OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Humanitarian Initiative Just Relief Aid
Allocation Type :	Standard Allocation 1 (Jan 2017)

Primary Cluster	Sub Cluster	Percentage
Health		100.00
		100

Project Title :	Provision of emergency lifesaving health services to vulnerable population (IDPs and Host community) in Afgoye Districts in Lower Shabelle and Hodan and Wadajir districts in Banadir region
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-17/3485/SA1 2017/H/NGO/4988
Cluster :		**Project Budget in US$:**	399,471.17
Planned project duration :	9 months	**Priority:**	
Planned Start Date :	15/03/2017	**Planned End Date :**	14/12/2017
Actual Start Date:	20/03/2017	**Actual End Date:**	20/12/2017

Project Summary :

This project will support two existing health facilities in Lafoole and Jamacadda Beeraha in Afgooye district as well as support the Cholera Treatment Center at Banadir hospital; with the aim of increasing access to health care services to vulnerable communities who reside far away from health. The project shall establish two mobile outreach clinics; one in Dhajalaq and Baalguri in Afgooye district, and the other at the camp for Internally Displaced Persons [IDPs] at Zona K in the Hodan District of Mogadishu. The health centers shall provide antenatal and postnatal care, micro nutrient supplementation, nutrition screening of children under 5 years, immunization, treatment of common diseases, and health education. The Cholera Treatment Centre [CTC] shall treatment and case management for Acute Watery Diarrhea /Cholera and health education. The main services to be provided by the mobile clinics shall during outreach sessions to villages, shall be Primary Health Care, basic Secondary Health Care, in addition to providing health education on the prevention of communicable diseases, and the importance of exclusive breast feeding. The Project shall collaborate with UNICEF to support the Maternal and Child Health Centres through the provision of vaccine supplies. The project aims to reach 50,960 beneficiaries comprising of boys (11,510), girls (11,510), men (8,600), and women (19,340). The project shall recruit 42 health workers including (3 doctors, 6 midwives, 13 nurses, 13 auxiliaries, 4 hygiene promotors, and 3 community health workers).
Capacity building of local health workers is one of the main avenues of providing quality health care to the community. The project shall provide training on Basic Emergency Obstetric and Newborn Care (BEmONC), Integrated Management Childhood Illnesses (IMCI), Integrated Disease Surveillance and Response (IDSR) and diarrhea case management and prevention. A great consideration shall be given gender dis aggregation
The project shall work to build the capacity of community through the provision of health education and awareness on Hygiene and sanitation, prevention of communicable disease, Infancy young child feeding, reproductive health and safe motherhood
Each health facility and outreach team will operate 6 days per week except for the Cholera Treatment Center at Banadir hospital and Daryeel health center which shall run 24 hours a day, 7 days a week. The project aims immunize about 850 infants; 10,192 children under 5 years shall receive treatment; 4,587 Pregnant and Lactating Women [PLW] shall be provided Antenatal Care and Postnatal Care services.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
8,600	19,340	11,510	11,510	50,960

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	4,000	5,430	3,161	4,111	16,702
Children under 5	0	0	5,096	5,096	10,192
Trainers, Promoters, Caretakers, committee members, etc.	121	361	0	0	482
Women of Child-Bearing Age	0	11,721	0	0	11,721

Indirect Beneficiaries :

Indirect beneficiaries include other Internally Displaced populations and host community living in the 16 districts of Banadir region as well as neighboring villages of target areas in Afgooye district.

Catchment Population:

150,000 people including those in emergency need

Link with allocation strategy :

The project supports the Humanitarian Strategic Objective; “To prevent famine and urgent scaling up humanitarian assistance through frontloaded delivery assistance to the most needy and the extension of humanitarian assistance close to rural population as is feasible to stabilize and mitigate the impact of possible displacement”. The project also supports the cluster objective number one: “Provision of live saving emergency primary health services including maternal and child health through both mobile and static health clinics in drought affected areas”. This shall be achieved by the providing lifesaving emergency health care and referral services by means of placement of static and mobile clinics to for the use of identified populations in target areas in Afgooye district of Lower Shabelle region, and Hodan, and Wadajir districts of Banadir region. The basic emergency health care services shall integrate comprehensive reproductive health services, including antenatal and postnatal care, and emergency obstetric care services during emergency response.
Second health cluster objective” Enhance capacity of health staff workers including regional /district team to provide effective emergency response by providing health care workers with training on Basic Emergency Obstetric And Newborn Care(BEmONC),Integrated Management Childhood Illnesses (IMCI),Integrated Disease Surveillance And Response (IDSR) and prevention and management of diarrhea disease as well as building the capacity of the community through the provision of training on hygiene and sanitation and prevention of communicable diseases, health education awareness on reproductive health and safe motherhood.
Finally the third health cluster objective to “Disseminate information on the prevention and control of Acute Watery Diarrhea /Cholera outbreak in drought affected regions” through health service delivery provided by HIJRA’s static and mobile clinics including the Cholera Treatment Center at the Banadir hospital, health education on communicable diseases (diarrheal disease) and procurement, transport and pre-positioning of essential drugs and medical supplies. The project also focuses on continuing HIJRA’s capacity to monitor, analyses and respond to disease trends within targeted areas through the addition of a health specific Monitoring and Evaluation Officer within the team. Furthermore, HIJRA shall be an active member of the National Emergency, Preparedness and Response Task force led by the Ministry of Health and WHO.

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
Mohamed Dahir Fidow	Executive director	m.dahir@hijra.or.ke	+254721840280
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BACKGROUND

1. Humanitarian context analysis

Displacement in Somalia is a phenomenon that is extensive, historic, recurrent and continuous. Somalia is a country in complex emergency due to its long lasting civil war of over 20 years combined with recurrent natural disasters including droughts and floods. Somalia’s Insecurity remains a major challenge; further conflict, a poor harvest, or a drop in humanitarian assistance to the most vulnerable, could easily dive hundreds of thousands of people into renewed crisis. Humanitarian need among displaced people and other vulnerable groups in Banadir and lower Shebelle continues to grow.
As the severe drought has affected most parts of Somalia, some parts of the river in the lower Shabelle have dried up, already several weeks ago. According to SWALIM, water availability for human and animal consumption will continue to deteriorate. Where crop production has been poor, larger percentage of the population is now at risk. Labor prices are collapsing, local food prices are rising, animal deaths are increasing, malnutrition rates are starting to rise, water prices are spiraling and people have started to move in growing numbers .There has also been drought-related distress migration from parts of Bakool and Bay Regions towards urban areas in Gedo, Lower Shebelle and Banadir. According to data from UNHCR shows more than 135,000 people have been displaced due to ongoing drought since November 2016. About 3,900 people from Lower Shabelle region moved to Afgooye and Mogadishu and this has increased the already existing internal displaced populations(IDPs)which was estimated to be about 1.1 Million People of the entire Somali population of 12,317,000 (UNFPA, September 2014). Among these, an estimated 43% of the IDPs live in Banadir and lower Shabelle regions (369,000 and 102,970 respectively). Continued displacement and returns of vulnerable Somalis from neighboring countries have the potential to further exacerbate the situation. Over 2.9 million people face Crisis and Emergency (Integrated Food Security and Humanitarian Phase Classification (IPC Phases 3 and 4) across Somalia through June 2017 while 522,000 (IPC Phases 3 and 4) is in lower Shebelle and Banadir FSNAU,2017). This represents more than a two-fold increase compared to six months ago. Additionally, more than 3.3 million people are classified as Stressed (IPC Phase 2), the number of people in need of assistance has increased from five million in September 2015 to over 6.2 million in February 2017 - more than half of the country’s population.
An estimated 363,000 children under the age of five are acutely malnourished, including 71,000 who are severely malnourished and face increased risk of morbidity and death (FSNAU, 2017).It is not lack of food alone that causes malnourished children to die, but the illnesses contracted as a result of a weakened immune system.
A large scale-up of the drought response can help prevent the worst-case humanitarian scenario and save lives and livelihoods.
HIJRA is planning to reach men (8,600),women(19,340) boys(11,510) and girls(11,510) through the delivery or emergency life-saving health services in drought affected areas in the Afgooye district of lower Shabelle region and the Hodan and Wadajir districts of Banadir region. This shall be achieved by means of static health facilities and mobile outreach clinic services.

2. Needs assessment

The current health situation in Afgoye districts in Lower Shebelle and Banadir are critical, especially among the most vulnerable community in the population, with boys and girls, <5 years, pregnant and lactating women being the most affected. Somalia is second highest maternal mortality rate in the world, 7% complete four recommended Antenatal Care,98% of women have undergone Female Genital Mutilation which increased risk of mother death The Maternal Mortality Rate for Somalia is among the highest in the world at 732 maternal deaths per 100,000 live births with less than 50 % of the pregnant women having access to skilled birth attendants, Under 5 mortality is 137/1000 live births (Health cluster input, 2017).
An estimate 1.9 million people may die of preventable diseases due to lack of access to primary health care services (OCHA, 2016),
Last year, a total of 15,619 Cases and 531 deaths (case fatality rate (CFR) 3.4%) have been reported in different regions of Somalia. - Of these cases 7437 (47.6%) are female while 8,182 (52.4%) are children below 5 years.12 sample tested were positive for “Ogawa” serotype out of 20 sample collected (health cluster ,2017).Nearly 5.5 million people in Somalia are as a risk of acquiring chorea, with more than 4000 of Acute Watery Diarrhea already reported since January 2017 and 57 deaths (case fatality rate (CFR) 1.4%) (Ocha, 2016) . most districts reported Acute Watery Diarrhea cases are along the shabelle river where severe water shortage due to dryness of river .transmission of cholera still ongoing all district of Banadir region, Dharkenley ,Daynile and wadajir districts reported highest number of cholera cases According to the data from Banadir hospital and Daryel health centers reported 1324 case of Acute Watery Diarrhea /Cholera from 1st January to 3rd March 2017.Of these case reported 43.7% women while 35% are children below 5 years. Three incidents of children’s death and one pregnant mother death due to diarrhea reported by Daryel health center in lafole Afgoye district. Skin infections linked to water shortages have also been reported. The other common diseases reported Daryeel health facility include typhoid, malnutrition (severe and acute) acute respiratory infections and anemia. The largest health sector program, the Joint Health and Nutrition Programme (JHNP) providing services to close to 5.5 million is ending in March 2017. This is likely to lead to weakened ability to control the ongoing epidemic outbreaks (Acute Watery Diarrhea /Cholera and Measles) (OCHA, 2017).
There are few health facilities but have limited capacity due to major stock-outs of supplies and some areas had no functioning health facilities. The current drought and subsequent population influx will create greater pressure on host communities and needs and increased health facility visits. Most of the new arrivals are sick and need medical attention among others.
The ministry of health (MoH) lacks the necessary capacity to respond to the ongoing crisis. It urgently requires support from competent non-governmental organizations such as HIJRA. Moreover, HIJRAs role implementing both emergency WASH and Health activities in target area is a significant comparative advantage for integrating health and hygiene promotion activities. Yet, successful endeavors to prevent waterborne diseases including cholera .will require strong leadership and coordination efforts. Beyond the acute emergency needs, HIJRA intends to integrate capacity building for both health workers and community members on prevention of diarrhea and other epidemic disease as well as sensitization on community based approaches for safe motherhood health and infancy young child feeding practice. HIJRA plans to reach 8,600 Men, 11,510 Boys, 19340 Women and 11,510 girls in the target areas through the provision of health care services, strengthening of the referral system and increasing community awareness/collaboration.

3. Description Of Beneficiaries

This project proposal will focus on crisis affected populations, including both IDPs and vulnerable host communities in (Lafole,Jamacada Bereaha ,Dhajalaq and Baal guri in Afgoye district and Hodan and Wadajir districts). target to reach 8,600 men,19,340 women,11,510 boys and 11,510 girls. Within these target populations, HIJRA will focus on ensuring access to services for the women, men, boys and girls along with the most vulnerable among these groups such as the youth, elderly, persons with disabilities and pregnant and lactating women. In line with health cluster strategy, HIJRA will maintain its commitment to engaging with affected individuals and communities at all phases of the programme cycle through the use of focus group discussions with women, men and youth on issues concerning their health. HIJRA engages the community in a sustainable and accountable manner to determine context and culturally appropriate need¬ based responses.
Direct beneficiaries:
Hodan district: 8640 persons
Wadajir district: 16400 persons
Afgoye district: 25920 persons
Indirect beneficiaries: included those from internal displaced populations and host comunty from Daynile,Dharkenley and Kahda which approximately :6000
This project will give particularly consideration for women childbearing age, under 5 years and pregnant lactating women (10142, 4587 and 11,721) respectively.

4. Grant Request Justification

Nearly 5.5 million people in Somalia are as a risk of acquiring cholera, with more than 4000 of Acute Watery Diarrhea already reported in 2017. most districts reported Acute Watery Diarrhea cases are along the Shabelle river where severe water shortage due to dryness of river .transmission of cholera still ongoing all district of Banadir region ,Hodan,Dharkenley ,Daynile and wadajir districts reported highest number of cholera cases as well as Afgooye and Wanlweyne distric of Lower Shablle region
Transmission is facilitated by the scarcity of water, mass movement of the internal displaced populations (IDPs), poor sanitation and the lack of access to health services. Due to this inadequate community-based health service delivery among the target areas, thousands of them are currently living in a deplorable life where access to basic/routine health services is severely limited. The absolute lacks of education on appropriate treatments make them rely on risks associated with self-medication or use of unqualified practitioners. Many essential health products are missing and further aggravated by low Income, hence inability to afford health care services. The ministry of health(MoH) lacks the necessary capacity to respond to the ongoing crisis. The program will provide emergency obstetric neonatal care (EMoNC), sexual reproductive health, child health care and prevention and control of communicable diseases to 68,240 beneficiaries in order to reduce the high maternal and child mortality rates while also strengthening the referral system and increasing the community awareness/ collaboration.

5. Complementarity

The proposed project will be implemented in an environment that is well known by HIJRA through the past and ongoing operation. The proposed project is intended to complement HIJRA's existing emergency and resilience intervention in the area funded mainly by European commission (EC) and Office of Foreign Disaster Assistance OFDA. Current running Programs in both localities. In Afooye, for instance, we have a three year livelihood resilience program aimed at contributing to improved resilience and increased adaptive capacities for communities and households in the targeted areas of Afgooye district to protect their livelihoods over continuing shocks while Mogadishu and Afgoye corridor we have been also supporting IDPs for WASH by providing clean and safe water ,dislodging latrine and hygiene awareness .
The proposed project allowing guaranteeing the full complementary of the intervention with those already on¬going maximizes the impact of the response. If approved, this project will guarantee coherence with the ongoing response, while strengthening the impact on the whole population of the area targeted by HIJRA program. Furthermore, having multiple projects in the area will allow having different background staff to ensure the best provision of activities to the populations in need and at the same time to optimize the operational and logistical cost linked to the action. Specifically, being this project part of a broader program of intervention by HIJRA in lower Shebelle and Banadir region and following the needs and logistic assessment on the ground, HIJRA is ready to start its operations with trained health staff and medical supply available to transfer skills and competences locally.

LOGICAL FRAMEWORK

Overall project objective

To increase access to quality lifesaving health services amongst vulnerable communities in Afgoye and Wanlaweyn districts in lower Shebelle region and Hodan and Wadajir districts in Banadir region

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	Somalia HRP 2017	40
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2017	30
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	Somalia HRP 2017	30

Contribution to Cluster/Sector Objectives : This project feeds in and contribute Somalia Humanitarian Response Plan (HRP) strategic objective through increase access to quality lifesaving health services amongst vulnerable communities in Afgoye districts in lower Shabelle region and Hodan and Wadajir districts in Banadir region. targeting a total of 50,960 Individuals through providing Basic emergency obstetric neonatal care (BEMoNC), sexual reproductive health, child health care and prevention and control of communicable diseases aimed at reducing avoidable morbidity and mortalitynding

Outcome 1

Improved access to quality lifesaving health services including maternal and child health through both mobile and fixed health clinic in Afgoye district in Lower shabelle region and Hodan and wadajir districts in Bandir region

Output 1.1

Description

Improved Access to quality atal care (ANC) and Postnatal care (PNC) and emergency obstetric care services for 4,587 expecting pregnant and lactated women living in Afgooye districts of lower Shabelle and Banadir region

Assumptions & Risks

There might be risk of outbreak of common communicable diseases and in the event of such outbreak among our program target beneficiaries, all available resource will be channeled in response to address the emergency and contain the situation within the shortest time possible

Activities

Activity 1.1.1

Standard Activity : Emergency Obstetric Care - Basic and Advacned

Provide antenatal, postnatal and emergency obstetric care services to 4,587of expected pregnant and lactating women through 2 health facilities and 3 mobile outreach clnics in Afgooye district of lower Shebelle region and Hodan district of Banadir region

Activity 1.1.2

Standard Activity : Emergency Obstetric Care - Basic and Advacned

Train 16 health care workers (11 female and 5 male)) in Basic emergency obstetric and newborn car e (BEmONC) for 5days

Activity 1.1.3

Standard Activity : Awareness campaigns and Social Mobilization

Organize and facilitate 6 health education sessions to increase awareness of reproductive health and safe motherhood, infancy child feeding practice as well as hygiene and sanitation for around 300 participants [230 women, 70 men] in the surrounding communities,each session will be one day.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					2
Means of Verification : 2 Health facilities(Daryeel and Jmacada beeraha)							
Indicator 1.1.2	Health	Number of health care workers trained on Basic emergency obstetrics and newborn care (BEmONC).					16
Means of Verification : Training report,photos							
Indicator 1.1.3	Health	Number of communities provided health education on reproductive health care and infancy young child feeding practice					300
Means of Verification :							

Output 1.2

Description

Improved access to primary health care services to vulnerable boys (11,510), girls (11,510) ,men (8,600) and women (19,340) in target areas

Assumptions & Risks

There might be risk of outbreak of common communicable diseases and in the event of such outbreak among our program target beneficiaries, all available resource will be channeled in response to address the emergency and contain the situation within the shortest time possible

Activities

Activity 1.2.1

Standard Activity : Primary health care services, consultations

Provide health care services to vulnerable boy (11,510) and girls (11,510) ,men (8600) and women (19,340) in the targeted districts

Activity 1.2.2

Standard Activity : Immunisation campaign

Provide routine and campaign immunization to children under 5 (850 boys and 850 girls) and women childbearing age (WCBA)(1000)

Activity 1.2.3

Standard Activity : Not Selected

Train 16 health care workers (8 females and 8males) in Integrated management childhood illnesses (IMCI) for 5 days

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	number of vulnerable boys and girls,men and women reached through health care services					50,960
Means of Verification : register book,weekly and monthly report							
Indicator 1.2.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					2,700
Means of Verification : Register books,weekly and monthly report							
Indicator 1.2.3	Health	Number of health workers trained on integrated management childhood illnesses (IMCI)					16
Means of Verification : Training report,Photos.							

Output 1.3

Description

Acute watery diarrhea/Cholera-related morbidity and mortality is reduced through a comprehensive health approach including surveillance, oral rehydration solution (ORS) distribution and case management/treatment.

Assumptions & Risks

Activities

Activity 1.3.1

Standard Activity : Secondary health care and referral services

Rehabilitate chorera treatment center in Banadir hospital and provide medical supply and equipment to provide appropriate AWD/Chorela case management

Activity 1.3.2

Standard Activity : Secondary health care and referral services

Train 16 health workers (8 females and 8 males) on integrated disease surveillance and response (IDSR) and diarrhea prevention and treatment

Activity 1.3.3

Standard Activity : Epidemic disease surveillance

150 community Members (115 female and 35 male) educated for the hygiene and sanitation and the prevention epidemic diseases for 2 days

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	Health	Number of cholera treatment center supported					1
Means of Verification :							
Indicator 1.3.2	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					16
Means of Verification : Training report,photos							
Indicator 1.3.3	Health	Number of community members trained for hygiene and sanitation and the prevention epidemic diseases					150
Means of Verification :							
Additional Targets :							

M & R

Monitoring & Reporting plan

HIJRA has a field based team who monitors the implementation of the project against the agreed work plan and set targets on a day today basis. HIJRA has a technical team based in Mogadishu who will monitor the project on a weekly and monthly basis. A detailed project implementation plan will be developed before the start of the project activities. A technical person (health coordinator) will implement the project and he/she will be responsible for the overall health activities in the area of operation. Monitoring tools to be used will include supervision checklists for mother child health care and outpatient department (MCH/OPD) clinics and facility registers. Reporting tools used will include monthly reports (Expanded program immunization (EPI), morbidity, safe motherhood, and outbreak reports from the field and from partners working in the targeted areas). All health facility must be adapt integrated disease surveillance and response (IDSR) and to keep on time the reports and disease surveillance weekly report. EPI officer will be responsible to collect all reports from the health centers on time and report to health coordinator. Health coordinator will share reports to world health organization (WHO) and minister of health (MoH) on weekly and monthly based.
Training events are held in conjunction with the minister of health (MoH)), HIJRA, and on occasions consultants, WHO. Training reports are submitted to the health coordinator .
Rehabilitation is monitored by the public health engineer who submits a rehabilitation report, including photos, on completion.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide antenatal, postnatal and emergency obstetric care services to 4,587of expected pregnant and lactating women through 2 health facilities and 3 mobile outreach clnics in Afgooye district of lower Shebelle region and Hodan district of Banadir region	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Train 16 health care workers (11 female and 5 male)) in Basic emergency obstetric and newborn car e (BEmONC) for 5days	2017				X								
Activity 1.1.3: Organize and facilitate 6 health education sessions to increase awareness of reproductive health and safe motherhood, infancy child feeding practice as well as hygiene and sanitation for around 300 participants [230 women, 70 men] in the surrounding communities,each session will be one day.	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.2.1: Provide health care services to vulnerable boy (11,510) and girls (11,510) ,men (8600) and women (19,340) in the targeted districts	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.2.2: Provide routine and campaign immunization to children under 5 (850 boys and 850 girls) and women childbearing age (WCBA)(1000)	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.2.3: Train 16 health care workers (8 females and 8males) in Integrated management childhood illnesses (IMCI) for 5 days	2017					X							
Activity 1.3.1: Rehabilitate chorera treatment center in Banadir hospital and provide medical supply and equipment to provide appropriate AWD/Chorela case management	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.3.2: Train 16 health workers (8 females and 8 males) on integrated disease surveillance and response (IDSR) and diarrhea prevention and treatment	2017					X							
Activity 1.3.3: 150 community Members (115 female and 35 male) educated for the hygiene and sanitation and the prevention epidemic diseases for 2 days	2017						X						

OTHER INFO

Accountability to Affected Populations

HIJRA acknowledges and bides by the humanitarian codes which requires Accountability to target beneficiaries as pillar in delivering humanitarian aid to needy people. Community based health management committee (HMC) will be formed by the target community. the committee will be formed based on community based selection criteria which will be developed with the community. The formation process will ensure representation and active participation of women with target of at least 70% of its members being women. In addition, the committee will comprise of representatives from the internal dispalaced population (IDP) or village community i.e(IDP/village leader, Shiekh, teacher) and Health workers. These Community based health management committee will be the center-pole in leading the program management (implementation, monitoring and evaluation process) so as to increase accountability and community participation. The role & responsibilities of thehealth management committee (HMC) will include; management of beneficiary complaints and provision of feed back mechanisms, conflict resolution to ensure the adherence to the principle of Do-No-Harm approach is used during the entire project cycle. the health committee will be trained so as to enable them participate awareness campaigns and support the planning of mobile outreach events to ensure that access to basic health services is provided to all target areas. As members of the management committee, the community will be key focal point in promotion of behavior change through community's active participation of awareness campaign sessions.
Program monitoring and evaluation process will be conducted through community participatory approach where communities will be actively involved and the sample size for households/individuals interviews will be based on target population size and calculated scientifically to ensure that response and information gathered is sufficient and none-biased.
In addition to community based Health management committee, Hijra has Beneficiary protection desk aimed at increasing our accountability to our target beneficiaries. The beneficiary Protection desk will handle complaint and feedback mechanisms, the desk will receive complaints from beneficiaries, local authorities, inernal displaced person (IDP) Leaders, other agencies and any other project stakeholder. Complaints will be channeled either through phone call or direct visit our offices located at KM5 area. All beneficiaries and camp leaders will be able to access the organization hotline during community mobilization and sensitization period.
Specific emphasis will be to ensure that mechanisms are put in place to protect beneficiaries against any sexual exploitation while accessing project intervention. Thus, close monitoring will be done on Protection against Sexual Exploitation (PASE) of Female beneficiaries and female program staff. All complaints regarding program implementation will be channeled wither through the WES Committee, camp leaders, or reported to Hijra staff and office via direct visits or phone calling.

Implementation Plan

The project will focus on the provision of quality primary and Basic secondary health care in lower shabelle and Banadir region.
Expanded program immunization officer , Monitory and evaluation ,3 doctors , 13 nurses,6 midwives,13 Auxiliaries,4 hygiene promoters ,3 community health workers (CHWs) and 1 Health coordinator will be engaged to the project implementation.
The project will use the following approaches:
1. Curative services for common minor illnesses will be provided at the health center and Mobile outreach team which are composed of (nurses, midwives,auxiliary and community health workers) .This will be complemented by regular health education given at all health facilities and at the community level in reducing morbidity and mortality from the most common preventable diseases such as Diarrhea .Health education sessions on hygiene and sanitation and the prevention epidemic diseases and infancy young child feeding (IYCF) practice of which more than 70% will be women .
The referral system will be strengthened to ensure that patients needing care beyond the capacity of the Mobile outreach team receive that care at the health center and/or where necessary, are referred to hospitals in the appropriate referral points for further treatment.
2. To improve maternal health, HIJRA will focus on enhancing basic but comprehensive antenatal care, clean and safe delivery, vaccination of mothers and children, and supplementation with vitamin A and iron. traditional birth attendance (TBAs)will provide antenatal/postnatal care and clean delivery services in the villages with constant support from the qualified staff in the nearby Health center and will refer complicated cases to the midwives in the health facility clinics as well.

3. Immunization services will be provided among pregnant women and children under five at the health center. Vaccination outreach services will also be carried out in the remote villages in Afgoye and districts of Lower Shebelle to increase coverage and internal displaced populations (IDPs) in Banadir region. The cold chain will be maintained in HIJRA Office
4. To reduce cases of Acute watery diarrhea/Cholera-related morbidity and mortality, HIJRA will focus on enhancing basic health Prevention and control approach including surveillance, oral rehydration solution (ORS) distribution and case management/treatment, this will be done in all health facilities moderate and sever dehydrated will be treated in Cholera treatment center (CTC) in Banadir hospital. Disease surveillance will be undertaken through daily data collection and reporting to WHO/partners, and trends analyzed to detect new outbreaks.
4. Coordination and information sharing with health cluster partners (eg. WHO ,UNOCH AND MoH) will be done on a regular basis.Health facilities mapping and information from project areas to the health cluster will be disaggregated based on gender and age.
6. Staff capacity building Training on Basic emergency obstetric and newborn care (BEmOC) ,integrated management childhood illnesses (IMCI, integrated disease surveillance and response (IDSR) and Diarrhea prevention and management will be conducted by a qualified consultant doctor targeting for the 1st 2 months of project. Community health education season by using information edication and communication (IEC) materials will be conducted by Nurse,Hyegiene promotors and Midwives for twice a month during project period

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	HIJRA will approach UNICEF for the provision of vaccine and EPI supply
Health cluster	Coordination and information sharing
WARDI/QRC	Coordination and information sharing
UNICEF/SOPHPA	Provision of aqua tab and chlorination
WHO	Coordination and information sharing
QRC	Referral for malnutrition cases and complicated pregnancy women

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

All HIJRA project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs. For implementation, the gender breakdown of the staff hired by HIJRA is also considered as an important component of gender mainstreaming. HIJRA aims to have at least 50% of our clinical staff be female. Furthermore, gender disaggregation is critical in HIJRA's standard operating procedures for best practice of collection and analysis of beneficiary health data.

Protection Mainstreaming

This project has seriously taken a note that women and girls are at increased risk of violence due to the on-going civil unrest in this project area and may be unable to access assistance or make their needs known. On the other side the men?s roles as protectors in this otherwise conflict affected area has placed them on greater responsibility for risk taking. HIJRA Somalia therefore has first taken account of the different needs, recognize the potential barriers faced and ensure women and men access health services equally. All data will be disaggregated by sex and age and apply a gender analysis. HIJRA will involve from the outset women, girls, boys and men, including those that belong to the vulnerable groups, in health assessments, priority setting, programme design, interventions and evaluation. All health consultations, examination and care will be in privacy. Health personnel (women and men) will be adequately represented in gender theme groups, Communication strategies will highlight specific health risks affecting women and men, as well as targeting adolescent girls and boys in local Somali language and include physical and mental health services and their locations and ensure all hard to reach vulnerable members are fully aware of the existing services

Conflict sensitivity in the program; do-no-harm approach

Protection of women against Gender Based Violence (GBV); The program provides a provision to mainstream GBV monitoring and prevention mechanisms including; provision of referral notes to victims of GBV, gathering data of GBV cases in the program target areas and providing regular reports to relevant stakeholders including protection cluster as well as specific agencies that thematic focus is to prevent GBV in Somalia.

Country Specific Information

Safety and Security

The project will make sure that Health services and facilities shall be physically accessible and within safe reach for all sections or groups of the population through health facilities and established outreach mobile team. The project will take into account the needs of particular groups of people in special needs that includes but not limited with, disabled people, pregnant and Lactating women and the elderly persons of the community.
Community based health management committee will be formed by the target IDP community. the committee will be formed based on community based selection criteria which will be developed with the community. Part of the role & responsibilities of the Health Management Committee (HMC) will include; management of beneficiary complaints and provision of feed back mechanisms and conflict resolution to ensure the adherence to the principle of Do-No-Harm approach is used during the entire project cycle. This will ensure Safety and Security for both Program staff and our target beneficiaries.

Access

The project site has been in operation since 2011and theHIJRA are quite familiar with the site therefore no challenges expected during the implementation period

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Executive Director(ED)	D	1	5,000.00	9	20.00	9,000.00
	The ED will provide overall coordination of the efforts of the relevant managers in order to ensure the timely and effective delivery of the project. The ED will spend 20% of his time on the project to ensure its successful implementation. Time allocation 20% of monthly $5000 for 9 months = $9,000						
1.2	Health Coordinator	D	1	2,400.00	9	100.00	21,600.00
	The Health Coordinator will provide overall coordination of the project and will also oversee quality control of the project throughout its life cycle. This will include mobilizing resources and coordinating the efforts of team members and third-party contractors or consultants in order to deliver the project according to plan. S/He will spend 100% of his time on the project to ensure its successful implementation (100% of monthly $2400 for 9 months = $21,600. The position is based in Mogadishu						
1.3	Expanded Program Immunization Officer-EPI	D	1	800.00	9	100.00	7,200.00
	Expanded program immunization officer will be responsible for cold chain and distributing supplies to facilities, s/he will provide on job training health staff for vaccine. Will be paid $800 for 9 months=7200						
1.4	Doctors	D	3	1,000.00	9	100.00	27,000.00
	*(1 for Daryeel health facility and other 2 in CTC in Banadir hospital) Doctors will provide guidance and support to all health staff in the facility, they will be responsible treatment for complicated case and other cases which needed supported. Doctor will be paid 1000 per month for 9 months = $9000*3=$27,000*						
1.5	Monitoring, evaluation and reporting officer	D	1	800.00	9	100.00	7,200.00
	The staff will ensure quality implementation and reporting of project activities through prescribe monitoring tools per project agreements and in line with HIJRA Reporting guidelines. Coordinate all aspects of project monitoring and reporting ensuring data is of high quality and produced on time. Responsible for updating project data into the project management information system.						

1.6	Midwives	D	6	400.00	9	100.00	21,600.00
	2 midwives in Daryeel health facility (two in day shift and other one @night shift), one in Jamacada Beraha health facility and one for each mobile clinic, so total midwives are 6. Midwife will be responsible for antenatal and postnatal care consultation, delivery room as well as community health education. Each midwife will be paid $400 per month for 9 months						
1.7	Qualified Nurses	D	13	400.00	9	100.00	46,800.00
	3 nurse in Daryeel health center (2 @day time and one@ night shift) and two in Jaamacadda beeraha health centers, As well as one for each mobile clinic (3 mobile clinics).5nurses in Cholera treatment center in Bnadir hospital (3 @ day shift and 2 @night shift). Total nurses are 13 *Each nurse will responsible for they will be responsible for over 5 years and under 5 years consultation, These nurses will inpatient (Cholera treatment center) and can perform independently or as part of a treatment team. Generally, nurse performs the important task of educating patients about preventative care and prescribed treatments. They will record and keep the data. S/he participate community health education awareness .each nurse will be paid $400 per month for 9 months=2400*13=$46,800*						
1.8	Auxiliary Nurses	D	13	200.00	9	100.00	23,400.00
	*(3 Auxiliary nurses needed Daryeel health center (two day shif and oher one@night shift) and two for Jamacadda health center and one for each mobile clinics, 5 Auxiliary nurses will be also required in cholera treatment center to assist nurses (3 will be at day shift and two @night shift) implementing 'care' as instructed by the Registered nurses or midwives ; they will perform nutrition screener, Vaccination and drug dispensary. Each auxiliary nurse will be paid 200 for 9 months= (1800*13) =$23,400*						
1.9	Hygiene Promoters	D	4	200.00	9	100.00	7,200.00
	*One hygiene promotor(HP) in Daryeel health center-and one Jamacadda berraha health center and 2 in cholera treatment center in Banadir hospital .responsibility of hygiene promoter is to provide education for community's and patients to enhance ability to protect itself from communicable diseases, such as tuberculosis. As hygiene promoter, should sensitize the community on the importance of good hygiene, the dangers of poor hygiene, and the best methods of preventing these dangers. Each HP will be paid @200 per month for nine months=$1800*4=$7200*						
1.10	Community health workers	D	3	200.00	9	100.00	5,400.00
	*Each mobile clinic will be assisted by one community health workers (CHWs). S/He responsible for Identifying or contacting members of high-risk or otherwise targeted groups like pregnant women, Perform basic diagnostic procedures, such as blood pressure screening, Monitor nutrition of children, elderly, or other high-risk groups, Contact clients in person, by phone, or in writing to ensure they have completed required or recommended actions. Each CHWs will be paid @$200 per month for nine months=$1800*3=$5400*						
1.11	Cleaners	D	6	150.00	9	100.00	8,100.00
	*Three cleaners require in Cholera treatment center (2cleaner @ day shift and 1@night shift) and 2 in Daryel health center and one for Jamacada beeraha health center .responsible for cleans health facilities ,patient rooms, baths, laboratories and other areas: Washes beds and mattresses, and remakes beds after dismissal of patients. Keeps utility and storage rooms in clean and orderly condition. Each will be paid 150 per month for nine months=$1350*6=$8,100*						
1.12	Securities guard	D	5	200.00	9	100.00	9,000.00
	*Daryeel health center and Cholera Treatment Center in Banadir hospital require two security by each and one for other 1Jamacada beerah healthcenter @$200 per person per month for nine months=1800*5=$9000* *Main duty is to protect people, property, information, and reputation.* *Responds rapidly to security emergencies within the hospital or health care setting.*						
1.13	Program Accountant	D	1	1,200.00	9	50.00	5,400.00
	Maintain proper accounting standards, ensure project financial records are up-to-date and accurate, assist in preparing timely and accurate project financial reports and will charged 50%						
1.14	Logistics Officer	D	1	700.00	9	50.00	3,150.00
	Responsible for shipping, warehousing and procurement of project supplies.						
1.15	Human Resources & Admin Officer	D	1	700.00	9	50.00	3,150.00
	Provides administrative support in terms of recruitment of project staff, staff record management, staff leave management and payroll processing.						
	Section Total						**205,200.00**
Supplies, Commodities, Materials							
2.1	Essential medicine	D	1	20,001.99	1	100.00	20,001.99
	Project will procure and distribute essential drugs to all static and mobile clincs @$20001.9 *Will be benefitted 50,960 beneficiaries .*						
2.2	Freight Transport and storage cost for Materials	D	1	6,300.00	1	100.00	6,300.00
	Since the Medicines and equipment will be purchased from Kenya, the cost will cater for the shipping of such drugs to Mogadishu and storage as well as transportation drug to fiels as per the BOQ						
2.3	Purchase of cleanining equipment/supplies,disfinctant/antiseptic	D	1	4,058.00	1	100.00	4,058.00

	Project will purchase cleaning materials for the all health facilities as per BOQ attached which will be used in cleaning in the faciilities.						
2.4	Mobile clinic and Maternal and Child Health Center furniture	D	1	2,700.00	1	100.00	2,700.00
	2 health center and 3 mobile clinics shall be equipped with an assortment of furniture, which shall comprise of a set of table, chair, cupboard and shelf as detailed in the attached BOQ.						
2.5	Rehabilitation of Cholera Treatment Centre in Banadir hospital	D	1	7,682.00	1	100.00	7,682.00
	rehabilitation of cholera treatment center in Banadir hospital particularly toilets whcih majority non function and han washing which will improve the hygienic of cholere treatment center						
2.6	Register stationery and IEC materials for the facilities	D	1	6,930.00	1	100.00	6,930.00
	This will include procurement of register books admitting patients and training posters with health awareness messages and erection of billboard for visibility. The posters will compose a mixture of A4 and A3 size						
2.7	Training 16 Health Care Workers on Basic Emergency Obstetric Care	D	1	5,895.00	1	100.00	5,895.00
	HIJRA plans to train 16 Health Care Workers on Basic Emergency Obstetric Care at least [16 (11 Women + 5 Men) , each training will be 5 days and will cost@$5895 for detail attached BoQ						
2.8	Training 16 Health Care Workers on Integrated Management of Childhood Illness	D	1	5,895.00	1	100.00	5,895.00
	HIJRA plans to Train 16 Health Care Workers on Integrated Management of Childhood Illness [16 (8 Women + 8 Men), each training will be 5 days and will cost@$5895 for detail attached BoQ						
2.9	Training 16 Health Care Workers on Integrated Disease Surveillance Response	D	1	5,895.00	1	100.00	5,895.00
	HIJRA plans to train 16 Health Care Workers on Integrated Disease Surveillance Response 16 (8 Women + 8 Men), each training will be 5 days and will cost@$5895 for detail attached BoQ						
2.10	Training for community on hygiene and sanitation (150)	D	1	7,068.00	1	100.00	7,068.00
	HIJRA plans to train at least 150 participants [115 women and 35 m3n] on hygiene ans sanitation and epidemic disease prevention for 2 day for detail attached BoQ						
2.11	Warehouse rent	D	1	450.00	9	100.00	4,050.00
	Primary use of warehouse shall be the main distribution point for all the supplies [cold chain items, essential drugs, medical devices and equipment. BOQ attached.						
	Section Total						**76,474.99**
Equipment							
3.1	Medical equipments	D	1	10,967.55	1	100.00	10,967.55
	Project will procure medical equipment to all health facilities and mobile clinics @$10967.55 These shall include items such as delivery beds, delivery set, baby weighing scales etc Detailed BOQ attached.						
	Section Total						**10,967.55**
Travel							
5.1	Three Vehicle Hire for 3 Medical team and supervision	D	3	1,875.00	9	100.00	50,625.00
	Primary use of vehicle shall be to transport mobile health teams and facilitate community health outreach, and project monitoring The cost of hiring a vehicle is averagely USD 75 Per day running for 25 days in a month.						
5.2	Air Travel and Visa Accommodation and per diem	D	1	5,980.00	1	100.00	5,980.00
	The air ticket is for 4 staff(Program Accountant, Executive Director, Health coordinator coordinator and M& E) Who will travel once in the lifespan of the project for coordination, monitoring and procurement of supplies in Nairobi and Field.The staff travelling to Filed or Nairobi will be accommodated and paid per-diem(Rate is USD 30 and accommodation is 100 USD Per night. BoQ attached						
	Section Total						**56,605.00**
General Operating and Other Direct Costs							
7.1	General supplies and stationaries	D	1	1,500.00	1	100.00	1,500.00
	Office supplies including printer cartridges, pens, printing papers, and files, shall be utilized in support of the project. Detailed BOQ is attached.						
7.2	Communication(Telephones and internet)	D	1	770.00	9	100.00	6,930.00
	Internet and telephone costs for Mogadishu office to facilitate project communication. 100% has been charged to the project as detailed in attached BOQ.						
7.3	Utilities(Electricity, water)	D	1	890.00	9	100.00	8,010.00

	Water and electricity costs for Mogadishu office; 100% has been charged to the project. BOQ attached.						
7.4	Office rent	D	1	850.00	9	100.00	7,650.00
	Mogadishu office rent will be base of support staff and will be used for implementation of project.						
	Section Total						**24,090.00**
SubTotal			80.00				**373,337.54**
Direct							373,337.54
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							26,133.63
Total Cost							**399,471.17**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu-Hodan -> Mogadishu/Hodan	15	1,800	4,336	1,252	1,252	8,640	Activity 1.1.1 : Provide antenatal, postnatal and emergency obstetric care services to 4,587of expected pregnant and lactating women through 2 health facilities and 3 mobile outreach clnics in Afgooye district of lower Shebelle region and Hodan district of Banadir region Activity 1.1.2 : Train 16 health care workers (11 female and 5 male)) in Basic emergency obstetric and newborn car e (BEmONC) for 5days Activity 1.1.3 : Organize and facilitate 6 health education sessions to increase awareness of reproductive health and safe motherhood, infancy child feeding practice as well as hygiene and sanitation for around 300 participants [230 women, 70 men] in the surrounding communities,each session will be one day. Activity 1.2.1 : Provide health care services to vulnerable boy (11,510) and girls (11,510) ,men (8600) and women (19,340) in the targeted districts Activity 1.2.2 : Provide routine and campaign immunization to children under 5 (850 boys and 850 girls) and women childbearing age (WCBA) (1000) Activity 1.3.1 : Rehabilitate chorera treatment center in Banadir hospital and provide medical supply and equipment to provide appropriate AWD/Chorela case management Activity 1.3.2 : Train 16 health workers (8 females and 8 males) on integrated disease surveillance and response (IDSR) and diarrhea prevention and treatment Activity 1.3.3 : 150 community Members (115 female and 35 male) educated for the hygiene and sanitation and the prevention epidemic diseases for 2 days

Banadir -> Mogadishu-Wadajir -> Mogadishu/Wadajir	25	1,400	2,000	6,500	6,500	16,400	Activity 1.1.1 : Provide antenatal, postnatal and emergency obstetric care services to 4,587of expected pregnant and lactating women through 2 health facilities and 3 mobile outreach clnics in Afgooye district of lower Shebelle region and Hodan district of Banadir region Activity 1.1.2 : Train 16 health care workers (11 female and 5 male)) in Basic emergency obstetric and newborn car e (BEmONC) for 5days Activity 1.1.3 : Organize and facilitate 6 health education sessions to increase awareness of reproductive health and safe motherhood, infancy child feeding practice as well as hygiene and sanitation for around 300 participants [230 women, 70 men] in the surrounding communities,each session will be one day. Activity 1.2.1 : Provide health care services to vulnerable boy (11,510) and girls (11,510) ,men (8600) and women (19,340) in the targeted districts Activity 1.2.2 : Provide routine and campaign immunization to children under 5 (850 boys and 850 girls) and women childbearing age (WCBA) (1000) Activity 1.2.3 : Train 16 health care workers (8 females and 8males) in Integrated management childhood illnesses (IMCI) for 5 days Activity 1.3.1 : Rehabilitate chorera treatment center in Banadir hospital and provide medical supply and equipment to provide appropriate AWD/Chorela case management Activity 1.3.2 : Train 16 health workers (8 females and 8 males) on integrated disease surveillance and response (IDSR) and diarrhea prevention and treatment Activity 1.3.3 : 150 community Members (115 female and 35 male) educated for the hygiene and sanitation and the prevention epidemic diseases for 2 days
Lower Shabelle -> Afgooye -> Lafoole	60	5,400	13,004	3,758	3,758	25,920	Activity 1.1.1 : Provide antenatal, postnatal and emergency obstetric care services to 4,587of expected pregnant and lactating women through 2 health facilities and 3 mobile outreach clnics in Afgooye district of lower Shebelle region and Hodan district of Banadir region Activity 1.1.2 : Train 16 health care workers (11 female and 5 male)) in Basic emergency obstetric and newborn car e (BEmONC) for 5days Activity 1.1.3 : Organize and facilitate 6 health education sessions to increase awareness of reproductive health and safe motherhood, infancy child feeding practice as well as hygiene and sanitation for around 300 participants [230 women, 70 men] in the surrounding communities,each session will be one day. Activity 1.2.1 : Provide health care services to vulnerable boy (11,510) and girls (11,510) ,men (8600) and women (19,340) in the targeted districts Activity 1.2.2 : Provide routine and campaign immunization to children under 5 (850 boys and 850 girls) and women childbearing age (WCBA) (1000) Activity 1.2.3 : Train 16 health care workers (8 females and 8males) in Integrated management childhood illnesses (IMCI) for 5 days Activity 1.3.2 : Train 16 health workers (8 females and 8 males) on integrated disease surveillance and response (IDSR) and diarrhea prevention and treatment Activity 1.3.3 : 150 community Members (115 female and 35 male) educated for the hygiene and sanitation and the prevention epidemic diseases for 2 days

Documents

Category Name	Document Description
Signed Project documents	SHF Project Agreement %5bSOM_17_3485_SA1_2017_H_NGO_4988.pdf
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_revised.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision II.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_revised 08.03.2017.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision IV_Final Version.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision XI-SOM-173485SA1 2017HNGO4988.xlsx
Budget Documents	Final revised BOQ hijra.xls
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision V.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision VI.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision VII.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision VIII.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision IX.xlsx
Budget Documents	HIJRA_SHF_Health_Consolidated Bill of Quantities_Revision X.xlsx
Grant Agreement	HC signed HIJRA GA 4988.pdf
Grant Agreement	SHF Project Agreement %5bSOM_17_3485_SA1_2017_H_NGO_4988.pdf