OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Qatar Red Crescent Society
Allocation Type :	Standard Allocation 1 (Jan 2017)

Primary Cluster	Sub Cluster	Percentage
Health		100.00
		100

Project Title :	Improve access to Emergency and life saving health care services to vulnerable boys, girls, men and women including host community, IDPs and returnees through 4 mobile health clinics two in Afgoye and two in Balad District in Lower and Middle Shabelle respectively.
Allocation Type Category :	

OPS Details

Project Code :	SOM-17/H/101789	**Fund Project Code :**	SOM-17/3485/SA1 2017/H/O/5002
Cluster :	Health	**Project Budget in US$:**	396,878.18
Planned project duration :	9 months	**Priority:**	A - High
Planned Start Date :	10/04/2017	**Planned End Date :**	10/01/2018
Actual Start Date:	10/04/2017	**Actual End Date:**	10/01/2018

Project Summary :

The project seeks to offer emergency and lifesaving health care services to vulnerable Host Community, IDPs, returnees and immigrants in 10 settlements in Afgoye and 10 settlements in Balad District through four mobile health care delivery teams. Each of district will be served by two mobile teams. The total targeted direct beneficiaries is 52,080 composed of Men, under five boy and girl, pregnant and lactating women, Mobile health staff, Community Health Workers and Village Committees through offering integrated primary health care delivery through mobile clinics. The interventions will include, 15 days for each month offering integrated health care services, Expanded Program on Immunization (EPI), health promotion targeting selected villages. In order to effectively deliver these services, QRCs will capacity build Mobile Health Teams, Community Health Care workers and village committees. The mobile team will consist of two teams targeting Balad District, and two teams in Afgoye.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
6,443	14,509	14,941	16,187	52,080

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	7,787	0	0	7,787
Children under 18	0	0	7,830	8,811	16,641
Children under 5	0	0	4,091	4,349	8,440
Staff (own or partner staff, authorities)	8	12	0	0	20

Indirect Beneficiaries :

Indirect beneficiaries will consist of 15233 households made up of 91218 residents of the target villages.

Catchment Population:

Balad district-200, 000 people, Afgoye-135,000.

Link with allocation strategy :

The project targets to support Afgoye Hospital the only referral hospital in Afgoye corridor to enhance its capacity due to increasing immigration as a result of the drought overstretching the limited existing facilities. In Balad, the Qatar Health centre serves a catchment of 74 villages with the services not reaching the far flung villages. The drought situation will heighten the risks and contribute to outbreak of communicable diseases. Moreover, a need to increase the capacity of health centre staff, health workers and strengthen the referral system is required

The project interventions seek to Improve access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected and at-risk populations aimed at reducing avoidable morbidity and mortality to vulnerable IDPs,immigrants, host community, and returnees in Afgoye, and Balad districts. This will be through 4 mobile teams health care delivery. Equally, the project will contribute to the Reduction of maternal and child morbidity and mortality through offering ANC and PNC services and Child Care services, EPI and health promotions. Working with other health partners, develop and implement Emergency preparedness and response capacities at all levels including early warning disease detection to mitigate, detect and respond to epidemic diseases outbreaks promptly. This will contribute to HRP strategic objective 1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable people and indicators (i) Reduction in case fatality rate of AWD/cholera outbreaks and (ii) Number of children under 5 mortality rate (per 1,000 live births).

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
Ahmed Adam Hamid	Head of Delegation-Qatar Red Crescent Society	ahmed.adam@qrcs.org.qa	+252 618900083

BACKGROUND

1. Humanitarian context analysis

With worsening drought, the health situation might further worsen in 2017 due to the closure of the largest health sector development program – The Joint Health and Nutrition Programme in December 2016. Thus, a potential gap is eminent.
The sporadic outbreak of communicable diseases in Afgoye and Balad has negatively contributed to the health sector with the outbreak of acute watery diarrhea on which the case management is a challenge compared to health services available and the scale of the demand worsening the situation.Crowded conditions and compromised water and sanitation have triggered a high risk of diseases. Without support and worsening drought situation additional outbreaks of epidemic-prone diseases are likely. Due to the insecurity and limited presence of humanitarian agencies, these regions experience major health gaps.

Middle Shabelle and Lower Shabelle regions are the among the worst affected areas by the AWD since the riverine, pastoralist and agro pastoralist largely rely on river as primary source of water.

According to FSANU February report, an estimated 363,000 children under the age of 5 years are estimated to be acutely malnourished in Somalia. With the drought situation worsening and this level of malnutrition, any outbreak of measles or any communicable diseases will have severe consequences. As such an immediate action needs to be implemented to scale up measles & Vitamin A coverage, focusing on drought affected areas and prevention and control of AWD/Cholera. In Lower and Middlle Shabelle the situation is dire due to the breakdown and overstretching of existing health facilities.Though the country has been celebrated for being certified polio-free for its 2nd year row, the current low coverage of immunization in Somalia and the recent news coming from Nigeria whereby 2 polio cases confirmed calls for scale up of current response activities against the re-importation of polio outbreak in Somalia.
The under-five mortality rate (U5MR) of 137 per 1,000 live births is presently the third worst in the world. Granted,there are multiple contributory causes to the unacceptably high levels of neonatal, infant and child mortality, the most significant of which are: neonatal issues, acute respiratory illnesses, diarrhea, vaccine preventable diseases and malaria.In target districts the delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages, and rupture of the cold chain. There is only one Hospital in Afgoye corridor offering secondary and referral services that cater for the whole of the region's population and whose access and operations in the past has been limited. The District has been restricted and even some areas closed to all health and basic services provision including health. In Balad the QRC health centre serves more than 74 far flung villages greatly hampering access to life-saving interventions to needy and vulnerable populations.

2. Needs assessment

The increase of Acute Watery Diarrhea (AWD/cholera) outbreak that started in the first week of December 2016 throughout Afgoye has continued to affect large number of people in the riverine areas including Afgoye and Balad districts in Lower and Middle Shabelle regions of Somalia. According to QRCS December 2016 Afgoye hospital report, 322 cases of suspected AWD were admitted to hospital since Dec 2016, 171 out of these cases were under five and 151 were above five years. The same reports from QRCS health centre in Balad indicates the center has provided AWD case management to 87 patients. Out of these cases 29 were children and 58 were adult. AWD broke out in Shabelle region in the second week of Dec 2016 mainly affecting riverine villages in Balad and Afgoye districts.
In the third week of January 2017, the number of AWD daily cases had increased from 4 cases per day to an almost 6-7 cases per day. Similar to this, AWD daily cases in QRCS Balad health centre have also increased from 1-2 daily cases to 4-6 daily cases. This type of AWD is affecting mainly the elderly and middle groups but also there is percentage of children including case management which further contributes to the malnutrition of children. By mid February, 372 AWD cases have been attended since the beginning of Dec 2016 in QRCS hospital in Afgoye, with only two cases reported to have died. 234 out of this figure are in January which indicates an increase of approximately 170% of the AWD cases. 77 AWD cases were also reached to QRCS health centre in Balad, only one case reported to have died. 51 cases out of these were reported in January which also indicate an increase of 196% compared last Dec 2016. With River Shabelle having completely dried up water availability in lower and middle Shabelle continue to be diminish which likely to contribute to increase in AWD cases.
In comparison to the population and health needs, Shabelle regions have insufficient number of medical facilities compounded by the current drought that has overstretched the already inadequate staff and services. For instance, the Balad Health centre has a catchment of 74 villages. Due to the insecurity and limited presence of humanitarian agencies, Shabelle regions is still experiencing major health gaps. With major outbreaks of cholera occurring frequently, high level of malnutrition, low immunity levels, migration,overcrowding in camps and shelters, and continued displacement, there is a high risk of communicable disease outbreaks. The escalating situation, and increase in cases of suspected communicable diseases, QRCS has established CTU in Afgoye main hospital and Balad health center with special response team for the case management. However, the facilities are limited by lack of supplies, poor infrastructure and inadequate number and capacity of staff. Afgoye hospital and Balad Health Centre have potential for scale-up as well as staff whose skills can be upgraded to handle the forecasted emergencies and staff. Due to this, the hospital and health facilities have reported regular stock outs of life saving medicines. Additionally, due to the scale of the emergency there is urgent requirement to recruit and capacity build staff. There is urgent need to increase the overall number of emergency health workers, it is also essential to provide additional training to existing personnel in order to further build their capacity in core areas such as epidemic diseases management and control, antenatal and postnatal care. EPI services are only available in select health facilities indicating limited EPI coverage which is contributing to the outbreak of vaccine preventable diseases.

3. Description Of Beneficiaries

Afgoye town is inhabited by host community, IDPs, immigrants,and returnees. The relative security situation that characterize the corridor has seen an influx of IDPs, returnees and Immigrants trying to access basic services. The targeted beneficiaries, are spread in Lafoole, Libaaxle, Buulo Xaartooy, Awgooye, Dhajalaq, Waranbas, Balabaleey, Kuraari, Shukurow and Abbannaale.The livelihoods of the Afgoye population depend on agriculture and livestock. The complexity of displacement and drought and its impact on IDPs and host community in Afgoye has increased the vulnerability of these people and may lead to a humanitarian crisis in the near future.

In Balad the host communities, IDPs and refugees are spread among 74 villages. The project targets populations spread in Marerey,Mukedhere , Warqabo, kurshale,yaqle,Dhagahow,shanlow,Jameo Farbarako,Buulo kuunto. Due to the continuing drought and resultant movements people are struggling to access food and other basic services with the security situation worsening the situation. Daily arrivals of IDPs was reported although numbers were not verified. Due to the drought onslaught, labour opportunities have dwindled heightening the vulnerability. the new arrivals have no access to clean water thus the risk of diseases. Livelihoods of populations in Balcad District in Midlle shabelle are classified into small riverine farmers and agro-pastoralists.The poor households in both the riverine and agro pastoral livelihoods mainly depend on own cereal production (65-80%) for food, which is supplemented with food purchase (10-20%), while the rest comes from own livestock production.

4. Grant Request Justification

Qatar Red Crescent has been operating Afgoye Hospital from 2011 the only accessible referral hospital in the Afgoye Corridor. The hospital catchment area has a population 190,772, including 4 IDP camps. This being the only referral hospital has meant the capacity has been overwhelmed leading to in some instances inadequate service delivery. The hospital is unable to reach out to far flung rural areas who are facing debilitating drought and in urgent need of emergency and lifesaving health services. Staff are in shortage and in urgent need for capacity building, the hospital and health center reports frequent stock-out of essential drugs and supplies.

In Balad District, the health centre catchment area covers 74 villages spread in Balad District. This overstretches the already weak system and with limited number of staff and capacity, poor coordination of disease surveillance, identification and response to suspected outbreaks of epidemic prone diseases the response has been wanting. Thus, during the onslaught of the current drought, the activities proposed will contribute to Strategic Objective 1 :Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable people through offering primary health care delivery through mobile units.

5. Complementarity

Qatar Red Crescent society is currently running, from 2011, Afgoye main hospital that provides health services including; OPD, in patient with capacity of 120 beds, MCH and maternity, well equipped operation theatre (OT), pediatric, lab and pharmacy. In 2016, the hospital provided health services to 22,979 patients. Other interventions include; health education sessions, hygiene promotion campaigns, establishing Cholera Treatment Centre for AWD case management. The hospital will act as the referral hospital for complicated cases in Afgoye district especially on Comprehensive Emergency Obstetric and Newborn care (CEmONC). This will be strengthened through health partners adopting a referral mechanism and the hospital availing ambulance and emergency staff.

In Balad health centre, Qatar Red Crescent society has rehabilitated and launched Balad health centre in Feb 2014 to provide medical services to 74 sub villages with an estimated population of 200,000 inhabitants. The health Center provides a wide range of services around the clock for the two years, with different health components; Outpatient services , ANC, Basic obstetric services, EPI services, Facility delivery with qualified midwives, and Drugs dispensing and laboratory services. These facilities will acts as backstopping measure for the Mobile Healthcare Delivery team as well as complement service delivery. During the health care delivery and health promotions QRCS will work with partners in order to complement services offered and mitigate overlap. Cases of PLW requiring attention and basic obstetric services will be referred to Balad health centre or any health partner MCH or health partner.

As a leader in health care and social development in these region, QRCS plans to strengthen and appreciate achievements gained so far by working closely with the health and other clusters partners. QRCS plans to continue collaboration with the local health/clusters partners through strengthening the referral system, coordination and information sharing including during the health promotion and EPI campaigns. In the clusters meetings encourage discussion on technical/management issues to guide the implementation of the project. QRCS proposed program plan is to maintain these partnerships to enhance synergy.

LOGICAL FRAMEWORK

Overall project objective

1. Strengthen access to quality Emergency and essential Primary Health Care and MCH to the most vulnerable populations from select settlements in Afgoye, and Balad districts in Lower Shabelle and Middle Shabelle respectively.

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	100

Contribution to Cluster/Sector Objectives : The project will contribute to health objectives (i) Improved access to essential lifesaving health services (quality primary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality and (ii) To contribute to the reduction of maternal and child morbidity and mortality. This will be through increasing access and affordability of emergency and life-saving health care services to vulnerable IDPs, returnees, migrants and host communities.

Outcome 1

1. Improved access to emergency and lifesaving primary health care services to vulnerable and mobile population in Afgoye, and Balad districts (6,442 men, 14,507 women, 14,941 boys and 16,187 girls) through 4 mobile health teams (2 Balad and 2 Afgoye).

Output 1.1

Description

Improved capacity delivery of health care workers composed of 20 mobile clinic staff (8 male, 12 female) 40 Community Health Workers (16 male, 24 female).

Assumptions & Risks

-Existing pool of Community Health Workers and Mobilizers whose skills can be enhanced.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					60
Means of Verification : Training reports, Health and hospital services delivery report							
Indicator 1.1.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					1
Means of Verification : Training Reports							

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Capacity building 20 health staff (40% males and 60% female) (4 mid wives, 4 registered nurses,8 auxiliary nurses, 4 medical doctors) on integrated health delivery to support the delivery of quality emergency health support, 40 Community Health Workers on control and prevention of epidemics, Child Health Care, EPI.

Activity 1.1.2

Standard Activity : Emergency Obstetric Care - Basic and Advacned

Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC)

Output 1.2

Description

Improved knowledge dissemination and assimilation on AWD/Cholera prevention and control.

Assumptions & Risks

Increased access of the beneficiaries through improved security situation.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	Health	No. of community mobilization and sensitization, hygiene and health promotions dialogue sessions against Cholera/AWD undertaken per village/settlement					3
Means of Verification : Campaign reports, Survey							
Indicator 1.2.2	Health	Number of Community Health Workers trained on AWD/Cholera management, prevention and control.					40
Means of Verification : Training reports							

Indicator 1.2.3	Health	Case Fatality Ratio (CFR) for most common diseases - AWD/Cholera					500

Means of Verification : Mobile Health Team reports, Surveillance reports

Activities

Activity 1.2.1

Standard Activity : Awareness campaigns and Social Mobilization

Undertake 3 community mobilization, dialogues and sensitization campaigns on health promotion and communicable diseases per district each lasting 5 days.

Activity 1.2.2

Standard Activity : Emergency Preparedness and Response capacities

Community health workers trained on epidemics including Cholera/AWD disease management, prevention and control.

Activity 1.2.3

Standard Activity : Epidemic disease surveillance

Undertake Disease Surveilance with health partners and cluster on a regular basis during outbreaks and on a monthly basis

Output 1.3

Description

Established Mobile Health Team in place and providing 15 days of health provision, health education and referral services from the Mobile Clinics for screened cases requiring further treatment and observation

Assumptions & Risks

Accessibility to the high-risk village.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.3.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					4,000
Means of Verification : Mobile Team report							
Indicator 1.3.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					1
Means of Verification : Mobile Team reports, referral reports							
Indicator 1.3.3	Health	Number of PLW provided with ANC and PNC services.					7,787
Means of Verification : Mobile Team Reports							

Activities

Activity 1.3.1

Standard Activity : Primary health care services, consultations

Undertake 15 days per month Mobile medical units health care delivery consisting of four Mobile Health Teams of 6 health personnel each(1 medical doctor and supported by 1 registered nurses and 2 auxiliary nurses, 1 midwife) providing scheduled mobile outreach health provision to 10 settlements in Afgoye town and residential areas and 10 villages in Balad District including ensure timely requisition and distribution of essential medical supplies for the 4 Mobile Health Teams.

Activity 1.3.2

Standard Activity : Secondary health care and referral services

Support referral services from the functional hospital and one Health Outpost for screened cases requiring further observation and care (especially pregnant women) as part of the outreach services.

Activity 1.3.3

Standard Activity : Primary health care services, consultations

Provide ANC and PNC services to pregnant and lactating women (PLW) through the 4 mobile clinics

Output 1.4

Description

Improved delivery of Expanded Programme on Immunization (EPI) targeting under five and women of child-bearing age dis-aggregated by gender.

Assumptions & Risks

Accessibility of beneficiaries in hostile area and in Mobility

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.4.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					25,081

Means of Verification : Health centre and Mobile Health Team reports,Survey							
Indicator 1.4.2	Health	Coverage of measles vaccination (%)					75
Means of Verification : Campaign report card							
Activities **Activity 1.4.1**							
Standard Activity : Immunisation campaign							
Undertake 3 immunization campaign sessions in each of the target district during the project period each lasting 10 days per month per dsitrict							
Activity 1.4.2							
Standard Activity : Essential drugs and Medical equipments distribution							
Timely procurement, safe storage and delivery of adequate doses of vaccines.							
Output 1.5							
Description							
Improved case referral, communication and information sharing for complex cases with health partners							
Assumptions & Risks							
Positive and timely response and information sharing among the health partners.							
Indicators							
			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.5.1	Health	Number of complex cases referred and satisfactorily attended					100
Means of Verification : hospital and health centre reports							
Indicator 1.5.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					1
Means of Verification : Referral hospital and health centers referral reports							
Indicator 1.5.3	Health	Referral mechanism adopted by partners.					1
Means of Verification :							
Activities **Activity 1.5.1**							
Standard Activity : Secondary health care and referral services							
Encouraging of referrals through offering stand-by ambulance services in Afgoye, emergency staff and facilities in Health Centre							
Activity 1.5.2							
Standard Activity : Secondary health care and referral services							
Strengthening of referral of obstetric cases and information sharing with health partners							
Activity 1.5.3							
Standard Activity : Secondary health care and referral services							
Referral mechanism agreed upon and adopted by health care implimenting partners							
Additional Targets :							

M & R

Monitoring & Reporting plan

Project monitoring shall be a continuous process throughout the project life period. Monitoring of activities shall be done by QRCS staff in conjunction with the specific region's Ministry of Health, Health cluster and WHO. All training shall have proper workshop reports for ease of monthly reference. Feedbacks and other information shall be collected through focus group discussion, key informant interviews, weekly reports, field visits to settlements and health facilities, local communities documenting success stories and verification of results with local communities. The project will develop user friendly tools. Such will include activity participant lists, patients card, Mobile Team Records on disease prevalence/consultations, project photos and other data as may be required. Key indicators and outcomes will be tracked and reported to measure the success of the interventions; principally the rate of new communicable disease outbreak cases in the target areas. Project staff will share bi-weekly, monthly progress and financial reports with WHO and health cluster. Community members and elders and key stakeholders will be involved in monitoring and evaluation throughout project delivery and will provide feedback on how effectively the activities met their needs.
Lessons learnt shall be incorporated in subsequent projects to improve on past gaps and failure as part of organization growth and change
At the end of the project a final narrative report shall be produced and submitted by QRCs and encourage peer reviews to assess the project implementation, impact and results.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Capacity building 20 health staff (40% males and 60% female) (4 mid wives, 4 registered nurses,8 auxiliary nurses, 4 medical doctors) on integrated health delivery to support the delivery of quality emergency health support, 40 Community Health Workers on control and prevention of epidemics, Child Health Care, EPI.	2017				X				X				
Activity 1.1.2: Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC)	2017				X								
Activity 1.2.1: Undertake 3 community mobilization, dialogues and sensitization campaigns on health promotion and communicable diseases per district each lasting 5 days.	2017					X			X			X	
Activity 1.2.2: Community health workers trained on epidemics including Cholera/AWD disease management, prevention and control.	2017					X							
Activity 1.2.3: Undertake Disease Surveilance with health partners and cluster on a regular basis during outbreaks and on a monthly basis	2017				X	X	X	X	X	X	X	X	X
Activity 1.3.1: Undertake 15 days per month Mobile medical units health care delivery consisting of four Mobile Health Teams of 6 health personnel each(1 medical doctor and supported by 1 registered nurses and 2 auxiliary nurses, 1 midwife) providing scheduled mobile outreach health provision to 10 settlements in Afgoye town and residential areas and 10 villages in Balad District including ensure timely requisition and distribution of essential medical supplies for the 4 Mobile Health Teams.	2017				X	X	X	X	X	X	X	X	X
Activity 1.3.2: Support referral services from the functional hospital and one Health Outpost for screened cases requiring further observation and care (especially pregnant women) as part of the outreach services.	2017				X	X	X	X	X	X	X	X	X
Activity 1.3.3: Provide ANC and PNC services to pregnant and lactating women (PLW) through the 4 mobile clinics	2017				X	X	X	X	X	X	X	X	X
Activity 1.4.1: Undertake 3 immunization campaign sessions in each of the target district during the project period each lasting 10 days per month per dsitrict	2017					X			X			X	
Activity 1.4.2: Timely procurement, safe storage and delivery of adequate doses of vaccines.	2017				X			X			X		
Activity 1.5.1: Encouraging of referrals through offering stand-by ambulance services in Afgoye, emergency staff and facilities in Health Centre	2017				X	X	X	X	X	X	X	X	X
Activity 1.5.2: Strengthening of referral of obstetric cases and information sharing with health partners	2017				X	X	X	X	X	X	X	X	X
Activity 1.5.3: Referral mechanism agreed upon and adopted by health care implimenting partners	2017					X							

OTHER INFO

Accountability to Affected Populations

QRCS will demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into organizations' strategies,proposal, monitoring and evaluations, recruitment, staff inductions and training and this will be highlighted in reporting. The Feedback mechanism will be provided through Community Health Workers and Village Committees with the mobile team collating the information to be used for health care delivery improvement. QRCS will promote accountability and provide information to beneficiaries, WHO, partners and donors about the progress of the programme in terms of project activities and financial. During the project implementation in all the targeted settlements a village committee which will work with the Mobile Health Team will be capacity build on health promotion activities. The village committee will form part of the team to cascade programme information including beneficiaries, activities to the target population. The team will also be part of the project Monitoring, Evaluation and Learning team in order to ensure project activities are undertaken and to promote project activities ownership and success.Feedback and complaints: QRCS will actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction.
QRCS will enable beneficiaries to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence.

Implementation Plan

The Mobile Health Team target the area that are hard to access and with greatest health need. Two mobile teams are targeted for Balad District. QRCs is currently operating a health centre with a catchment of 74 villages which has resulted in overstretching of the limited facilities. Afgoye will be targeted with two Mobile Teams. An overall Project Coordinator will oversee this project, make supply requests for all locations, follow up and ensure reports are sent on time and coordinate with the Mobile Team Head based at district levels. The Mobile Team will be lead by a medical doctor.The Mobile Team heads will do the daily project monitoring of all the mobile sites with help from Community Health Workers. The Mobile Team Head will be responsible for all the daily basis supervision for all the health care delivery services following the guidelines for integrated health as laid down by the health cluster. During the mobile outreach sessions those cases that cannot be handled at the field level will be referred to the nearest health centre or hospital. The village committee and Community Health Workers will assist in community mobilization and sensitization activities as with Community Health Workers assisting the team in project activities implementation. The target beneficiaries will receive primary health care delivery 15 days in a month. In addition, Community Health Workers will be capacity build on cholera prevention, management and control essential and public health promotion. Those with previous experience will be prioritized to complement the delivery of the messages. The Project coordinator and Head of mobile team will conduct weekly and monthly monitoring respectively. Community Health Workers will be trained in mobilization, detection, referral and defaulter tracing of EPI and communicable diseases. The Pregnant, Lactating Women and U5 will be registered and files stored for future reference as well as the weekly and monthly reporting tools and minutes of any meeting conducted. The cadre of staff implementing the program is as follows: Senior Medical Officer will offer quality health care to all patients in the primary healthcare facility and work closely with other staff in all departments providing support and guidance.Nurse - They will ensure the smooth running of project activities at sites through provision of screening, counseling, treatment/preventive services and on-job training and guidance of health workers and mobilizers, will also maintain records and treatment at Mobile Team Sites. Auxiliary Nurse -Are the healthcare assistants who work within hospital or community settings under the guidance of a qualified healthcare professional. Their duties include washing and dressing, feeding, helping people to mobilize, generally assisting with patients overall comfort and monitoring patients conditions by taking temperature, pressure, weight and others parameters. Outreach Supervisor -They will liaise with NGO/FBO/CBOs/local authorities to ensure that quality programs are implemented, provide linkages between community and health facilities, and ensure that friendly services are accessible to target populations.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WHO	Medical supplies and drugs, Technical capacity
CSOs working on health	information sharing and coordination of activities and referral
UNICEF	Referral of SAM cases, information sharing
Ministry of Health-Middle and Lower Shabelle.	information sharing, coordination of activities and Monitoring
WFP	Referral of MAM cases

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will take into consideration gender dimensions ensuring adequate representation of all genders with at least 50% female representation in all project activities including capacity building and interventions. A gender sensitive and well representative committee to help QRCS staff in the various stages of the project including in the identification/selection of project participants as well as identification of strategic mobile team sites that are easily accessible by PLW and children will be constituted at the initial stage of the project in each district. The project will also mainstream gender with emphasis on female representation in the Community Health Workers and Village Committees. The project will have children under 5-years and pregnant and lactating women as the principal beneficiaries whilst giving each gender equal opportunity to participate in the intervention. Of the total beneficiaries 16% of the direct beneficiaries will be <5 years and 14% being Pregnant and Lactating Women (PLW). The project will seek to increase women access to ANC and PNC services and under five access to Child Healthcare including EPI. The Community Health Workers will play a key role in sensitizing and mobilizing identified beneficiary on access to health services that will include home visits and follow-ups.

Protection Mainstreaming

QRCs will promote protection mainstreaming through the project period is the process with protection principles incorporated in the capacity building of the health staff including Community Health Workers and Community Mobilizers. To strengthen this, community committees will equally be trained.
The project components will prioritize dignity, and avoid causing harm: Prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks, ensure meaningful Access: Arrange for people's access to assistance and services – in proportion to need and without any barriers (e.g. discrimination). Pay special attention to marginalized individuals and groups who may experience difficulty accessing health assistance and services.
The village committee will form part of the Monitoring and Evaluation team and their opinion will be sort during the project implementation. Thus, the target beneficiaries affected populations will be able to measure the adequacy of interventions, and address concerns and complaints.
The community during mobilization and sensitization and health promotion will participate and empowered on accessing health rights.

Country Specific Information

Safety and Security

Due to the unpredictability of the security situation in especially in some of the settlements, QRCS will undertake regular monitoring of security environment and consultations with district head of security. In areas that are at higher risk, QRCS will reduce exposure through low-profile approach in sensitive areas; training of staff on security and safety measures; adapt communication strategy and visibility to the security risks; Regular community security assessments and inclusive dialogue processes to reduce risks.

Access

QRCs has been working in Somalia since 2004. In all this time QRCS has been working with local communities in order to deliver interventions to the most needy populations. This has ensured a strong and amiable working relationship with local communities and authorities and relevant government ministries. In all the programs the implementing staff are locals thus, QRCS prides itself as being well versed with local customs and having well-established relationships with local communities. These strong links have enabled QRCS, as well as funding agencies, to quickly gain peoples trusts and implement projects successfully.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Medical Doctor	D	4	1,500.00	9	100.00	54,000.00
	Each Mobile team will be headed by a Medical Doctor. Provide up to date information on implementation of health activities through preparation and submission of weekly mobile team reports *Ensure that all health activities are implemented as outlined in the work plans prepared in collaboration with the Mobile team and Project coordinator.* *Review the Mobile Team activities and priorities on a regular basis updating the Project coordinator on gaps and/or provide recommendations on how to improve quality of services.*						
1.2	Registered Nurse	D	4	400.00	9	100.00	14,400.00
	Help to organise and carry out patient care and treatment, according to laid down's prescriptions and WHO guidelines *Participate in surveillance of the patient regarding alimentation, hydration, elimination and general health status.* *Be proactive in identification of emergency situations. Communicate regularly with other Mobile Team staff.*						
1.3	Auxiliary Nurse	S	8	200.00	9	100.00	14,400.00
	Assist clinical officers and nurses during consultations. *Conduct duties like dressing of wounds and helping the midwives during delivery.* *Implement and evaluate individual treatment plans for patients with a known long-term condition.* *Identify and manage as appropriate treatment plans for patients at risk of developing a long-term condition.* *Prioritize health problems and intervene appropriately to assist the patient in complex, urgent or emergency situations, including initiation of effective emergency care.* *Support patients to adopt health promotion laid down strategies that encourage patients to live healthily and apply principles of self-care.* *Deliver opportunistic health promotion using opportunities such as new patient-medicals.* *Provide information and advice on prescribed or over-the-counter medication on medication regimens, side effects and interactions* *Assess and care for patients with present with uncomplicated wounds.* *Support and advice women requesting information relating to family planning needs.* *Implement and participate in vaccination and immunization programs for both adults and children.*						
1.4	Midwife	S	4	400.00	9	100.00	14,400.00
	Ensure admission of patient and follow up of labor. *• Direct normal delivery, new-born care (including caesarean section).* *• Carry out prolonged deliveries in collaboration with the head midwife and the doctor* *• Ensure the follow up of the new-borns and the mothers in the maternity ward.* *• Prepare the discharge of mothers and their babies*						
1.5	Security Staff	S	4	100.00	9	100.00	3,600.00
	Provide security for medical staff and medical supplies.						
1.6	Community Health Worker	S	40	150.00	9	100.00	54,000.00

	assisting the Mobile Team in the health care delivery including Expanded Progamme on Immunization (EPI), health promotion. Each Mobile Team will have 10 CHWs supporting it.						
1.7	Project Coordinator	D	1	1,300.00	9	50.00	5,850.00
	Undertake Project management *-ensure smooth implementation of project activities* *Work with the Health & Nutrition Manager to ensure coherent and coordinated activities implimentation outside this specific project* *Ensure that all stakeholders of the project (community, ministry of health, partners) have detailed understanding of the project and participate in the implementation* *Provide technical support to project staff on the implementation of modern community health and advocacy approaches included in the project* *Ensure timely and quality implementation of project activities* *Ensure procuremnet & recruitment processes are initiated on timely manner* *Work with the Mobile Team Leaders in the management of project budget to ensure project expenditure as per project plan* *Ensure selection and deployment of community mobilizers for project implementation in coordination with community leaders, MOH and project staff* *Organize and facilitate workshops, working group meetings and community meetings at the community and government levels* *Build strong relationship with Ministry of health, WHO, cluster,community leaders and other stakeholders of the project both in the field and at regional level.* *Lead QRCs in monitoring and evaluation end of project meetings* *Draft and submit quality and accurate internal and donor report on the timely manner* *Participate and support project start-up, quarterly review and end of project meetings.* *Organize and facilitate training to the project staff, community health workers and MOH staff on the community health modalities included in the project* *Support the project staff in organizing and conducting trainings to community mobilizers and community members* *Provide on the on-the-job training, guidance and support for project staff and MOH staff and community volunteers* *Staff performance review and appraisals done and clear performance goals agreed upon.* *All project staff grievances and disciplinary issues are managed appropriately.*						
1.8	Finance Officer	S	1	1,050.00	9	50.00	4,725.00
	Incharge of the financial aspect of the program-reporting and doing financial aquittal report.						
1.9	Logistician	D	1	750.00	9	100.00	6,750.00
	In-charge of coordinating, procurement and transport of programme supplies to each district and mobile team						
1.10	Program Manager	D	1	4,000.00	9	15.00	5,400.00
	Project Manager will facilitate the conceptualization and development of health systems strengthening and nutrition project interventions, ensuring that cross-cutting themes such as do-no-harm, gender etc. are fully integrated into the project.						
	Section Total						**177,525.00**
Supplies, Commodities, Materials							
2.1	Medical Supplies	D	1	19,355.31	1	100.00	19,355.31
	Drugs and medical supplies are necessary to manage health service care. the number of beneficiaries will benefit of the drugs and the medical consumable will 52080						
2.2	Medical Stationery.	D	1	9,026.00	1	100.00	9,026.00
	This are daily stationary needed to run the day to day activities in the health facilities to record the patient information and treatment. Patient cards, and facility registers for each department are needed and will also be used as verification means. BOQ attached. this include Outpatient cards, vaccination log books and other facility registers						
2.3	Expanded program on Immunization Supplies.	D	1	7,516.00	1	100.00	7,516.00
	Expanded program on Immunization utilizes vaccines to be administered to children under fives and pregnant women in order to give them the needed immunity against vaccine preventable diseases. This supplies include the vaccine carriers that will aid in storage and transportation of vaccines, vaccination cards for the children and women as well as for women.						
2.4	Capacity Building of Mobile Team health staff on Integrated health management of Childhood illness.	D	1	5,191.00	1	100.00	5,191.00
	20 mobile health team capacity build on Integrated management of Childhood Illness (IMCI). Enhance capacity to ensure the combined treatment of the major childhood illnesses, emphasizing prevention of disease through immunization and improved nutrition. For 3 days per districts (2 District)						
2.5	Training of 40 CHWs of Afgoye and Balad Districts.	D	1	10,248.00	1	100.00	10,248.00
	40 Community Health Workers (CHW) training on AWD/Cholera and EPI, in Afgoi and Balad District, Middle Upper Arm Circumference (MUAC) screening. Session lasting lasting 3 days. 40 CHWs training session on Healthcare training on Child Care and Expanded Program on Immunization (EPI).Training to last 2 days.						
2.6	20 Mobile team staff capacity build on Reproductive, Maternal,Newborn and Child Health (RMNCH), and Basic Emergency Obstetric New Born Care (BEmONC), Ante-natal and Post-natal care.	D	1	5,191.00	1	100.00	5,191.00

	20 staff will be trained on Reproductive Maternal Neonatal Child Health (RMNCH)/Basic Emergency Obstetric Newborn Care (BEmONC) training, Antenatal Care (ANC) postnatal Care (PNC). Enhance capacity to treat and mitigate life-threatening complications during pregnancy and childbirth and postpartum period. Training will 3 days per district.						
2.7	Furniture for mobile teams	D	1	7,375.00	1	100.00	7,375.00
	the tables, chairs and tents will be used in the mobile team going to the districts.						
2.8	Non-Medical Supplies	D	1	24,658.88	1	100.00	24,658.88
	Non-Medical Supplies are necessary to manage health service care. the number of beneficiaries will benefit of the drugs and the medical consumable will 52080						
	Section Total						**88,561.19**
Equipment							
3.1	Medical Equipment	S	1	15,148.00	1	100.00	15,148.00
	these are instruments, apparatus, machines, appliances intended to assist the medical personnel and include items providing information by means of examination, disinfection machinery and those that assist specific nursing interventions and procedures.						
	Section Total						**15,148.00**
Travel							
5.1	Vehicle rental for Mobile Health Staff	D	4	2,250.00	9	100.00	81,000.00
	Each of the team will require a vehicle to facilitate movement of staff and medical equipment for 15 days in a month @150 per day. Cost including car hire, driver and fuel.						
5.2	Accomodation of facilitator IMCI	S	1	100.00	6	100.00	600.00
	Facilitator accommodation during the training. The cost will cater for two training sessions IMCI.The facilitator will be accommodated for 6 days per session per district.						
5.3	Accomodation of facilitator bemonc	S	1	100.00	6	100.00	600.00
	facilitator accommodation cost for 6 days per district for 1 session. An extra day charged before session. The session will cover BEMONC.						
5.4	Training Facilitator accomodation expenses for CHWs training.	S	1	100.00	10	100.00	1,000.00
	facilitator accommodation cost for 6 days per district for 1 session. An extra day charged before session. The session will cover EPI and AWD prevention, management and control.						
	Section Total						**83,200.00**
General Operating and Other Direct Costs							
7.1	Communication Cost	S	4	80.00	9	100.00	2,880.00
	This is communication costs (phone and internet) for key project staffs during project implementation necessary for urgent referral of patients between facilities, technical consultation between the project teams, communication with other partners as well as community members including organizing for outreach services. *internet is also critical for reporting purposes and official communication with the donors and other stake holders.*						
7.2	Diesel for running generator	S	2	200.00	9	100.00	3,600.00
	Fuel for generator of Balad and Afgoye (0.65 per liter for 600 liters for the two center), approximately 300 liters for each center.						
	Section Total						**6,480.00**
SubTotal			90.00				**370,914.19**
Direct							255,961.19
Support							114,953.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							25,963.99
Total Cost							**396,878.18**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Shabelle -> Afgooye	45	2,796	6,291	6,471	7,011	22,569	Activity 1.1.1 : Capacity building 20 health staff (40% males and 60% female) (4 mid wives, 4 registered nurses,8 auxiliary nurses, 4 medical doctors) on integrated health delivery to support the delivery of quality emergency health support, 40 Community Health Workers on control and prevention of epidemics, Child Health Care, EPI. Activity 1.1.2 : Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC) Activity 1.2.1 : Undertake 3 community mobilization, dialogues and sensitization campaigns on health promotion and communicable diseases per district each lasting 5 days. Activity 1.2.2 : Community health workers trained on epidemics including Cholera/AWD disease management, prevention and control. Activity 1.2.3 : Undertake Disease Surveilance with health partners and cluster on a regular basis during outbreaks and on a monthly basis Activity 1.3.1 : Undertake 15 days per month Mobile medical units health care delivery consisting of four Mobile Health Teams of 6 health personnel each(1 medical doctor and supported by 1 registered nurses and 2 auxiliary nurses, 1 midwife) providing scheduled mobile outreach health provision to 10 settlements in Afgoye town and residential areas and 10 villages in Balad District including ensure timely requisition and distribution of essential medical supplies for the 4 Mobile Health Teams. Activity 1.3.2 : Support referral services from the functional hospital and one Health Outpost for screened cases requiring further observation and care (especially pregnant women) as part of the outreach services. Activity 1.3.3 : Provide ANC and PNC services to pregnant and lactating women (PLW) through the 4 mobile clinics Activity 1.4.1 : Undertake 3 immunization campaign sessions in each of the target district during the project period each lasting 10 days per month per dsitrict Activity 1.4.2 : Timely procurement, safe storage and delivery of adequate doses of vaccines. Activity 1.5.1 : Encouraging of referrals through offering stand-by ambulance services in Afgoye, emergency staff and facilities in Health Centre Activity 1.5.2 : Strengthening of referral of obstetric cases and information sharing with health partners Activity 1.5.3 : Referral mechanism agreed upon and adopted by health care implimenting partners

Middle Shabelle -> Balcad	55	3,647	8,218	8,470	9,176	29,511	Activity 1.1.1 : Capacity building 20 health staff (40% males and 60% female) (4 mid wives, 4 registered nurses,8 auxiliary nurses, 4 medical doctors) on integrated health delivery to support the delivery of quality emergency health support, 40 Community Health Workers on control and prevention of epidemics, Child Health Care, EPI. Activity 1.1.2 : Health care workers IMCI training for facility based and Reproductive, Maternal and Neonatal Child Health (RMNCH/Basic Emergency Obstetric and Newborn Care (BeMONC) training for Ante Natal Care (ANC)/Post Natal Care (PNC) Activity 1.2.1 : Undertake 3 community mobilization, dialogues and sensitization campaigns on health promotion and communicable diseases per district each lasting 5 days. Activity 1.2.2 : Community health workers trained on epidemics including Cholera/AWD disease management, prevention and control. Activity 1.2.3 : Undertake Disease Surveilance with health partners and cluster on a regular basis during outbreaks and on a monthly basis Activity 1.3.1 : Undertake 15 days per month Mobile medical units health care delivery consisting of four Mobile Health Teams of 6 health personnel each(1 medical doctor and supported by 1 registered nurses and 2 auxiliary nurses, 1 midwife) providing scheduled mobile outreach health provision to 10 settlements in Afgoye town and residential areas and 10 villages in Balad District including ensure timely requisition and distribution of essential medical supplies for the 4 Mobile Health Teams. Activity 1.3.2 : Support referral services from the functional hospital and one Health Outpost for screened cases requiring further observation and care (especially pregnant women) as part of the outreach services. Activity 1.3.3 : Provide ANC and PNC services to pregnant and lactating women (PLW) through the 4 mobile clinics Activity 1.4.1 : Undertake 3 immunization campaign sessions in each of the target district during the project period each lasting 10 days per month per dsitrict Activity 1.4.2 : Timely procurement, safe storage and delivery of adequate doses of vaccines. Activity 1.5.1 : Encouraging of referrals through offering stand-by ambulance services in Afgoye, emergency staff and facilities in Health Centre Activity 1.5.2 : Strengthening of referral of obstetric cases and information sharing with health partners Activity 1.5.3 : Referral mechanism agreed upon and adopted by health care implimenting partners

Documents

Category Name	Document Description
Budget Documents	WHO BOQ-March 2017.xls
Budget Documents	final WHO BOQ-March 2017.xls
Budget Documents	final WHO BOQ-March 2017-Revised.xls
Budget Documents	Final BOQ -QRC March 2017-2.xls
Budget Documents	Final revised 2 BOQ -QRC March 2017-2.xls
Revision related Documents	Final WHO Project BOQ-March 2017.xls
Grant Agreement	HC signed GA for QRC 5002.pdf