OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	World Vision Somalia
Allocation Type :	Reserve 2016

Primary Cluster	Sub Cluster	Percentage
Health		100.00
		100

Project Title :	Increased access to primary healthcare essential services and immunization support for drought affected communities in Nugaal Region
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-16/2470/R/H/INGO/2500
Cluster :		**Project Budget in US$:**	253,678.28
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	15/05/2016	**Planned End Date :**	15/11/2016
Actual Start Date:	15/05/2016	**Actual End Date:**	15/11/2016

Project Summary :

This project seeks to enhance access to essential life-saving health services (through medical consultations, EPI services, and health education sessions) in Garowe (inclusive of Dangorayo) and Eyl Districts through 3 mobile teams which will target a total of 36 sites. Provision of safe motherhood services (Antenatal care, postnatal care to pregnant and lactating mothers during the mobile outreach program, and awareness rising on health, hygiene and EPI (Community Mobilization and Sensitization Campaign and Work with media (radio, TV, Newspaper) to spread information about health prevention & hygiene messages). These will contribute to avoiding avoidable morbidity and mortality.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
3,657	12,164	13,700	13,701	43,222

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	13,700	13,701	27,401
Pregnant and Lactating Women	0	6,850	0	0	6,850
Other	3,423	5,134	0	0	8,557
Trainers, Promoters, Caretakers, committee members, etc.	234	180	0	0	414

Indirect Beneficiaries :

The indirect beneficiaries will be the village populations who are not directly supported by the mobile teams during this project, as they were not sick nor needed vaccines or were pregnant/post natal. This represents 167,562 people within the 36 villages.

Catchment Population:

Through the targeted mobile teams 36 villages will be targeted, hence representing the catchment of this project. Through the mobile teams 60% of the targeted district populations will be targeted (Total Population --Garowe: 246,720; Dangorayo: 24,132 and Eyl: 81,033), which totals to 210,784 people (Garowe: 148,032, Dangorayo: 14,132 and Eyl: 48,620).

Link with allocation strategy :

This project seeks to enhance access to essential life-saving health services, increase coverage for, Immunization, promote Health education, and nutritional support for improved health outcomes of the target population. These will contribute to avoiding avoidable morbidity and mortality.

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
Hannah McLafferty	programme Officer	hannah_mclafferty@wvi.org	+254-787.685.418

BACKGROUND

1. Humanitarian context analysis

Despite above average rainfall in Somalia overall due to the El Nino conditions (increased and prolonged rainfall that surpasses the normal expected rains), many parts of Puntland and Somaliland currently face drought due to water shortages (Somalia Humanitarian Snapshot, 12 February 2016). Puntland has missed two rainy seasons and this dry season (Jilaal) has hit exceptionally hard. Many parts of Puntland and Somaliland, including Nugaal region of Puntland (target location for this project) are Crisis (IPC Phase 3) while some parts of Bari in Puntland, Sanaag, Sool, Woqooyi and Awdal in Somaliland are classified as Emergency (IPC Phase 4). Most of rural and pastoral settlements continue to face severe water shortage, especially those settlements that depend on Berkads. Water shortages affect personal consumption, while also impacting crop and livestock production. More than 70% of the population currently lack access to clean drinking water. Additionally, the cereal harvest is at a low – in the Northwest Agropastoralist livelihood, it is 87% lower than the five year average (2010 -2014). Water scarcity for animals has also resulted to loss and reduced health of livestock which has had direct consequences in reduction of milk production. One of the main causes of malnutrition is the frequency of and lack of dietary diversity in meals. Of the approximately 510,000 drought affected people in Somaliland and Puntland (215,000 in Puntland), 304,700 of them are children who are acutely malnourished (representing 12% of the total population of children under 5). The Nutrition Cluster estimates that 23,000 children under the age of five in Puntland are acutely malnourished (Interagency Drought Assessment in Puntland Report, 2015). Malnutrition rates in hard hit areas have doubled to 18% GAM, which has resulted in a steady increase in caseloads of malnourished children admitted into nutrition centers in Puntland since July 2015. As a result of the ongoing drought, the Puntland President sent out an appeal on 5 February 2016 to respond to the drought emergency affecting several regions including Nugal, Bari, Karkaar, Sanaag, and Sool. It is assumed that these conditions will maintain at least through mid-2016, which will result in a worsening of the current nutritional situation.

2. Needs assessment

Reduced funding for health sector in Somalia has seen increased loss of access to healthcare in Somalia in the past two years. As of end of 2015, 61% drop in funding for the health sector was witnessed, compared to the situation 3 years before (Somalia NGO Consortium press release, 22nd February 2016). As of January 2016, approximately 10 hospitals are reported to have closed or curtailed services across the country (ibid). Under-five and maternal mortality remains high, with one out of every seven Somali children dying before the 5th birthday (UNICEF Somalia, 2015). Child mortality rate stands at 137 deaths/1,000 live births (ibid). According to WHO, 3.2 million people are in need of urgent access to minimum health services in Somalia due to poorly resourced and inequitably distributed health care system (WHO, 2015). Immunization coverage for measles is at 46% country wide while maternal mortality rate stands at 850 deaths per 100,000 live births (Ibid).

3. Description Of Beneficiaries

This responses will target the populations of 36 villages, with a specific focus on children and pregnant/ post natal mothers. These 36 villages will contain both IDPs and host population, with the majority of IDPs in Garowe District. Children U5 will be targeted for Out Patient Department Consultation and EPI. Pregnant and post natal women will be especially targeted for EPI and maternal health services (ANC, PNC). The remaining patients over 5 (others catagory in the beneficiary table) will be targeted through the OPD consultations. With the limited humanitarian aid available in this district, World Vision plans to target some of the most vulnerable and remote communities that have effected by drought. Additionally, the project will target 234 health care providers (nurses, registers and CHWs) -- the nurses and registers for the mobile teams will be seclected with support from the Ministry of Health as they are seconded from the MoH and the CHWs will be selected by WV with support from the Village Health Committees.

4. Grant Request Justification

Adding on to the prevalent health challenges in Puntland, the impact of the current drought is expected to become more apparent in the coming months as health funding reduces. Shrinking of water sources has piled pressure on the limited available sources by both human and animal is likely to contribute to more water related diseases, a direct consequence of the drought on the population health outcomes. Reduced water levels is likely to create higher concentration of pathogens and thus the population is likely to be exposed to a minimum infective dose. The consequence will be increase of diseases such as amoebiosis, hepatisis A, Salmonellosis, Schistosomiasis. To fill existing gaps in health services provision and mitigate the above drought related health risks, World Vision will continue to intervene with health programs. The proposed intervention will target Garowe and Eyl districts. It seeks to scale up the existing programme by adding one extra mobile team in Eyl district and also establishing two mobile team in Garowe/Dangoroyo district.

5. Complementarity

As a humanitarian and development organization, World Vision supports both short-term and long-term interventions for vulnerable communities through layering and sequencing to enable them withstand setbacks such as extreme weather events or outbreaks of violence. The long term engagement allows WV to work closely with communities, build relationships and provide and a good opportunity to layer programming from different sectors, and gradually build on previous experience in project implementation targeting the same beneficiaries and integrating beneficiary feedback project design to maximize on multisector, multi-projects synergy. In Eyl, through funding from Irish Aid WV supports the EPHS service provision through fixed facilities and mobile teams. Additionally, WV supports Nutrition (OTP and TSFP), WASH, Protection and Livelihood programming in the district. Additionally, in Garowe, WV is the primarily implementer of the EPHS supporting several health facilities and a mobile team with funding from UNICEF, along with WFP TSFP and MCHN. The WFP Nutrition program is also implemented through out Dangorayo. To respond the drought hit areas in Eyl and Dangoroyo district of Puntland, in Nugal region, World Vision will compliment the ongoing programming with increased health services, particularly through increased mobile teams interventions. WV will scale up the existing capacities by adding one extra mobile team in Eyl district and also establishing two mobile team in Dangoroyo district. This project will complement WV existing health projects, to fill the health gaps exposed by the current drought stress and bolster the community ability to bounce back better.

LOGICAL FRAMEWORK

Overall project objective

Improved health outcomes, through increased coverage of essential services, including OPD, EPI and nutrition, and improve parental health seeking behaviours through health education

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	Somalia HRP 2016	100

Contribution to Cluster/Sector Objectives : This project seeks to enhance access to essential life-saving health services through medical consultation for OPD U5 and over 5 and treatment of illnesses such as diarrhea, RTI, UTI skin diseases etc , Immunization, Health education, Referrals, providing ANC and PNC for PLW. These will contribute to avoiding avoidable morbidity and mortality.

Outcome 1

Reduced vulnerability of crisis-affected people, especially women and children.

Output 1.1

Description

Target beneficiaries have increased access to primary healthcare services

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Incentive for Health workers

60 health workers, including 9 nurses, 3 registers and 48 Community Health Workers (CHWs) will be provided with incentives through this project. This will allow for the mobilization of 3 mobile teams -- two for Garowe District (inclusive of Dangorayo) and one for Eyl District. Each mobile team will comprise of 1 nurse, 1 auxiliary nurse and 2 registers. These mobile teams will provide Outpatient Department (OPD) services to all members of the community (with a focus on women and children), Immunizations for children under 5 years of age (U5) and women of the childbearing age (WCBA), and maternal health services) for pregnant and post-natal mothers.

The nurses, auxiliary nurses and registers will be seconded from the Ministry of Health.

Each mobile team will target 12 villages, which will be visited bi-weekly. In each target community, there will be 2 CHWs who will mobilize the communities in preparation for the mobile team visit to ensure that the most vulnerable and affected households are getting the services they need.

Activity 1.1.2

Standard Activity : Primary health care services, consultations

It is estimated that each nurse (clinician) will conduct on average 57 consultations/day (working 6 day/week) -- each mobile team will have 2 nurses--- resulting in 49,248 OPD and maternal health consultations through the life of the project. Of these, 27,401 consultations will be for children under 5, 8,557 consultations will be for sick patients over 5 years of age, and 13,700 will be for pregnant/ post natal women. The mobile team will visit each village biweekly. The outpatient department services will be provided to all members of society, with a particular focus on Children U5 and Pregnant women. For pregnant and post-natal women the following services will be provide: ANC & PNC (where a private room is available), identification and referral of at-risk mothers, prevention and treatment of anemia, deworming and family planning. When referrals are needed, due to the presence of risk, patients will be referred to the referral health center in Garowe and the Hospital in Eyl, where a doctor and inpatient care is available. Additionally, all pregnant mothers will be encouraged to travel to the closest health center for delivery services, when available referral transport will be provided.

The majority of the supplies will be provided by UNICEF and World Vision Gift-in-Kind for the implementation of this project, but a small line has been established for the purchase of medical supplies to ensure that there are no supply shortages, which could result in stopped service provision.

The CHWs will play an important role in referring sick patients, children who need immunizations and pregnant/post-natal mothers from their respective villages to the mobile team on the day of the visit. The community mobilization will be essential in ensuring that the vulnerable communities within the targeted villages are receiving the necessary support.

Activity 1.1.3

Standard Activity : Awareness campaign

The CHWs, the District Health Boards, the Village Health Committees, and the mobile teams will play an important role in building awareness, through health education, within the targeted communities. While the Village Health Committees, with the support of the District Health Boards, will provide health education at the village level, while the CHWs will conduct health education at the household level and the mobile teams will conduct health education with the patients attending the mobile site for service provision. Through their respective trainings the different entities will be given the necessary tools to be able to conduct the awareness raising on health danger signs for women and children. This will be essential in ensuring that vulnerable populations are seeking the necessary services.

It is estimated that during the duration of the project there will be 432 health education sessions conducted (one sessions per mobile team per mobile site per week).

Additionally, radio messages (1 message x day x 4 weeks) will be aired within the targeted communities and the Ministry of Health will conduct talk shows on television (once per month x 6 months). These public announcements will play an essential role in getting the whole district to attend health services and will complement the engagement of CHWs and Village Health Committees

Activity 1.1.4

Standard Activity : Hygiene promotion

Much like Activity 1.1.3 (Health education), hygiene education will be done at the household through CHWs, the communities through the Village Health Committees and the District Health Boards, and through patients who visit the mobile site. Topics around importance and proper hygiene practices will be incorporated within the trainings of the targeted promotion providers. Hygiene promotion sessions will be essential in ensuring proper hygiene at the household level for disease prevention.

It is estimated during the duration of the project, there will be 432 health education sessions conducted (one session per mobile team per mobile site per week).

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Health	Number of incentives paid monthly to CHWs and MoH Nurses & Registers					60
Means of Verification : Payment lists Payment verification							
Indicator 1.1.2	Health	Number of consultations per clinician per day by Health facility					57
Means of Verification : OPD Register OPD Monthly Summary Project Reports							
Indicator 1.1.3	Health	Number of mass media messages projected through TV or radio					34
Means of Verification : Reports from TV Agencies Transcript of Radio Announcement Receipts of Payment for TV and Radio							
Indicator 1.1.4	Health	Number of Hygiene Education Sessions conducted					432
Means of Verification : Health Education Register Project Reports							

Output 1.2

Description

Immunization services utilized by CBAW and children U5

Assumptions & Risks

Activities

Activity 1.2.1

Standard Activity : Immunisation campaign

14,136 patients (8,444 children under 1 year of age, 5,692 WCBA) will be vaccinated during the duration of the project. The mobile teams will provide EPI services including pentavalent, BCG, OPV, and measles vaccines for children U5, with a focus on children under 1 year of age, and TT vaccines for women of the child bearing age, with a focus on pregnant mothers. The vaccines will be received from supported cold chains in each district. Each vehicle will have the necessary portable cold chain system, according to their mobile team plan, to ensure active vaccines are available at each site.site.

Activity 1.2.2

Standard Activity : Awareness campaign

Much like Activities 1.1.3 and 1.1.4, the health education for EPI will be provided by the CHWs, the Village Health Committees and the mobile teams. These education sessions will be critical for ensuring that the appropriate EPI schedule is followed for children U1 and women of the childbearing age and for breaking myths within the communities around immunizations. It is estimated that during the duration of the project, there will be 432 health education sessions conducted (one session per mobile team per mobile site per week).

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					14,136
Means of Verification : EPI Register HMIS data Project Reports							
Indicator 1.2.2	Health	Number of EPI Education Sessions conducted					432
Means of Verification : Health Education Register Monthly Project Reports							

Output 1.3

Description

Health actors have increased capacity to provide basic health care and EPI services

Assumptions & Risks

Security situation allows access to target communities;

Activities

Activity 1.3.1

Standard Activity : Capacity building

84 health workers will be trained on common illnesses, surveillance and emergency preparedness for disease outbreak, including 72 Community health workers and 12 MoH and Nurses.

72 Community Health Workers (36 females, 36 males) will be trained on common child illness and the health referral system. While 48 CHWs will be provided incentives under this project for Garowe and Dangorayo, there are an additional 24 CHWs who are already mobilized under Irish Aid funding in Eyl. For the CHWs in Eyl this will be an important refresher training (as their last training was last year) and for the 48 CHWs mobilized under this project this will be an initial training. This is aimed at increasing their capacity to detect and refer confirmed cases to the mobile team's sites, while providing health and hygiene education at the household level.

The 12 nurses and registers (8 females and 4 males) will be trained through two trainings
1. 5 day training on Clinical Diagnosis, based on the Clinical Diagnosis Guidelines established by the MoH

2. 5-day training on EPI, which will be based on the EPI Guidelines and Policy

These training will be essential in ensuring that the newly established mobile teams have the capacity to provide quality outpatient and EPI services to the targeted communities and provide referrals when necessary.

Activity 1.3.2

Standard Activity : Capacity building

The project will also target 6 District Health Board (DHB) members (2 females, 4 males) as well as 144 Village Health Committee (VHC) members (44 females, 100 males) for training on community sensitization and advocacy around health and hygiene and disease surveillance. This training will be based on the CHW training curriculum established by the Ministry of Health. This three day training will be facilitated for four participants from each VHC in the 36 targeted villages and two members of the DHBs for each of the three targeted districts.

Activity 1.3.3

Standard Activity : Capacity building

Through two- half day meetings with 20 community leaders and key influencers (13 men, 7 women) in the 10 targeted communities in Dangorayo (the meetings in other districts are included in other project). The first meeting will focus on awareness raising, which will be crucial at the start of the program to ensure that communities understand what services are being provided and what they should expect from WV. The secondary meeting will be essential for the communities to provide feedback on the program being implemented.

Activity 1.3.4

Standard Activity : Capacity building

180 Traditional Birth Attendants and Traditional Healers (90 female, 90 male -- 5 from each village) will attend a half day meeting on the project being implemented and a review of danger signs for children, pregnant and post partum women. This will ensure that sick children and at risk mothers will be referred to the mobile team by these traditional health care providers.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					84
Means of Verification : Training Report Attendance List							

Indicator 1.3.2	Health	Number of District Health Boards and Village Health Committee Members trained on disease outbreak and health education					150
Means of Verification : Training Report Attendance list							
Indicator 1.3.3	Health	Number of community meetings conducted					20
Means of Verification : Meeting Minutes Attendance List							
Indicator 1.3.4	Health	Number of TBAs and Traditional Healers who are aware of the health services in their community					180
Means of Verification : Meeting Minutes Attendance List							
Additional Targets :							

M & R

Monitoring & Reporting plan

This project will have a multi-faceted monitoring and reporting system, which will align with the country level reporting system, WV M&E systems, along with the needs of the project, including the donor requirements. Additionally, there will be space for beneficiary, community and government involvement in the monitoring system. The monitoring and supportive supervision will happen daily, monthly and quarterly by different actors and in different forums.

Field supervision will happen daily by the Project Assistant, who will directly support the Village Health Committees, CHWs and the mobile team, monthly by the Health Project Officer, who will identify technical and programmatic issues and support the team in providing solutions, and quarterly by the Health and Nutrition Project Manager, who will follow up on the overall technical and programmatic quality of the implementation. The Program Officer will visit the project based on the needs identified in the monthly programmatic reports. The project log-frame as well as quarterly work plans and phased budgets linked with activities will be used as a primary tool for this monitoring. Furthermore, the Ministry of Health at the District, Regional and Central levels will monitor the project quarterly to ensure quality implementation of all programming, along with functionality of MoH seconded staff, and alignment with the OTP Guidelines. The results of all the monitoring visits will be discussed during quarterly review meetings with community leaders and the Ministry of Health to ensure all issues are identified and addresses effectively and efficiently. All monitoring visits will be done, when possible, in alignment with the ongoing programming.

Financial monitoring of the project will take place immediately by the Project Manager who approves advances and expenses in alignment with the project budget, by the Financial and Support Services Manager who validates receipts and back up documentation in order to facilitate payment, and finally by the Grant's Accountant who will ensure expenditures are in alignment with donor regulations and generate donor financial reports. World Vision has an internal auditors who ensures that the internal controls and policies are followed during the project implementation period and follows up on any matters that are identified.

The project will institute a participatory M&E system to track progress against stated outcomes of the project, document lessons learnt and best practices to be fed back into the implementation and planning cycle. All key stakeholders including government representatives, community members and beneficiaries will be involved in monitoring. The qualitative feedback from different stakeholders and the communities, along with project data will result in narrative reports. Project progress will be reported on monthly and quarterly basis to ensure the achievement, and measurement of out-comes against the set objectives. Monthly HMIS health data will be submitted to the Ministry of Health in alignment with the nationwide data collection strategy. Narrative and financial reports will be prepared and shared for timely dissemination to the donor. The reports will outline activities undertaken and accomplished during the reporting period, financial expenses, achievements to date and constraints faced.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: 60 health workers, including 9 nurses, 3 registers and 48 Community Health Workers (CHWs) will be provided with incentives through this project. This will allow for the mobilization of 3 mobile teams -- two for Garowe District (inclusive of Dangorayo) and one for Eyl District. Each mobile team will comprise of 1 nurse, 1 auxiliary nurse and 2 registers. These mobile teams will provide Outpatient Department (OPD) services to all members of the community (with a focus on women and children), Immunizations for children under 5 years of age (U5) and women of the childbearing age (WCBA), and maternal health services) for pregnant and post-natal mothers. The nurses, auxiliary nurses and registers will be seconded from the Ministry of Health. Each mobile team will target 12 villages, which will be visited bi-weekly. In each target community, there will be 2 CHWs who will mobilize the communities in preparation for the mobile team visit to ensure that the most vulnerable and affected households are getting the services they need.	2016					X	X	X	X	X	X	X	

Activity 1.1.2: It is estimated that each nurse (clinician) will conduct on average 57 consultations/day (working 6 day/week) -- each mobile team will have 2 nurses---resulting in 49,248 OPD and maternal health consultations through the life of the project. Of these, 27,401 consultations will be for children under 5, 8,557 consultations will be for sick patients over 5 years of age, and 13,700 will be for pregnant/ post natal women. The mobile team will visit each village biweekly. The outpatient department services will be provided to all members of society, with a particular focus on Children U5 and Pregnant women. For pregnant and post-natal women the following services will be provide: ANC & PNC (where a private room is available), identification and referral of at-risk mothers, prevention and treatment of anemia, deworming and family planning. When referrals are needed, due to the presence of risk, patients will be referred to the referral health center in Garowe and the Hospital in Eyl, where a doctor and inpatient care is available. Additionally, all pregnant mothers will be encouraged to travel to the closest health center for delivery services, when available referral transport will be provided. The majority of the supplies will be provided by UNICEF and World Vision Gift-in-Kind for the implementation of this project, but a small line has been established for the purchase of medical supplies to ensure that there are no supply shortages, which could result in stopped service provision. The CHWs will play an important role in referring sick patients, children who need immunizations and pregnant/post-natal mothers from their respective villages to the mobile team on the day of the visit. The community mobilization will be essential in ensuring that the vulnerable communities within the targeted villages are receiving the necessary support.	2016					X	X	X	X	X	X	X	
Activity 1.1.3: The CHWs, the District Health Boards, the Village Health Committees, and the mobile teams will play an important role in building awareness, through health education, within the targeted communities. While the Village Health Committees, with the support of the District Health Boards, will provide health education at the village level, while the CHWs will conduct health education at the household level and the mobile teams will conduct health education with the patients attending the mobile site for service provision. Through their respective trainings the different entities will be given the necessary tools to be able to conduct the awareness raising on health danger signs for women and children. This will be essential in ensuring that vulnerable populations are seeking the necessary services. It is estimated that during the duration of the project there will be 432 health education sessions conducted (one sessions per mobile team per mobile site per week). Additionally, radio messages (1 message x day x 4 weeks) will be aired within the targeted communities and the Ministry of Health will conduct talk shows on television (once per month x 6 months). These public announcements will play an essential role in getting the whole district to attend health services and will complement the engagement of CHWs and Village Health Committees	2016					X	X	X	X	X	X	X	
Activity 1.1.4: Much like Activity 1.1.3 (Health education), hygiene education will be done at the household through CHWs, the communities through the Village Health Committees and the District Health Boards, and through patients who visit the mobile site. Topics around importance and proper hygiene practices will be incorporated within the trainings of the targeted promotion providers. Hygiene promotion sessions will be essential in ensuring proper hygiene at the household level for disease prevention. It is estimated during the duration of the project, there will be 432 health education sessions conducted (one session per mobile team per mobile site per week).	2016					X	X	X	X	X			
Activity 1.2.1: 14,136 patients (8,444 children under 1 year of age, 5,692 WCBA) will be vaccinated during the duration of the project. The mobile teams will provide EPI services including pentavalent, BCG, OPV, and measles vaccines for children U5, with a focus on children under 1 year of age, and TT vaccines for women of the child bearing age, with a focus on pregnant mothers. The vaccines will be received from supported cold chains in each district. Each vehicle will have the necessary portable cold chain system, according to their mobile team plan, to ensure active vaccines are available at each site.site.	2016					X	X	X	X	X			
Activity 1.2.2: Much like Activities 1.1.3 and 1.1.4, the health education for EPI will be provided by the CHWs, the Village Health Committees and the mobile teams. These education sessions will be critical for ensuring that the appropriate EPI schedule is followed for children U1 and women of the childbearing age and for breaking myths within the communities around immunizations. It is estimated that during the duration of the project, there will be 432 health education sessions conducted (one session per mobile team per mobile site per week).	2016					X	X	X	X	X			

Activity 1.3.1: 84 health workers will be trained on common illnesses, surveillance and emergency preparedness for disease outbreak, including 72 Community health workers and 12 MoH and Nurses. 72 Community Health Workers (36 females, 36 males) will be trained on common child illness and the health referral system. While 48 CHWs will be provided incentives under this project for Garowe and Dangorayo, there are an additional 24 CHWs who are already mobilized under Irish Aid funding in Eyl. For the CHWs in Eyl this will be an important refresher training (as their last training was last year) and for the 48 CHWs mobilized under this project this will be an initial training. This is aimed at increasing their capacity to detect and refer confirmed cases to the mobile team's sites, while providing health and hygiene education at the household level. The 12 nurses and registers (8 females and 4 males) will be trained through two trainings 1. 5 day training on Clinical Diagnosis, based on the Clinical Diagnosis Guidelines established by the MoH 2. 5-day training on EPI, which will be based on the EPI Guidelines and Policy These training will be essential in ensuring that the newly established mobile teams have the capacity to provide quality outpatient and EPI services to the targeted communities and provide referrals when necessary.	2016					X							
Activity 1.3.2: The project will also target 6 District Health Board (DHB) members (2 females, 4 males) as well as 144 Village Health Committee (VHC) members (44 females, 100 males) for training on community sensitization and advocacy around health and hygiene and disease surveillance. This training will be based on the CHW training curriculum established by the Ministry of Health. This three day training will be facilitated for four participants from each VHC in the 36 targeted villages and two members of the DHBs for each of the three targeted districts.	2016					X							
Activity 1.3.3: Through two- half day meetings with 20 community leaders and key influencers (13 men, 7 women) in the 10 targeted communities in Dangorayo (the meetings in other districts are included in other project). The first meeting will focus on awareness raising, which will be crucial at the start of the program to ensure that communities understand what services are being provided and what they should expect from WV. The secondary meeting will be essential for the communities to provide feedback on the program being implemented.	2016					X			X				
Activity 1.3.4: 180 Traditional Birth Attendants and Traditional Healers (90 female, 90 male -- 5 from each village) will attend a half day meeting on the project being implemented and a review of danger signs for children, pregnant and post partum women. This will ensure that sick children and at risk mothers will be referred to the mobile team by these traditional health care providers.	2016						X						

OTHER INFO

Accountability to Affected Populations

World Vision has strong, longstanding relationships with the communities it works with. These relationships with the beneficiaries have created an open environment for discussion and feedback. In alignment with WV's TSFP programming, complaints and feedback mechanisms will be used such as: suggestion boxes at selected mobile sites, community meetings and complaint log books. Through these mechanisms, collection and processing community feedback will greatly improve accountability to communities. The different methods of receiving feedback and complaints from communities will influenced beneficiaries to scrutinize our work and they then receive improved service delivery. Feedback and complaints will be discussed at the project review meetings to ensure a way forward.

Implementation Plan

The project will be implemented in its entirety by World Vision, but will work in close collaboration with the Ministry of Health. All of the nurses for the mobile teams will be seconded from the Ministry of Health, as per the Memorandum of Understanding between the two entities. Ministry of Health will be provided with funding to pay the incentives of the seconded staff, after which all necessary documentation will be provided to WV, who will ensure the appropriate utilization of funding. Additionally, WV will coordinate with UNICEF, who will provide the necessary health and EPI supplies (through MoH) and UNICEF verification of the technical soundness of the project. As SRCS is also implementing health services through the EPHS in Eyl and Dangorayo, WV will work closely with them in order to ensure complementarity and resolve any issues as quickly as possible.

World Vision has detailed structures in place to ensure quality programmatic and financial implementation of the project. The programmatic implementation is led by the Project Manager, who is directly supported by the Health Project Officer and Project Assistant. The Project Manager has the overall responsibility of the quality (technical, on-time and on-target) implementation of WV's Health and Nutrition Program in Garowe. The Health Project Officer leads the implementation of all health projects within the region, ensuring the technical and programmatic accuracy of the project. S(he) takes responsibility of implementing high level activities, such as trainings, coordination and review meetings, while consolidating data and drafting all project reports. The Project Assistant is supervised by the Project Officer and implements village level activities, with a focus on the CHWs and the mobile teams. Additional support is also provided the Program Officer, along with the Technical Advisor and the M&E Officer, all based in Nairobi. The Nairobi support teams reviews all project reports and monthly data reports and when necessary travels to the project site for additional supervision. All challenges are escalated from the Project Assistant to the Project Officer to the Project Manager or from the Nairobi support team to the Project Manager. When necessary, challenges are reported the Program Officer, who shares with the donor. The Project Manager, with the support of the Technical Assistant and Program Officer, finds solutions to all relevant issues and ensures issues are addressed by the project team accordingly.

The financial management of the project is led by the Finance and Support Services Manager, with the support of the Project Manager and Grant's Accountant. The Project Manager approves advances and expenses in alignment with the project budget. Then the Finance and Support Services Manager facilitates payment, through the evaluation of receipts and back-up documentation. Finally all expenditures are verified by the Grant's Accountant to ensure validity within the donor regulations. When internal controls and policies are not followed, the WV internal auditor will conduct a thorough investigation. The detailed structures and support mechanisms will lead to the quality and timely implementation of this project.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Health	The implementation and provision of health services is an important component of MoH's mandate. All of the mobile teams staff (nurses, auxiliary nurses and registers) will hired by the Ministry of Health (with significant support from WV) and seconded to World Vision for the purpose of this project. Additionally, MoH will play an important role in technical supervision and community engagement.
Somali Red Crescent Society (SRCS)	SRCS implements the EPHS in Dangorayo and Eyl, while WV is the EPHS provider in Garowe. WV will work closely with SRCS to ensure no duplication of services within the targeted districts. The two agencies will jointly resolve challenges as they arise.
UNICEF	WV will work with UNICEF on the implementation of health services. UNICEF will provide drugs and other medical supplies for the implementation of this project.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2a- The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

This project is designed to target both women and men, boys and girls therefore significantly contributing to gender equality. Children and women being the main beneficiaries and men being part of the care givers and decision makers at household level. All genders will be treated equally deserving to the various roles they play in the community.

Protection Mainstreaming

Considerations of safety and dignity have been taken seriously. An advantage of employing mobile teams is that it reduces the distance that the beneficiaries have to walk to access services. This ensures that they are safe and are served in dignity. Both host community and IDPs will be targeted in this project therefore reducing the conflict over service provision that may come about by targeting one group only.

Country Specific Information

Safety and Security

WV Security Advisor shares weekly security and safety briefs to all staff. Additionally, staff go through mandatory in house security training at scheduled intervals. During field trips, staff are accompanied by armed security personnel. Garowe, Dangorayo and Eyl Districts have been cleared as 'safe' operational areas.

Access

World Vision is currently operational in Garowe, Dangorayo and Eyl so access to project sites is assured.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health and Nutrition Project Manager	D	1	8,800.00	6	1000.00 %	5,280.00
	Overall managing the project and tracking the implementation activities on the ground						
1.2	Project Officer - Health	D	1	1,200.00	6	3000.00 %	2,160.00
	Coordinates all health activities, collects and consolidates data and develops draft reports, implements central level and technical activities, such as trainings and review meetings						
1.3	Project Assistant	D	1	958.00	6	10000.00 %	5,748.00
	Day to day coordination and supervision of activities at field level, especially of the mobile teams and the CHWs						
1.4	M&E Officer	D	1	1,200.00	6	3000.00 %	2,160.00
	Evaluates the quality of the health data provided by the field teams, supporting them in solving data collection issues						
1.5	Program Officer	D	1	8,500.00	6	1000.00 %	5,100.00
	This Nairobi based position, supports and monitors the project from a donor perspective to ensure donor requirements are fulfilled, including extensive field travel. Attends Health & Nutrition coordination mechanisms in Nairobi (including the Health Cluster)						
1.6	Finance and Support Services Manager	S	1	8,800.00	6	1000.00 %	5,280.00
	Responsible for day-to day financial reporting of expenditures of the project, while supporting the field team in making of payments.						
1.7	Grants Accountant	S	1	3,500.00	6	1000.00 %	2,100.00
	Ensure that the donor's financial regulations are adhered to, while addressing any audit or financial reporting requirements established by the donor.						
1.8	Supply Chain Manager	S	1	4,536.00	6	1000.00 %	2,721.60
	Ensure that high quality supplies are procured at the best value for money and transported in a timely to the targeted project						
1.9	Operations Manager	S	1	10,000.00	6	500.00%	3,000.00
	Oversees the whole Northern Somalia Program, ensuring integration and collaboration between other nutrition projects in different zones and other sector projects in the same districts. Responsible for the safety and security of all staff.						
	Section Total						**33,549.60**
Supplies, Commodities, Materials							
2.1	Medical supplies	D	1	15,188.81	1	10000.00 %	15,188.81
	Medical supplies will be purchased to ensure that there are no shortages during the response.						
2.2	Transportation of Medical Supplies	D	1	16,640.00	1	10000.00 %	16,640.00
	The medical supplies will arrive in Nairobi and will then have to be transported to Garowe, where the supplies will be distributed to the filed teams. This line will cover the cost of transport between Nairobi and Garowe						
2.3	Vehicle Hire for Mobile Teams	D	3	2,000.00	6	10000.00 %	36,000.00
	Three vehicles (one for Eyl, one for Garowe and one for Dangorayo mobile teams) x $2000/month (inclusive of fuel)						
2.4	Vehicle Hire for Monitoring & Supervision	D	1	7,200.00	1	10000.00 %	7,200.00
	Vehicle rental for monitoring the projects in the three areas.						
2.5	Monitoring of the project by the Ministry of Health	D	1	6,300.00	1	10000.00 %	6,300.00
	Ministry of health in conjunction with WVI will be monitoring the project implementation as it is in response to drought						
2.6	CHW training on community outreach	D	1	10,259.50	1	10000.00 %	10,259.50
	72 CHWs will be trained over 3 days on common illnesses and the referral system						

2.7	Meeting with TBA and Traditional Healers	D	1	2,880.00	1	10000.00 %	2,880.00
	Village level meetings will take place with 180 traditional healers and TBAs in order to increase their understanding of the referral system and the need to refer patients to a health care providers						
2.8	Clinical Diagnosis & Management of Common Diseases Training for Mobile Teams	D	1	4,219.50	1	10000.00 %	4,219.50
	12 mobile team staff will be trained for 5 days on clinical diagnosis and management of common diseases						
2.9	EPI Training for Mobile Teams	D	1	4,209.00	1	10000.00 %	4,209.00
	12 mobile team staff will be trained for 5 days on EPI (immunizations)						
2.10	Training of the District and Village Health Committees	D	1	26,000.50	1	10000.00 %	26,000.50
	150 participants from District and Village Health Boards will be trained for 3 days on their role in disease detection and referral						
2.11	Community Awareness Meetings	D	1	4,600.00	1	10000.00 %	4,600.00
	Community meetings will take place in 10 villages in Dangorayo with 20 participants per village, in order to increase their understanding of the services being provided.						
2.12	Radio Messages & TV Talk Shows	D	1	7,600.00	1	10000.00 %	7,600.00
	Radio messages and TV programs will be used to increase awareness on health, hygiene and EPI.						
2.13	Incentives for MoH Seconded Nurse	D	9	452.00	6	10000.00 %	24,408.00
	3 nurses per team x 3 teams. One nurse for OPD, one nurse for maternal health and one nurse for EPI. The base incentive of $400 includes a per diem of $52 for the continuous travel required by mobile team staff						
2.14	Incentive for MoH Seconded Registers (Aux Nurses)	D	3	302.00	6	10000.00 %	5,436.00
	1 Register per team x 3 teams. This includes a $52 per diem for the continuous travel required by mobile team staff, on top of the base incentive of $250/month.						
2.15	Incentives for CHWs	D	48	50.00	6	10000.00 %	14,400.00
	24 villages x 2 CHWs per village (1 female, 1 male)						
	Section Total						**185,341.31**
Travel							
5.1	Monitoring & Supervision of Nairobi Based Staff	D	1	1,200.00	1	10000.00 %	1,200.00
	This allows Nairobi based staff (including the Program Officer and the Grant's Accountant) to travel to Puntland to monitor and provide support to the project team.						
5.2	Per diem for WV project staff for Monitoring and Supervision	D	3	30.00	42	10000.00 %	3,780.00
	Per Diems are provided to Project Manager, Project Officer & Project Assistant supported under this project when they go away from their home base to do monitoring and supportive supervision of facilities and mobile teams.						
	Section Total						**4,980.00**
General Operating and Other Direct Costs							
7.1	Office Rent	D	1	4,200.00	6	1200.00 %	3,024.00
	Office rental in the three areas						
7.2	Office Utilities	D	1	3,500.00	6	1200.00 %	2,520.00
	Office utililties for the three areas of project implementation						
7.3	Office Internet	D	1	3,975.00	6	1200.00 %	2,862.00
	Internet for the field offices in the three areas of project implementation						
7.4	Air time for project staff	D	2	100.00	6	10000.00 %	1,200.00
	Airtime (as per WV procedure and contract arrangements) for Project Assistant and Project Officer for communication as they are remote areas and mobiles are means of communication						
7.5	Bank charges	D	1	3,605.59	1	10000.00 %	3,605.59

	Bank charges when transfering funds and making payments in the field through money vendors. 1.6% of the direct costs for the project has been estimated for the bank charges.			
	Section Total			**13,211.59**
SubTotal		93.00		**237,082.50**
Direct				223,980.90
Support				13,101.60
PSC Cost				
PSC Cost Percent				7%
PSC Amount				16,595.78
Total Cost				**253,678.28**
Grand Total CHF Cost				**253,678.28**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nugaal -> Eyl	60						
Nugaal -> Garowe	40						

Documents

Category Name	Document Description
Budget Documents	SHF Health Draft BOQ v.2.xls
Budget Documents	FCS Health Draft BOQ WVI(1).xls
Budget Documents	Final FCS Health Draft BOQ WVI(1).xls
Signed Project documents	Signed GA-2500 WVI.pdf