

<b>Requesting Organization :</b>	SWISSO - Kalmo				
<b>Allocation Type :</b>	Reserve 2017				
<b>Primary Cluster</b>	<b>Sub Cluster</b>				<b>Percentage</b>
Nutrition					33.33
Health					33.33
Water, Sanitation and Hygiene					33.34
					<b>100</b>
<b>Project Title :</b>	Integrated emergency life saving health, nutrition and WASH project in Baidoa district				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/R/Nut-H-WASH/INGO/6250		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	313,466.15		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	15/06/2017	<b>Planned End Date :</b>	15/12/2017		
<b>Actual Start Date:</b>	23/06/2017	<b>Actual End Date:</b>	23/12/2017		
<b>Project Summary :</b>	<p>In this project, Swisso Kalmo will improve the access and utilization of Emergency integrated health/WASH and Nutrition services for women and children living in the most drought affected areas in Baidoa district (The project will focus and give more attention to static facilities around IDPs settlements (25%) and hard to reach areas (75%). The three-static health centres in Baidoa district will be strengthened by adding WASH and Nutrition Services and establishment of CTC and Stabilization Centre, provision of medical and nutrition supplies and the improvement staff capacity. Remote villages will be reached through mobile clinics; community mobilizers and CHWs will be recruited and trained. Among the activities that SK will be providing include routine and campaign immunization to under 5 children and Women of child bearing age (WCBA); Provision of antenatal and post-natal care to pregnant and lactating mothers. Treatment and control of communicable diseases targeting (boys, girls, PLW, WCBA and men); Provision of basic lifesaving medical services to sick patients including AWD/Cholera patients; Treatment of uncomplicated malnourished cases both SAM and MAM; Identify and refer patients with severe medical cases that requires admission at health facilities after providing first aid services; Referral of complicated malnourished children; Promote the adoption of good hygiene and sanitation practices to the affected communities; Breast feeding promotion and support of infant and young child feeding; Identify and assist in the train of community volunteers on health promotion and education; MUAC screening and identification of malnourished children; Organize community sensitization and mobilization sessions at facility and outreach level of the affected areas; Distribute standard (IEC) materials for social mobilization; Support distribution of hygiene kits to discharged patients from CTC if kits are made available; Provision of disinfected water, provision of adapted sanitation infrastructures and related hygiene promotion; MUAC screening for all children 6-59 months and pregnant and lactating women (PLW); Treatment of MAM and SAM without medical complication; Referral of MAM and SAM cases with medical complication and failed appetite and Breast feeding promotion.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	4,821	9,464	2,789	3,126	20,200
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	2,000	2,186	4,186
Women of Child-Bearing Age	0	4,814	0	0	4,814
Pregnant and Lactating Women	0	2,662	0	0	2,662
Internally Displaced People	4,821	1,988	789	940	8,538
<b>Indirect Beneficiaries :</b>					

The drought affected host communities, Internally Displaced Persons/Returnees, 20 Community Nutrition Workers (4 male and 16 Female); 20 project staff (10 men and 10 female) and Community based workers who will carry out community mobilization and sensitization and provide education and information at the community. 9241 of the general community will also benefit from information and education from the Community Based Workers and the project staff during awareness campaigns and the regular Hygiene promotion.

**Catchment Population:**

This SHF project will focus the drought affected communities (i.e.2789 boys, 3126 girls, 4821 men and 9464 women) in the Internally Displaced Persons and most affected villages(hard to reach area) in Baidoa district, with special consideration given to pregnant women, women of child bearing age and children under five years of age. Special attention will be given Acute Watery Diarrhoea/Cholera treatment through integration of the health facilities and outreaches with WASH and Nutrition services.The Nutrition beneficiaries will be informed through social mobilization and community awareness on all the services provided at the sites(Mobile/Static) and thus makes it easy for the beneficiaries to understand that all the services are provided under the same roof i.e it is one stop shop

**Link with allocation strategy :**

The proposed activities are in line with the 2017 Somalia Humanitarian Plan's in addressing the critical gaps in the ongoing famine prevention response through deployment of Integrated Emergency Response for lifesaving Health, WASH and Nutrition response by use of direct implementation. Among the activities to be carried out will include: Life-saving integrated response service (Health, Nutrition and WASH); Improvement of Acute Watery Diarrhoea/Cholera surveillance and response system; Provision of maternal and reproductive health including emergency obstetric care; Treatment of SAM and MAM; Provision of Basic Nutrition Services Package; Organize community sensitization and mobilization sessions at facility and outreach level of the affected areas; Distribute standard (Information,Education and Communication) materials for social mobilization; Closely coordinate with the regional, district and NGOs social mobilizers, elders, Sheikhs all involved in activities on mobilizing communities; Support distribution of hygiene kits to discharged patients from Cholera Treatment Centre; Provision of disinfected water, provision of adapted sanitation infrastructures and related hygiene promotion.

**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
Dr Abdi Hersi	Regional Director	abdi.hersi@swisso-kalmo.org	+25472277455

**BACKGROUND**

**1. Humanitarian context analysis**

Somalia, with a population estimated at 12.3 million people, is suffering one of the world's longest running humanitarian crises, lasting for over 20 years. The combination of conflict, insecurity, mass displacement, recurrent droughts, flooding and extreme poverty, coupled with very low basic social service coverage, has seriously affected food security and livelihoods and greatly increased the population's vulnerability to disease and malnutrition. The on-going drought conditions that the country is facing have left hundreds of thousands of Somalis to remain severe food and water shortages. In Somalia, the current AWD/cholera outbreak has affected more than 20,317 with over 469 deaths (CFR=2.3%). Of which 20,317 cases, 51% were recorded in Bay region. As per data from week 20 (sitrep) total of 383 AWD/cholera cases and 2 deaths were recorded. The project will focus and give more attention to static facilities around IDPs settlements (25%) and hard to reach areas (75%).The quality of AWD/Cholera case management is aggravated by weak health system capacity and poor accessibility for some partners. 65% of affected communities in Bay region live in rural areas with very poor access to basic health services. The nutrition situation is dramatically deteriorating in many places in Somalia. Overall, 45,280 Severe Acute Malnutrition (SAM) and 50,983 Moderate Acute Malnutrition (MAM) have been admitted from January to March 2017. Poor water and sanitation was one of the main factors facilitating the increase of AWD/Cholera cases particularly in Bay region. Water prices have increased beyond the reach of many, hence they result to use of unsafe water increasing their risk of AWD/Cholera infections. In consequence of the drought and lack of water, communities experienced poor hygiene and sanitation especially in the IDP camps; as a consequence, there are AWD outbreaks in many districts and villages. In Bay region where SK is planning to implement this integrated project is one of the regions severely affected by droughts and AWD. Further aggravating the humanitarian situation in Bay is the massive influx of displaced populations due to conflict, forced eviction and seasonal droughts in surrounding districts of Bay region. IDP and returnees' settlements in Baidoa and surrounding villages have become very congested. This also exerts further pressure on the limited basic services and increases the transmission rates of communicable diseases to populations already facing high mortality and morbidity rates. Assessment recently conducted by UNOCHA (April 2017) showed that 72% of households in the 168 IDP settlements assessed were caring for children under 5 years, which implies more vulnerability in the settlements as household resources become strained. In this project, SWISSO Kalmo is proposing support to drought affected areas (both IDPs and host communities) by providing integrated emergency health, nutrition and hygiene promotion and sanitation; SK will strengthen the referral system through staff training, distributions of supplies and transportation of severe cases from communities in the remote villages and IDPs to nearby Health centres and Baidoa hospital.

**2. Needs assessment**

In Somalia, the current AWD/cholera outbreak has affected more than 20,317 with over 469 deaths (CFR=2.3%). Of which 20,317 cases, 51% were recorded in Bay region. As per data from week 20 (sitrep) total of 383 AWD/cholera cases and 2 deaths were recorded. The project will focus and give more attention to static facilities around IDPs settlements (25%) and hard to reach areas (75%). The quality of AWD/Cholera case management is aggravated by weak health system capacity and poor accessibility. 65% of affected communities in Bay region live in rural areas with very poor access to basic health services. The measles situation in Bay by week 20 was 230 cases and this may be due to low immunization status, vitamin A deficiency, high malnutrition rate, over-crowding, low immunity due to lack of basic amenities. The nutrition situation is dramatically deteriorating in many places in Somalia. Overall, 45,280 Severe Acute Malnutrition (SAM) and 50,983 Moderate Acute Malnutrition (MAM) have been admitted from January to March 2017. Poor water and sanitation was one of the main factors facilitating the increase of AWD/Cholera cases particularly in Bay region. Water prices have increased beyond the reach of many, hence they result to use of unsafe water increasing their risk of AWD/Cholera infections. In consequence of the drought and lack of water, communities experienced poor hygiene and sanitation especially in the IDP camps; as a consequence, there are AWD outbreaks in many districts and villages. The lack of rule of law, pervasive protection violations, including forced evictions, gender-based violence and exploitation, remain widespread and continue to affect the most vulnerable groups. In tandem with ongoing drought, the multi-faceted crisis is expected to deepen in 2017 Further aggravating the humanitarian situation in Bay is the massive influx of displaced populations due to conflict, forced eviction and seasonal droughts in surrounding districts of Bay region. IDP and returnees' settlements in Baidoa and surrounding villages have become very congested. This also exerts further pressure on the limited basic services and increases the transmission rates of communicable diseases to populations already facing high mortality and morbidity rates. Assessment recently conducted by UNOCHA (April 2017) showed that 72% of households in the 168 IDP settlements assessed were caring for children under 5 years, which implies more vulnerability in the settlements as household resources become strained. SK has been implementing primary health Care (PHC), TB, Malaria and HIV projects in Bay region. SK has also been implementing Integrated Community Case Management (iCCM) in Baidoa district; in this iCCM, 115 CHWs were trained by SWISSO Kalmo and distributed in 70 villages (mainly located in the remote areas); CHWs provide to the community prevention and promotion activities as well as curative activities. The situation is aggravated by the current droughts with widespread AWD/Cholera in some districts and villages. Currently, SK is running 3 CTC in Baidoa district in these CTC, 685 cases were admitted, while 16 (CFR =2%) were recorded. In this project, SK will reach 20,200 of which 5915 <5 children; 2662 PLW; 6802 WCBA; 20 health workers and 100 community mobilizers will be trained. A gender dimensions based women, girls, boys and men's different needs, roles and responsibilities will be integrated in the decision making and capacity development.

### **3. Description Of Beneficiaries**

This SHF project will focus the drought affected communities (i.e. boys, girls, men and women) in Baidoa district The project will focus and give more attention to static facilities around IDPs settlements (25%) and hard to reach areas (75%), with special consideration given to pregnant women, women of child bearing age and children under five years of age. Special attention will be given AWD/Cholera treatment centres and strengthen communicable disease surveillance system in all health centres including the outreach services. Children U5 and women of child bearing age will be targeted for outpatient consultations, nutrition and immunization services. Pregnant and lactating mothers will be especially targeted for immunization and maternal health services, including ANC, PNC and delivery through skilled birth attendant. The other patients will be targeted through the OPD consultations and referral system. The project will also target health care providers such as nurses, auxiliary nurses, CHWs among other staff for the mobile team operations. The populations from the IDPs and hard to reach area will benefit from the health education and community sensitization. The patients who are discharged from the CTCs will be provided with hygiene kits

### **4. Grant Request Justification**

The health situation in the target areas in Baidoa district is very critical with poor accessibility, insecurity and high influx of IDPs/returnees; the situation is aggravated by the current droughts with poor hygiene and sanitation and AWD/Cholera outbreaks. People in the IDP camps are the most vulnerable community, women and children are most vulnerable as they are at risk of acquiring diseases, malnutrition and GBV. The nutrition situation is dramatically deteriorating in many places in Somalia. Overall, 45,280 Severe Acute Malnutrition (SAM) and 50,983 Moderate Acute Malnutrition (MAM) have been admitted from January to March 2017. Poor water and sanitation was one of the main factors facilitating the increase of AWD/Cholera cases particularly in Bay region. Water prices have increased beyond the reach of many, hence they result to use of unsafe water increasing their risk of AWD/Cholera infections. In consequence of the drought and lack of water, communities experienced poor hygiene and sanitation especially in the IDP camps; as a consequence, there are AWD outbreaks in many districts and villages. In Bay region where SK is planning to implement this integrated project is one of the regions severely affected by droughts and AWD. Further aggravating the humanitarian situation in Bay is the massive influx of displaced populations due to conflict, forced eviction and seasonal droughts in surrounding districts of Bay region. IDP and returnees' settlements in Baidoa and surrounding villages have become very congested. This also exerts further pressure on the limited basic services and increases the transmission rates of communicable diseases to populations already facing high mortality and morbidity rates.

### **5. Complementarity**

SWISSO Kalmo has been implementing health care services in Baidoa district of bay region since 2012,SK have got staffs who have the capacity of implementing integrated health/WASH and Nutrition Services. SK Gender sensitive health package is offered at the three MCHs and a maternity waiting home in Baidoa district, also we run TB centre in Baidoa town. The services being offered include Emergency maternal and Obstetric Care, Communicable disease control and response and EPI; provision of routine immunization to children U5; prevention and treatment of communicable diseases; community education on hygiene, sanitation and prevention of epidemic diseases; support to the integration of disease surveillance and response mechanisms; social mobilization and community participation, and women empowerment. SK is the regional cold chain manager supplying Bay and Bakool; we are currently doing mass distribution of Long Lasting Insecticide Nets to Baidoa district and the districts surrounding it such as Berdale and Burhakaba. We are also in addition to this do community based health care service through use of 115 Female Health Workers by providing integrated community case management and provide treatment of common childhood illnesses such as malaria, pneumonia, diarrhea and identification of children with malnutrition within the community. Swisso-Kalmo will be working with Health, WASH, Nutrition and Protection Clusters for an effective response to be realized. In Baidoa, Swisso-Kalmo supports Health programs. Ongoing interventions include health activities in Baidoa district (treatment of U5 and over 5, ANC, PNC, immunization services), LLIN Distribution, C4D, Regional cold chain management and ICCM at community level. The proposed project will complement the existing services through an integrated health, WASH and nutrition program and scale up the existing by adding two extra mobile team in Baidoa district and also integrating Nutrition and WASH activities in the already ongoing health facilities. This project will complement these existing projects to fill the health/Nutrition and WASH gaps exposed by the current stress and bolster the ability of the community to bounce back better. The proposed action will serve as continuation of the lifesaving health interventions with scale up to more vulnerable localities identified and integrate the same with WASH and Nutrition activities for realization of more impact.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

Ensure access to integrated lifesaving health/WASH/Nutrition services to vulnerable and most affected communities in rural areas and villages of Baidoa district including 25% of the IDPs Population.

Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		Integrated response (Baidoa, Banadir and Somaliland)	50				
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions		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	50				
<b>Contribution to Cluster/Sector Objectives :</b> The project will contribute to the cluster objective through improving access to emergency nutrition services to children under five and pregnant and lactating women in drought affected populations living in Baidoa District							
<b>Outcome 1</b>							
Increased access to emergency nutrition services to children under five and pregnant and lactating women in drought affected populations living in Baidoa District							
<b>Output 1.1</b>							
<b>Description</b>							
Improve and sustain access and utilization of integrated quality nutrition services of OTP/TSFP for U5 children and pregnant and lactating women in drought affected populations living in Baidoa District.							
<b>Assumptions &amp; Risks</b>							
Security situation will remain stable; No evictions will occur in Baidoa during the project period; Defaulter rate will be below 15%; There will be improvement in the drought situation							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					8,577
<b>Means of Verification :</b> Monthly reports of the number admitted							
Indicator 1.1.2	Nutrition	Number of children (6-59 months) and pregnant and lactating women screened in the health facilities					8,577
<b>Means of Verification :</b> Monthly reports, interim and final report							
Indicator 1.1.3	Nutrition	Number of pregnant and lactating women with MAM screened and admitted in the health facilities					2,662
<b>Means of Verification :</b> Facility registers, monthly reports, interim and final report							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>							
Screening and treatment of 5,915 ( 2,789 boys and 3,126 girls) of severe acute malnutrition in children 0-59 months and 2,662 pregnant and lactating women							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Treatment of moderately malnourished pregnant and lactating women</b>							
Screening and treatment of 5,915 malnourished children (2,789 boys and 3,126 girls) and 2,662 pregnant and lactating women through two mobile sites and 3 static sites in Baidoa district							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Treatment of moderately malnourished pregnant and lactating women</b>							
Screening and treatment of 2662 pregnant and lactating women with MAM through the 2 mobile and the three static sites							
<b>Outcome 2</b>							
Capacity of 20(10 male and 10 female) nutrition staff and 20 (4 male and 16 female) Community Nutrition Workers to deliver integrated services improved							
<b>Output 2.1</b>							
<b>Description</b>							
20 Nutrition staff (10 male and 10 female) trained on Integrated Management of Acute Malnutrition (IMAM) and 20 Community Nutrition Workers on Infant and Young Child Feeding (IYCF-E)							
<b>Assumptions &amp; Risks</b>							
There will be limited staff turnover							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					20
<b>Means of Verification</b> : Training reports, pictures, signed attendance sheet							
Indicator 2.1.2	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					20
<b>Means of Verification</b> : Training reports, pictures and Signed attendance sheet							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Capacity building</b>							
Training of 20(10 male and 10 female) Nutrition staff in Integrated Management of Acute Malnutrition (IMAM)							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Capacity building</b>							
Training 20(4 male and 16 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)							
<b>Outcome 3</b>							
8,577 beneficiaries including 5,915 children (2,789 boys and 3,126 girls) 6-59 months and 2,662 Pregnant Lactating women in the static facilities around IDPs settlements (25%) and hard to reach areas (75%) in Baidoa covered with basic nutrition service package							
<b>Output 3.1</b>							
<b>Description</b>							
2,662 pregnant and lactating women provided with IYCF education and micro nutrients supplementation and 5,915 children (2,789 boys and 3,126 girls) 6-59 months vaccinated with penta 3 and measles and all other components of BNSP							
<b>Assumptions &amp; Risks</b>							
PLW, caregivers will accept immunization; There will be no evictions during the project period and Vaccines will provided on time							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of PLW receiving multiple micronutrients					2,662
<b>Means of Verification</b> : Monthly reports,							
Indicator 3.1.2	Nutrition	Number of children 6-24 months receiving multiple micronutrient supplementation during the project period					5,915
<b>Means of Verification</b> : Monthly facility report, interim report and final technical report							
Indicator 3.1.3	Nutrition	Number of mothers/caregivers receiving Individual counselling and/or breastfeeding support during the project period					1,040
<b>Means of Verification</b> : Sample Pictures of the individual counselling sessions, Interim and final reports							
Indicator 3.1.4	Nutrition	Number of children (2,789 boys and 3,126 girls) 6-59 months provided with deworming tablets at the nutrition sites					5,915
<b>Means of Verification</b> : Monthly reports, interim and final report							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>							
Providing of multiple micro nutrients to 1,479 pregnant women and 1,183 lactating women							
<b>Activity 3.1.2</b>							
<b>Standard Activity : Multiple micronutrient supplementation for children 6-24months</b>							
Providing 5,915 children (2,789 boys and 3,126 girls) 6-59 months with Multiple Micro nutrient Supplementation							
<b>Activity 3.1.3</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							
Provide Individual counselling and/or breastfeeding support for 1040 mothers of SAM children admitted to the program							
<b>Activity 3.1.4</b>							
<b>Standard Activity : Deworming</b>							
Providing 5,915 children (2,789 boys and 3,126 girls) 6-59 months with deworming tablets at the nutrition sites							
<b>Additional Targets :</b>							

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		Integrated response (Baidoa, Banadir and Somaliland)			30		
To contribute to the reduction of maternal and child morbidity and mortality		Integrated response (Baidoa, Banadir and Somaliland)			30		
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner		Integrated response (Baidoa, Banadir and Somaliland)			40		
<b>Contribution to Cluster/Sector Objectives :</b> The project will contribute to the cluster objective through improving access and utilization of quality integrated primary healthcare services that are particularly responsive to Drought affected communities (boys, girls, Women, Men) in Baidoa district. The project will focus and give more attention to static facilities around IDPs settlements (25%) and hard to reach areas (75%)							
<b>Outcome 1</b>							
Improved maternal and child health through provision of quality Antenatal, postnatal and skilled delivery, immunization and treatment of common diseases enhanced by referral system between Primary Health Care and Secondary health care. The project will target 2,662 pregnant and lactating mothers, and 6,802 WCBA; the project will also target 5,915 under 5 years of age (2,789 boys and 3,126 girls).							
<b>Output 1.1</b>							
<b>Description</b>							
Improved maternal and child health care services in drought affected areas in Baidoa District through provision of quality Antenatal, postnatal and skilled delivery, immunization and treatment of common diseases enhanced by referral system between Primary Health Care and Secondary health care. The project will target 2,662 pregnant and lactating mothers and 6,802 WCBA; the project will also target 5,915 under 5 years of age (2,789 boys and 3,126 girls).							
<b>Assumptions &amp; Risks</b>							
The security situation will be stable, Supplies will be available throughout the project period							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					12,717
<b>Means of Verification :</b> HMIS report, EPI registers							
Indicator 1.1.2	Health	Number of people with severe diseases referred from the community to the Referral health centers in Baidoa district					550
<b>Means of Verification :</b> Referral registers, Under 5 registers							
Indicator 1.1.3	Health	Number of Pregnant and Lactating Women receiving Antenatal, Post-natal and immunization services at the static health care services and outreach services					2,662
<b>Means of Verification :</b> ANC/PNC registers, HMIS report							
Indicator 1.1.4	Health	Number of outpatient consultations per person per day for the project period (attendance rate or consultation rate). There will be an average of 28 consultation per facility per per day for 5 facilities (2 outreach and 3 static)					140
<b>Means of Verification :</b> Outpatient registers, Monthly report, interim and final							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Immunisation campaign</b>							
Provide routine and campaign immunization to 5,915 under 5 children and 6,802 Women of Child Bearing Age (WCBA)							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Secondary health care and referral services</b>							
Strengthen referral system through provision of referral system by use of ambulance from the primary health care centers to the secondary health care center							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Provision of antenatal and post-natal care including TT Immunization to pregnant and lactating mothers at PHC and outreach/mobile centers. The project will support 2,662 pregnant and lactating women							
<b>Activity 1.1.4</b>							



<b>Standard Activity : Primary health care services, consultations</b>							
Ensure the treatment of common diseases. The project will target 20 men,30 women, 45 boys and 45 girls							
<b>Outcome 2</b>							
Improved Prevention and control of communicable diseases such as AWD/Cholera, through supply provision, patient management and capacity developments.							
<b>Output 2.1</b>							
<b>Description</b>							
Improved communicable Disease response and control through supply provision, patient management and capacity developments.							
<b>Assumptions &amp; Risks</b>							
The security situation will be stable, Supplies will be available throughout the project period							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of integrated facilities supported i.e 3 static health facilities and 2 mobile centres in Baidoa district					5
<b>Means of Verification</b> : Monthly report, interim and final technical report							
Indicator 2.1.2	Health	Number of health workers trained on Cholera case management training and communicable disease surveillance					20
<b>Means of Verification</b> : Monthly reports, Interim and Final technical reports, Training report, pictures and signed attendance sheet							
Indicator 2.1.3	Health	Number of consultations per clinician per day by Health facility					20
<b>Means of Verification</b> : Number of patients with severe dehydration treated at health facilities in Baidoa district (3 Static and 2 mobile). There will be an average of 4 AWD/Cholera consultation per facility per per day for 5 facilities(2 outreach and 3 static)							
Indicator 2.1.4	Health	Number of community members who were given Community mobilization on disease surveillance					100
<b>Means of Verification</b> : Pictures, workshop report and attendance sheet							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Treatment severely dehydrated cases at the static and mobile health facilities in Baidoa district.							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Emergency Preparedness and Response capacities</b>							
20 health staff training (10 female and 10 men)for Cholera case management training and communicable disease surveillance							
<b>Activity 2.1.3</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Provision of AWD/Cholera management of patients through 2 mobile clinic and three static health facilities. There will be an average of 4 AWD/Cholera consultation per facility per per day for 5 facilities(2 outreach and 3 static)							
<b>Activity 2.1.4</b>							
<b>Standard Activity : Awareness campaigns and Social Mobilization</b>							
Community mobilization workshop of 100 community members (60 women and 40 men) on disease surveillance for 3 days							
<b>Additional Targets :</b>							
<b>Water, Sanitation and Hygiene</b>							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Provide access to safe water, sanitation and hygiene for people in emergency need		Integrated response (Baidoa, Banadir and Somaliland)	50				
Provide reliable and sustainable access to environmental sanitation (all sanitation access programs must be coupled with sustained hygiene practice promotion for the targeted population)		Integrated response (Baidoa, Banadir and Somaliland)	50				
<b>Contribution to Cluster/Sector Objectives</b> : The project will contribute to the cluster objective through increase in access to reliable hygiene and sanitation for people in emergency (IDPs settlements (25%) and hard to reach areas (75%) of Baidoa district of Bay region.							
<b>Outcome 1</b>							
Improved access to and use of sustainable sanitation facilities among targeted communities. The project will improve the sanitation at facility level as well as outreach through hand washing facilities and rehabilitation of Cholera Treatment Centres in Baidoa district of Bay region							
<b>Output 1.1</b>							

<b>Description</b>							
Improved access to and use of sustainable sanitation facilities among targeted communities. The project will improve the sanitation of people at facility level as well as outreach (target=2500) through installation of 6 hand washing facilities and 3 rehabilitation of Cholera Treatment Centres in Baidoa district of Bay region							
<b>Assumptions &amp; Risks</b>							
There will not be any displacement from the IDPs and not more IDPs will come to the same camps							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					2,500
<b>Means of Verification</b> : Monthly, interim and final technical report							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of Cholera Treatment Centres rehabilitated					3
<b>Means of Verification</b> : BOQ, Photos of the rehabilitation and rehabilitation report							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of plastic containers installed with hand washing plastic containers with tap					6
<b>Means of Verification</b> : BOQ, Pictures of the installed plastic containers, installation report, interim report and final technical report							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Institutional based Hygiene promotion</b>							
Provision of safe drinking water and sanitation facilities at the Cholera Treatment Centres							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Operation and Maintenance of WASH Infrastructure</b>							
Rehabilitate the CTC in Baidoa/Berdale health centre, Goofgaduud and Awdiinle							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Hand washing facilities construction</b>							
Installation of Hand Washing Plastic Containers with tap at 6 of all health/Nutrition facilities managed by SK in Baidoa district.							
<b>Outcome 2</b>							
Improved Access to lifesaving hygiene and sanitation services to most affected communities in Baidoa IDP settlements(25%) and 75% of the rural and hard to reach areas. Access will be improved through community sensitization, capacity development and distribution of IEC materials and hygiene kits.							
<b>Output 2.1</b>							
<b>Description</b>							
Improved Access to lifesaving hygiene and sanitation services to 2,500 most affected communities in Baidoa IDP settlements(25%) and 75% of the rural and hard to reach areas. Access will be improved for 2500 people and capacity of 20 staff members will be improved.							
<b>Assumptions &amp; Risks</b>							
Security situation remains stable and WASH supplies are available							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					2,500
<b>Means of Verification</b> : Pictures, attendance sheet and sensitization report							
Indicator 2.1.2	Water, Sanitation and Hygiene	Number of Standard IEC materials social mobilization distributed					2,500
<b>Means of Verification</b> : Sample of the IEC materials, interim and final report							
Indicator 2.1.3	Water, Sanitation and Hygiene	Number of hygiene kits distributed to patients discharged from CTC sites					2,500
<b>Means of Verification</b> : Monthly reports, interim and final report							
Indicator 2.1.4	Water, Sanitation and Hygiene	Number of wash committee members who have participated in capacity building activities					20
<b>Means of Verification</b> : Training reports, Signed attendance sheet, training pictures							
Indicator 2.1.5	Water, Sanitation and Hygiene	Number of CHWs and health staff including Ministry of Health to be trained on Sanitation and Cholera prevention.					50
<b>Means of Verification</b> : Training report, pictures, signed attendance sheet							
<b>Activities</b>							
<b>Activity 2.1.1</b>							



<b>Standard Activity : Community Hygiene promotion</b>
Organize community sensitization and mobilization sessions at facility and outreach level in Baidoa district
<b>Activity 2.1.2</b>
<b>Standard Activity : Institutional based Hygiene promotion</b>
Distribute standard (IEC) materials for social mobilization
<b>Activity 2.1.3</b>
<b>Standard Activity : Hygiene kit distribution (complete kits of hygiene items)</b>
Distribute hygiene kits to discharged patients from CTC sites
<b>Activity 2.1.4</b>
<b>Standard Activity : Community Hygiene promotion</b>
Conduct 5 days training to 20 Community Hygiene Promoters on best hygiene and sanitation practices, hand washing with soap, water storage, hygiene promotion in emergencies and AWD/Cholera prevention.
<b>Activity 2.1.5</b>
<b>Standard Activity : Capacity building (water committees and WASH training)</b>
Training of 40 CHWs and 10 health staff including Ministry of Health staff on Sanitation and Cholera prevention. The training will be for 4 days
<b>Additional Targets :</b>

## M & R

### Monitoring & Reporting plan

A Technical person (Project Coordinator with the Knowledge of Health/WASH and Nutrition) will implement the project and he/she will be responsible for the overall project activities in the area of operation with the assistance from his/her three field supervisors. All sites will admit and treat cases every day, Weekly reports, documenting daily admissions and discharges will be entered into SWISSO Kalmu data base. Weekly reports will be combined to complete the required monthly reports. In addition to the regular weekly and monthly reports, overall interim and final financial and narrative project reports will be provided to UNOCHA. The project will be monitored continuously throughout the project time. SWISSO Kalmu will put the following mechanisms in addition to the regular reporting systems; Periodic monitoring exercises (monthly meetings with internal staff, quarterly meetings with relevant partners) which will allow the opportunity to address management and monitoring issues. SWISSO Kalmu has a field-based team who will monitor the implementation of the project against the agreed work plan and set targets on a day-to-day basis. Implemented activities will be checked monthly against the detailed implementation plan to ensure the activities are implemented as planned. Close supervision and monitoring of the project activities will provide information on how well the project is being implemented and also provide insight on what needs to be done to improve the implementation process. Field supervision will be done on daily basis. Financial monitoring of the project will take place continuously by the Technical Specialists, who approves advances and expenses in line with the project budgets, by the Finance officer who validates receipts and back up documentation in order to facilitate payment, and by the Finance manager who will ensure expenditures are in line with donor regulations and generates donor financial reports. Financial and programmatic reports, including data summaries, will be produced on monthly basis by the field team and submitted for review to Nairobi.

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide routine and campaign immunization to 5,915 under 5 children and 6,802 Women of Child Bearing Age (WCBA)	2017						X	X	X	X	X	X	X
Activity 1.1.1: Provision of safe drinking water and sanitation facilities at the Cholera Treatment Centres	2017								X	X	X	X	X
Activity 1.1.1: Screening and treatment of 5,915( 2,789 boys and 3,126 girls) of severe acute malnutrition in children 0-59 months and 2,662 pregnant and lactating women	2017						X	X	X	X	X	X	X
Activity 1.1.2: Rehabilitate the CTC in Baidoa/Berdale health centre, Goofgaduud and Awdiinle	2017						X	X					
Activity 1.1.2: Screening and treatment of 5,915 malnourished children (2,789 boys and 3,126 girls) and 2,662 pregnant and lactating women through two mobile sites and 3 static sites in Baidoa district	2017						X	X	X	X	X	X	X
Activity 1.1.2: Strengthen referral system through provision of referral system by use of ambulance from the primary health care centers to the secondary health care center	2017						X	X	X	X	X	X	X
Activity 1.1.3: Installation of Hand Washing Plastic Containers with tap at 6 of all health/Nutrition facilities managed by SK in Baidoa district.	2017							X					
Activity 1.1.3: Provision of antenatal and post-natal care including TT Immunization to pregnant and lactating mothers at PHC and outreach/mobile centers. The project will support 2,662 pregnant and lactating women	2017						X	X	X	X	X	X	X
Activity 1.1.3: Screening and treatment of 2662 pregnant and lactating women with MAM through the 2 mobile and the three static sites	2017						X	X	X	X	X	X	X
Activity 1.1.4: Ensure the treatment of common diseases. The project will target 20 men,30 women, 45 boys and 45 girls	2017						X	X	X	X	X	X	X

Activity 2.1.1: Organize community sensitization and mobilization sessions at facility and outreach level in Baidoa district	2017							X	X	X	X	X	X	X
Activity 2.1.1: Training of 20(10 male and 10 female) Nutrition staff in Integrated Management of Acute Malnutrition (IMAM)	2017							X						
Activity 2.1.1: Treatment severely dehydrated cases at the static and mobile health facilities in Baidoa district.	2017							X	X	X	X	X	X	X
Activity 2.1.2: 20 health staff training (10 female and 10 men)for Cholera case management training and communicable disease surveillance	2017							X						
Activity 2.1.2: Distribute standard (IEC) materials for social mobilization	2017							X	X	X	X	X	X	X
Activity 2.1.2: Training 20(4 male and 16 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)	2017							X						
Activity 2.1.3: Distribute hygiene kits to discharged patients from CTC sites	2017							X	X	X	X	X	X	X
Activity 2.1.3: Provision of AWD/Cholera management of patients through 2 mobile clinic and three static health facilities. There will be an average of 4 AWD/Cholera consultation per facility per per day for 5 facilities(2 outreach and 3 static)	2017							X	X	X	X	X	X	X
Activity 2.1.4: Community mobilization workshop of 100 community members (60 women and 40 men) on disease surveillance for 3 days	2017							X						
Activity 2.1.4: Conduct 5 days training to 20 Community Hygiene Promoters on best hygiene and sanitation practices, hand washing with soap, water storage, hygiene promotion in emergencies and AWD/Cholera prevention.	2017							X						
Activity 2.1.5: Training of 40 CHWs and 10 health staff including Ministry of Health staff on Sanitation and Cholera prevention. The training will be for 4 days	2017							X						
Activity 3.1.1: Providing of multiple micro nutrients to 1,479 pregnant women and 1,183 lactating women	2017							X	X	X	X	X	X	X
Activity 3.1.2: Providing 5,915 children (2,789 boys and 3,126 girls) 6-59 months with Multiple Micro nutrient Supplementation	2017							X	X	X	X	X	X	X
Activity 3.1.3: Provide Individual counselling and/or breastfeeding support for 1040 mothers of SAM children admitted to the program	2017							X	X	X	X	X	X	X
Activity 3.1.4: Providing 5,915 children (2,789 boys and 3,126 girls) 6-59 months with deworming tablets at the nutrition sites	2017							X	X	X	X	X	X	X

## OTHER INFO

### Accountability to Affected Populations

Accountability to affected population is a key aspect in the transformative agenda of which SK is committed to. SWISSO-KALMO 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 SWISSO-KALMO's existing and future projects in the health sector. SWISSO-KALMO, through its standing presence in Baidoa, has good relationships with the local authorities and beneficiaries. The proposed project is based on information provided to SWISSO-KALMO by potential beneficiaries as well as local authorities. SWISSO-KALMO, 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 SWISSO-KALMO 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. SWISSO-KALMO 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 SWISSO-KALMO Management and the project design is changed accordingly considering donor rules and regulations. At the end of the project, community feedback is sought again and lessons learned are incorporated into new project designs. SWISSO-KALMO and the line government authorities in collaboration with the key project stakeholders in Baidoa 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. SWISSO-KALMO takes into consideration a number of critical issues when conducting its hiring. Some of the key considerations are: gender, people with disabilities and minority clan representation. In the proposed project, communities will be engaged in all aspects of project design, implementation, and monitoring and evaluation.

### Implementation Plan

SWISSO-KALMO will adhere to the implementation and M&R 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. SWISSO-KALMO is proposing to implement this project through SWISSO-KALMO field staff in close coordination with local authorities. In this project, SWISSO-KALMO is proposing to establish one AWD/Cholera Treatment Centers (CTC) and Stabilization centre in the existing health centre in Baidoa/Berdale in Baidoa. To reach communities living in the remote villages, SWISSO Kalmo will establish and run two mobile clinics. Swisso Kalmo will improve the access and utilization of Emergency Integrated PHC services for women and children living in IDPs settlements (25%) and hard to reach areas (75%). Focus will be on the increasing the awareness/sensitization of communities through messages and community gathering. Recruitment and training of CHWs, nurses, midwives, auxiliary nurses within the locality; SK health/Nutrition and WASH facilities in the target areas will be strengthened in order to improve the capacity to accommodate the needs of the community affected by the drought. We will utilize the hospital and the health centre as referral for complicated cases. In order to achieve these objectives, health facility staff will have technical training of staff on cholera case management and supervision will be undertaken for both packages of mothers and children at various stages of their life-cycles including offering ANC services, prompt referral from the community, management of common childhood illnesses including full coverage of immunization through routine immunization and campaigns. HMIS officer will review monthly reports being submitted by monitoring the data against the indicators and targets set in the logical framework as well as the developed work plans during the inception period. Emphasis will be placed on activity monitoring and internal end of the term review by the involved staff to assess the project success and document lessons learned for future programming and decision making. In this project, SK will establish 2 outreach/mobile teams and strengthen the existing 3 static sites to reach communities in IDPs settlements (25%) and hard to reach areas (75% by providing antenatal and postnatal care; treatment of the sick; immunization of under 5 children and WCBA; community awareness through CHW; and referral of severe cases to nearby referral health facilities.

<b>Coordination with other Organizations in project area</b>	
<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
UNFPA	Support staff capacity development on Basic and Comprehensive Emergency Obstetric Care
Health/WASH/Nutrition Clusters	Conducting monthly regional cluster meeting and provision of weekly cluster and CSR reports. In addition provide guideline on CTC management including SAM in Cholera cases.
WHO	Provision of staff training and work related guidelines such as Cholera Management Guideleines
MOH	Coordination and joint supervision
WVI	Collaborate in information sharing and activity synergies
GREDO	They are Nutrition partners with Save the Children(SCI)and we collaborate through referral and coordination meetings
DMO	They run nutrition services and we support each other through referral and coordination
SAMA	Health and Nutrition partner who is the health cluster lead in Bay/Bakol and collaborate through coordination and referral
Regional Clusters(WASH/HEALTH/NUTRITION)	The regional cluster will support the IERTs on all operational issues related to IERT; they Provide strategic guidance and leadership to ensure that effective and integrated services are delivered to affected communities in line with the IERT strategy; They will work closely with MOH and with their support and that of the Health/Nutrition and WASH team monitor and supervise IERTs functions at the operational area
UNICEF	SK has an active Nutrition PD with UNICEF and UNICEF provides medical and nutritional supplies and vaccines; support supervision; provide treatment guidance on HIV/AIDS and Malaria
<b>Environment Marker Of The Project</b>	
N/A: Not applicable, only used for a small number of services	
<b>Gender Marker Of The Project</b>	
2a- The project is designed to contribute significantly to gender equality	
<b>Justify Chosen Gender Marker Code</b>	
<p>This project address specific needs of women, men, children and youth. SWISSO-KALMO's trained community health workers are comprised of both women and men. The project supports the gender equality and specific health needs of women and girls will be addressed by ensuring the active participation of women and girls in every phase of the project including identification of sites and services, design of activities, and implementation of the project. The project will empower women and girls by including them in the training, social mobilization and activities. The overall proposed project activities are specifically targeting women and children i.e Boys and Girls less than 5 years of age, Women of Child Bearing Age, IDPs and the host community. Swisso-kalmo has integrated gender equity in the various planned interventions and dis aggregated by sex from the planning to implementation, through Monitoring and Evaluation of projects. The intervention will ensure equal number of male and female will be selected during recruitment.</p>	
<b>Protection Mainstreaming</b>	
<p>Consideration of safety and dignity have been taken seriously in the design of this project and will continue to be taken seriously throughout the implementation. The advantage of employing mobile teams is that it reduces the distance that beneficiaries have to walk to access services. The project will serve both IDPs and Host communities equally and to ensure their safety and dignity. The project will look at all in need as clients who have to be treated fairly and with dignity. All beneficiaries will be treated equally regardless of age, gender, tribe or political affiliation, as per our policy. All our staff will be informed on the consequences of not complying with the policy.</p>	
<b>Country Specific Information</b>	
<b>Safety and Security</b>	
<p>All of Swisso-Kalmo's security related matters are coordinated by an expert security officer, with support from a national security officer who is based in Baidoa. There will be an update on safety and security issues provided on weekly basis that are shared with all staff. The security situation in target areas is so far stable. However all our staff regularly undergo a short training on field safety and acquainted with our security policy. Swisso-Kalmo will also give priority to qualified personnel from the area during the recruitment process before out sourcing. Regular up date will be given to all the staff on the security situation of the area and it is hoped that this will enhance sharing of security information.</p>	
<b>Access</b>	
<p>Swisso-Kalmo has been in operation in Baidoa district since 2012, SK has a sub-office in Baidoa town, is currently running 3 MCHs and a maternity waiting home in Baidoa/Berdale, Goofgadudow and Awdiinle; also we run TB centre in Baidoa town, SK is the regional cold chain manager supplying Bay and Bakool; we are currently doing mass distribution of Long Lasting Insecticide Nets to Baidoa district and the districts surrounding it such as Berdale and Burhakaba. The situation in Baidoa is so far stable which is a facilitating factor in implementation of this project. SK will regularly monitor the access issues and also participate in all coordination meeting discussing access issues in the area. Should access become an issue, SK would share this with the donor and ask for their guidance in addition to temporarily modifying the mobile team movement accordingly depending on the situation.</p>	

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

<b>12. A:1 Staff and Other Personnel Costs: Local Staff</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>13. B:2 Supplies, Commodities, Materials</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>14. C:3 Equipment</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>15. D:4 Contractual Services</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>16. E:5 Travel</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>17. F:6 Transfers and Grants to Counterparts</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>18. G:7 General Operating and Other Direct Costs</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>19. H.8 Indirect Programme Support Costs</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>20. Staff and Other Personnel Costs</b>								
1.7	Nutrition Screeners/Auxilliary nurses	D	10	200.00	6	100.00	12,000.00	
	<i>The nutrition screeners will be responsible for screening of malnutrition children and Pregnant and Lactating Women and will also do the registering of beneficiaries all patients coming to the integrated health/WASH and nutrition sites</i>							
1.1	Project Coordinator	D	1	2,500.00	6	100.00	15,000.00	
	<i>He/she will be based in Baidoa and frequently travel to project target areas; he/she will coordinate and manage the field staff through training, supervision and monitoring; directly report to the Country health coordinator; facilitate the community awareness campaign and organize community dialogue.</i>							
1.2	Field project Supervisors	D	3	1,000.00	6	100.00	18,000.00	

	<i>The Field Project Supervisors will be the team leaders who will do the consultation, patient management and make decision on who is to be referred.</i>						
1.3	Qualified Nutrition Nurses	D	10	400.00	6	100.00	24,000.00
	<i>The nurses will be responsible for diagnosis and treatment of patients and giving immunization services. The project needs 10 nurses (2 for every mobile and 2 per static facility making total of 10 nurses for the two mobile clinics and three static facilities)</i>						
1.4	Qualified Midwives	D	10	400.00	6	100.00	24,000.00
	<i>The midwives will be responsible for the management of pregnant and lactating mothers; diagnosis and treatment of pregnant related diseases and referral; They are responsible for the delivery and neonatal care. (2 for every mobile and 2 per static facility making total of 10 midwives for the two mobile clinics and three static facilities)</i>						
1.5	Community Health Workers (CHWs)	D	10	200.00	6	100.00	12,000.00
	<i>The Community Health Workers will be responsible in promoting health/nutrition/WASH in the communities and at the facility levels through both the static and mobile sites.</i>						
1.6	Community Hygiene Promoters	D	20	200.00	6	100.00	24,000.00
	<i>Community Hygiene promoter would have the role of day to day social mobilization of the community and linking the project and the community/beneficiaries. The HPs will be fully involved in carry out community awareness raising campaign on hygiene and sanitation</i>						
1.9	Cleaners	D	6	150.00	6	100.00	5,400.00
	<i>They are responsible for Cleaning of health and CTC sites and are responsible for all hygiene related of the facilities</i>						
1.10	Security Guards	D	6	150.00	6	100.00	5,400.00
	<i>3 Security personnel will be responsible for taking charge of the security of personnel and supplies during the day for every mobile team (totalling to 6 for 2 mobiles)</i>						
1.8	Logistics and Security Officer	D	1	1,200.00	6	100.00	7,200.00
	<i>The logistics officer will be responsible for the protection and proper management and movement of project related supplies and also continuously update the staff on the security situation of the operational area.</i>						
1.11	Country Health Coordinator	D	1	5,000.00	6	10.00	3,000.00
	<i>The country health coordinator will oversee the implementation of the project activities and guide the project coordinator on the best way for the implementation</i>						
	<b>Section Total</b>						<b>150,000.00</b>
<b>21. Supplies, Commodities, Materials</b>							
2.11	Training/Workshop of 100 community members on Disease Surveillance	D	1	5,780.00	1	100.00	5,780.00
	<i>100 Community members will undergo a 4 days workshop on Disease Surveillance. See the attached BOQ for the detail breakdown</i>						
2.7	Training of Community Health Promoters on WASH	D	1	6,200.00	1	100.00	6,200.00
	<i>Conduct 5 days training to 20 Community Hygiene Promoters on best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material.</i>						
2.8	Regional Level training for 10 Ministry of Health/NGO staff for 4 days with 40 CHWs/trainees on Sanitation and Cholera prevention	D	1	9,628.00	1	100.00	9,628.00
	<i>40 CHWs and 10 health staff including Ministry of Health will be trained on Sanitation and Cholera prevention. The training will be for 4 days. See the attached BOQ for more details</i>						
2.9	Community Bill Boards with basic information on dangers associated with Open Defecation (2m x 1.8m plate), 2 per village	D	20	100.00	1	100.00	2,000.00
	<i>Community Bill Boards with basic information on dangers associated with OD (2m x 1.8m plate), 2 per village</i>						
2.10	Installation of Hand Washing Plastic Containers with tap at of all health/Nutrition facilities in Baidoa district.	D	6	646.50	1	100.00	3,879.00
	<i>Installation of 6 Hand Washing Plastic Containers with tap at all health/Nutrition facilities managed by SK in Baidoa district. For more details please see the BOQ Attached</i>						
2.1	Staff training on Integrated Management of Acute Malnutrition (20 Staff)	D	1	6,100.00	1	100.00	6,100.00
	<i>20 staffs will be trained on Integrated Management of Acute Malnutrition. the training will be for 5 days. See the BOQ for the details</i>						



2.2	Training of 20 health staff and CHWs on IYCF-E	D	1	6,100.00	1	100.00	6,100.00
	<i>20 Community Health Workers will be trained on Integrated young Child Feeding (IYCF-E). The training will be for 5 days. See BOQ for the details</i>						
2.3	Training of 20 health staff on cholera case management and Communicable Diseases Surveillance	D	1	6,100.00	1	100.00	6,100.00
	<i>20 health staff will be trained on cholera case management and Communicable Diseases Surveillance. The training will be for 5 days. See the attached BOQ for more details</i>						
2.4	Medical supplies and emergency materials	D	1	21,167.75	1	100.00	21,167.75
	<i>SWISSO Kalmo will be providing essential medical supplies to support the mobile clinics, CTCs and fixed facilities; medical disposables and emergency kits are also needed benefiting a total of 20,200 beneficiaries. The BOQ of this supply is attached</i>						
2.5	Transportation of Medical supplies	D	1	800.00	2	100.00	1,600.00
	<i>Transportation cost for medical supplies and equipment. supplies will be delivered once in every 3 months. The lorries to be lorries with a 10 tonnes carrying capacity.</i>						
2.6	Rehabilitate the 3 Cholera Treatment Centres in Baidoa District	D	3	9,474.00	1	100.00	28,422.00
	<i>The Cholera Treatment Centres in Baidoa/Berdale, Goofgaduud and Awdiinle is to be rehabilitated to support the AWD/Cholera treatment. For more details please see the attached BOQ.</i>						
	<b>Section Total</b>						<b>96,976.75</b>
<b>22. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>23. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>24. Travel</b>							
5.1	Monitoring and Supervision exercise	D	1	1,800.00	1	100.00	1,800.00
	<i>Monitoring and Supervision that is done once every 3 month that will involve 2 staff from SK, 2 from Ministry of Health and 2 from the Community. See the detailed breakdown in the attached BOQ</i>						
5.2	Vehicle hire for referrals	D	3	1,800.00	6	100.00	32,400.00
	<i>There will be 3 project vehicles, 1 for the CTC in Baidoa/Berdale and the other two will be used for mobile clinics and for referrals and each of the vehicles will be costing 1800 USD per month. The other two sites Goofgaduud and Awdiinle will use the already SHF funded project</i>						
5.3	Air travel for Project coordinator and DSA	D	1	1,000.00	1	100.00	1,000.00
	<i>The project coordinator will travel from Baidoa to Mogadishu once every three months (i.e 2 trips during the whole project period) for coordination and update meetings and will stay in Mogadishu for 4 days</i>						
5.4	Transport/travel for 6 facilitators from Mogadishu to Baidoa; Return air tickets	D	6	150.00	2	100.00	1,800.00
	<i>Two facilitators each for all the training will travel from Mogadishu to Baidoa to facilitate the trainings on Cholera Case Management, IYCF-E and IMAM</i>						
	<b>Section Total</b>						<b>37,000.00</b>
<b>25. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>26. General Operating and Other Direct Costs</b>							
7.1	Communication (telephone and internet) for Baidoa office	D	1	400.00	6	56.56	1,357.44

	<i>Baidoa office Telephone charges and internet payment will be paid through this funds</i>						
7.2	Utilities for Baidoa office	D	1	200.0 0	6	56.56	678.72
	<i>This funds will be used to cater for Water and electricity payments that will be used for Baidoa office. The electricity will cost USD 120 while the water will cost USD 80 per month</i>						
7.3	Office rent contribution for Baidoa office	D	1	400.0 0	6	56.56	1,357.44
	<i>Office rent for Baidoa that will be used to run day today activities of the project</i>						
7.4	Office Stationary for Baidoa office	D	1	200.0 0	6	56.56	678.72
	<i>The stationary for the office such as A4 papers, staples and other stationaries will be bought</i>						
7.5	Hawala charges	D	1	5,184 .00	1	100.00	5,184.00
	<i>These are charges that will be used to transfer funds. The charges are 1.8% of funds to be transferred</i>						
	<b>Section Total</b>						<b>9,256.32</b>
<b>SubTotal</b>			131.00				<b>293,233.07</b>
Direct							293,233.07
Support							
<b>PSC Cost</b>							
PSC Cost Percent							6.90
PSC Amount							20,233.08
<b>Total Cost</b>							<b>313,466.15</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bay -> Baidoa -> Aawdiinle	20	900	1,700	500	600	3,700	<p>Activity 1.1.1 : Screening and treatment of 5,915( 2,789 boys and 3,126 girls) of severe acute malnutrition in children 0-59 months and 2,662 pregnant and lactating women</p> <p>Activity 1.1.1 : Provide routine and campaign immunization to 5,915 under 5 children and 6,802 Women of Child Bearing Age (WCBA)</p> <p>Activity 1.1.1 : Provision of safe drinking water and sanitation facilities at the Cholera Treatment Centres</p> <p>Activity 1.1.2 : Strengthen referral system through provision of referral system by use of ambulance from the primary health care centers to the secondary health care center</p> <p>Activity 1.1.2 : Screening and treatment of 5,915 malnourished children (2,789 boys and 3,126 girls) and 2,662 pregnant and lactating women through two mobile sites and 3 static sites in Baidoa district</p> <p>Activity 1.1.3 : Installation of Hand Washing Plastic Containers with tap at 6 of all health/Nutrition facilities managed by SK in Baidoa district.</p> <p>Activity 1.1.3 : Provision of antenatal and post-natal care including TT Immunization to pregnant and lactating mothers at PHC and outreach/mobile centers. The project will support 2,662 pregnant and lactating women</p> <p>Activity 1.1.4 : Ensure the treatment of common diseases. The project will target 20 men,30 women, 45 boys and 45 girls</p> <p>Activity 2.1.1 : Treatment severely dehydrated cases at the static and mobile health facilities in Baidoa district.</p> <p>Activity 2.1.1 : Organize community sensitization and mobilization sessions at facility and outreach level in Baidoa district</p> <p>Activity 2.1.1 : Training of 20(10 male and 10 female) Nutrition staff in Integrated Management of Acute Malnutrition (IMAM)</p> <p>Activity 2.1.2 : Training 20(4 male and 16 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)</p> <p>Activity 2.1.2 : Distribute standard (IEC) materials for social mobilization</p> <p>Activity 2.1.2 : 20 health staff training (10 female and 10 men)for Cholera case management training and communicable disease surveillance</p> <p>Activity 2.1.3 : Provision of AWD/Cholera management of patients through 2 mobile clinic and three static health facilities. There will be an average of 4 AWD/Cholera consultation per facility per per day for 5 facilities(2 outreach and 3 static)</p> <p>Activity 2.1.3 : Distribute hygiene kits to discharged patients from CTC sites</p>

Bay -> Baidoa -> Goof-Gaduud-Shabelow 2	20	1,028	2,086	616	650	4,380	<p>Activity 1.1.1 : Screening and treatment of 5,915( 2,789 boys and 3,126 girls) of severe acute malnutrition in children 0-59 months and 2,662 pregnant and lactating women</p> <p>Activity 1.1.1 : Provide routine and campaign immunization to 5,915 under 5 children and 6,802 Women of Child Bearing Age (WCBA)</p> <p>Activity 1.1.1 : Provision of safe drinking water and sanitation facilities at the Cholera Treatment Centres</p> <p>Activity 1.1.2 : Strengthen referral system through provision of referral system by use of ambulance from the primary health care centers to the secondary health care center</p> <p>Activity 1.1.2 : Screening and treatment of 5,915 malnourished children (2,789 boys and 3,126 girls) and 2,662 pregnant and lactating women through two mobile sites and 3 static sites in Baidoa district</p> <p>Activity 1.1.3 : Installation of Hand Washing Plastic Containers with tap at 6 of all health/Nutrition facilities managed by SK in Baidoa district.</p> <p>Activity 1.1.3 : Provision of antenatal and post-natal care including TT Immunization to pregnant and lactating mothers at PHC and outreach/mobile centers. The project will support 2,662 pregnant and lactating women</p> <p>Activity 1.1.4 : Ensure the treatment of common diseases. The project will target 20 men,30 women, 45 boys and 45 girls</p> <p>Activity 2.1.1 : Treatment severely dehydrated cases at the static and mobile health facilities in Baidoa district.</p> <p>Activity 2.1.1 : Organize community sensitization and mobilization sessions at facility and outreach level in Baidoa district</p> <p>Activity 2.1.1 : Training of 20(10 male and 10 female) Nutrition staff in Integrated Management of Acute Malnutrition (IMAM)</p> <p>Activity 2.1.2 : Training 20(4 male and 16 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)</p> <p>Activity 2.1.2 : Distribute standard (IEC) materials for social mobilization</p> <p>Activity 2.1.2 : 20 health staff training (10 female and 10 men)for Cholera case management training and communicable disease surveillance</p> <p>Activity 2.1.3 : Provision of AWD/Cholera management of patients through 2 mobile clinic and three static health facilities. There will be an average of 4 AWD/Cholera consultation per facility per per day for 5 facilities(2 outreach and 3 static)</p> <p>Activity 2.1.3 : Distribute hygiene kits to discharged patients from CTC sites</p>
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Bay -> Baidoa -> Baidoa	60	2,893	5,678	1,673	1,876	12,120	<p>Activity 1.1.1 : Screening and treatment of 5,915( 2,789 boys and 3,126 girls) of severe acute malnutrition in children 0-59 months and 2,662 pregnant and lactating women</p> <p>Activity 1.1.1 : Provide routine and campaign immunization to 5,915 under 5 children and 6,802 Women of Child Bearing Age (WCBA)</p> <p>Activity 1.1.1 : Provision of safe drinking water and sanitation facilities at the Cholera Treatment Centres</p> <p>Activity 1.1.2 : Strengthen referral system through provision of referral system by use of ambulance from the primary health care centers to the secondary health care center</p> <p>Activity 1.1.2 : Screening and treatment of 5,915 malnourished children (2,789 boys and 3,126 girls) and 2,662 pregnant and lactating women through two mobile sites and 3 static sites in Baidoa district</p> <p>Activity 1.1.2 : Rehabilitate the CTC in Baidoa/Berdale health centre, Goofgaduud and Awdiinle</p> <p>Activity 1.1.3 : Installation of Hand Washing Plastic Containers with tap at 6 of all health/Nutrition facilities managed by SK in Baidoa district.</p> <p>Activity 1.1.3 : Provision of antenatal and post-natal care including TT Immunization to pregnant and lactating mothers at PHC and outreach/mobile centers. The project will support 2,662 pregnant and lactating women</p> <p>Activity 1.1.4 : Ensure the treatment of common diseases. The project will target 20 men,30 women, 45 boys and 45 girls</p> <p>Activity 2.1.1 : Treatment severely dehydrated cases at the static and mobile health facilities in Baidoa district.</p> <p>Activity 2.1.1 : Organize community sensitization and mobilization sessions at facility and outreach level in Baidoa district</p> <p>Activity 2.1.1 : Training of 20(10 male and 10 female) Nutrition staff in Integrated Management of Acute Malnutrition (IMAM)</p> <p>Activity 2.1.2 : Training 20(4 male and 16 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)</p> <p>Activity 2.1.2 : Distribute standard (IEC) materials for social mobilization</p> <p>Activity 2.1.2 : 20 health staff training (10 female and 10 men)for Cholera case management training and communicable disease surveillance</p> <p>Activity 2.1.3 : Provision of AWD/Cholera management of patients through 2 mobile clinic and three static health facilities. There will be an average of 4 AWD/Cholera consultation per facility per per day for 5 facilities(2 outreach and 3 static)</p>
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Documents	
Category Name	Document Description
Budget Documents	SK BOQ SHF Baidoa 2017_Health_WASH and Nutrition_25.05.2017.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health_WASH and Nutrition.xlsx
Budget Documents	Eg of latrine construction cost.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health_WASH and Nutrition_07.06.2017.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health_WASH and Nutrition_08.06.2017.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health_WASH and Nutrition_08.06.2017.xlsx
Budget Documents	Revised SK BOQ SHF Baidoa 2017_Health_WASH and Nutrition_09.06.2017.xlsx
Grant Agreement	HC signed GA for Swissokalmu 6250.pdf
Grant Agreement	Agreements_SOM-17-3485-R-Nut-H-WASH-INGO-6250.pdf

