

Requesting Organization :	SOS Children's Villages Somalia		
Allocation Type :	Standard Allocation 1 2023		
Primary Cluster	Sub Cluster	Percentage	
Health		100.00	
		100	
Project Title :	Provision of life Saving primary Health care Interventions to vulnerable people in hard to reach area in Burhakaba district.		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	CBPF-SOM-23-S-INGO-25110
Cluster :		Project Budget in US\$:	599,999.99
Planned project duration :	12 Months	Priority:	
Planned Start Date :	01/05/2023	Planned End Date :	30/04/2024
Actual Start Date:	01/06/2023	Actual End Date:	31/05/2024
Project Summary :	<p>Responding to the urgent humanitarian need of the drought-affected people, SOS CV Somalia proposes to scale up and complement the ongoing SHF- 4th reserve: famine prevention emergency health interventions in the Burhakaba district of the Bay region. With the support of the 1st SHF 2023 standard allocation, the proposed scale-up project aims to strengthen and expand lifesaving multi-sectoral IERT health response packages for newly drought-displaced persons and vulnerable host populations by supporting additional facilities from 4 to 6 static health centres in Burhakaba district and provide the much needed health services to draught affected communities. With the proposed upscale, the project will facilitate access for hard to reach target population in identified catchments areas in Burhakaba districts to access primary health care.</p> <p>The upscale support for health will primarily focus on clinical diagnosis and treatment for communicable diseases, treatment of common ailments, Antenatal and Post-natal care visits (ANC/PNC), immunizations, skilled birth attendants specialized obstetric and newborn care health and social behavior change messaging and community outreach through CHWs, designed to reduce the spread of communicable diseases. Disease outbreak surveillance, reporting, response and prevention to reduce morbidity and mortality from common disease and as well provision of the ambulance for referral services. The proposed intervention will Integrate MHPSS services into primary healthcare facilities to improve the physical and mental well-being of draught-impacted boys, girls, women and men in Burhakaba and its catchment areas.</p> <p>In addition, SOS CV will provide Clinical Management of Rape (CMR) services to SGBV survivors and referral mechanisms will be enhanced as well as collaboration with GBV Cluster AoA will be strengthened to train the health workers.</p> <p>Likewise in the proposed upscale, SOS CV will support and strengthen the capacity of the district hospital to provide quality and integrated primary health care services through the provision of essential medicines and supplies and additional qualified staff for the treatment of drought-affected children and mothers from and around the Burhakaba district. SOS CV will source medical supplies through a competitive bid process from trusted sources in Nairobi. The project will also improve facility accessibility for person with disability and elderly through establishment of disability friendly toilets,</p>		

ramps and provision of wheel chairs

The proposed upscale is envision to provide basic life-saving primary health care services to draught affected 28,000 highly vulnerable IDP, host-community and hard-to-reach populations in Burhakaba districts and its catchment , with a strong focus towards women and children. These include 3000 children(1500 girls and 1500 boys) under 1/0 year age vaccinated against measles, 500 persons provided mental health and/or psycho-social support services, 3000 women provided with Basic and comprehensive obstetric care services and 7000 women, 5500 girls, 3500 men and 5500 boys provided with outpatients consultations.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
4,210	12,320	5,560	5,910	28,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
	2,160	6,000	1,900	2,160	12,220
	0	0	0	0	0
	0	0	0	0	0
	2,000	3,500	2,000	2,000	9,500
	50	2,820	1,660	1,750	6,280

Indirect Beneficiaries :

The indirect beneficiaries include children, community leaders who will benefit from awareness of the project during the project implementation period.

Catchment Population:

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Link with allocation strategy :

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The project is directly linked to the 1st standard 2023 allocation is in line with Health Clusters' Objectives and the priority needs of the 2023 OCHA Somalia Humanitarian Response Plan. The project, therefore, contributes to access timely and effective emergency and essential lifesaving health services and Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement in Burhakaba district

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

BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

According to Famine review report published in December 2022 on projected classification for Mogadishu, Baidoa, Burhakaba rural districts, the sustained and prolonged extreme conditions in the areas of Bay regions have resulted in the continuation of high IPC Phase 4 outcomes (Emergency - Acute Food Insecurity scale - and Critical - Acute Malnutrition scale) and a large number of excess deaths. Excess mortality has been reported due to pre-existing poor health and nutrition status and high levels of acute food insecurity conditions of children and adults in the rural areas where access to food, health/nutrition, and WASH services remains highly inadequate. Likewise, there is extreme low vaccination coverage in Burhakaba rural districts.

Likewise, according to Multi partner technical report, worsening drought during the 2023 Gu (April-June) season could lead to another influx of newly displaced people to already crowded IDP settlements and urban areas, where food and income sources and levels of food assistance remain limited. Overcrowded IDP settlements with poor water and sanitation conditions would likely exacerbate current outbreaks of measles, acute watery diarrhea or other diseases, with rising cases mostly affecting children under five years of age, PLW, PWD, are often disproportional affected. These prolonged extreme conditions will result in excess cumulative death and these will continue unless further scale up in crucial sector such as Health is provided.

3. Description Of Beneficiaries

4. Grant Request Justification

SOS

CV with support of SHF is providing integrated protection, health and nutrition response, however due to Dense concentrations of IDPs in Burhakaba, its stretching the capacity of health/nutrition system to provide basic services in the IDP sites. This has resulted in a high level of background excess mortality in addition to spikes in mortality caused by outbreaks of measles and cholera.

As per the FRC report the growing needs of the newly drought displaced population in Bay region are immense and required urgent and appropriate humanitarian response; women, Elderly and children faced heightened risk and most effected. With worsening drought during the 2023 Gu (April-June) season, its projected that it could lead to another influx of newly displaced people to already crowded IDP settlements and urban areas, where food and income sources and levels of food assistance remain limited. Overcrowded IDP settlements with poor water and sanitation conditions would likely exacerbate current outbreaks of measles, acute watery diarrhea or other diseases, with rising cases mostly affecting children under five years of age.

Therefore,
SOS propose to upscale its health emergency response and mitigate the worsening humanitarian conditions of the drought affected communities in Bay region in particular Burhakaba district through strengthening and expand lifesaving multi-sectoral IERT health response packages for newly drought-displaced persons and vulnerable host populations

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

<table style="border-collapse:collapse;mso-table-layout-alt:fixed;mso-padding-alt:0cm 0cm 0cm 0cm" cellpadding="0" cellspacing="0" border="0" class="MsoNormalTable">
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 <p class="MsoNormal">The overall objective of this project is to provide emergency lifesaving Health services to drought affected IDPs and host communities through IERT with aim to reduce excess morbidity and mortality resulting from shocks of ongoing drought, diseases and .AWD/cholera in Burhakaba district o Bay region.</p>
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Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
To ensure access to safe, effective, equitable and inclusive humanitarian lifesaving and life-sustaining health services to the crisis affected population to 1,737,045 IDPs and 3,664,338 non-displaced population	SO2: Support 2.8 million people to sustain their lives and contribute to building resilience by the end of 2023	100

Contribution to Cluster/Sector Objectives :

This proposed intervention aim to ensure improved access to essential lifesaving health services as well as to strengthen early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner.

Outcome 1

Improved access to integrated emergency lifesaving essential health services (both primary and secondary health care services) and timely response to disease outbreaks such as AWD/cholera and measles among the drought and AWD/cholera affected vulnerable communities and IDPs in hard to reach areas in Burhakaba district of Bay region.

Output 1.1

Description

At least 20,000 drought affected people (women, girls, boys, men) have enhanced access to integrated lifesaving health cares including outpatient consultation ,treatment of common illness as well as proper case management and referrals.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health						10

Means of Verification :

<p>supply quotations, delivery note , reports
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Indicator 1.1.2	Health	# of children (<15y/o) vaccinated against measles			1,500	1,500	3,000
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Means of Verification :

EPI registers, reports , photos

Indicator 1.1.3	Health	HCW and community training: MHPSS (e.g. PFA, MhGAP-HIG)	0	0	0	0	20,000
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Means of Verification :

list of community health workers, reports

Indicator 1.1.4	Health						7
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Means of Verification :

List of items procured delivery notes ,

Indicator 1.1.5	Health	<p>Accessibility facility elements for people with disability and elderly </p>	0	0	0	0	10
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Means of Verification : <p>Photots, Monitoring reports and List of items/ materials</p>

Activities

Activity 1.1.1

Standard Activity : # of outpatient consultations

SOS will continue to ensure and expand access to comprehensive primary health care packages and through the support of two static health facilities and five mobile outreach services in Burhakaba district that extend patient care to populations that cannot currently easily access the static facilities. SOS will provide outpatient consultations (OPD U 5 and over 5) that include clinical diagnosis, basic laboratory confirmation, and communicable disease treatment as appropriate to 21,500 drought-affected populations (6,500 women, 5500 girls, 5500 boys, 4000 men) through two fixed health centres and 5 mobile outreach IERT teams including 2 additional sites in the rural villages plus supporting the 3 existing outreach sites/IDPs in Burhakaba district of Bay region. To expand the delivery of essential health and nutrition services to people in rural villages and hard-to-reach areas, SOS will deploy IERT mobile teams who will be engaged in regular service delivery by visiting the villages of Dacaar, Masusow, Aray, Awyaye, Balow, Waberi(IDPs), Howlwadag(IDPs) in Burhakaba district once per week following a regular schedule. The mobile IERT outreach interventions will be attached to fixed facilities in Burhakaba town and will receive clinical oversight from the facility's medical doctor as well as support with medical supply management and pharmaceutical administration. The mobile teams will conduct disease surveillance, which will be combined into the weekly WHO reports from the fixed facilities and uploaded to the DHIS2 database. The IERT Mobile team, consisting of qualified nurses, will go to IDP settlements and rural villages to provide health services, and proper case management and refer complicated cases such as severely ill patients to the MCH and Hospital in Burhakaba town. This project will sustain supporting the existing qualified frontline health workers in the Burhakaba district with a few additional staff to provide critical medical care and a comprehensive IMAM package to populations impacted by drought in the five targeted sites. SOS will closely work with community leaders and elders to facilitate access and security for the health workers, strengthen existing community-based structures for regular information sharing, and seek their support to deliver outreach services to the rural populations in hard to reach areas.

Activity 1.1.2

Standard Activity : Measles vaccination (children <15)

SOS will provide routine EPI services for immunization to 3000 children (1500 girls, 1500 boys) under 1 year of age on based on the recommended age schedule of MOH Somalia and the EPHS. Children in the hard-to-reach locations in the Burhakaba district including 10 accessible villages outside of the town will be reached through the IERT team. SOS has an agreement with MOH and UNICEF MOH to conduct immunization services in an effort to improve immunization coverage for both routine and SIAs. Children will also receive growth monitoring to determine their delays and regression qualified vaccinators and nurses at the static and mobile sites. Vaccine-preventable treatment including measles will be administered to 2000 under 1 year children to reduce the impact of deaths from vaccine-preventable infection. The children will also receive vitamin A supplementation to boost their immunity. The project will be implemented in Dacaar, Masusow, Aray, Awyaye, Balow, Waberi(IDPs), Howlwadag(IDPs) in Burhakaba district

Activity 1.1.3

Standard Activity : HCW and community training: MHPSS (e.g. PFA, MhGAP-HIG)

In collaboration with community members and local authorities, SOS will identify 15 community health workers (10 female & 5 male) and train them on disease surveillance & response, maternal/child health, proper case management and referral. The trained community health workers will organize community awareness and sensitization campaigns on key health topics such as safe motherhood initiatives, birth spacing, outbreak prevention health education and child health targeting community members. Each community health worker will reach 500 beneficiaries to improve health seeking behaviour of 20,000 drought-affected populations (2500 men, 2500 women, 2500 boys, and 2500 girls) in the Burhakaba district. In addition, the CHWs will provide hygiene promotion messages alongside key health topics during health education sessions. Patients attending the facility/mobile clinic or mobilized from the community by CHWs should attend health awareness sessions. In conjunction with these health educational sessions, community health workers will carry out household visits periodically. IEC materials will be disseminated and posted in public areas and healthcare facilities. In addition to distributing critical information regarding health and feedback mechanisms, health facilities will display basic, clear messaging in Somali regarding the GBV services available and referral paths. Messages on GBV, AAP and protection will also be incorporated into the daily health education programs.

Activity 1.1.4

Standard Activity : # of people served by medical supplies and medications

To ensure that our health care providers have important information needed for the prevention, diagnosis, treatment and disease management of vulnerable communities seeking treatment at our health centers, SOS CV will procure laboratory reagents and kits that will help the medical responding team to generate accurate and timely patients test result. This envisioned to play a vital role to improve the effective and efficiency of testing done in our clinical laboratories in the target district of Burhakaba. SOS CV will procure essential laboratory supplies and equipment for the 10 centres (3 fixed and 7 mobile sites) including the Burhakaba district hospital and will be transported to the project sites to ensure vulnerable women and children receive timely and quality health care services. the list of the items are attaches as BOQ

Activity 1.1.5

Standard Activity : Accessibility facility elements for people with disabilities and elderly

To ensure that the health facility is accessible to people with disability and elderly, the project will establish four gender segregated disability friendly toilets, procure 10 wheelchairs for elderly and ramps at within district hospital to ease the movement of person with disabilities. Likewise, considering low levels of education, literacy and self-confidence of persons with disabilities in rural locations , in particular PLW , girls and elderly may not be able to understand health education communication materials , the project will ensure to use simplified video health education message dissemination screen at the health facilities and use more images for ease understanding of person with disability.

on a need basis, the project will facilitate transportation of person with disability to health facilities using the ambulance.

Output 1.2

Description

Improved access to quality of sexual, reproductive and mental health services among 3,000 women child bearing age and victims of SGBV in hard to reach locations in Burhakaba district in Bay region.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of women provided with Basic and comprehensive obstetric care services 	0	3,000	0	0	3,000
Means of Verification : register, reports , photos							
Indicator 1.2.2	Health	# Health care staff trained	5	10	0	0	15
Means of Verification : training report , attendance sheet ,photos							
Indicator 1.2.3	Health		100	200	100	100	500
Means of Verification : Training report, list of beneficiaries, photos							
Activities							
Activity 1.2.1							
Standard Activity : Primary care - outpatient services							
<p>With the support of this project, SOS will strengthen the Burhakaba hospital's capacity to provide basic and comprehensive emergency obstetric care services to 3000 drought-affected women including new arrivals of IDPs. Antenatal care services comprising the prevention and treatment of minor pregnancy-related ailments, delivery preparation, maintaining follow-up visits, administering tetanus toxoid vaccine, and testing for anaemia, Syphilis, and HIV. PLWs will receive a standard dose of iron and folic acid or multiple micronutrients to prevent and treat iron deficiency anaemia. SOS will also provide skilled birth deliveries, postnatal care, child immunizations, and clinical management of rape.</p>							
Activity 1.2.2							
Standard Activity : # Health care staff trained							
<p>The project will support 8 days of training for the frontline health workers on BeMOC training for 15 health staff (10 women, and 5 men) . The training will strengthen the skills of healthcare personnel and community health workers including treatment methods in Burhakaba District. The newly recruited staff will be trained on the Somali treatment guidelines (STG) and BEmONC in order to diagnose, treat, monitor, and report common medical conditions in accordance with standard protocols and guidelines. as well as manage obstetric emergencies at multiple levels of care. This is intended to enhance the quality of service delivery and strengthen community connections to the health care system. Likewise, the project will also train Health workers in case management and clinical management of rape survivors lin burhakaba hospital districts. The training will empower the health workers to provide timely, effective and efficient CMR responses. This will ensure Burhakaba districts hospitals that will act as response model to provide comprehensive care to survivors of GBVS and provide medical and psychosocial services.</p>							
Activity 1.2.3							
Standard Activity : Integrated Mental health / psychosocial support services (MHPSS)							

With the increased global recognition of the importance of integrating Mental health and psychosocial support (MHPSS) in the delivery of humanitarian assistance to displacement and conflict-affected populations, the availability of mental health services has been a major challenge in Somalia, particularly owing to decades of protracted conflict, recurrent drought and displacements which led to nearly one in every three Somalis suffering from some form of mental health condition (WHO 2021). This has been identified as one of the key gaps in the ongoing SHF-3rd reserve-funded interventions in Burhakaba. Therefore, this scaled-up project will integrate mental health services into the healthcare facilities which will provide quality and accessible mental health and psychosocial support services (MHPSS) thus improving the overall well-being of children and women exposed to trauma and mental illness. The Integration of MHPSS services into healthcare facilities will offer individual, family and caregiver support while promoting social cohesion in communities. During the project phase, 500 people (100 men, 200 women, 100 boys and 100 girls) will be reached with basic MHPSS services and referral to protection cluster partners and other services providers for additional support.

Additional Targets :

M & R

Monitoring & Reporting plan

The M&E sector-specific teams will build on previous and ongoing project to meet the information needs and to ensure data quality through ground up and build in checks and quality assurance mechanism. The ME team will compile quarterly activity reports which will feed into an indicator tracking system to monitor the progress of implementation. The team will monitor quality and progress of project implementation based on the indicators and means of verification described in log frame and regularly report segregated project progress data.

SOS CV will use CRFM hotline where the target groups can express their concerns and complements on the services provides. All grievances and appeals received are delivered to MEAL system for further processing and follow-up. At community level, project activities and outcomes will be jointly supervised and monitored by the project beneficiary groups and the local project staff on a regular basis as an integral part of the implementation process.

Workplan

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

Accountability to Affected Populations

The project will use a participatory approach by closely working with the host communities, IDPs, community leaders, volunteers and existing community committees for a successful implementation of the project interventions that consider the views and opinions of local stakeholders. The drought-affected communities will be engaged as a key partners in providing essential information, such as identifying areas that are in need, providing feedback on the program, and encouraging buying from potentially resistant local entities. we encourage the participation of women in the decision-making process by engaging with women leaders and men. Caretakers and key figures will be regularly informed about the progress of the project and requested to participate in discussions and contribute to providing feedback for the improvement of the project. Direct involvement of the targeted beneficiaries will be integral in ensuring that the interventions are appropriate and reach the most vulnerable.

Implementation Plan

SOS CV is active programming in the proposed districts with full fledged offices and staff. SOS CV is operating with two fixed facilities and three mobile/outreach sites that have main access to one-third of the district currently accessible. Furthermore SOS managing the main district hospital of Burhakaba with key health staffs.

Therefore, SOS has the experience and the capacity to undertake the proposed intervention in effective and efficient manner. SOS Using local com

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

Justify Chosen Gender Marker Code**Protection Mainstreaming**

SOS CV recognizes differences in vulnerabilities and needs faced by women, men, girls, boys, pregnant and lactating women, the elderly, persons living with disabilities, as well as other socio-demographic groups. In response, SOS CV strongly encourages the direct participation of all groups within processes of program design - through direct assessments conducted in target locations - as well as during project implementation. Throughout SOS CV's activities for this project, gender and protection will be mainstreamed, with a special focus on targeting and supporting vulnerable groups including women, girls, people with disabilities and the elderly. SOS CVs is accountable to children and its beneficiaries; therefore, it ensures that its programmes are safe for children, women and its beneficiaries. In the project implementation, the SOS CVs CP policy will be applied by all staff and community workers, contractors and everyone with formal engagement with the organization. Beneficiaries will also be made aware of the protection policy and use of the CRM and will be encouraged for reporting any form of harm and Prevention of sexual exploitation and abuse that could arise from implementing this project.

Country Specific Information**Safety and Security****Access**

The project will create access to beneficiaries through multiple layers e.g., Conducting community mobilization and sensitization where community members-beneficiaries and non-beneficiaries will be actively involved in the project. Clear beneficiaries' selection criteria will explicitly be set, explained, discussed and endorsed to the community members so that all vulnerable population groups will be taken care of to participate in the project interventions. A proper site selection assessment will be conducted to map the access challenges for the varied target groups. The project leadership would ensure ramps are available for disabled persons to access services at the facility. On a need basis, the project will figure out to scale up outreach services in case the stakeholder feedback outline that services access is hindered by distance to the static facility and vulnerability of the subject population earmarked for outreach services.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Project coordinator	D	1	2,500.00	12	100.00	30,000.00
	<i>The Project coordinator has the overall responsibility of ensuring quality implementation and timely reporting of the project activities and provides technical and managerial support to the project staff by building their skills and knowledge, managing supplies effectively, and strengthening coordination and collaborations with the Health Cluster partners, MOH, local authorities and other cluster partners (Nutrition, Food Security, WASH, Protection) operating in Burhakaba district. In addition, the Project Coordinator will fully dedicate his/her time and efforts to the delivery of quality and integrated services thus will devote his time to the project fully. The unit cost is \$2,500/month and SHF will cover 100% over the life of the project.</i>						
1.2	Medical doctors for BEMOC/CEMOC	D	2	1,000.00	12	100.00	24,000.00
	<i>Doctors (1 BEMOC/ 1CEMOC) will be responsible in the implementation of the health component of the project and will routinely be involve in all key activities of the project, They will do consultation for patience and facilitate capacity building and any support that is needed by the health staff. The unit cost is \$ 1000 monthly and SHF will contribute 100% over the life of the Project .</i>						
1.3	Mid wife	D	6	400.00	12	100.00	28,800.00
	<i>6 midwives will provide preventive, promote and curative care to pregnant women and lactating women (antenatal and postnatal care and assistance during deliveries), recognize pregnancy related risks and refer cases in needs of CEmOC services. The unit cost is \$400/months each for a period of 6 months. SHF will contribute 100% over the life of the project.</i>						
1.4	Auxiliary nurse	D	6	300.00	12	100.00	21,600.00
	<i>6 Auxiliary Nurses - (100% of their time) will support the day to day operations of the hospital and unit cost is \$300 each/month. Staff will work in shifts to ensure 24/7 service delivery</i>						
1.5	Vaccinator	D	3	200.00	12	100.00	7,200.00
	<i>The 3 Vaccinators will be responsible for routine immunization activities. The unit cost is \$ 200 per month for 12 months. SHF will % of their time over the life of the project.</i>						

1.6	Pharmacist	D	2	300.00	12	100.00	7,200.00
	<i>2 Pharmacist will be dedicated to the project. He/she ensure proper management and dispensing of medical drugs to patients following prescriptions from the doctor. The unit cost is \$ 300 per month for 12 months. SHF will contribute 100% of this time over the life of the project.</i>						
1.7	MHPP Nurse	D	2	400.00	12	100.00	9,600.00
	<i>2 Mental Health Nurse will be recruited to organize and conduct MHPSS sessions for men,women and children in targeted locations in Burhakaba. 1 Nurse per fixed facility. The sessions will conducted within the health facility. The unit cost is \$ 400 per month for 12 months. SHF will contribute 100% of this time over the life of the project.</i>						
1.8	Nurse	D	5	400.00	12	100.00	24,000.00
	<i>5 Qualified Nurses - (100% of their time) will perform day to day work in the provision of primary health services to children and mothers including new arrivals of IDPs in the targeted health facilities (both fixed and mobile). The qualified nurses are critical health workers for the provision of medical treatment including ANC/PNC and support the outpatient consultation services to mothers and children. The Nurses will be deployed across the target sites to ensure availability of continuous health services to drought affected vulnerable children and women. The unit cost is \$400 each per month and SHF will cover 100% for this project.</i>						
1.9	Lab technician	D	2	350.00	12	100.00	8,400.00
	<i>Laboratory Technician 2 – (100% of their time) will be responsible for collecting, receiving, labeling, and/or analyzing samples of the patiente, and testing in line with standard testing procedures, recording observations, and interpreting findings. The unit cost is \$350/month.</i>						
1.10	Community Health worker (Health/Hygiene)	D	20	100.00	12	100.00	24,000.00
	<i>20 CHWs will responsible for active case finding, referral and follow-up and tracing defaulters, attached to Health team. 20 Community/Health/Hygiene- Volunteers will be recruited. They will receive \$ 100 per month for 12 months and SHF will contribute 100% over the life of the project</i>						
1.11	Logistics Officer	D	1	1,365.00	12	30.00	4,914.00
	<i>Logistics Officer will be dedicated to the project 30%.He will be responsible for day to day logistical support for this project, maintaining the inventory of supplies purchased under this project as well as organizing transport for project staff. The unit cost is \$1365 and SHF will contribute 30% over the life of the project.</i>						
1.12	HR Officer	D	1	1,400.00	12	30.00	5,040.00
	<i>The Human Resource officer will be responsible for supporting the project in recruiting staff the staff, capacity building for staff to ensure they are able to perform there duties effectively and efficiently and performing other HR functions. . The unit cost is \$1400 and SHF will contribute 30% over the life of the project.</i>						
1.13	M& E Officer	D	1	1,400.00	12	30.00	5,040.00
	<i>The Monitoring and Evaluation officer based in Baidoa will be responsible for the day to day implementation of the Monitoring and Evaluation plan. He will be responsible for setting up the accountability mechanisms and conducting routine monitoring. The unit cost is \$1,400 and SHF will contribute 30% over the life of the project.</i>						
1.14	Security Officer	D	1	1,400.00	12	30.00	5,040.00
	<i>Security officer will support the project team in assessing security situation, provide security update, regularly monitor staff safety and ensure project implementation is done in a secure manner. The unit cost is \$1400.he will dedicate 30% of his time to the project.</i>						
1.15	Facility in charge	D	1	1,000.00	12	100.00	12,000.00
	<i>The Facility in charge will be directly responsible for the facility teams and will be supervising them on a day to day basis ensuring the team adheres to protocol and produces the daily/weekly health site reports. The unit cost is \$1000.00 for 12 months and SHF will contribute 100%.</i>						
1.16	Store keeper	D	2	300.00	12	100.00	7,200.00
	<i>2 storekeeper will be tasked to manage the facility store and will be responsible managing medical/nutrition supplies of the project .The unit cost is \$300/month for 12 months and SHF will contribute 100%.</i>						
1.17	Security guard	D	5	150.00	12	100.00	9,000.00
	<i>5 Facility watchkeepers will be responsible for the daily security situation of the SOS facility and will be vigilant on the community dynamics to ensure that the security situation is up to date and inform the project lead team. They should be familiar with the dynamics of the area in relation to the security matters. Security will work on shift basis day and night. unit cost each is \$150 per month.SHF will pay 100% of their salary.</i>						
1.18	Cleaners	D	5	150.00	12	100.00	9,000.00
	<i>5 cleaners facilities _(100% of their time) will provide cleaning services and ensure the working environment is clean. The unit cost is \$ 150 per month each and SHF will contribute 100% over the life of the project.</i>						
1.19	Finance Officer	D	1	1,470.00	12	30.00	5,292.00

	<i>Finance Officer will dedicate 30% of effort to the project. He will be responsible for processing payments related to this project, budget monitoring and preparing financial report. The unit cost 1,470 and SHF will contribute 30% over the life of the Project.</i>						
1.20	IPD Manager	D	1	4,000.00	12	21.25	10,200.00
	<i>The Institutional Partnerships and Development Manager will be responsible for ensuing donor compliance, coordinating the reporting process, reviewing the Narrative reports against financials, timely submission of reports. The unit cost is \$4,000. He shall dedicate 20% of his time to the project quality implementation.</i>						
1.21	GBV Nurse	D	2	400.00	12	100.00	9,600.00
	<i>2 GBV nurse, will perform treatment of identified persons with GBV related cases at the sites and provide the treatment/refer cases that need referral to health facilities. The unit cost is \$400 per month and SHF will contribute 100% over the life of the Project.</i>						
1.22	Data clerk	D	1	250.00	12	100.00	3,000.00
	<i>1 Data clerk will be responsible for all project related data ensuring proper entry of beneficiary data into the registers and timely reporting. The Data Clerk will be accountable for proper storage and filling of the project records. The Data Clerk will play a critical role for the smooth data administration, storage and timely reporting. The unit cost is \$250 per month and SHF will contribute 100% over the life of the Project for 1 Data Clerk.</i>						
	Section Total						270,126.00
2. Supplies, Commodities, Materials							
2.1	Provide health cards, registers and medical prescriptions	D	1	4,466.67	1	100.00	4,466.67
	<i>printing of health cards, registers and medical prescription. BOQ attached..</i>						
2.2	Hand washing and cleaning materials for hospital beneficiaries	D	1	4,760.00	1	100.00	4,760.00
	<i>SOS will procure handwashing and cleaning materials for Hospital See attached BOQ . The total cost will \$4,760.</i>						
2.3	Develop simplified disability friendly videos for health education message dissemination	D	1	5,500.00	1	100.00	5,500.00
	<i>the project will ensure a complete simplified video is developed for health education message dissemination at the health facilities and use more images for ease understanding of person with disability. see BOQ attached.</i>						
2.4	Print out IEC materials for Staff & CHWs, RCCE and IYCF promotion sessions(Visibility & IEC materials), wall protocols	D	1	3,160.00	1	100.00	3,160.00
	<i>Print out IEC materials for Staff & CHWs, RCCE and IYCF promotion sessions(Visibility & IEC materials), wall protocols. Total cost will be \$3160 See attached BOQ</i>						
2.5	Provision of essential Pharmaceuticals and medical supplies	D	1	57,651.11	1	100.00	57,651.11
	<i>Procurement of Provision of essential Pharmaceuticals and medical supplies. Total cost will be \$57,651.11 .see attached BOQ</i>						
2.6	Clean drinking water benefacaries IERT mobile teams	D	1	3,600.00	1	100.00	3,600.00
	<i>Monthly clean drinking water cost (estimated @ 150 per site. Total: \$150*2*12</i>						
2.7	Training for Health frontline staff	D	1	3,711.00	1	100.00	3,711.00
	<i>IMCI training will be conducted. It is designed to improve child health and It focuses on the care of children under five, not only in terms of their overall health status, it reduces missed opportunities for early detection and treatment of diseases that can escape the notice of both parents and health workers. 5 days initial training followed by 3 days refresher will be conducted since the project is 12months to ensure the team are well capacitated IMCI incorporates a strong component of prevention and health promotion as an integral part of care IMCI training will Improve the performance of health workers for in the prevention and treatment of childhood diseases, the training will increase the knowledge and abilities to evaluate and integrate the status of child health and detect the diseases or problems frequently affecting children under five years. IMCI training will focus on Childhood Infectious Diseases that hindered many more under five children life's before the age of five years.</i>						
2.8	Integrated community case management (iCCM) training for CHWs	D	1	3,691.00	1	100.00	3,691.00
	<i>Integrated Community Case Management (iCCM) is a strategy to train, support, and supply community health workers (CHW) to provide diagnostics and treatment for multiple illnesses specifically pneumonia, diarrhea, and malaria for sick children of families with difficult access and life hard to reach areas to case management at health facilities. 5 days initial training followed by 3 days refresher will be conducted since the project is 12months to ensure the team are well capacitated CHWs will perform these services at home visit time. After training CHWs will be able to diagnose and treat these three diseases at community level.</i>						
2.9	BEmONC training	D	1	3,691.00	1	100.00	3,691.00

	<i>Basic Emergency Obstetrics and newborn care BEMoNC) training to health care workers improve access to quality of sexual, reproductive health services to women child bearing age. 5 days initial training followed by 3 days refresher will be conducted since the project is 12months to ensure the team are well capacitated. The BEMoNC training will be conducted in collaboration with the Ministry of Health, this training is intended to build the capacity of health workers to provide timely and effective emergency obstetric and newborn care. The training will package will cover support safe motherhood that includes.. 1. Promote antenatal care. 2. Support planning for safe motherhood. 3. Support planning for obstetric emergency. 4. Support community to respond to obstetric emergency.</i>						
2.10	Airlifting cost for essential Medical supplies/Equipments	D	1	30,314.96	1	100.00	30,314.96
	<i>Airlifting cost for essential Medical supplies (from Mog- Baidoa). Total cost will be \$30314.96. see attached BOQ</i>						
2.11	Road transportation cost for Medical supplies/Equipment	D	1	7,920.00	2	100.00	15,840.00
	<i>Transportation of Supplies from Baidoa to Burhakaba via road. Due to safety, total of 4 trips is planned. Total cost \$7920.see attached BOQ</i>						
2.12	Procure Laboratory reagents and kits	D	1	6,240.00	1	100.00	6,240.00
	<i>Laboratory reagents will be procured for the project. See attached BOQ</i>						
2.13	Integrated Mental health / psychosocial support services (MHPSS)	D	1	2,331.00	1	100.00	2,331.00
	<i>See attached BOQ</i>						
2.14	Establishment of disability freindly toilets	D	4	1,000.00	1	100.00	4,000.00
	<i>See attached BOQ</i>						
2.15	Construction of Ramps	D	4	1,200.00	1	100.00	4,800.00
	<i>The project will establish 4 ramps at the health facilities to ensure accessibility for person with disability and elderly.see attached BOQ</i>						
	Section Total						153,756.74
3. Equipment							
3.1	procurement of Medical equipment	D	1	17,793.76	1	100.00	17,793.76
	<i>Procurement of Medical Equipment's- See attached BOQ</i>						
3.2	procurement of wheel-chairs	D	10	250.00	1	100.00	2,500.00
	<i>BOQ</i>						
3.3	procurement of cratches	D	10	50.00	1	100.00	500.00
	<i>BOQ</i>						
	Section Total						20,793.76
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
5. Travel							
5.1	IERT vehicle Hire - 2 @\$1800 for 12 months for IERT teams	D	2	1,800.00	12	100.00	43,200.00
	<i>The costs constitute monthly costs for hiring 2 vehicle in Burhakaba to be used by the 2 IERT team during the project implementation. Rates based on prevailing market rates. The unit cost per month is \$1800 each and SHF will contribute 100% for 12 months over the life of the Project.</i>						
5.2	Ambulance Hire (Transportation for referral cases)	D	1	1,800.00	12	100.00	21,600.00
	<i>Transportation/ambulance services will be arranged for children to be transferred communities to the health centre/Hospitals. The transportation services will be that referral cases receive comprehensive health services from the mobile sites to referral Main hospital and health centres. The ambulances will have a nurse and equipped emergency bed each in cases of emergency and during referrals. The cost of hiring an ambulance vehicle is \$1800 for 12 months. SHF will contribute 100%.</i>						
5.3	Project monitoring and supervision	D	1	4,000.00	1	100.00	4,000.00

	<i>Travel for the 2trips for 2 Program,1 MEAL,1 Finance team, 4 trip from Mogadishu-Baidoa/Burhakaba-Mogadishu for Kick off meetings, program review meetings/Monitoring and close out of the project.see attached BOQ "</i>									
	Section Total									68,800.00
6. Transfers and Grants to Counterparts										
NA	NA		NA		0	0.00		0	0	0.00
	NA									
	Section Total									0.00
7. General Operating and Other Direct Costs										
7.1	Contribution to office Rent		D		1	6,000 .00		12	25.00	18,000.00
	<i>This covers contribution to office rent for Baidoa location Office and National office. The total estimated cost is \$6,000 and SHF will contribute 20% over the life of the Project. The offices will support the project activities. The National Office will host program review meetings, kick off meetings, close out meetings and budget variance meetings which will be held in this particular office While Baidoa Office will host Nutrition teams and Area support /location management staff.</i>									
7.2	Contribution to office Utilities (Water/Electricity)		D		1	4,000 .00		12	25.00	12,000.00
	<i>This Covers contribution to office utilities (electricity, water running cost.) for Offices in Baidoa, National office and Burhakaba facility. The total estimated monthly cost is \$4000 and SHF will contribute 24% over the life of the Project.</i>									
7.3	Contribution to Bank Charges		D		1	300.0 0		12	100.00	3,600.00
	<i>This is intended to facilitate bank charges for the transfer of Project funds from SOS CVI and also facilitate charges related to local transactions of project expenses including staff salaries/supplier payments etc through the life of the project. Total estimated monthly charges is \$300.SHF Contributes 100% through the life of the project</i>									
7.4	Office Stationery/Cleaning materials		D		1	2,057 .05		12	25.00	6,171.15
	<i>This will cover the cost of office supplies for the office in Baidoa and National Office which will be used by the project team when printing TORs for documentation, training attendance sheets, work plans and monthly reports. The unit cost is \$ 2057 and SHF will contribute 25%. See BOQ attached</i>									
7.5	Communication (internet and Airtime)		D		1	2,500 .00		12	25.00	7,500.00
	<i>This covers Internet and Telephone cost to support the daily implementation and reporting of project activities in both locations and at National office. Communication cost includes cost for telephone charges for key project staff.it also further facilitates cost incurred in feedback reporting mechanisms.SHF will contribute 25% of the total estimated \$2750 costs through the life of the project</i>									
	Section Total									47,271.15
SubTotal						122.00				560,747.65
Direct										560,747.65
Support										
PSC Cost										
PSC Cost Percent										7.00
PSC Amount										39,252.34
Total Cost										599,999.99

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Somalia > Bay > Buur Hakaba > Abaawle (1)	10.00000	0	0	0	0		H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:
Somalia > Bay > Buur Hakaba > Abaawle (2)	10.00000	0	0	0	0		H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:
Somalia > Bay > Buur Hakaba > Aw-Ooyoow	10.00000	0	0	0	0		H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:

Somalia > Bay > Buur Hakaba > Balow	10.00000	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:
Somalia > Bay > Buur Hakaba > Buulo Massib	10.00000	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:
Somalia > Bay > Buur Hakaba > Buur Hakaba/Wadajir	10.00000	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:

Somalia > Bay > Buur Hakaba > Buurey-Deerow	10.00000	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:
Somalia > Bay > Buur Hakaba > Isneeb	10.00000	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:
Somalia > Bay > Buur Hakaba > Qardale	10.00000	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.2: H: Activity 1.1.3: H: Activity 1.1.4: H: Activity 1.2.2:

Somalia > Bay > Buur Hakaba > Sool	10.00000	0	0	0	0	H: Activity 1.1.1:
						H: Activity 1.1.2:
						H: Activity 1.1.3:
						H: Activity 1.1.4:
						H: Activity 1.2.2:

Documents	
Category Name	Document Description
Budget Documents	Health BudgetReport_CBPF-SOM-23-S-INGO-25110.xls
Budget Documents	BudgetReport_CBPF-SOM-23-S-INGO-25110-Revised.xls
Budget Documents	BudgetReport_CBPF-SOM-23-S-INGO-25110-Revised.xls
Budget Documents	BudgetReport_CBPF-SOM-23-S-INGO-25110-Revised.xls
Grant Agreement	GA SOS 25110 _HC signed.pdf
Grant Agreement	GA SOS 25110 _HC signed -SOS Sign.pdf