Organization	INTERSOS (INTERSOS)								
Project Title	, ,	e and static primary i	ntegrated be	althcare to ID	)Ps retu	mees and Host Co	mmunity i	n Warshev	k District
CHF Code	CHF-DDA-3485-703		integrated int		, 10101		, initiality in	in Waldhoy	
Primary Cluster	Health		Secondar	v Cluster					
CHF Allocation	Standard Allocation 1 (Feb 2	2015)	Project D	-				12 month	s
Project Budget	196,069.39	2010)	110,000 2	lget 1,537,500.00			5		
HRP Details	HRP Code	SOM-15/H/71800	HRP Bud	net 1	1 537 50	0.00			
				901	.,				
	HRP Project Ranking	A - HIGH	HRP Gen	der					
Project Beneficiaries			Marker	Men		Women	Total		
	Beneficiary Summary			662		13,766		14,428	
				Bovs	_	Girls	Total		
				-	3				
						1,213			
				T	otal			28,854	
	Total beneficiaries includ	le the following:							
Children ur Women of Internally D	Children under 5					7,213		14,426	
	Women of Child-Bearing A	ge			0	12,404		12,404	
	Internally Displaced People	e/Returnees							
	Staff (own or partner staff,	authorities)		1	2	12		24	
context: Give a specific description	that caters to the whole dist	rict has been run by	Intersos for a	almost 20 yea	rs. It is lo	ocated in a critical	area where	e recent di	splacement due to the
context: Give a specific description of the humanitarian situation in the arget region based on newest data available (indicate source) Maximum of 1500 characters) 2. Needs assessment. Describe he capacities in place, then dentify the gaps (previous and new). Explain the specific needs of our target group(s) in detail. State now the needs assessment was conducted (who consulted whom, now and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address	that caters to the whole dist AMISOM offensive have occ number of villages, which ai project (proposed during the services within the HC. The health situation in Wars worms (12.8% PM), and AW training that may enable the (with indicators indicating kr in CHWs-targeted villages v The only non-private moder pediatric, internal medicine, s timely referral system for ca would integrate the integrate	rict has been run by l curred. The presence re often far away from a same first allocation heyk is still very critic VD (10.5% PM), with im to provide approprio lowledge of signs an rs non targeted) provide n secondary health c surgical and maternity ses requiring further ed primary and secon	intersos for a contract of a mobile of a mobile on each other of 2015), which call. The HC >50% of patriate level of d symptoms ides the evice of a symptoms ides the evice of a symptoms in the evice of the evice o	almost 20 yea clinic in Wars : An additiona ch will support of Warsheyk i itents being w care. Finally t of the most p lence for the f	rs. It is lo sheyk wil al strengt t the runn in 2014 r omen. Ti he positi revalent urther ex- which in onal Hos on, and cc /Shabell	ocated in a critical II allow basic prima h of this project raining costs of the M reported high rate of he The health worl ive results associa diseases 12 times xpansion of this se cludes Warsheyk ki pital. In M/Shabelli onducts OTP progi le. The Health Cen	area where ry health c ionale is it C of Warsi of respirato f respirato resp	e recent dia are to be e s integratic heyk and t 	splacement due to the delivered to a larger on with a CHF nutrition he integration of nutrition ns (16%PM), intestinal me need of appropriate ent of CHWs in M/Shab (especially women) livi especially women) livi nacity of providing es 4 other HCs ensuring he MCH of Warsheyk has been supported for
context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then dentify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, now and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs	that caters to the whole dist AMISOM offensive have occ number of villages, which ai project (proposed during the services within the HC. The health situation in Wars worms (12.8% PM), and AW training that may enable the (with indicators indicating kr in CHWs-targeted villages v The only non-private moder pediatric, internal medicine,s timely referral system for ca	rict has been run by l curred. The presence re often far away from a same first allocation heyk is still very critic VD (10.5% PM), with im to provide appropri- owledge of signs an rs non targeted) prov n secondary health c surgical and maternity ises requiring further ed primary and secor iOS will be coordinati	Intersos for a soft a mobile of a mobile n each othern a 2015), which cal. The HC >50% of pat riate level of d symptoms ides the evice are center in y services is treatment or readary health ing the mobile	almost 20 yea clinic in Wars : An additiona ch will support of Warsheyk i itents being w care. Finally t of the most p lence for the f	rs. It is locking in the second secon	ocated in a critical II allow basic prima the of this project ran ining costs of the M reported high rate of the The health work ive results associa diseases 12 times expansion of this se cludes Warsheyk I pital. In M/Shabell onducts OTP prog e. The Health Cen over CHWs are alr	area where ry health c ionale is it IC of Warsi of respirato kers are al- ted with th higher an rvice.	e recent dii are to be e s integratic heyk and t ory infection so in extre e deploym hong those hith the cap DS manag 4 MCHS. T sheyk that ent in M/SH	splacement due to the delivered to a larger on with a CHF nutrition he integration of nutrition ns (16%PM), intestinal me need of appropriate ent of CHWs in M/Shab (especially women) livi active of providing es 4 other HCs ensuring has been supported for hasbelle and have been
context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then dentify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State now the needs assessment was conducted (who consulted whom, now and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs	that caters to the whole dist AMISOM offensive have occ number of villages, which ai project (proposed during the services within the HC. The health situation in Wars worms (12.8% PM), and AW training that may enable the (with indicators indicating kr in CHWs-targeted villages v The only non-private moder pediatric,internal medicine,s timely referral system for ca almost 20 years by INTERS critical in strengthening the	rict has been run by l curred. The presence re often far away from a same first allocation wheyk is still very critic VD (10.5% PM), with im to provide appropri- owledge of signs an rs non targeted) provi- n secondary health c surgical and maternity sees requiring further ed primary and secor IOS will be coordination referral mechanism, to quality integrated	intersos for a construction of a mobile and other in 2015), which calls the HC >50% of pattriate level of d symptoms ides the evice of a symptoms ides the evice of a symptoms ides the evice of the symptoms ides the evice of the symptoms of the mobile and s symptoms of the mobile and s symptoms of the mobile and s symptoms of the sym	almost 20 yea clinic in Wars : An additiona sh will support of Warsheyk i itents being w care. Finally t of the most p lence for the f n M/Shabelle, Jowhar Regio Services of M le clinic servic r PLWs;they v	rs. It is lo sheyk wil al strengt it the runn n 2014 r omen. Ti the positi revalent urther e> which in onal Hos n,and cc. /Shabell æ. Morec will be str health so	ocated in a critical II allow basic prima h of this project raining costs of the W reported high rate of he The health worl ive results associa diseases 12 times xpansion of this se cludes Warsheyk k ipital. In M/Shabell onducts OTP progi le. The Health Cen over CHWs are alr rengthened by the ervices to internall	area where ry health c ionale is it C of Warsi of respirato f respirato resp	e recent dia are to be e s integratic heyk and t 	splacement due to the delivered to a larger on with a CHF nutrition he integration of nutrition ins (16%PM), intestinal me need of appropriate ent of CHWs in M/Shab (especially women) livi es 4 other HCs ensuring he MCH of Warsheyk has been supported for habelle and have been in villages surrounding
context: Give a specific description of the humanitarian situation in the arget region based on newest data available (indicate source) Maximum of 1500 characters) 2. Needs assessment. Describe he capacities in place, then dentify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State to wo the needs assessment was conducted (who consulted whom, now and when?). List any baseline data 3. Activities. List and describe the activities that your organization is surrently implementing to address hese needs LOGICAL FRAMEWORK	that caters to the whole dist AMISOM offensive have occ number of villages, which ai project (proposed during the services within the HC. The health situation in Wars worms (12.8% PM), and AW training that may enable the (with indicators indicating kr in CHWs-targeted villages v The only non-private moder pediatric,internal medicine,s timely referral system for ca would integrate the integrate almost 20 years by INTERS critical in strengthening the Warsheyk town.	rict has been run by l curred. The presence re often far away from a same first allocation sheyk is still very critic VD (10.5% PM), with im to provide appropi- howledge of signs an rs non targeted) provi- no secondary health c surgical and maternity ises requiring further ed primary and secor OS will be coordinati referral mechanism, to quality integrated boys in urban and run life- saving primary h	Intersos for a soft a mobile on each other of 2015), which call. The HC >50% of patriate level of d symptoms ides the evide as the evide structure of the soft and the soft as the evide structure of the soft as	almost 20 yea clinic in Wars . An additiona sch will support of Warsheyk i iients being w care. Finally t of the most p lence for the f n M/Shabelle, Jowhar Regic hospitalizatio services of M e clinic servic r PLWs;they v	rs. It is lo sheyk wil al strengti the runn n 2014 r omen. Ti omen. Ti the positi revalent urther ex which in onal Hos on, and co //Shabell e. Morec will be str health sk rict, stren	ocated in a critical II allow basic prima h of this project raining costs of the W reported high rate ( he The health worl ive results associa diseases 12 times xpansion of this se cludes Warsheyk I pital. In M/Shabell onducts OTP prog le. The Health Cen over CHWs are all rengthened by the ervices to internally ngthening the refer	area where ry health c ionale is it C of Warsi of respirato for respirato respirato respirato for respirato respirat	e recent dia are to be e s integratic heyk and t 	splacement due to the delivered to a larger on with a CHF nutrition he integration of nutrition ins (16%PM), intestinal me need of appropriate ent of CHWs in M/Shab (especially women) livi eacity of providing es 4 other HCs ensuring The MCH of Warsheyk has been supported for nabelle and have been in villages surrounding s and conflict affected propriate secondary leve
context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then dentify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State now the needs assessment was conducted (who consulted whom, now and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs LOGICAL FRAMEWORK Dbjective 1	that caters to the whole dist AMISOM offensive have occ number of villages, which ai project (proposed during the services within the HC. The health situation in Wars worms (12.8% PM), and AW training that may enable the (with indicators indicating kr in CHWs-targeted villages v The only non-private moder pediatric,internal medicine,s timely referral system for ca would integrate the integrate almost 20 years by INTERS critical in strengthening the Warsheyk town.	rict has been run by l curred. The presence re often far away from e same first allocation wheyk is still very critic VD (10.5% PM), with im to provide appropri- towledge of signs an rs non targeted) provide n secondary health c surgical and maternity ises requiring further ed primary and secon OS will be coordinati referral mechanism, to quality integrated poys in urban and run life- saving primary h e support of one Prin	Intersos for a soft a mobile of a mobile n each other n 2015), which cal. The HC >50% of patriate level of d symptoms ides the evice ides the evice streatment or hodary health ing the mobile especially for mobile and so al areas of ealth care se mary Health	almost 20 yea clinic in Wars . An additiona sh will support of Warsheyk i tients being w care. Finally t of the most p lence for the f h M/Shabelle, Jowhar Regic hospitalizatio services of M le clinic servic r PLWs;they v static primary Warsheyk distr ervices, for wo	rs. It is lo sheyk wil al strengt it the runn n 2014 r omen. The positi revalent urther ex- which in onal Hos on, and cos /Shabell- ce. Moree will be str health so rict, stren- omen and sheak.	ocated in a critical II allow basic prima h of this project raining costs of the W reported high rate ( he The health worl ive results associa diseases 12 times expansion of this se recludes Warsheyk I pital. In M/Shabell onducts OTP prog le. The Health Cen over CHWs are all rengthened by the ervices to internally ngthening the refer	area where ry health c ionale is it C of Warsi of respirato frespirato respi	e recent dia are to be e s integratic heyk and t 	splacement due to the delivered to a larger on with a CHF nutrition he integration of nutrition ins (16%PM), intestinal me need of appropriate ent of CHWs in M/Shab (especially women) livi eacity of providing es 4 other HCs ensuring 'he MCH of Warsheyk has been supported for habelle and have been i n villages surrounding s and conflict affected propriate secondary leve
1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)     2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data     3. Activities. List and describe the activities that your organization is currently implementing to address these needs     EOGICAL FRAMEWORK     Objective 1     Outcome 1     Activity 1.1	that caters to the whole dist AMISOM offensive have occ number of villages, which ai project (proposed during the services within the HC. The health situation in Wars worms (12.8% PM), and AW training that may enable the (with indicators indicating kr in CHWs-targeted villages v The only non-private moder pediatric,internal medicine,s timely referral system for ca would integrate the integrate almost 20 years by INTERS critical in strengthening the Warsheyk town.	rict has been run by l curred. The presence re often far away from a same first allocation sheyk is still very critic VD (10.5% PM), with m to provide approp howledge of signs an rs non targeted) provi- nowledge of signs an rs source and the signal source and the signal response of the signal to quality integrated boys in urban and run life- saving primary h e support of one Prin- warsheyk town is re- lealth Center and of t endemic diseases, r	Intersos for a contract of a mobile and symptoms ides the evid of d symptoms ides the evid of d symptoms ides the evid as recenter in y services is treatment or ndary health ing the mobile and set arares of we call a reas of we call the care set and the mobile and and	almost 20 yea clinic in Wars . An additiona sch will support of Warsheyk i itents being w care. Finally t of the most p lence for the final n M/Shabelle, Jowhar Regic hospitalizatio services of M le clinic servic r PLWs;they v static primary Varsheyk distr center in War or rehabilitatio	rs. It is lo sheyk wil il strengti it the runn n 2014 r omen. The positi revalent urther ex- which in onal Hos on, and co /Shabell ee. Moreo will be str health so rict, strer omen and sheyk. on) and is ee outco afe manu	ocated in a critical II allow basic prima the of this project raining costs of the M reported high rate of the The health worl ive results associal diseases 12 times xpansion of this se cludes Warsheyk I pital. In M/Shabell onducts OTP progre. The Health Cen over CHWs are all rengthened by the ervices to internally ngthening the refer d men, girls and bo s supported throug me 2) (8 staff in to ual child delivery, v	area where ry health c ionale is it C of Warsi of respirato kers are all ted with th higher am rvice.	e recent dia are to be e s integratic heyk and t pry infection so in extre e deploym hong those hith the cap OS manag 4 MCHs. 1 sheyk that ent in M/SF f 15 CHWs d, returnee t to the app rural and the t provision	splacement due to the delivered to a larger on with a CHF nutrition he integration of nutrition ins (16%PM), intestinal me need of appropriate ent of CHWs in M/Shab (especially women) livi acity of providing es 4 other HCs ensuring 'he MCH of Warsheyk has been supported for abelle and have been in villages surrounding s and conflict affected propriate secondary leve urban areas of Warshey of lifesaving and essent

Indicators for outcome 1	Cluster Indicator description								Targe			
	Indicator 1.1	Health	Numbe	Number of health facilities supported								1
	Indicator 1.2	Health	Numbe	er of P	rimary Health Center Staf	ff trained						8
	Indicator 1.3	Health			aily consultations per hea ith 50% clinical duties)	Ith staff (4 health staff in each	health cer	nter, one	of them b	eing Heal	th center	30
Outcome 2	CHWs (comm	unity heal	th work	ers)rea	aching 8 villages inhabited	promotion services are streng d by IDPs, returnees and host /D/ malaria/ pneumonia) and h	communit	ies in Wa	arsheyk D	istrict that	t are more	
Activity 2.1	One mobile cl Warsheyk will	inic is sup be fully si	ported r upported	reachir d throu	ng 8 villages surrounding	Warsheyk town and is integrat / medical material and through	ed by mo	bile nutrit	ion servic	es. The N	/lobile clin	
Activity 2.2	services, cons treatable at co	sisting in trommunity	reatmen level an	nt of er d prov	idemic and epidemic dise ision of referral drugs/ me	es targeted by the mobile clinic asses through distribution of ful edications for complicated case ntegration of nutrition services	l course t es to be re	reatment	drugs for	non-com	plicated ca	ases
Activity 2.3	emergency pro Procurement of villages and so (closest static	eparednes Center) ar upport the / mobile s eeking beł	ss and a nd aware referration < navior for	awarer eness I mech 5 km o or preg	ness messages diffusion i staging (awareness mess anism by providing first a distance). Particular atten Inant women and childrer	receive appropriate referral (fir sages flip-charts) tools; they de id and referring to appropriate tion will be given to topics such h. CHWs catchment area will b	st aid kits eliver mor nearest n n as regul	procured thly awai nobile or ar ANC a	in Nairob reness se static prin ind PNC,	i Humani ssions in hary heal mother a	tarian the 8 targ thcare ser nd child he	vices ealth a
Indicators for outcome 2		Clus	ster	Indic	ator description						т	arget
	Indicator 2.1	Hea	lth		per of health facilities sup	ported					1	-
	Indicator 2.2	Hea	lth	Num	per of weekly visits per ta	rgeted village (9 villages target	ed by mo	bile clinic	s)		1	
	Indicator 2.3	Hea	lth									
Outcome 3												
Activity 3.1												
Activity 3.2												
Activity 3.3												
Indicators for outcome 3					Cluster	Indicator description				Та	raot	
indicators for outcome 5	Cluster         Indicator description         Target           Indicator 3.1         Health         0									get		
	Indicator 3.1				Health					0		
	Indicator 3.2				Health					0		
					nealth					0		
WORK PLAN												
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	Humanitarian the drugs deliv employed in J EPI will be pro- hoc developed weekly sched supervisor will	Procurem very pipeli lowhar Ho ovided by d tools. Th ule that wi I coordinat d supervis	ent Cer ne. Act spital. T trained I te Healt Il allow te the de ors, firs	nter an 1.2. The train health h Centri it to re eployn t aid ki	d airlifted/ transported by he staff will be trained bot ining will be supported by staff, including 1 MCH su ter performances will be a ach at least once per wee nent. The medical staff of ts will be procured from H	local firm. The drugs and medi road. The logistician will have the by the field health and nutriti r the Health and Nutrition Coor upervisor, who will be tasked al assessed by a field supervisor. sk each village to deliver prima the mobile clinics will be coord HPC, awareness tools will be p	a critical on super dinator. A so of repo Act 2.1/2 ry health inated by	role in bo visors and ct 1.3. Pr orting wee .2. The m services. a MC su	th superv d by senic imary hea ekly to dat obile clini A Field H pervisor.	ising the r health s ilth servic abase m c of Wars lealth and Act 2.3. C	rehabilitati staff both c es includii anager us sheyk will I Nutrition HWs will I	ion and current ng MC ing ad have a
Project workplan for activities defined in the	Activity Des	cription					Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Mont 11-1
Logical framework					in Warsheyk town is repaire lifesaving and essential dru	ad (minor rehabilitation) and is .gs / medical equipment.	X	x				
	Addivite find a diserces a feet warsheyk you delivery of BE	Palcatileas bouided for motional mOC and I vaccine),	ty50%aw in hopsi forate at MCH (ind MCH (ind	PIGEN REALPI REALPI REMEAS	ትር የመ <mark>ቀጋ የአንድ የመቀን በመ</mark> ልም የዓመታ የተዋር የአንድ የ የአንድ የ የአንድ የ የምሳት የትር የ የአንድ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ የ	heyk Mobile Clinic (see outcome ውንፅፅቂጥምስ ዓቋቋንቋያ) ଶ୍ଳିଶୀላቸው/ምር መድረም አስታት የውስጥ የውስጥ የውስጥ የውስት የሚያስት የሚያስት የውስጥ የውስጥ የውስጥ የውስት የሚያስት የውስጥ	X	x	X	х	X	
	integrated by i through the pr	mobile nutr	rition ser drugs/ m	vices. iedical	The Mobile clinic of Warshe	syment of rented vehicle and of	x	х	x	Х	x	
	mobile clinics endemic and e non-complicate complicated ca	receives w epidemic d ted cases to ases to be	eekly ou iseases reatable referred	treach through at com at prin	n distribution of full course to munity level and provision of	ices, consisting in treatment of	x	x	x	Х	X	

int aw Hu too me he giv be	ctivity 2.3 16 CHWs (> 50% women) once tr tegrated management of childhood illness, su vareness messages diffusion receive appropri manitarian Procurement Center) and awaren ols; they deliver monthly awareness sessions echanism by providing first aid and referring tr valthcare services (closest static / mobile stati ven to topics such as regular ANC and PNC, i whavior for pregnant women and children. CHV directly also the population of the villages nea	rveillance and emergency prepa tate referral (first aid kits procure ess staging (awareness messag in the 8 targeted villages and su o appropriate nearest mobile or on <5 km distance). Particular a mother and child health and ear Ns catchment area will be of 3 h	aredness and ad in Nairobi ges flip-charts) upport the referral static primary ttention will be ly health seeking (Ms, reaching	3	x		x		x		x		x		>
	ctivity 3.1	., (	,		-										
	ctivity 3.2				-		-		_						
	5.1Vity 5.2														
M & E DETAILS															
				1	Non	th (s	) wl	nen j	plan	ned	M 8	Еи	vill b	e do	ne
Activity Description		M & E Tools to use	Means of verification	1	2	3	4	5	6	7	8	9	10	11	1
Activity 1.1 On Health Center located in W rehabilitation) and is supported through con- drugs / medical equipment.		<ul> <li>Data collection</li> <li>Field visits</li> <li>GPS data</li> <li>Photo with or without GPS data</li> <li>Verification</li> </ul>	Visits of supervisors, pictures of constructions being carried on and of drugs delivered. Weekly pharmacy stock reports.	x	x	х	х	х	х	x	x	х	x	х	
Activity 1.2 The staff of the Warsheyk Hea	alth Center and of Warshevk Mobile Clinic.	<ul> <li>Contact details</li> <li>Individual interview</li> <li>Photo with or without GPS data</li> <li>Verification</li> </ul>	Presence sheet, prictures of training delivered, pretest and postest, interviews with staff, regular M&E of performance	x	x	x	x			x			x		
	Compression in Main we can be sing of a prosential of the second	<ul> <li>Data collection</li> <li>Distribution monitoring</li> <li>Field visits</li> <li>Photo with or without GPS data</li> <li>Survey</li> <li>Verification</li> </ul>	Weekly data collection of health services using clinical cards tools and electronic databases for analysis, M&E visits for verification, pictures of service delivery, survey among the population on services delivered.	x	x			x	x		x	x	x	x	
Activity 2.1 One mobile clinic is supported town and is integrated by mobile nutrition se be fully supported through the provision of c payment of rented vehicle and of staff incen CHF Nutrition Project.	ervices. The Mobile clinic of Warsheyk will drugs/ medical material and through the	<ul> <li>Data collection</li> <li>Field visits</li> <li>Photo with or without GPS data</li> <li>Verification</li> </ul>	Visits of supervisors, pictures of mobile clinics activities, and of drugs delivered. Weekly deployment plan and weekly pharmacy stock reports.	х	x	x	x	x	x	x	x	х	x	х	
by the mobile clinics receives weekly outrea consisting in treatment of endemic and epid course treatment drugs for non-complicated provision of referral drugs/ medications for c	lemic diseases through distribution of full I cases treatable at community level and	<ul> <li>Data collection</li> <li>Distribution monitoring</li> <li>Field visits</li> <li>Photo with or without GPS data</li> <li>Survey</li> <li>Verification</li> </ul>	Weekly data collection of health services using clinical cards tools and electronic databases for analysis, M&E visits for verification, pictures of service delivery, survey among the population on services delivered.	x	×	x	х	x	x	x	x	x	X	X	
Activity 2.3 16 CHWs (> 50% women) onc illness, integrated management of childhooc preparedness and awareness messages dif kits procured in Nairobi Humanitarian Procu	d illness, surveillance and emergency ffusion receive appropriate referral (first aid urement Center) and awareness staging	- Contact details - Focus group interview - Photo with or without GPS	Presence sheet, prictures of training delivered, pretest												
8 targeted villages and support the referral r referring to appropriate nearest mobile or st static / mobile station <5 km distance). Parti Activitie AANC and PNC, mother and child	atic primary healthcare services (closest icular attention will be given to topics such health and early health seeking behavior for	data - Verification	and postest, interviews with staff, regular M&E of performance	x	x	x	x			x			x		
pregnant women and children. CHWs catch indirectly also the population of the villages		<ul> <li>Contact details</li> <li>Data collection</li> <li>Distribution monitoring</li> <li>KAP survey</li> </ul>	Distribution report, monthly reports of awareness sessions and of												

						- Photo data - Survey - Verifica		iout GPS	impact of (consideri	A&E for rrmance ents. KAP o verify the CHWs ing also t of mobile health finite idel n used to					
	MATION														
Coordination wit			Orga	anization	Activity										
Organizations in	project area		1. IN	TERSOS	Coordination	with primar	y and seco	ondary health	n, nutrition an	d GBV activities					
Gender theme s	upport	١	res												
Outline how the gender them		r t c c c c c c	eferration of the given	najority of beneficiaries al system involving 50% vior of CHWs. The staff nsibilities (e.g. head of services provided (BE to children and womer cing the importance of nales and will let them	6 women and p employed and mobile clinics/ mOC/ ANC/ PN . Men will be n early health see	broviding the l trained with health cer NC) are off nevertheles eking for the	ne CHWs Il have 50 nters) as i en PLW s is strongly ne whole t	with ad hoo % female p t has been of pecific; the v involved in	tools includ resence and observed that planned inte the project	ding many messa d femles whenev at this helps to ga egration of nutritions as head of hous	ges specific for i er possible will b ain the trust of the on services will fi seholds will be ta	ncreasing hea e tasked with e female bene urther enhanc rgeted with m	Ith seeking positions of ficiaries. Som e the priority essages		
Select (tick) activ the gender them		pports	Activity 1.1: On Health Center located in Warsheyk town is repaired (minor rehabilitation) and is supported through constant provision of lifesaving and essential drugs / medical equipment.												
			Activity 1.2: The staff of the Warsheyk Health Center and of Warsheyk Mobile Clinic (see outcome 2) (8 staff in total, at least 50% women) is trained on topics of appropriate management of endemic diseases, mother and child health, safe manual child delivery, vaccination, dressing and cleaning wounds, hygiene in healthcare and referral to higher level of care for the most complicated cases.												
			Activity 1.3: Free primary Health Services (OPD and minor wounds surgery/ dressing) and MCH services are provided to all IDPs, Returnees and Host Community accessing the Health Center of Warsheyk town, with particular attention to pregnant and lactating women and children, through the delivery of BEmOC and MCH (including ('Expanded programme on immunization)EPI Pentavalent, OPV(oral polio vaccine), Measles, BCG vaccination(Bacillus Calmette-Guerin) for children aged under 1 and TT for PLW)												
			Activity 2.1: One mobile clinic is supported reaching 8 villages surrounding Warsheyk town and is integrated by mobile nutrition services. The Mobile clinic of Warsheyk will be fully supported through the provision of drugs/ medical material and through the payment of rented vehicle and of staff incentives, partially supported by an integrated CHF Nutrition Project.												
			Activity 2.2: The population (including IDPs and returnees) living in 8 villages targeted by the mobile clinics receives weekly outreach mobile primary health services, consisting in treatment of endemic and epidemic diseases through distribution of full course treatment drugs for non-complicated cases treatable at community level and provision of referral drugs/ medications for complicated cases to be referred at primary/secondary level of care. Children and PLWs will be prioritized, especially thanks to the integration of nutrition services.												
			Activity 2.3: 16 CHWs (> 50% women) once trained on management of common illness, integrated management of childhood illness, surveillance emergency preparedness and awareness messages diffusion receive appropriate referral (first aid kits procured in Nairobi Humanitarian Procureme Center) and awareness staging (awareness messages flip-charts) tools; they deliver monthly awareness sessions in the 8 targeted villages and sup the referral mechanism by providing first aid and referring to appropriate nearest mobile or static primary healthcare services (closest static / mobile <5 km distance). Particular attention will be given to topics such as regular ANC and PNC, mother and child health and early health seeking behaving pregnant women and children. CHWs catchment area will be of 3 KMs, reaching indirectly also the population of the villages nearby (16 villages est in total)										ocurement and support / mobile station behavior for		
			1	Activity 3.1:											
			1	Activity 3.2:											
BUDGET															
A:1 Staff and	1.1 Interna	ational St	aff												
Personnel Costs	Code	Budget Li	ne De	scription		Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF		
	1.1.1	Health ar	nd Nu	trition Coordinator		1	5500	6	Month	33,000.00	16,500.00	16,500.00	50.00		
	1.1.2			Manager		1	4000	6	Month	24,000.00	12,000.00	12,000.00	50.00		
	1.1.3	Head of N				1	6000	2	Month	12,000.00	6,000.00	6,000.00	50.00		
	1.1.4	Procurem	nent C	Officer		1	6000	1	Month	6,000.00	3,000.00	3,000.00	50.00		
	_ 1.1.5 _														
	_ 1.1.6 _														
	_ 1.1.7 _														
	_ 1.1.8 _														
	_ 1.1.9 _														
	_ 1.1.10 _														
	_ 1.1.10 _														

		~								
	1.1.13									
	1.1.14									
	1.1.15									
	1.1.16									
	1.1.17									
	1.1.18									
		Subtotal					75,000.00	37,500.00	37,500.00	
	Budget N									
	1.2 Local	Staff	1	1 1		1				
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	1.2.1	Field Health Supervisor Warsheik	1	500	12	Month	6,000.00	0.00	6,000.00	100.0
	1.2.2	Medical Staff - Nurses Health Center	4	240	12	Month	11,520.00	0.00	11,520.00	100.0
	1.2.3	Head of Mobile Clinic	1	240	12	Month	2,880.00	0.00	2,880.00	100.0
	1.2.4	guards	2	105	12	Month	2,520.00	0.00	2,520.00	100.0
	1.2.5	Head Nurse Health Center	1	300	12	Month	3,600.00	0.00	3,600.00	100.0
	1.2.6	Field Logistician - Warsheiyk	1	650	6	Month	3,900.00	1,299.87	2,600.13	66.0
	1.2.7	Field Coordinator - Warsheiyk	1	1400	7	Month	9,800.00	1,400.42	8,399.58	85.
	1.2.8	Database manager	1	450	12	Month	5,400.00	0.00	5,400.00	100.0
	1.2.9	Monitoring and evaluetion officer	1	1200	12	Month	14,400.00	7,200.00	7,200.00	50.0
	1.2.10	Finance Assistant	1	1100	12	Month	13,200.00	10,999.56	2,200.44	16.0
	1.2.11	nurses	2	240	12	months	5,760.00	0.00	5,760.00	100.0
	1.2.12	Cleaner	1	105	12	months	1,260.00	0.00	1,260.00	100.0
	1.2.13									
	1.2.14									
	1.2.15									
	1.2.16									
	1.2.17									
	1.2.18									
	1.2.10	Sub Total					80,240.00	20,899.85	59,340.15	
							80,240.00	20,077.03	57,340.15	
	Budget N		1	1	1	1	1			1
:2 Supplies, ommodities,	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
aterials	2.1.1	Drugs and medical/non-medical material for Mobile Clinic Warsheiyk	1	32400.11	1	Lumpsum	32,400.11	0.00	32,400.11	100.0
	2.1.2	Referal cards	2000	2.88	1	Lumpsum	5,760.00	0.00	5,760.00	100.0
	2.1.3	Fisrt Aid Kit CHWs	1	1600	1	Lumpsum	1,600.00	0.00	1,600.00	100.0
	2.1.4	Cleaning material MC (MOBILE) and HC (STATIC)	1	1030	1	Lumpsum	1,030.00	0.00	1,030.00	100.0
	2.1.5	Base and warehouse rental	1	400	12	Month	4,800.00	2,799.84	2,000.16	41.0
	2.1.6	Training costs on IMCI (integrated management of childhood illness	1	3303	1	Lumpsum	3,303.00	0.00	3,303.00	100.0
	2.1.7	Visibility of CHWS(community health workers	1	1110	1	Lumpsum	1,110.00	0.00	1,110.00	100.0
	2.1.8	Fuel and maintenance for generator and fridge	1	1200	1	Lumpsum	1,200.00	0.00	1,200.00	100.
	2.1.9	Rehabilitation Warsheyk HC	1	4000	1	Lumpsum	4,000.00	0.00	4,000.00	100.
	2.1.10	Cargo Transport costs	1	11203	1	Lumpsum	11,203.00	0.00	11,203.00	100.
	_2.1.11									
	_ 2.1.11									
	_2.1.11									

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	2.1.14									
	2.1.15									
	2.1.16									
	2.1.17									
	2.1.18									
		Sub Total					66,406.11	2,799.84	63,606.27	
	Budget N	arrative:								
C:3 Equipment	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	3.1.1	Laptop for Database manager	1	600	1	lumpsum	600.00	0.00	600.00	100.
	3.1.2									
	3.1.3									
	3.1.4									
	3.1.5									
	3.1.6									
	3.1.7									
	3.1.8									
	3.1.9									
	3.1.10									
	3.1.11									
	3.1.12		_							
	3.1.13									
	3.1.14									
	3.1.15									
	3.1.16									
	3.1.17									
	3.1.18	0.4 7.4-1					(00.00	0.00	(00.00	
		Sub Total					600.00	0.00	600.00	
<b>D-4</b>	Budget N	1					4(100)		01/5	or 1 - 14
D:4 Contractual Services	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	_ 4.1.1									
	_ 4.1.2									
	_ 4.1.3									
	_ 4.1.4									
	_ 4.1.5									
	_ 4.1.6									
	_4.1.7									
	_ 4.1.8									
	_ 4.1.9									
	- 4.1.7						1			
	_4.1.10									

		1	1	1	1	1		1		
	4.1.13									
	4.1.14									
	4.1.15									
	4.1.16									
	4.1.17		_							
	4.1.18	Sub Total					0.00	0.00	0.00	
	Decidence A						0.00	0.00	0.00	
E:5 Travel	Budget N Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	5.1.1	Security management for M&E missions (escorts, )	1	150	5	Lumpsum	750.00	0.00	750.00	100.
	5.1.2	Travel straff costs to the field(NBO-BAIDOA/MOGA	1	6960	1	Lumpsum	6,960.00	0.00	6,960.00	100.
	5.1.3	Staff travel allowances and deployment costs	1	1970	1	Lumpsum	1,970.00	0.00	1,970.00	100.
	5.1.4	Vehicle rental (for supervision)	1	600	9	Month	5,400.00	0.00	5,400.00	100.
	5.1.5									
	5.1.6									
	5.1.7									
	5.1.8									
	5.1.9									
	5.1.10									
	5.1.11									
	5.1.12									
	5.1.13									
	5.1.14									
	5.1.15									
	5.1.16									
	5.1.17									
	5.1.18									
		Sub Total					15,080.00	0.00	15,080.00	
	Budget N	arrative:								
F:6 Transfers and Grants to Counterparts	Code	Budget Line Description	Units	Unit Cost	Duratior	n TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	_ 6.1.1									
	_ 6.1.2									
	_ 6.1.3 .									
	_ 6.1.4									
	_ 6.1.5									
	_ 6.1.6									
	_ 6.1.7									
	_6.1.8									
	_6.1.9									
	_ 6.6.10									
	_6.1.11 .									
	_ 6.1.12									

OCATIONS													
	TOTAL			200,089.08									
	TOTAL		b)	0.00 260,089.08									
	Other D	onors	a)	0.00									
	CHF			196,069.39	75.39	]							
	Commu	nity		0.00	0.00								
	Organiz			64,019.69		-							
	Descrip	tion		Amount	%	1							
Other sources	of funds												
Costs			-	GRAND TOTAL						247,262.11	64,019.69		7.
Programme Support	8.1.1			e Support Costs						0.00	0rganization 0.00		%charged to CHF 7.
1.8 Indirect	Code	Budget Lir		TOTAL						247,262.11 Amount(USD)	64,019.69 Organizatior		%charged to
	Budget I	arrative:			1								1
			Su	ıb Total						9,936.00	2,820	.00 7,116.00	
	7.1.18												
	7.1.17												
	7.1.16												
	7.1.15												
	7.1.14												
	7.1.13												
	7.1.12												
	7.1.11												
	7.1.10												
	7.1.9												
	7.1.8												
	7.1.7												
	7.1.6						_						
	7.1.5			d Stationery			1 600		lumpsum	600.00		.00 600.00	
	7.1.3	Office Rei		s			1 400 1 1200		Month lumpsum	4,800.00	2,400		
	7.1.2	Communi		st			8 10		Month	960.00		.00 960.00	
Direct Costs	7.1.1	Bank and	transfer	Charges and commissi	ion		1 2376	1	lumpsum	2,376.00	0	.00 2,376.00	100.0
G:7 General Operating and Other	Code	Budget Lir	e Descri	ption		Uni	ts Unit Cost	Duration	TimeUnit	Amount(USD)	Organizat	ion CHF	%charged to CHF
	Budget I	arrative:											
			Su	ıb Total						0.00	)	0.00	
	6.1.18												
	6.1.17												
	6.1.16												
	6.1.15												

Middle Shabelle	Balcad	Ceel Macaan	Awareness campaign, Drug distribution, Primary health care services, consultations	Mobile clinics activation and primary healthcare delivery with drugs distribution. CHWs supporting	U5, PLWs, CHWs, Host Community	4662	2.24444	45.691669	NA-3807 U16-001
				awareness campaigns and referral	. ,				
Middle Shabelle	Balcad	Ceelow	Awareness campaign, Drug distribution, Primary health care services, consultations	Mobile clinics activation and primary healthcare delivery with drugs distribution. CHWs supporting awareness campaigns and referral	U5, PLWs, CHWs, Host Community	1984	2.29702	45.63871	NA-3807 S15-001
Middle Shabelle	Balcad	Qeylo-Weyne	Awareness campaign, Drug distribution, Primary health care services, consultations	Mobile clinics activation and primary healthcare delivery with drugs distribution. CHWs supporting awareness campaigns and referral	U5, PLWs, CHWs, Host Community	3255	2.35418	45.6688	NA-3807 R15-001
Middle Shabelle	Balcad	Fila-Dheere	Awareness campaign, Drug distribution, Primary health care services, consultations	Mobile clinics activation and primary healthcare delivery with drugs distribution. CHWs supporting awareness campaigns and referral	U5, PLWs, CHWs, Host Community	1488	2.33525	45.70285	NA-3807 R16-001
Middle Shabelle	Balcad	Bakaaroole	Awareness campaign, Drug distribution, Primary health care services, consultations	Mobile clinics activation and primary healthcare delivery with drugs distribution. CHWs supporting awareness campaigns and referral	U5, PLWs, CHWs, Host Community	3261	2.40092	45.75743	NA-3807 Q17-004
Middle Shabelle	Balcad	Maaxaay	Awareness campaign, Drug distribution, Primary health care services, consultations	Mobile clinics activation and primary healthcare delivery with drugs distribution. CHWs supporting awareness campaigns and referral	U5, PLWs, CHWs, Host Community	2046	2.28262	45.73531	NA-3807 T17-002
Middle Shabelle	Balcad	Gambiso	Awareness campaign, Drug distribution, Primary health care services, consultations	Mobile clinics activation and primary healthcare delivery with drugs distribution. CHWs supporting awareness campaigns and referral	U5, PLWs, CHWs, Host Community	1736	2.41822	45.73638	NA-3807 P17-001
Middle Shabelle	Balcad	Warshiikh	Awareness campaign, Drug distribution, Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.), Primary health care services, consultations	Health Center Rehabilitation, Primary Health care provision (including MCH/ ANC PNC EPI BEmOC), awareness campaign and referral	U5, PLWs, CHWs, Host Community	9360	2.298294	45.79799	NA-3807 S18-001
Middle Shabelle	Balcad	Mukuley	Awareness campaign, Capacity building, Drug distribution, Health facilities supported, Infrastructure construction or rehabilitation (Health centre, Iatrines, hand washing facilities, water etc.), Primary health care services, consultations	Mobile clinics activation and primary healthcare delivery with drugs distribution. CHWs supporting awareness campaigns and referral	U5, PLWs, CHWs, Host Community	1038	2.48142	45.47855	NA-3807 N11-007
TOTAL						28,830			
DOCUMEN	NTS								
Document	t Descript	ion							
1. Budgeta	ary guidelin	ies and BOQ ter	nplate						
	OS Respo	onse to Review (	Comments						
2. INTERS	•								