate vulnerable livelihoods, in particular pastoralism, its land locked geo-position as well as lack of access to Health and WASH services. The population in the district are heavily reliant on the seasonal rainfalls, which has been reported being below the normal average in the last four seasons (2 years). This has damaged or placed pressure on the limited existing water facilities, which consequently has led to human diseases, threatening malnutrition rates and undue animal loss. Increasing access to Health services are thus essential in order to mitigate the situation.

2. Needs assessment

Somalia has one of the highest infant and child mortality rates in the world. According to the Multiple Indicator Cluster Survey (MICS) results from 2011, the total infant mortality rate is 72 deaths per one thousand live births and the under-five mortality rate is 91 deaths per thousand live births. This is even higher among the rural populations due to limited access to health services. Immunization coverage is also extremely low; according to Ministry of Health (MOH) administrative data in 2016/17 of Taleeh region, only about 21% of children under one year have received BCG vaccination, 23% have received Penta 3 vaccination, and only about 20% have received measles vaccination. Accordingly, the health sector suffers from a number of structural challenges like poor health and water infrastructure, three decades of lack of governance, and recurrent administrative and intra-clan conflicts which have imposed logistical and technical challenges of prior interventions until very recent.

As such, the recurrent droughts have exacerbated an already volatile situation. The inter agency drought assessment from November 2016, led by NERAD and facilitated by OCHA, highlighted that 46% of the residents in the region has difficulty or no access to a health facility. However, according to REACH (Somalia Joint Multi-cluster need assessment, July-September 2017), access to health care for the nearest districts in Sool region have shown to be increasing (Lasanod 66% and Hudun 31% - Hudun is showing better than the rest three districts of Taleeh). According to SARA survey (Service Availability and Readiness Assessment) conducted by WHO and Ministry of Health Somaliland in 2016, Taleeh health care system is one of the worst districts in Somaliland, mainly due to limited number of health facilities; quality of the service delivery; quality and number of number qualified human resources, problem related with drugs and supplies; low community awareness; and low utilization of the available health services. The potential health impacts brought on by prolonged drought can be devastating, especially considering the state of low resilience among the population.

One of the most pressing issues brought about by drought is food insecurity and the acute malnutrition that often results. Addressing malnutrition, however, is not enough. The malnutrition-infection cycle, in which infection with a pathogen reduces nutritional status and poor nutritional status reduces an individual's ability to fight off pathogens, must be broken via robust primary healthcare interventions, immunization, and disease surveillance, with integrated nutrition. In Taleeh region, an ARC team visited 18 most affected drought-affected villages out of the 28 villages in the district including Arooley, Baar Madoobeye, Taleeh town, Buq-Dheer, Caanalskax, Carmo, Dhummay, Godaalo, Halin, Higlo Ceelcowsle, Kal-Cad, Kalnool, Karingarfod, Laanle, Laasourdan, Sarmanyano and Shahda. In these villages, there are only four MCHs, none providing full and comprehensive maternal, neonatal and child services nor HMIS. The team observed that there are a limited number of health facilities, poor access to health services, shortage of supply and medicine, shortage of health workers. To sum up, there are 4 functional MCHs (Taleh, Sarmanyano, shaxada and Godale), 2 newly construction and non-functional (Arrole and Lasacurdin), and 5 Primary Health Care Units (Health posts). Taleeh has 1 district hospital but it is not fully functional

3. Description Of Beneficiaries

This project will focus on communities in Taleeh district, particularly Arolay and Lasacurdin and surrounding catchment areas. Apart from the local communities, IDPs and pastoralists can also be considered as target beneficiaries of the project. The population of Taleeh district has extensive experienced with repeated droughts for the last two years, but has limited coping capacity due to socio-economic vulnerability and lack of access basic social services. More than 65% of the population has no accesses to modern health care services. In this project, 5,845 women reproductive age group will be the direct beneficiary of the two MCHs. In addition, 5445 boys and 6221 girls will also targeted during the implementation of the project. Accordingly, during the project implementation, pastoralists and IDPs will also receive access to the provided services. 498 boys and 622 girls of the age under five are also utilizing the services. 492 pregnant and lactating mothers will also use the services.

4. Grant Request Justification

In order to curb further disease transmissions and reduce mortality and morbidity rates in Taleeh district, ARC will implement an essential and basic primary healthcare package including an emergency health intervention targeting the population living in the district that are affected by the repeated droughts. In order to facilitate access to sustainable basic services and improve response to the communities as well as reduce case fatality rates, ARC will boost the profession of static health facility services with limited outreach activities and life-saving capacity in the health sector through supporting 2 MCHs. This package will focus on treatment of diseases (outpatients services); Maternal health including neonatal; child immunization, child health; nutritional screening, provision of pharmaceuticals; CMR, prevention and control of outbreaks; health education; and referral of complicated and severe cases. Accordingly ARC will make the two non-functional MCHs functional (Arolay and Lasacurdin) and provide intensified supportive supervision for timely and accurate disease surveillance in coordination with the MOH, and the Health Cluster, with special focus on maternal, neonatal and child health services.

5. Complementarity

The proposed health project will be complemented by the on-going ARC health interventions in Sool region. In Sool region, ARC is supporting 4 MCHs (Godale, Karin Dabayl weyn, Dharkayn Geenyo and Gambadhe) and 4 mobile clinics (one in east Hudan district and one in south-east of Lasanod districts and 2 in Buhodle district). In addition, ARC secured and completed the preparation to start 1 MCH and 2 MCs in Erigavo district (Sanaag regions), one MC in Lasanaod (Sool region) and 1 MC in Buro (Togdheer region). In Taleeh, ARC supports Godale MCH. In addition, to this, ARC implemented WASH projects in Taleeh district including rehabilitation of Boreholes and spring wells, solar system installations, school WASH activities, and emergency water tracking activities. The role of the MOH will be on facilitation, coordination and oversight during the project implementation. MOH will take lead in the training of health care workers and also take part in the health education and promotion through their volunteers. The project will also be complemented by ARC's on-going WASH interventions in the area. There is cluster coordination mechanism in place for Cluster IPs working in Sool that is coordinated by health emergency sub-cluster meetings at Lasanod region and at MOH (central) in Hargeisa. The forum, which is established at MOH, is responsible to coordinate, organize and map all activities related to health activities in Sool region. IPs working in Sool region, also have weekly meeting in Lasanod town with the coordination of Sool Regional Medical office. ARC has established field office and guesthouse in Lasanod with 105 staff (66 are health workers working in the MCHs and MCs).

LOGICAL FRAMEWORK

Overall project objective

Improved access to essential primary healthcare and life-saving health services aimed at reducing avoidable morbidity and mortality in Taleh district of Sool 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	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	35
To contribute to the reduction of maternal and child morbidity and mortality	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	35
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	30

Contribution to Cluster/Sector Objectives : ARC's proposed project will directly contribute to the three cluster objectives. People with no access to primary healthcare services and affected by the repeated droughts as well as surrounding neighborhoods will have improved access to essential and basic primary health services, while maternal and child morbidity and mortality will be reduced through provision of comprehensive maternal, neonatal and child services

Outcome 1

Increased access to and quality of health services to prevent and control communicable disease and improve reproductive, maternal, and child health

Output 1.1

Description

Establishing two Mother and Child Health Centers (MCHs) to provide basic health care services to improve maternal and child health care in Taleh district of Sool region

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of consultations per clinician per day by Health facility					60

Means of Verification : HMIS and registers

Indicator 1.1.2	Health	Number of health facilities supported					2
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Means of Verification : HMIS, Periodic reports

Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					4,200
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Means of Verification : HMIS, EPI registerer

Indicator 1.1.4	Health	Number of severe/GBV cases referred					24
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Means of Verification : Weekly reports

Indicator 1.1.5	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.						14
Means of Verification : Weakly report/monthly report/HMIS								
Activities								
Activity 1.1.1								
Standard Activity : Primary health care services, consultations								
Treat illnesses by providing basic health care, including management of:AWD, ARI, malaria, intestinal parasites, anemia, ear infection, skin infection, UTI, febrile illnesses, rheumatoid arthritis/severe joint pain, hemorrhoids, sexually transmitted infections, and other diseases that contribute to pediatric and adult mortality and morbidity. Provide diagnosis, early detection and early referral for severely ill patients								
Activity 1.1.2								
Standard Activity : Essential drugs and Medical equipments distribution								
Support the functionality two MCH's (Aroley and Lasacurdin) by hiring, with support of MOH, the necessary staffing, procure and delivery of MCH basic equipments; procure and delivery of basic drugs and supplies according to MOH standards. All staff seconded from the MOH to ensure the sustainability of the intervention. The number of staff for 2 MCHs are 22 (for each MCH: 1 head nurse, 2 qualified nurses, 2 auxiliary nurses, 1 midwife, 2 CHWs, 1 cleaner and 2 security guards)								
Activity 1.1.3								
Standard Activity : Immunisation campaign								
Children under five will receive all course of vaccination ending with PENTA 3 and Measles and women of child-bearing age will receive TT immunization/ vaccination services, 1120 are children under the age of 5 (498 male and 622 female). 3080 are WCBA.								
Activity 1.1.4								
Standard Activity : Secondary health care and referral services								
Referral of severe/ GBV cases to nearby secondary hospitals and provision of CMR when needed.								
Activity 1.1.5								
Standard Activity : Emergency Preparedness and Response capacities								
Training 14 health workers on AWD and management of disease outbreak for 5 days for one time								
Output 1.2								
Description								
Enhanced knowledge and skills for health care workers and increased awareness and education for communities in transforming their practices and living healthier lives								
Assumptions & Risks								
1. Timely approval of the project as per the emergency situation in Sool region is worsening time after time 2. Community support and participation 3. Government support and collaboration is in place								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.2.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					14	
Means of Verification : Priodic report, Training report, Photos, Final project report								
Indicator 1.2.2	Health	Number of people (men, women, boys and girls) reached by health promotion message.	600	600	0	0	1,200	
Means of Verification : Priodic report, Training report, Photos, Final project report								
Activities								
Activity 1.2.1								
Standard Activity : Primary health care services, consultations								
Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses (ICCM) for 14 qualified and auxiliary nurses (7 males and 7 females) for 5days for one the time during lifetime of the program								
Activity 1.2.2								
Standard Activity : Awareness campaigns and Social Mobilization								
Conduct RH education and promotion outreach sessions on reproductive health topics for women affected drought in Taleh district. This sessions will have 50 participants per session and will be conducted two times per months. Selecting target villages and within the MCH surroundings.								

Additional Targets :

M & R

Monitoring & Reporting plan

To ensure total inclusivity in its interventional approach, ARC will strengthen health service provision to the vulnerable population; work closely with MOH and health partners in Taleh. ARC has in place a variety of M&E tools including outcome tracking tools, analysis, and competency- based checklists that will be used to assess programme activities in the health context. All indicators will be drawn from the health cluster generated sub-sector indicator lists and together with ARC's global M&E result frame work , a good basis been established to measure performance.

A detailed monitoring and evaluation M&E plan with clearly defined performance indicators and in line with the time outlined in the workplan will be developed as an integral part of this project's design process. The plan will guide the review and assessments of programme targets at every two weeks. Every patient served will be recorded; Community Health Workers (CHW) will also record number of HHs/families reached with health messages. ARC will generate weekly reports from the patient registers and CHW reports and share with MOH and Cluster to feed into the weekly epidemiological data. Reproductive health data will be generated from the ANC and PNC registers and shared together with the medical data submitted to the MOH and Cluster.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Treat illnesses by providing basic health care, including management of:AWD, ARI, malaria, intestinal parasites, anemia, ear infection, skin infection, UTI, febrile illnesses, rheumatoid arthritis/severe joint pain, hemorrhoids, sexually transmitted infections, and other diseases that contribute to pediatric and adult mortality and morbidity. Provide diagnosis, early detection and early referral for severely ill patients	2017												X
	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Support the functionality two MCH's (Aroley and Lasacurdin) by hiring, with support of MOH, the necessary staffing, procure and delivery of MCH basic equipments; procure and delivery of basic drugs and supplies according to MOH standards. All staff seconded from the MOH to ensure the sustainability of the intervention. The number of staff for 2 MCHs are 22 (for each MCH: 1 head nurse, 2 qualified nurses, 2 auxiliary nurses, 1 midwife, 2 CHWs, 1 cleaner and 2 security guards)	2017												X
	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Children under five will receive all course of vaccination ending with PENTA 3 and Measles and women of child-bearing age will receive TT immunization/ vaccination services, 1120 are children under the age of 5 (498 male and 622 female). 3080 are WCBA.	2017												X
	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.4: Referral of severe/ GBV cases to nearby secondary hospitals and provision of CMR when needed.	2017												X
	2018	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.5: Training 14 health workers on AWD and management of disease outbreak for 5 days for one time	2017												X
	2018		X										
Activity 1.2.1: Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses (ICCM) for 14 qualified and auxiliary nurses (7 males and 7 females) for 5days for one the time during lifetime of the program	2017												
	2018		X										
Activity 1.2.2: Conduct RH education and promotion outreach sessions on reproductive health topics for women affected drought in Taleh district. This sessions will have 50 participants per session and will be conducted two times per months. Selecting target villages and within the MCH surroundings.	2017												X
	2018	X	X	X	X	X	X	X	X	X	X	X	X

OTHER INFO

Accountability to Affected Populations

ARC, through its standing presence in Sool, has good relationships with the local authorities and beneficiaries. The proposed project is based on information provided to ARC by potential beneficiaries as well as local authorities. ARC, as a matter of principle and tradition holds a grant opening workshop with all stakeholders invited before the launch of every project. The grant opening workshop is meant to introduce beneficiaries and stakeholders to the project, highlighting the key entitlements, the beneficiary selection criteria used or to be used, the design of the project and implementation policy of ARC and donor requirements. This act of inclusivity in during program launch and implementation opens the program up to public scrutiny and healthy beneficiary/donor/implementer dialogue.

Further, ARC conducts regular community meetings. During these meetings, the beneficiaries are informed about the project and their feedback is sought. This feedback is then communicated to ARC Management and the project design is changed accordingly (within donor rules and regulations). Do No Harm has been considered in the design stage of the project and will be ensured during implementation. At the end of the project, community feedback is sought again and lessons learned are incorporated into new project designs.

ARC and the line government authorities in collaboration with the key project stakeholders in Taleh district of Sool region will conduct the process of recruiting key positions for this project. The hiring process will be transparent and will ensure fair representation of groups and communities among staff members. ARC takes into consideration a number of critical issues when conducting its hiring. Some of the key considerations are: gender, people with disabilities (PWDs), and minority clan representation. Memberships of entities formed either to provide oversight or play different roles like vetting, endorsements or grievance-solving processes must draw their membership from the youth, women, men and Government cadre.

ARC actively coordinates with all relevant bodies and stakeholders, including the local and national level cluster system, the United Nations and other donors, international and local organizations, and all local and national level authorities. ARC incorporates transparent and community-led approaches in this and all projects; in the proposed project, communities will be engaged in all aspects of project design, implementation, and monitoring.

Project activities will be coordinated with ARC's existing and future projects in the health sector. Beneficiaries will benefit from ARC's active programming in Taleh district of Sool region in the sectors of Health, WASH, protection, and shelter through messaging on available services in the overlapping catchment areas. In Sool region, ARC is the only international NGOs that established an operational field office and guest house in Sool region (Las anod town)

Implementation Plan

ARC is proposing to implement this project through ARC staff in close coordination with local authorities. In this project, ARC is proposing to support two MCHs that will provide essential and basic healthcare services to the population affected by the drought. An inception meeting will be conducted with MOH (Somaliland) and other partners to share project objectives and activities and project areas.

Two MCHs will provide comprehensive service package of primary health care according to the EPHS framework. This framework provide the basic six priority components, which give more focus on mother and child services including EPI, ANC/PNC, delivery services, nutritional screening, GBV services, OPD and limited services of OPD, emergencies, free drugs/medicine, referral cases and other service. In addition, the clinic will report disease outbreaks according to Integrated Disease surveillance system (IDSR) of MOH.

The two MCHs will be staffed with two head nurses who will be the overall responsible parties for the health facilities (each MCH 1 head of nurse), six qualified nurses - each MCH three qualified nurses (two for consultations of children under five and one for those over five for each MCH), two midwives for reproductive health services, four auxiliary nurse for immunization and for nutrition screening and emergency cases (2 for each MCH), and four CHWs (each MCH two CHW) to do awareness and referral to link the clinic with the community. All staff inside the MCH will report to the head nurses. The head nurses are responsible for supervision of staff, cleanliness, and ensuring that supplies and equipment are available. The head nurse will report to Taleh district health officer, Sool RMO and ARC office in Las anod in Somaliland, ARC Las anod office will report to ARC Hargeisa office who reports to the Country Director.

The capacity of the staff will enhanced through training programs. ARC will request mentors and facilitator for MOH and existing universities in Sool region. All trainings programs will be followed by WHO, UNICEF, UNFPA and MOH protocols/guidelines. In addition, CHW will be oriented and training on ways to work and orient communities. In this, the level of community knowledge, practices and attitude toward living healthier will be increased. Particular focus will be given on drought health emergencies and how to prepare themselves any health problems that the community may face. Community health committee will be established and trained.

Referral will be used by WHO/MOH standard referral protocols. Priorities for referral will be: (a) pregnant mothers with complications, (b) children with AWD, measles and other communicable diseases; (c) moderate and severe malnourished children (d) MC will refer all cases to the nearest MCHs or Las anod hospital (e) vehicle of the MCs and ambulances will be used as means of transportation.

Financial management within ARC is headed by the Financial Controller based in Nairobi. The Finance Manager overseas the day-to-day operations and reporting and works closely with Hargeisa-based Finance Managers and Officer to ensure that all financial matters are in accordance with ARC and SHF rules and regulations.

ARC is a member of the health cluster in Somaliland and related sub-sectors including nutrition and emergency response forums

ARC will adhere to the implementation and M&E plan as submitted in the proposal. Before commencing implementation, a stakeholder meeting will be called and project activities will be shared with concerned partners and government ministries. Further, ARC will coordinate with the security department in the government/district commissioner's office

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF,WHO,Somaliland MOH,Sool Region Medical Office,Save the Children International	UNICEF is supporting nutrition and Vaccine supplies in Las anod town located MCHs,WHO as the leading agency for health is an important partner in the provision of health services in Sool,ARC communicates regularly with the MOH and provides monthly reports and HMIS report, while also attending all coordination meetings at MOH,ARC communicates regularly and provides monthly reports and attends all coordination meetings,Save the Children International is implementing health activities in Sool region including Taleh district. ARC will contact them to determine if synergies can be found

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							
<p>ARC is committed to the Guidelines for Gender-Based Violence Interventions in Humanitarian Settings set forth by the Inter-Agency Standing Committee in 2005.</p> <p>Through its health technical design, ARC involves IDP representative majority of which are women from the planning stage to implementation of the project. Women also make up 60% of the MCH staff, i.e. counselors, midwives, head nurses and CHWs. ARC strives to reduce the risks of exposure to gender-based violence (GBV) and ensure confidentiality of medical services for dignified care. The two MCHs will have a counseling room and provide survivors with psychosocial services. Medical services are provided in the MCH including Clinical Management of Rape. The project will target the most vulnerable by providing women and children with quality health services.</p>							
Protection Mainstreaming							
<p>ARC is committed to ensuring that protection of beneficiaries and do not harm principle is prioritized into all program responses. Protection principles will be integrated to improve the intervention and guaranteeing the protection of the population from exposure to threats related to humanitarian assistance, to empower beneficiaries to claim their rights, and to prompt duty-bearers to comply with their obligations. A rights-based approach is applied, taking into consideration the needs of ethnic minorities, women, the elderly, and people living with disability. As such, the location of the mobile clinics are chosen strategically in order to reduce gender-based violence and other forms of violence and in a neutral location so that people from all ethnic groups in the area may be able to access healthcare</p> <p>ARC incorporates a sustainable exit strategy into its programming and in the long term, the facility will be handed over to the Ministry of Health.</p>							
Country Specific Information							
Safety and Security							
<p>ARC is already present in the proposed area of intervention with staff and institutional infrastructure in place. However, ARC project success may be impacted negatively by the following external constraints:</p> <ul style="list-style-type: none"> -Deteriorating security situation: in order to overcome the security risks that may arise, ARC will work closely with United Nations Department of Security and Safety (UNDSS), the Somaliland National Security Agency (SNSA), and local clan leaders. -Lack of access for monitoring purposes: ARC will have in its employment staff from the local community who will have access, even during challenging situations. <p>ARC Somaliland has a dedicated Director of Security at the headquarters level who is in daily contact with ARC Somalia staff and provides guidance and support. Minimum procedures are set out in ARC Somalia's Field Security Manual which all staff are aware of and abide by.</p>							
Access							
<p>ARC has been working in Sool including the three districts of Taleh, Hudun and Lasanod since June 2016, implementing WASH, health, emergency water tracking and unconditional cash transfer. ARC expects to keep good relationships with all actors in Sool and expects that this will allow ARC to work in the two MCHs without issues. ARC has reached more than 50 villages in Sool region through different interventions and more than 18 villages in Taleh. ARC implemented WASH projects in Arolay, which this project will support MCHs. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all ARC interventions.</p>							
BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Supplies (materials and goods)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
2. Transport and Storage							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
3. International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00

4. Local Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
5. Training of Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
6. Contracts (with implementing partners)								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
7. Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
8. Indirect Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
11. A:1 Staff and Other Personnel Costs: International Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
12. A:1 Staff and Other Personnel Costs: Local Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
13. B:2 Supplies, Commodities, Materials								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
14. C:3 Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00

16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0	0.00
	NA							
	Section Total							0.00
17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0	0.00
	NA							
	Section Total							0.00
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0	0.00
	NA							
	Section Total							0.00
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0	0.00
	NA							
	Section Total							0.00
20. Staff and Other Personnel Costs								
1.1	Country Director	D	1	13,800.00	12	5.00		8,280.00
	<i>The CD provides overall leadership and management to ARC Somalias Program. He is based in Mogadishu with travel to Nairobi to coordinate with donor and UN agencies . 5% of his salary will be charged to this project.</i>							
1.2	Finance Controller	D	1	7,500.00	12	3.00		2,700.00
	<i>The FC is responsible for the final budgetary oversight and oversees the day-to-day operations and reporting and works closely with Hargeisa-based Finance Managers and Officer to ensure that all financial matters are in accordance with ARC and SHF rules and regulations. 3% of his salary will be charged to this project.</i>							
1.3	Program Manager Somaliland	D	1	4,950.00	12	3.00		1,782.00
	<i>The Program Manager provides overall leadership and management to ARC Somalilands Program and is responsible for all projects in Somaliland. He is based in Hargeisa . 3% of his salary will be charged to this project.</i>							
1.4	Senior Grants Manager	D	1	7,500.00	12	3.00		2,700.00
	<i>The SGM provides works with all managers to ensure that project delivery is in line with donor requirements. She is based in Mogadishu with travel to Nairobi to coordinate with donor and UN agencies . 3% of his/her salary will be charged to this project.</i>							
1.5	Health Technical Coordinator	D	1	5,700.00	12	20.00		13,680.00
	<i>The Health Technical Coordinator provides overall leadership and management to ARC Somalias Health Program and is responsible for the delivery of this project . He is based in Mogadishu with travel to Nairobi and other locations to oversea projects and to coordinate with donor and UN agencies . 20% of his salary will be charged to this project.</i>							
1.6	Health officer (Laasaanood)	D	1	1,500.00	12	40.00		7,200.00
	<i>This position is a medical doctor that provides team management and direct management for this project. He is based in Lascanood will be responsible for holding and coordinating health education sessions. Accordingly, 40% of his salary is charged to this project</i>							
1.7	Field Office Manager (Lasanod)	D	1	2,283.00	12	25.00		6,849.00
	<i>This position is in charge of the LasCanood field office and all staff and projects in the area. He is based in Lascanood and 25% of his salary are charged to this project</i>							
1.8	Admin/Finance Officer	D	1	1,370.00	12	25.00		4,110.00
	<i>This position is works closely with the LasCanood field office manager and ensures all finance and admin matters are handled in line with ARC and donor requirements. He is based in Lascanood and 25% of his salary are charged to this project</i>							
1.9	Head Nurse	D	2	400.00	12	100.00		9,600.00
	<i>Two head Nurses will oversea the activities in the MCHs. 100% of their salary in line with ARC salary scale - including all benefits - are charged to this project</i>							

1.10	Qualified Nurse	D	4	400.00	12	100.00	19,200.00
	<i>4 qualified Nurses will function as the primary contact for patients in the two MCHs. 100% of their salary in line with ARC salary scale - including all benefits - are charged to this project</i>						
1.11	Auxiliary Nurse	D	4	200.00	12	100.00	9,600.00
	<i>Four Auxiliary Nurses will work closely with the qualified nurses to provide information and referrals as well as other services for the patients in the two MCHs. 100% of their salary in line with ARC salary scale - including all benefits - are charged to this project</i>						
1.12	midwives	D	2	400.00	12	100.00	9,600.00
	<i>Two qualified Midwives provide care, advise and support to women before during and after childbirth. 100% of their salary in line with ARC salary scale - including all benefits - are charged to this project</i>						
1.13	Community Health Workers	D	4	200.00	12	100.00	9,600.00
	<i>Four Community Health Workers will raise awareness on available services , maintain records and facilitate referrals. 100% of their salary in line with ARC salary scale - including all benefits - are charged to this project</i>						
1.14	cleaners	D	2	80.00	12	100.00	1,920.00
	<i>One cleaner in each MCH will ensure a hygienic and clean environment for the health workers and the patients. 100% of their salary in line with ARC salary scale - including all benefits - are charged to this project</i>						
1.15	security guards	D	4	80.00	12	100.00	3,840.00
	<i>Two security guards in each MCH will ensure a safe environment for the health workers and the patients. 100% of their salary in line with ARC salary scale - including all benefits - are charged to this project</i>						
	Section Total						110,661.00
21. Supplies, Commodities, Materials							
2.1	Health Education session	D	1	500.00	12	100.00	6,000.00
	<i>Community outreach sessions and health education sessions will promote key family practices such as appropriate care seeking, prevention and home management of illnesses and exclusive breastfeeding. This cost includes providing water to participants, and other community mobilization activities. Health education sessions and outreach will adopt a variety of strategies to reach different audiences with unique patterns of behaviour and needs, such as visitors to health facilities, children in schools, women headed households and working women through marketplace visits, community visits and household visits for disabled or elderly persons facing mobility challenges. Campaigns will be conducted in health facility catchment areas to provide clear links to accessible health services. Each session lasts one day and targets at least 100 beneficiaries per session. One session shall be held every month/ 1year</i>						
2.2	Furniture/supplies for 2 MCHs	D	1	2,770.00	1	100.00	2,770.00
	<i>ARC will purchase the furniture and supplies needed for the two MCHs. Details can be found in the BOQ.</i>						
2.3	Clinical staff supplies	D	1	2,284.00	1	100.00	2,284.00
	<i>To ensure ongoing delivery of essential health services, ARC will provide health facilities with basic supplies, including uniforms, gloves, stationary and administrative supplies. Please the detailed BOQ.</i>						
2.4	Pharmaceuticals	D	1	17,413.75	1	100.00	17,413.75
	<i>ARC will purchase the pharmaceuticals needed to adequately treat patients in the two MCHs.Please the detailed BOQ</i>						
2.5	Medical supplies and equipment	D	1	9,999.00	1	100.00	9,999.00
	<i>To ensure ongoing delivery of essential health services, ARC will provide health facilities with basic supplies, including uniforms, gloves, stationary and administrative supplies. Please the detailed BOQ.</i>						
2.6	Transportation of Medical Supplies and Pharmaceuticals	D	1	3,736.00	1	100.00	3,736.00
	<i>As detailed in the attached BOQ, ARC proposes to pay for transportation of medical/Non medical supplies and pharmaceuticals from Nairobi to Las Caanod. This involves plane and road transport. ARC estimated the price based on experience from previous projects.</i>						
2.7	Training of healthcare workers (IMCI)	D	1	2,044.00	1	100.00	2,044.00
	<i>health workers will receive Integrated Community Case Management Training, which is a WHO recommended module for Community Health workers (CHW's)which complements Integrated Management of Childhood Illnesses (IMCI) required by national protocol for qualified health workers. ICCM training includes modules of Measurement of Upper Arm Circumference (MUAC) and Management of Acute Malnutrition (MAM). Techniques on provision of community health education topics for behaviour change will also be included. 8 Participants from ARC and 4 from Other Organisation will participate and the session will take 4 days. Transportation will be provided between Las Caanod and Tallex</i>						
2.8	Training of healthcare workers (BEMOC)	D	1	3,435.00	1	80.00	2,748.00
	<i>ARC proposes comprehensive on the job Basic Emergency Obstetric Care (BEmOC) training to ensure delivery of MISF to be provided as one session. 6 Participants from Arc and 4 From Other Organisation will attend for 5 sessions 5 days.</i>						

2.9	Health Facility Supplies	D	1	1,936 .14	1	100.00	1,936.14
	<i>ARC will purchase supplies necessary for the operation of the two MCH. 50 teams of around 4 teams/ per month: 2 teams per MCH. For details pls refer to the attached BOQ.</i>						
2.10	Health Facility Utilities	D	1	2,880 .00	1	100.00	2,880.00
	<i>ARC will purchase utilities necessary for the operation of the two MCH. For details pls refer to the attached BOQ.</i>						
2.11	Training: AWD Case Management	D	1	4,495 .00	1	100.00	4,495.00
	<i>ARC proposes comprehensive training on AWD/Case Management, with 12 Participants from Arc and 4 From Other Organisations. For more information please find detailed BOQ.</i>						
	Section Total						56,305.89
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
24. Travel							
5.1	Travel and Per diem	D	1	12,59 0.00	1	100.00	12,590.00
	<i>Trips of air travel costs are requested to help ensure project oversight by finance controller to ensure compliance through travel associated with auditing. Additionally, the health technical cordintaor wil travel to offer techincal support oversight. Please see travel BoQ in attached documents</i>						
	Section Total						12,590.00
25. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
26. General Operating and Other Direct Costs							
7.1	Rent for Office in Somaliland/Las Canood	D	1	3,000 .00	12	15.00	5,400.00
	<i>ARC is proposing to pay a percentage of rent paid for the ARC offices where staff that is directly working under this grant is located Thus ARC seeks rent for las canood office. ARC staff needs a place to work. See BoQ for complete breakdown</i>						
7.2	Communication(Airtime,Internet)	D	1	10,80 0.00	1	50.00	5,400.00
	<i>ARC is budgeting for communication. This includes air time for staff and a percentage of the internet costs as well as the Satellite phone costs in sool office. See BoQ for complete breakdown.</i>						
7.3	Stationary for ARC offices in Somaliland	D	1	1,173 .40	1	20.00	234.68
	<i>ARC is proposing to purchase paper, note books, and writing/printing materials for Las Canood offices - as outlined in the detailed BoQ.</i>						
7.4	Bank Charges(1.2% transfer rate)	D	1	3,260 .87	1	100.00	3,260.87

	ARCs bank charges 1.63% for each transfer that goes to Somalia.		
Section Total			14,295.55
SubTotal	46.00		193,852.44
Direct			193,852.44
Support			
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			13,569.67
Total Cost			207,422.11

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Sool -> Taleex -> Arooley	100	3,480	5,845	5,445	6,221	20,991	<p>Activity 1.1.1 : Treat illnesses by providing basic health care, including management of:AWD, ARI, malaria, intestinal parasites, anemia, ear infection, skin infection, UTI, febrile illnesses, rheumatoid arthritis/severe joint pain, hemorrhoids, sexually transmitted infections, and other diseases that contribute to pediatric and adult mortality and morbidity. Provide diagnosis, early detection and early referral for severely ill patients</p> <p>Activity 1.1.2 : Support the functionality two MCH's (Aroley and Lasacurdin) by hiring, with support of MOH, the necessary staffing, procure and delivery of MCH basic equipments; procure and delivery of basic drugs and supplies according to MOH standards. All staff seconded from the MOH to ensure the sustainability of the intervention. The number of staff for 2 MCHs are 22 (for each MCH: 1 head nurse, 2 qualified nurses, 2 auxiliary nurses, 1 midwife, 2 CHWs, 1 cleaner and 2 security guards)</p> <p>Activity 1.1.3 : Children under five will receive all course of vaccination ending with PENTA 3 and Measles and women of child-bearing age will receive TT immunization/ vaccination services, 1120 are children under the age of 5 (498 male and 622 female). 3080 are WCBA.</p> <p>Activity 1.2.1 : Conduct health care workers' training on common illnesses and/or integrated management of childhood illnesses (ICCM) for 14 qualified and auxiliary nurses (7 males and 7 females) for 5days for one the time during lifetime of the program</p> <p>Activity 1.2.2 : Conduct RH education and promotion outreach sessions on reproductive health topics for women affected drought in Taleh district. This sessions will have 50 participants per session and will be conducted two times per months. Selecting target villages and within the MCH surroundings.</p>

Documents

Category Name	Document Description
Budget Documents	ARC BOQ 2 MCH Taleex.xlsx
Budget Documents	ARC BOQ-Updated.xlsx
Budget Documents	ARC Review comments-addressed OCHA comments 2.docx

Budget Documents	Copy of Copy of ARC BOQ 2 with OCHA comments 8 dec 017.xlsx
Budget Documents	ARC BOQ-Second update.xlsx
Budget Documents	Copy of ARC BOQ-Second update with OCHA comments 13 dec 017.xlsx
Budget Documents	BOQ 14.12.17.xlsx
Budget Documents	BOQ 18.12.17.xlsx
Budget Documents	BOQ 18.12.19.xlsx
Budget Documents	BOQ 18.12.19.Updatedxlsx.xlsx
Revision related Documents	Review comments-addressed.docx