OCHA Coordination Saves Lives

Project Proposal

| | |
|---|---|
| **Requesting Organization :** | Action Contre la Faim |
| **Allocation Type :** | Standard Allocation 1 (Feb -Mar 2018) |

| Primary Cluster | Sub Cluster | Percentage |
|---|---|---|
| Health | Maternal, Neonatal and Child Health | 100.00 |
| | | **100** |

| | | | |
|---|---|---|---|
| **Project Title :** | Improved access to Life Saving basic Health services for vulnerable displaced and host community boys, girls, men and women in Xudur and Wajid Districts, Bakool region. | | |
| **Allocation Type Category :** | | | |
| **OPS Details** | | | |
| **Project Code :** | | **Fund Project Code :** | SOM-18/3485/SA1/H/INGO/8649 |
| **Cluster :** | | **Project Budget in US$ :** | 400,000.00 |
| **Planned project duration :** | 12 months | **Priority:** | |
| **Planned Start Date :** | 22/05/2018 | **Planned End Date :** | 21/05/2019 |
| **Actual Start Date:** | 22/05/2018 | **Actual End Date:** | 21/05/2019 |
| **Project Summary :** | The proposed project will be implemented in Xudur and Wajid districts in Bakool region to cover health needs of internally displaced people and host community women, men, boys and girls. The project is in line with Somalia Humanitarian Fund 2018 allocation strategy. The project will aim at providing a curative and preventive basic lifesaving health services among the IDPs and host communities in the target Districts. An estimated beneficiaries of 29373 persons including 11720 women of child bearing age 8688 boys and 8865 girls, 100 key community leaders (50 men and 50 women), 20 staff (10 men and 10 women) will be targeted for a period of 12 months and provided with Basic primary health care services and referral of complicated cases and increased prevention activities (health education, hygiene promotion, IYCF promotion). This will be achieved through the rehabilitation and operationalization of 1 fixed MCH and 2 mobile outreach teams. | | |

**Direct beneficiaries :**

| Men | Women | Boys | Girls | Total |
|---|---|---|---|---|
| 60 | 11,780 | 8,688 | 8,865 | 29,393 |

**Other Beneficiaries :**

| Beneficiary name | Men | Women | Boys | Girls | Total |
|---|---|---|---|---|---|
| Agro-Pastoralists | 25 | 5,885 | 4,344 | 4,433 | 14,687 |
| Internally Displaced People/Returnees | 25 | 5,885 | 4,344 | 4,432 | 14,686 |
| Staff (own or partner staff, authorities) | 10 | 10 | 0 | 0 | 20 |

**Indirect Beneficiaries :**

The project will indirectly benefit 68786 communities members in the catchment area through routine health , hygiene and nutrition promotion using mobile and radio messaging.

**Catchment Population:**

92402 - This is the population in the project catchment locations in both Hudur and Wajid. This includes population in both accessible and inaccessible locations which may have improved access during the project implementation period. This is the population from which the project direct beneficiaries will be reached.

**Link with allocation strategy :**

The proposed projects links with the Somalia Humanitarian Fund allocations that has prioritized an integrated approach in delivery of health ,nutrition and WaSH services.The project will offer Primary health care services including EPI with a strong referral mechanism in line with the strategy targeting 114,750 IDPs living in Hudur and Wajid. Additionally the project provides prevention and response to outbreaks such as malaria, AWD and measles through treatment and regular health education with focus on reducing morbidity and mortality of the targeted population.

**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 |
|---|---|---|---|
| David Mwaniki | Grants and Communication Manager | gcm@so-actionagainsthunger.org | +254720367990 |

**BACKGROUND**

**1. Humanitarian context analysis**

Estimations of the current health coverage in Somalia highlights that 5.7 million people out of the total population of 12.3 million, lack access to essential health services. Out of these 5.7 million 56% are children less than 18 years, 41% are adults and 3% are elderly. Moreover, Somalia's health system has significantly underperformed for many years because of the longstanding conflict and instability. The health sector was further overburdened in 2017 due to the impacts of the drought and worsening humanitarian crisis. This has increased a burden to a population with an already poor health, leading to increased levels of malnutrition across the country, a major AWD/cholera outbreak with over 78,000 cases reported, and a measles epidemic affecting all regions with a total of nearly 19,000 cases reported. Drought and conflict can be identified as the major underlying factors causing major population displacement during 2017, and thus, increased health needs across the country.
For a child born in Somalia, the risk of dying is highest in the neonatal period, the first 28 days of life, and approximately 45 per cent of child deaths under the age of five years will occur during that period. From the end of the neonatal period and through the first five years of life, the main causes of death are pneumonia, diarrhea and malaria. Across this age range, malnutrition is an underlying contributing factor in about 45 per cent of all deaths from all causes. Vaccination, nutrition, exclusive breastfeeding alongside safe water and food can avert significant numbers of deaths amongst children at risk of dying.
The population of Somalia is very young, with approximately half of the country's population under the age of 15. The 2.4 million children under the age of five constitute a key 'high at-risk' group. Somalia has recorded one of the highest wasting rates globally, surpassing the emergency threshold of 15 percent. The health risks remain from malnutrition, diseases such as measles and possible resurgence of AWD/cholera outbreak following the Gu' 2018 rains, poor hygiene and sanitation, through to the end of 2018. This is beyond excess avoidable morbidity and mortality occurring as a consequence of major gaps in health service availability, accessibility and utilization. Both the under-5 mortality rate of 137/1000 as well as maternal mortality ratio of 732/100,000 live births were the highest in the region. Women of child bearing age die as a result of complications during and following pregnancy and childbirth, even though most maternal deaths are preventable. So far health cluster partners have been able to reach 2.4 million people (56 per cent coverage) out of the target 4.3 million in 2017. Furthermore, 1 out of 3 Somalis in need of access to primary health care across the country, while 1 out of 7 Somali children dies before seeing their fifth birthday. This urges that there is still a need for continuation of these health services. Through this intervention ACF will contribute to the reduction of morbidity and mortality rate of both mothers and children through provision of high quality, accessible health care to the vulnerable communities in Bakool region and particularly in Hudur and Wajid districts through fixed and mobile sites.

**2. Needs assessment**

The population in Bakool region presents the poorest health situation and difficulties in accessing health services; the distribution of services is not equitable with fewer basic services available in outskirt villages surrounding major towns and periphery villages (ACF SMART SURVEY). ACF anticipates a growing influx of IDPs as a result of the different population movement including the evictions, influx from conflict prone districts under the control of Alshabaab and displacement as a result of troop movement as well as continuing (low-scale) forced refugee returns/repatriation from Saudi Arabia and Kenya. Analysis of routine health data from ACF facilities in Hudur and Wajid districts shows an increase in key causes of mortality such as malaria, respiratory infections and diarrhoea. This is due to the combined effect drought and displacement due conflicts and military movements. A further analysis of morbidity pattern indicates a common pattern where ARI, Diarrhea and Malaria are the leading illness among under5 children. Diarrhea is a huge contributory factor to rapid deteriorating of children nutrition status. The strong association between child morbidity and malnutrition supports the need for integrating primary health services in ACF nutrition programmes. To address the increasing prevalence of the 3 killer diseases as shown in the facility data below ACF will employ the integrated community case management approach to provide community based treatment for malaria, diarrhoea and/or acute respiratory infections.
Furthermore, the prevalence of morbidity among children under-five in Urban and IDP population of Hudur was 22.9% % and 14.4%. ARI was the main cause of illness followed by diarrhoea and measles. In Hudur urban and IDP, the CMR was at 1.06/10000/day and 0.60/10000/day, respectively. The CMR in the Urban population is above this threshold, and likely increased due to the outbreak of AWD and measles. The CMR for the IDP population remains below the 1.0/10,000/day. The U5MR in Hudur urban and IDP were at 1.91/10000/day and 1.42/10000/day, respectively. Half of the recorded IDP deaths happened in the last place of residence based on mortality place of death data analysis, an indication of a worsening situation just before migration (ACF SMART survey November 2017). The high levels of mortality are due to limited antenatal care (only 25% of women reported access to services), low proportion of births attended by skilled medical personnel (30%), inadequate facilities for emergency maternal care and poor IYCF practices. Routine immunization coverage remains very low with coverage rates below 50 per cent of the targeted population. This poor health situation in the project target locations is further exacerbated by poor health related indicators such as low vitamin A supplementation standing at 38.71% (IDP) and 49.3% (Urban) and high morbidity rates. The high morbidity rates are attributed to outbreaks of Acute Watery Diarrhoea (AWD) and other seasonal infections malaria (36%), typhoid (12%), cholera (7%), bilharzia (3%), amoeba (12%) and Upper Respiratory Tract Infection (URTI 12%) ACF SMART survey November 2017). Data from ACF supported Health facilities in Hudur and Wajid from October to December indicated a progressive increase of people seeking basic health services by 56% and 42% respectively.

**3. Description Of Beneficiaries**

The target population for this project is specifically 29373, out of which 17553 (8688 Boys and 8865 Girls), 11780 women of child bearing age in Hudur and Wajid districts will be reached directly with primary health care interventions. Additionally care givers of children under the age of five will be targeted for health education to enhance their knowledge on health, hygiene and nutrition practices and enable them take an active role in health status and wellbeing of their children. 20 staff will directly benefit from the project through training on Integrated Management of Childhood Illnesses (IMCI) and Basic emergency maternal obstetric and neonatal care whereas 60 male community leaders will be reached through structured quarterly meetings.

**4. Grant Request Justification**

Urgent live saving health service targeting IDPs and host communities in Xudur and Wajid districts in Bakool region is essential due to vulnerabilities resulting from drought, conflict and displacement which will exacerbate the already disconcerting health situation.. The lack of access to safe drinking water, lack of sanitation facilities and inadequate access to hygiene interventions, increases the risk of waterborne diseases especially cholera and rotavirus, which has been described to account for up to 60 per cent of (Acute Watery Diarrhoea) AWD cases in Bakool. This and the expected Deyr rains which may increase the occurrence of already high incidences of malaria, AWD/ cholera, measles and other diseases for IDPs and host community highlights the necessity to rapidly detect the acute worsening of a protracted crisis, combined with the need for prompt and commensurate adjustment and scaling up of programmes from routine activities to emergency response. ACF primarily targets women and children who are most vulnerable due to increasing frequency of communicable disease outbreaks, rising rates of severe acute malnutrition, low immunization rates, and other serious health risks for vulnerable groups, particularly women and children, are symptomatic of the poor coverage and quality of essential health care (including maternal, neonatal and child care), and shortages of life saving medicines and trauma supplies. Majority of the medical facilities are overcrowded with insufficient safe water, poor hygiene and sanitation leading to a high risk of communicable disease outbreaks and an increase in avoidable death and disease

**5. Complementarity**

ACF has been responding to the immense Health and nutrition needs in South Central Somalia and specifically in Bakool region to save lives and improve the nutrition situation, this has been through integrated Health and Nutrition interventions including curative nutrition services mainly Outpatient therapeutic Programme (OTP) and Stabilization centres (SC) coupled with preventive nutrition components such Infant and Young child Feeding (IYCF), Health and nutrition education, community mobilization and sensitization as well as building local capacities on health and nutrition. In order to respond to the worrying Health and Nutrition situation in Bakool region. ACF is currently running Community Management of Acute Malnutrition (CMAM) programmes specifically 2 stabilization centres (SC) and OTPs in Hudur and Wajid Districts, The SCs centres receive referrals of complicated SAM cases from all the districts in Bakool thus ACF will maintain the existing Health and Nutrition facilities in Hudur and Wajid Districts of Bakool region and scale up the primary health care interventions district through fixed and outreach mobile sites to those most in need of health care services. The proposed Health intervention will be integrated with WASH and Nutrition interventions targeting the communities in Hudur and Wajid. All children coming to the MCH will be screened for malnutrition and referred to the OTP site whereas all Severe Acute malnutrition (SAM) children admitted to the OTP site with identified underlying medical condition will be referred to the MCH for treatment of underlying medical condition to reduce length of stay, promote recovery and reduce relapse rate. Additionally ACF has engaged community Health workers (CHWs) at community level to conduct active case finding and referrals to enhance early detection of malnourished children as well as Health, Hygiene and Nutrition Promotion as well as follow up of children admitted to the SAM treatment programme. The WASH project supports provision of save and clean drinking water in health sites as well as sanitation facilities. All health facilities sites will have hand washing stations with soap and water to promote hygiene practices.

**LOGICAL FRAMEWORK**

**Overall project objective**

Improved access to quality preventative and curative health care services among boys and girls under 5 years and Pregnant and Lactating Women through one static MCH centre and mobile outreach services in Xudur and Wajid Districts, Bakool region.

**Health**

| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
|---|---|---|
| Improve access to essential life saving health services for crisis affected and host populations aimed at reducing avoidable morbidity and mortality | 2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people | 60 |
| Contribute to the reduction of maternal and child morbidity and mortality among crisis-affected and host populations | 2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people | 30 |
| Strengthen emergency preparedness and response capacity at all levels in order to mitigate and respond to communicable disease outbreaks in an efficient, coordinated and timely manner | 2018-SO3: Support provision of protection services to affected communities, including in hard-to-reach areas and in IDP sites, targeting the most vulnerable, especially those at risk of exclusion. | 10 |

**Contribution to Cluster/Sector Objectives :** ACF health project will contribute to the health cluster objectives, through provision of accessible lifesaving primary health care services to vulnerable communities in Xudur and Wajid Dsitricts. The following are the health sector objectives from HRP 2018.
• To improve access to essential lifesaving health services for crisis-affected and host populations aimed at reducing avoidable morbidity and mortality.
• To contribute to the reduction of maternal and child morbidity and mortality among crisis-affected and host populations
• To strengthen emergency preparedness and response capacity at all levels in order to mitigate and respond to communicable disease outbreaks in an efficient, coordinated, and timely manner.

**Outcome 1**

Increased access to quality essential primary health care services (using fixed and mobile medical units) at primary health care and community sites

**Output 1.1**

**Description**

17553 children (8688 boys and 8865 girls) below 5 years and 11720 women of child bearing age have access to basic lifesaving health care services

**Assumptions & Risks**

xxxxxxxxxxxxxxx

**Indicators**

| | | | End cycle beneficiaries | | | | End cycle |
|---|---|---|---|---|---|---|---|
| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
| Indicator 1.1.1 | Health | Number of consultations per clinician per day by Health facility | | | | | 47 |
| **Means of Verification :** MCH and mobile team registers, EPI reports, weekly and monthly health cluster reports | | | | | | | |
| Indicator 1.1.2 | Health | Number of Pregnant and lactating mothers reached through Antenatal and Postnatal consultations | | | | | 11,720 |
| **Means of Verification :** MCH and outreach registers, weekly and monthly reports, ACF database | | | | | | | |
| Indicator 1.1.3 | Health | Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD). | | | | | 17,553 |
| **Means of Verification :** Immunization register, MCH reports, outreach reports. | | | | | | | |
| **Activities** | | | | | | | |
| **Activity 1.1.1** | | | | | | | |
| **Standard Activity : Primary health care services, consultations** | | | | | | | |
| Integrated Management of Childhood Illness (IMCI) through 2 decentralized MCHs and 1 mobile team for 17553 under-five children (8688 boys and 8865 girls). | | | | | | | |
| **Activity 1.1.2** | | | | | | | |
| **Standard Activity : Primary health care services, consultations** | | | | | | | |
| Provision of Antenatal and post-natal care for 11720 pregnant and lactating women, including micro-nutrients supplementation and provision of safe delivery kits through decentralized MCH and mobile teams | | | | | | | |
| **Activity 1.1.3** | | | | | | | |
| **Standard Activity : Immunisation campaign** | | | | | | | |
| Provision of one dose of BCG vaccine, 3 doses of DTP-HepB+Hib, 4 doses of OPV, and one dose of measles vaccine to all children before their first birthday as per the somalia immunization schedule pregnant women and WBCA will also be provided with tetanus vaccination | | | | | | | |
| **Outcome 2** | | | | | | | |
| Improved health seeking behavior among caregivers of under-five children and Women in Child Bearing Age (WCBA) in Xudur and Wajid districts in Bakool | | | | | | | |
| **Output 2.1** | | | | | | | |
| **Description** | | | | | | | |
| 17553 caregivers of under children and 11720 women of child bearing are sensitized on optimal health, hygiene and Nutrition practices including Infant and Young Child Feeding (IYCF). | | | | | | | |
| **Assumptions & Risks** | | | | | | | |
| There will be no security incidence that will hinder caregivers and MCH beneficiaries from attending health education sessions at health facility | | | | | | | |
| **Indicators** | | | | | | | |
| | | | End cycle beneficiaries | | | | End cycle |
| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
| Indicator 2.1.1 | Health | Number of people (men, women, boys and girls) reached by health promotion message. | | | | | 29,273 |
| **Means of Verification :** Health education reports, ACF database | | | | | | | |
| Indicator 2.1.2 | Health | Number of health education sessions targeting caregivers of under five children and women of child bearing age attending MCH sites. | | | | | 240 |
| **Means of Verification :** Health education reports, ACF database | | | | | | | |
| Indicator 2.1.3 | Health | Number of key community leaders (IMAMs, elders, women group members and Youth attending quarterly Health, Hygiene and Nutrition promotion sessions at community level | | | | | 100 |
| **Means of Verification :** Community sensitization reports, Health promotion reports, Photos of community meetings | | | | | | | |
| **Activities** | | | | | | | |
| **Activity 2.1.1** | | | | | | | |
| **Standard Activity : Awareness campaigns and Social Mobilization** | | | | | | | |
| Conduct structured and routine hygiene promotion sessions targeting 17553 caregivers of und er five children 11720 women of child bearing age. | | | | | | | |
| **Activity 2.1.2** | | | | | | | |
| **Standard Activity : Awareness campaigns and Social Mobilization** | | | | | | | |

Form and support 5 mother to mother support groups consisting of mothers attending antenatal and postnatal care sessions at health facility. Each mother to mother support group will consist of 15 mothers. The mothers support group activity is aimed at improving attendance of antenatal and postnatal clinics as well as promoting behavior change and improved care practices among pregnant and lactating women.

**Activity 2.1.3**

**Standard Activity : Awareness campaigns and Social Mobilization**

Sensitize 100 (50 men and 50 women) community members (IMAMs, youth, women groups, elders, men) on Health, Hygiene and Nutrition promotion (NHHP) AND health seeking behaviors through quarterly community sensitization sessions at community level

**Outcome 3**

Improved capacity of Health care workers to deliver quality Health care service and referrals.

**Output 3.1**

**Description**

A total of 14 staff (7 male, 7 female) will be trained on Integrated management of childhood illness and Basic emergency maternal obstetric and neonatal care to increase their capacity in service delivery

**Assumptions & Risks**

Security situation will remain the same for the trainees to access the training venue.

**Indicators**

| | | | End cycle beneficiaries | | | | End cycle |
|---|---|---|---|---|---|---|---|
| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
| Indicator 3.1.1 | Health | Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks. | | | | | 20 |
| **Means of Verification :** Training reports, pre and posttest, training photos | | | | | | | |
| Indicator 3.1.2 | Health | Number of health workers trained on Basic emergency obstetric maternal and neonatal care | | | | | 20 |
| **Means of Verification :** Training reports, pre and posttest, training photos | | | | | | | |

**Activities**

**Activity 3.1.1**

**Standard Activity : Emergency Obstetric Care - Basic and Advanced**

Conducting 2 cycles (Initial and Refresher) training on Basic Emergency Obstetric Maternal and neonatal care targeting 20 (10 men and 10 women) health care workers working at MCH and outreach in Hudur and Wajid for 5 days at the start of the project period

**Activity 3.1.2**

**Standard Activity : Primary health care services, consultations**

Conducting 2 cycles (Initial and refresher) on Integrated management of childhood illnesses (IMCI) targeting 20 (10 men and 10 women) health care workers working at MCH and outreach for 6 days

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

AAH MEAL Framework sets minimum standards for project design, ongoing monitoring to collect data on indicators to inform progress. During the first quarter, a detailed monitoring and evaluation plan will be developed and reviewed to up-date how performance indicators will be measured, data sources and responsibilities for data collection. This is enhanced by the M&E Teams both at the field locations and Nairobi coordination office to ensure adequate M&E support. AAH will enhance use of technology in project data collection and monitoring through mobile data collection platforms (ODK). Additionally overall coordination will be done through use of internet communication, regular phone contacts with field teams and beneficiaries for data and information verification.
Key tools will include, clearly defined and detailed Indicator Tracking Table, detailed implementation plans and activity-tracking table. MOH tools disseminated to the Health cluster will also be used to capture and share data with the key Health stakeholders. The Activity Progress Reports will capture data on a monthly basis and assess progress of project interventions. Qualitative and quantity data will be captured during delivery of planned activities and during monitoring and review to health facilities, households and communities targeted. Data on households reached, children and adults (disaggregated); changes and improvements noted across the community on key health indicators will continuously be captured and analyzed to provide inputs for the reporting on program implementation and the results.
Both qualitative and quantitative data will be captured during delivery of planned activities at the facility and household level during service delivery, monitoring and review to households, communities and targeted institutions providing the health services. Data on households reached, children (under 5 years) reached, health services improved, and changes noted on children, households and institutions will continuously be captured and analyzed to provide inputs for the reporting on program implementation and the results being realized.
The monthly budget variance analysis will enhance review of indicator performance vis-à-vis the expenditure progress on a monthly basis. Key action points from quality monitoring will inform decisions on quality improvement. The quality action tracker for the project will be established to track the key actions.
Monitoring will be conducted based on existing quality humanitarian standards with regular support supervision with an objective of improving delivery of interventions. Monitoring visits will also be undertaken to determine households' behavior changes after health promotions and at health facilities to determine provision of treatment services to the community members. Monitoring visits will not only focus on the results at household level but also the efficiency and effectiveness in delivery of the planned activities. Any challenges or barriers in delivery of the activities will be discussed and addressed.
All output indicators will have their respective data collected on a monthly basis with the outcome indicators data collected at the baseline and end line of the project. Reference to area specific surveys (relevant to the period of implementation) will be referenced to inform standard outcome indicators captured for the project. The Indicator Tracking Table will capture the monthly data.
These M&E component will directly be implemented by the project team who will be responsible for day to day data collection, monitoring, reviews, case studies/success stories and facilitation of post-distribution monitoring. They will work closely with Monitoring, Evaluation and Reporting team to develop monitoring checklists for use in monitoring program activities, outputs or results.

**Workplan**

| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Activity 1.1.1: Integrated Management of Childhood Illness (IMCI) through 2 decentralized MCHs and 1 mobile team for 17553 under-five children (8688 boys and 8865 girls). | 2018 | | | | | X | X | X | X | X | X | X | X |
| | 2019 | X | X | X | X | X | | | | | | | |
| Activity 1.1.2: Provision of Antenatal and post-natal care for 11720 pregnant and lactating women, including micro-nutrients supplementation and provision of safe delivery kits through decentralized MCH and mobile teams | 2018 | | | | | X | X | X | X | X | X | X | X |
| | 2019 | X | X | X | X | X | | | | | | | |
| Activity 1.1.3: Provision of one dose of BCG vaccine, 3 doses of DTP-HepB+Hib, 4 doses of OPV, and one dose of measles vaccine to all children before their first birthday as per the somalia immunization schedule pregnant women and WBCA will also be provided with tetanus vaccination | 2018 | | | | | X | X | X | X | X | X | X | X |
| | 2019 | X | X | X | X | X | | | | | | | |
| Activity 2.1.1: Conduct structured and routine hygiene promotion sessions targeting 17553 caregivers of und<br>er five children 11720 women of child bearing age. | 2018 | | | | | X | X | X | X | X | X | X | X |
| | 2019 | X | X | X | | | | | | | | | |
| Activity 2.1.2: Form and support 5 mother to mother support groups consisting of mothers attending antenatal and postnatal care sessions at health facility. Each mother to mother support group will consist of 15 mothers. The mothers support group activity is aimed at improving attendance of antenatal and postnatal clinics as well as promoting behavior change and improved care practices among pregnant and lactating women. | 2018 | | | | | | | X | | | X | | |
| | 2019 | X | | | X | | | | | | | | |
| Activity 2.1.3: Sensitize 100 (50 men and 50 women) community members (IMAMs, youth, women groups, elders, men) on Health, Hygiene and Nutrition promotion (NHHP) AND health seeking behaviors through quarterly community sensitization sessions at community level | 2018 | | | | | | | | X | | | | X |
| | 2019 | | | | | X | | | | | | | |
| Activity 3.1.1: Conducting 2 cycles (Initial and Refresher) training on Basic Emergency Obstetric Maternal and neonatal care targeting 20 (10 men and 10 women) health care workers working at MCH and outreach in Hudur and Wajid for 5 days at the start of the project period | 2018 | | | | | | | | | | | X | |
| | 2019 | | | | | | | | | | | | |
| Activity 3.1.2: Conducting 2 cycles (Initial and refresher) on Integrated management of childhood illnesses (IMCI) targeting 20 (10 men and 10 women) health care workers working at MCH and outreach for 6 days | 2018 | | | | | X | | | | | | X | |
| | 2019 | | | | | | | | | | | | |

**OTHER INFO**

**Accountability to Affected Populations**

AAH maintains a participatory approach with beneficiaries and local authorities at all project levels from design stage to evaluation and is committed to being accountable to beneficiaries and authorities in an inclusive manner. Consultations are done extensively with the local community including women, men, youth, religious leaders, minority groups and people with disabilities and local administration to better understand their needs to design interventions that are responsive to these needs.
During the implementation under Health in Hudur and Wajid, AAH will use inclusive targeting strategies to reach the most vulnerable households for the activities by ensuring that the targeting enhances participation of the affected population by having access to the services provided in an inclusive manner. The project in Hudur and Wajid will incorporate key stakeholders from the design, implementation and review of the project progress. This will ensure that their views are incorporated in the project to enhance full realization of the objectives.
In line with the Do No Harm principles and Core Humanitarian Standards plus other existing standards on accountability, AAHensures that the program has mechanisms for efficient and effective communication to beneficiaries on, entitlements, beneficiary participation in decision-making and safe feedback and complaint mechanisms. Field MEAL and program teams will consistently review the nature of feedback/complaints through the existing accountability platforms to improve response activities and overall learning within the proposed action.
The project will utilize the available feedback platforms including the community dialogue forums, base feedback focal points and religious leaders to receive feedback and provide information to the community. Through the base set-ups, IEC materials and dialogue forums will be utilized to ensure that relevant project information is disseminated to the beneficiaries effectively and timely in an inclusive manner understood by the different target groups. This will mainly be available across the target health facilities.

**Implementation Plan**

The MCH facilities will provide free treatment for children below 5 years and PLWs. Services include screening and registration, medical consultation by a medical officer or a nurse, provision of treatment through prescription, of the appropriate medication. The services to be provided will be determined by the diagnosis at the point of screening.
Antenatal and postnatal care: Comprises of pregnancy follow up, health check-up, intermittent preventive therapy against malaria, and supplementation of multi-micronutrients for pregnant and lactating women, as well as Vitamin A supplementation for lactating women. Health promotion will be offered to all women attending antenatal and post natal care.
U5 Children and pregnant women attending OPD/MCH, whose vaccination status is not complete, will be immunized according to the immunization calendar (DPT3, BCG, OPV and measles) as well as Vitamin A supplementation and de-worming. All caregivers of under children 5 years children and women of child bearing will also be sensitized on optimal health, hygiene and Nutrition practices including Infant and Young Child Feeding (IYCF). This sensitization will be done at the point of seeking services, during the community outreach meetings and through the Mother to Mother support groups. In line with the EPHS framework, each facility will have the following staff 1 MCH Supervisor, 1 Midwife, 2 Auxiliary Midwife, 2 Nurse consultation, 1 Registrar, 1 EPI Vaccinator, 1Pharmacy Technician, 1 Laboratory Technician, 1 Health facility Watchman and 1 Cleaner

**Coordination with other Organizations in project area**

| Name of the organization | Areas/activities of collaboration and rationale |
|---|---|
| | |

**Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

While the project is not designed as core gender equality project, it however includes consideration of gender equality aspects. Action Against Hunger health interventions recognizes that there is relationship between gender inequality and health of mother and child and believes that gender-sensitive actions are effective and empowering ways to address the health of both mother and child.
The project objective is to improve access to quality preventative and curative health care services among boys and girls under 5 years and Pregnant and Lactating Women. The program's approach involves both men and women while acknowledging their respective roles and needs. The project will take into account the socially construed roles for each gender ensuring that women are the primary target but also focus on the roles that men can play to improve the health of mother and child. The project will encourage men to take an active role in better child care practices, while also improving women's knowledge on infant feeding and care. The project will address the vulnerability of both and girls to childhood illnesses emphasizing the equality for boys and girls with regards to accessing primary health care services. In terms of data collection and reporting, Action Against Hunger will ensure that data is disaggregated by sex and age at all levels of project implementation. On the service delivery side, the project will ensure equity in gender representation in the selection of participants for capacity building activities, awareness meetings and in the selection of community volunteers and other community activities.
With regard to the environment, the project activities are foreseen to have a minimum impact on the environment. The project will ensure centralized sanitation facilities for use by the caregivers and their children in order to ensure proper disposal of fecal matter. Action Against Hunger will also ensure that other waste is managed appropriately to minimize littering. This will include providing a waste pit while also sensitizing the caregivers on environmental care and waste management. This will ensure that the project does not negatively affect the environment.

**Protection Mainstreaming**

In line with allocation strategy, the project targets the IDP and host community population who are prone to violations due to their current vulnerabilities exacerbated by poor access to quality basic services and inadequate livelihood opportunities. The main protection risks identified for this project focus on lack of services, which contributes to serious public health risks and preventable deaths especially for the under 5 year children. This includes inequitable access to assistance, especially for minority clans/communities; struggle to be heard and to access critical information regarding available assistance programs. To address these risks, the project will include an analysis of access constraints for the catchment population and ensure that all vulnerable children have received quality service through the fixed facility or through mobile outreach services. Community Health Workers (CHWs) will be recruited from all the community with the objective of ensuring that different clan/community profiles are represented. They will be sensitized on the humanitarian principles to ensure that services to the needy override other considerations. This will also ensure that CHWs reside as close as possible to the communities they serve, which will ensure some level of services to the beneficiaries, even when there are blockades. This will ensure uninterrupted access to project services as much as possible. Moreover, feedback and complaint mechanisms will be strengthened to ensure confidential feedback via a wider variety of means: complaint committees, feedback boxes, and toll free line system, and others the beneficiaries consider suitable in their context. Based on lesson learned, staff will also be sensitized on how to register feedback or complaints. The mainstreaming of accountability will provide a vehicle for women to share feedback independently of men, and cultural norms will be observed, including ensuring female rather than male staffs interact directly with women beneficiaries.
To ensure the protection of staff working in the project, work norms will be adjusted to include protection measures. The project will minimize travel distances as much as possible and avoid travel at odd hours to project activities.

**Country Specific Information**

**Safety and Security**

This action is implemented in a volatile security context with the overall security situation considered highly unpredictable with high levels of risks to both national and international staff. Xudur and Wajid districts are have active conflict going on between non-state armed actors fighting for control against the government and friendly forces. While Action Against Hunger activities have not been targeted, the fighting and blockades affect the movement of staff and supplies. This also requires extra measures to ensure that staff are safe. The design of the project takes into consideration the possible deterioration in the security context (albeit for short timeframe during the project period).
Some of the key security challenges predicted to be of concern during the implementation of the action includes deliberate targeting of aid workers through arrests at checkpoints; threats and intimidation; traffic accidents and kidnapping.
To minimize loses of high-value assets in the field, Action Against Hunger does not use agency-owned vehicles in the field. Use of armed guards is also used to a limited extent to protect office premises and during movement of international staff (from high-profile countries).
Conflicts over resources are a key issue within the local communities and agencies or her staff could be targeted when they are seen as been "resourceful". Beneficiary registrations and distribution activities are especially sensitive. If a robust beneficiary sensitization and awareness creation isn't conducted at inception, communities not reached by the interventions could create security risks such as preventing the continuation of activities in their areas of influence. Recognising such risks, we put lots of emphasis on community mobilization and ensure that all activities are preceded by a strong sensitization and re-emphasis on targeting criteria. Community leaderships are also been involved in the design and implementation of the action to boost the acceptance of the action.

**Access**

Action Against Hunger will implement the project in the areas under the control of government and which are accessible in the two districts. Action Against Hunger has been implementing projects in the accessible areas in 2016 and 2017 and has developed good relations with the local communities. Although some areas in the two districts remain accessible, organization staff will continue to exercise high levels of security caution all the time. We have staff on the ground in the areas targeted and are continually abreast of the security situation. Their acceptance in the community and knowledge of the local dynamics will be crucial in the implementation of the target activities.

**BUDGET**

| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrance | % charged to CHF | Total Cost |
|---|---|---|---|---|---|---|---|
| **1. Supplies (materials and goods)** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **2. Transport and Storage** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **3. International Staff** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **4. Local Staff** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **5. Training of Counterparts** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **6. Contracts (with implementing partners)** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **7. Other Direct Costs** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **8. Indirect Costs** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **11. A:1 Staff and Other Personnel Costs: International Staff** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **12. A:1 Staff and Other Personnel Costs: Local Staff** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **13. B:2 Supplies, Commodities, Materials** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **14. C:3 Equipment** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **15. D:4 Contractual Services** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **16. E:5 Travel** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **17. F:6 Transfers and Grants to Counterparts** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **18. G:7 General Operating and Other Direct Costs** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **19. H.8 Indirect Programme Support Costs** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **20. Staff and Other Personnel Costs** | | | | | | | |
| 1.1 | Medical Officer | D | 2 | 1,192.00 | 12 | 100.00 | 28,608.00 |
| | *2 Medical Officers ( each responsible for one district) whose role will be to do the overall coordination of the program at the district level will be hired. Budgeted at $1,192/month @100% charged to SHF for 12 months.* | | | | | | |
| 1.2 | MCH (Maternal and Child Health) Supervisor | D | 2 | 999.00 | 12 | 100.00 | 23,976.00 |
| | *2 supervisor ( each overseeing one district) to over see the day to day running MCH site. Budgeted at $999 /month @100% charged to SHF for 12 months.* | | | | | | |
| 1.3 | Midwife | D | 3 | 400.00 | 12 | 100.00 | 14,400.00 |
| | *3 Midwife ( one for each MCH and 1 for mobile team) will be hired whose role will be to oversee the maternal care services at the Maternal & Child Health/Outpatient Department (MCH/OPD) , in addition to capacity building role to the other staff and TBAs ( traditional Birth Attendants) at community level. Budgeted at $400/month for 12 months.* | | | | | | |
| 1.4 | Auxiliary Midwife | D | 6 | 200.00 | 12 | 100.00 | 14,400.00 |
| | *6 Auxilliary Nurses will be hired to support the Midwife in maternal care services. Budgeted at $200/month for 12 months.* | | | | | | |
| 1.5 | Nurse Consultation | D | 4 | 400.00 | 12 | 100.00 | 19,200.00 |
| | *4 Nurse whose role will be to diagnose, provide systematic treatment to all the malnourished children arriving at the site. Each Nurse is Budgeted at $400 per month for 12 months* | | | | | | |
| 1.6 | Registrars | D | 4 | 300.00 | 12 | 100.00 | 14,400.00 |
| | *4 Registrar will be recruited to be responsible for registration of beneficiareis and maintain records of all beneficiaries in the MCH. $300 each month for 12 months.* | | | | | | |
| 1.7 | Extended Program on Immunization (EPI) Vaccinators | D | 2 | 200.00 | 12 | 100.00 | 4,800.00 |
| | *2 Vaccinator to be responsible for EPI ( Extended Program on Immunization) activities in the MCH . Budgeted at $200/month for 12 months.* | | | | | | |
| 1.8 | Pharmacy Technician | D | 2 | 400.00 | 12 | 100.00 | 9,600.00 |
| | *2 Pharrmacy technician whose role will be to provide medicals prescribed to all the malnourished children treated at the site. Each Pharmacy Technician is Budgeted at $400 each month for 12 months.* | | | | | | |
| 1.9 | Laboratory Technician | D | 2 | 400.00 | 12 | 100.00 | 9,600.00 |
| | *Laboratory technician whose role will be to carry out laboratory tests to all the malnourished children arriving at the site. Each Laboratory Technician is Budgeted at $400 each month for 12 months.* | | | | | | |
| 1.10 | Health facility Watchman | D | 2 | 150.00 | 12 | 100.00 | 3,600.00 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | *2 Watchman are key staff for the security of the supplies, staff and beneficiaries. They will provide security to centres during provision of services. Budgeted at $150/month for 12 months.* | | | | | | |
| 1.11 | Cleaners in the Maternal and Child Health (MCH) | D | 2 | 200.00 | 12 | 100.00 | 4,800.00 |
| | *2 cleaner to maintain high standards of hygiene in the MCH. Budgeted at $200/month for 12 months.* | | | | | | |
| 1.12 | Head Nutrition & Health department -Nairobi | D | 1 | 3,172.00 | 12 | 10.00 | 3,806.40 |
| | *1 Medical & Nutrition Coordinator in Nairobi will be a focal person for implementation of all technical componets to ensure project is implemented more effectively and with highest efficiciency. Medical & Nutrition Coordinator is Budgeted at $3,172month @10% charged to SHF for 12 months.* | | | | | | |
| 1.13 | Deputy Head Nutrition & Health department -Nairobi | D | 1 | 2,136.00 | 12 | 10.00 | 2,563.20 |
| | *1 Deputy Head of Nutrition depart will be a technical focal to follow up on daily technical implimentation of project to ensure project is implemented more effectively and with highest efficiciency. Deputy Head Nutrition department is budgted at $2136@10% charged to SHF for 12 months.* | | | | | | |
| 1.14 | Field Coordinator - Huddur | D | 1 | 3,497.00 | 12 | 20.00 | 8,392.80 |
| | *1 Field Coordinator will be based in Xudur to ensure proper coordination of the project. Budgeted at $3,497/month @20% charged to SHF for 12 months.* | | | | | | |
| 1.15 | Field Officer Admin officer - Huddur | D | 1 | 1,333.00 | 12 | 20.00 | 3,199.20 |
| | *1 Field Officer Admin in Xudur will support the project by ensuring proper administration of funds and all necessary support needed for smooth running of the project. Budgeted at $1,333/month @20% charged to SHF for 12 months.* | | | | | | |
| 1.16 | Logistics Field Officer - Huddur | D | 1 | 1,333.00 | 12 | 20.00 | 3,199.20 |
| | *1 Field Officer Log in Xudur will support the project by ensuring proper logistics, supply chain management a and all necessary support needed for smooth running of the project. Budgeted at $1,333/month @20% charged to SHF for 12 months.* | | | | | | |
| 1.17 | Deputy Head of Finance - Nairobi | S | 1 | 2,136.00 | 12 | 10.00 | 2,563.20 |
| | *1 Deputy Head of Finance with critical role on managing organisation books of accounts. The DHoD Finance will handle the accounting component of the project which includes managing payments to field, and accounatancy . Budgted at 10% of his time or 10% of $213.6 per month for 12 months.* | | | | | | |
| 1.18 | Deputy Head Human Resource - Nairobi | S | 1 | 2,136.00 | 12 | 10.00 | 2,563.20 |
| | *1 Deputy Head HR with specific role on Payroll, Recruitmment, HR administration, like travel, visa etc. Deputy Head HR is budgeted at 10% of time or $213.6 per month for 12 months.* | | | | | | |
| 1.19 | Deputy Head Logistics - Nairobi | S | 1 | 2,136.00 | 12 | 10.00 | 2,563.20 |
| | *1 Deputy Head Logistics with specific role on procurement, supply chain and logistics will ensure all procurement from Nairobi are effectively and efficiently carried out. Deputy Head Logistocs is budgeted at 10% of time or $213.6 per month for 12 months.* | | | | | | |
| 1.20 | Grants and Communication Manager | D | 1 | 2,136.00 | 12 | 10.00 | 2,563.20 |
| | *1 Grants and Communication Manager will be based in Nairobi. Grants and Communication Manager will coordinate with the donor to ensure proper management of the grant. The budgeted at 10% of time or $213.6 per month for 12 months.* | | | | | | |
| | **Section Total** | | | | | | **178,797.60** |
| **21. Supplies, Commodities, Materials** | | | | | | | |
| 2.1 | Drugs and Medical Equipments | D | 1 | 20,000.33 | 1 | 100.00 | 20,000.33 |
| | *Essential primary health care drugs and equipment for under 5 boys and girls, and pregnant and lactating women will procured and used in the Maternal and Child Health (MCH). This cost includes cost for international air freight as per attached BoQ 2.1* | | | | | | |
| 2.2 | Hygiene and cleaning products | D | 1 | 10,679.00 | 1 | 100.00 | 10,679.00 |
| | *Cleaning materials ( detergents, cleaning materials, soaps for handwashing) at the Maternal and Child Health /Outpatient department (MCH/OPD) will be provided as detailed in the attached BOQ 2.2* | | | | | | |
| 2.3 | Register and Health Cards | D | 1 | 13,304.50 | 1 | 100.00 | 13,304.50 |
| | *For reporting tools shall include : Maternal and Child Health Health Management Information System (MCH HMIS) reporting tools, OPD ( Outpatient Department) under five registers, Extended Program on Immunization (EPI) registers, Ante-Natal Care (ANC) /Post Natal Care (PNC) and registers and vaccination cards. See attached BoQ 2.3* | | | | | | |
| 2.4 | Community Mobilization and Health IEC materials | D | 1 | 38,701.00 | 1 | 100.00 | 38,701.00 |
| | *In order to conduct health awareness sessions, the project will engage 20 community health workers, 10 each in the 2 project locations. Quarterely community sesnsitization sessions will laso be held and participants procided with refreshments. additionally ACF will procure Health education materials for health facility to be used by the Community health workers when providing awareness to the beneficiries. These materials make it easier to communicate health messages. See attached BoQ 2.4* | | | | | | |
| 2.5 | MCH ( Maternal and Child Health) center Furniture | D | 1 | 7,760.00 | 1 | 100.00 | 7,760.00 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | *Tables and chairs will be provided at the Maternal and Child Health (MCH) ( 1 room for pregnant and lactating women consultation, 1 room under 5 consultations). Cupboards for filing, recording and storing of drugs.investigation coaches will be provided in the consultation rooms. See BoQ attached 2.5* | | | | | | |
| 2.6 | Non Food items | D | 1 | 7,620.00 | 1 | 100.00 | 7,620.00 |
| | *Pregnant women who would have completed the antenatal profiling will receive delivery kits. Mats for health education on health seeking behaviour at the MCH level and community level shall be provided. See BoQ 2.6* | | | | | | |
| 2.7 | IMCI (Integrated Management of Childhood Illnesses) Training | D | 1 | 2,800.00 | 2 | 100.00 | 5,600.00 |
| | *20 health staff (10 each from Hudur and Elbarde) will receive 5 days Integrated Management of Childhood Illnesses ( IMCI) training Hudur and Wajid. A total of 20 health staff will receive 2 cycles (Initial and Refresher) of Integrated Management of Childhood Illnesses ( IMCI) training See Attached BoQ 2.7* | | | | | | |
| 2.8 | Basic Emergency Maternal and New born Care (BEMONC) Training | D | 1 | 3,700.00 | 2 | 100.00 | 7,400.00 |
| | *20 health staff will receive 5 days BEMONC training, a refresher training of the same 20 health staff will be conducted for 6 days, a total of 20 health staff will receive 2 cycles (Initial and Refresher) of BEMONC training training. See attached BoQ 2.8* | | | | | | |
| 2.9 | Set up of MTMSGs (Mother to Mother Support Groups) | D | 1 | 8,000.00 | 1 | 100.00 | 8,000.00 |
| | *Mother to Mother Support Groups (MTMSGs) will be formed and supported to promote optimal IYCF practices in the district. See Attached BoQ 2.10* | | | | | | |
| 2.10 | Local freight (Truck Rental) | D | 1 | 500.00 | 1 | 100.00 | 500.00 |
| | *Truck rental will be used in Somalia to ship all supplies from Airport to the Warehouse and from the warehouse to the centres. Two trips are budgeted at $250 each leg. See Attached BoQ 2.11* | | | | | | |
| | **Section Total** | | | | | | **119,564.83** |
| **22. Equipment** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **23. Contractual Services** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **24. Travel** | | | | | | | |
| 5.1 | Travel (fare, perdiem, visa, accomodation) | D | 1 | 1,260.00 | 6 | 100.00 | 7,560.00 |
| | *Travel will be required for the Head of department Nutrition and Health and Deputy Coordinator to visit the field offices in Bakool (Hudur and Wajid) 4 times during the project implementation period. See attached BoQ 5.1* | | | | | | |
| 5.2 | Vehicle rental | D | 2 | 1,800.00 | 12 | 100.00 | 43,200.00 |
| | *2 Rented vehicle @ an average of 1800 USD per month will be will be required to implement the activities for 12 months. The cost has been budged based on expected actual average use of car.* | | | | | | |
| | **Section Total** | | | | | | **50,760.00** |
| **25. Transfers and Grants to Counterparts** | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | *NA* | | | | | | |
| | **Section Total** | | | | | | **0.00** |
| **26. General Operating and Other Direct Costs** | | | | | | | |
| 7.1 | Offices Rent- Huddur and Wajid | D | 1 | 8,000.00 | 12 | 10.00 | 9,600.00 |
| | *The office rental costs will be charged to SHF at 10% per month for Hudur and Wajid field office or $440 out of $8,000.* | | | | | | |
| 7.2 | Communication Cost - Hudur and Wajid | D | 1 | 490.00 | 12 | 100.00 | 5,880.00 |
| | *The communication costs include internet and airtime for project staff at Xudur and Wajid* | | | | | | |
| 7.3 | Financial charges (incl transfers to Somalia @ 2%) | D | 1 | 7,002.15 | 1 | 100.00 | 7,002.15 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | *The financial charges are 2% of all cash / payments to be done in Somalia, based on an agreement partner has with Galaxy Star (hawala company).* | | | | | | |
| 7.4 | Stationery & Office Supplies | D | 1 | 185.60 | 12 | 100.00 | 2,227.20 |
| | *The stationery and supplies (paper, pens, cartridges...) for the Field office during the duration of the program are based on approximation of monthly needs. SHF will be charged at 100% for stationery and office supplies.* | | | | | | |
| | **Section Total** | | | | | | **24,709.35** |
| **SubTotal** | | | 57.00 | | | | **373,831.78** |
| Direct | | | | | | | 366,142.18 |
| Support | | | | | | | 7,689.60 |
| **PSC Cost** | | | | | | | |
| PSC Cost Percent | | | | | | | 7.00 |
| PSC Amount | | | | | | | 26,168.22 |
| **Total Cost** | | | | | | | **400,000.00** |

**Project Locations**

| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
|---|---|---|---|---|---|---|---|
| | | Men | Women | Boys | Girls | Total | |
| Bakool -> Waajid | 50 | 30 | 5,890 | 4,344 | 4,432 | 14,696 | Activity 1.1.1: Integrated Management of Childhood Illness (IMCI) through 2 decentralized MCHs and 1 mobile team for 17553 under-five children (8688 boys and 8865 gi...<br>Activity 1.1.2: Provision of Antenatal and post-natal care for 11720 pregnant and lactating women, including micro-nutrients supplementation and provision of safe de...<br>Activity 1.1.3: Provision of one dose of BCG vaccine, 3 doses of DTP-HepB+Hib, 4 doses of OPV, and one dose of measles vaccine to all children before their first bi...<br>Activity 2.1.1: Conduct structured and routine hygiene promotion sessions targeting 17553 caregivers of und<br>er five children 11720 women of child bearing age.<br>...<br>Activity 2.1.2: Form and support 5 mother to mother support groups consisting of mothers attending antenatal and postnatal care sessions at health facility. Each mot...<br>Activity 2.1.3: Sensitize 100 (50 men and 50 women) community members (IMAMs, youth, women groups, elders, men) on Health, Hygiene and Nutrition promotion (NHHP) AND...<br>Activity 3.1.1: Conducting 2 cycles (Initial and Refresher) training on Basic Emergency Obstetric Maternal and neonatal care targeting 20 (10 men and 10 women) healt...<br>Activity 3.1.2: Conducting 2 cycles (Initial and refresher) on Integrated management of childhood illnesses (IMCI) targeting 20 (10 men and 10 women) health care wor... |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Bakool -> Xudur | 50 | 30 | 5,890 | 4,344 | 4,433 | 14,697 | Activity 1.1.1: Integrated Management of Childhood Illness (IMCI) through 2 decentralized MCHs and 1 mobile team for 17553 under-five children (8688 boys and 8865 gi...<br>Activity 1.1.2: Provision of Antenatal and post-natal care for 11720 pregnant and lactating women, including micro-nutrients supplementation and provision of safe de...<br>Activity 1.1.3: Provision of one dose of BCG vaccine, 3 doses of DTP-HepB+Hib, 4 doses of OPV, and one dose of measles vaccine to all children before their first bi...<br>Activity 2.1.1: Conduct structured and routine hygiene promotion sessions targeting 17553 caregivers of und<br>er five children 11720 women of child bearing age.<br>...<br>Activity 2.1.2: Form and support 5 mother to mother support groups consisting of mothers attending antenatal and postnatal care sessions at health facility. Each mot...<br>Activity 2.1.3: Sensitize 100 (50 men and 50 women) community members (IMAMs, youth, women groups, elders, men) on Health, Hygiene and Nutrition promotion (NHHP) AND...<br>Activity 3.1.1: Conducting 2 cycles (Initial and Refresher) training on Basic Emergency Obstetric Maternal and neonatal care targeting 20 (10 men and 10 women) healt...<br>Activity 3.1.2: Conducting 2 cycles (Initial and refresher) on Integrated management of childhood illnesses (IMCI) targeting 20 (10 men and 10 women) health care wor... |

**Documents**

| Category Name | Document Description |
|---|---|
| Budget Documents | ACF Health Proposal Budget and BoQs.xlsx |
| Budget Documents | ACF SHF Health Xuddur & Wajid Budget V2.xlsx |
| Budget Documents | 05042018 ACF SHF Health Xuddur & Wajid Budget V3.xlsx |
| Budget Documents | Copy of 05042018 ACF SHF Health Xuddur & Wajid Budget with ocha comments 4 may 2018.xlsx |
| Budget Documents | 07042018 ACF SHF Health Xuddur & Wajid Budget.xlsx |
| Budget Documents | 09042018 ACF SHF Health Xuddur & Wajid Budget.xlsx |
| Budget Documents | 09042018 ACF SHF Health Xuddur & Wajid Budget -ACF revised.xlsx |
| Budget Documents | 10042018 ACF SHF Health Xuddur & Wajid Budget -ACF revised.xlsx |
| Budget Documents | 10042018 ACF SHF Health Xuddur & Wajid Budget -Second Revision ACF revised.xlsx |
| Grant Agreement | HC signed GA ACF 8649.pdf |