| Coordination Saves Lives | | | | | | FI | oject Proposa |
|--|--|---|--|--|--|--|--|
| Organization | IOM (International Organ | ization for Migration) | | | | | |
| Project Title | Provision of life-saving pr Kismayo and Dhobley | rimary health care to m | igrants including intern | ally displ | aced persons (IDPs), | returnees, pastora | alists and host communities |
| CHF Code | CHF-DDA-3485-704 | | | | | | |
| Primary Cluster | Health | | Secondary Cluster | | | | |
| CHF Allocation | Standard Allocation 1 (Fe | eb 2015) | Project Duration | | | 12 mo | nths |
| Project Budget | 299,807.47 | | | | | | |
| HRP Details | HRP Code | SOM-15/H/71569 | HRP Budget | 3,563 | 3,100.00 | | |
| | HRP Project Ranking | A - HIGH | HRP Gender | | | | |
| Project Beneficiaries | | | Marker Men | | Women | Total | |
| | Beneficiary Summary | | 15, | 936 | 22,825 | 38,761 | |
| | | | Boys | | Girls | Total | |
| | | | 10 |),623 | 14,216 | 24,839 | |
| | | | | Total | | 63,600 | |
| | Total beneficiaries inc | lude the following: | | | | | |
| | Internally Displaced Ped | ople | 15 | 5,079 | 21,273 | 36,352 | |
| | Returnees | | : | 2,200 | 4,100 | 6,300 | |
| | Pastoralists | | 2 | 2,100 | 900 | 3,000 | |
| | People in Host Commur | nities | - | 7,180 | 10,768 | 17,948 | |
| Implementing Partners | | | | | | | |
| Organization focal point contact details | Name: Dr. Chiaki Ito Tit | tle: Health Programme | Coordinator | | | | |
| | | | | | | | |
| BACKGROUND INFORMATION 1. Project rationale. Humanitarian | | 0720 E-mail: cito@io | | nobley (F | Regional Mixed Migrati | on Secretariat, Ju | n 2014). Among them are |
| | The IDP population is est mobile population consist Dhobley (UNHCR, Week gastroenteritis, and skin of Increased cases of gastro 2014) reported Death Ra | timated at 30,000 in Kis ting of migrants and ret ly update February 201 diseases (IOM morbidit ointestinal conditions and te in Under 5 (U5DR) c Ps and host communitie | smayo, and 5,134 in Diturnees from Kenya, ap 15). Common diseases yy data, Jan-Dec 2014). nd communicable disea of 1.52/1000/day amon, es are dying from gastr | proxima reported In Kism ases hav g both m ointestina | tely 1,593 people are in a reacute watery diar ayo, IDPs and spontal rebeen reported (FSN obile and static popular and respiratory dise | returning from Ker rhoea (AWD), res neous returnees fr AU, Dec 2014). In ation . Besides the ases. In 2014, a to | nya and passing through piratory tract infections (RTI fom Kenya continue to arrive Dhobley, the FSNAU (Dec burden of the Somali |
| Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline | The IDP population is est mobile population consist Dhobley (UNHCR, Week gastroenteritis, and skin of Increased cases of gastroenteritis, and skin of Increased cases of gastroenteritis, and skin of Increased cases of gastroenteritis, and post post post of gastroenteritis, and post post post post post post post post | timated at 30,000 in Kisting of migrants and ret ly update February 201 diseases (IOM morbidit ointestinal conditions at the in Under 5 (U5DR) or 2s and host communitien, died from prevental ecember 2014, IOM coment entities, communit interventions, morbidit in the the the latter of the humanitant medical supplies and | smayo, and 5,134 in Diturnees from Kenya, ap 15). Common diseases y data, Jan-Dec 2014). nd communicable dises of 1.52/1000/day amon es are dying from gastrole communicable dise nducted two rounds of ty leaders and beneficia ty and mortality are expecceding demand for arian partners who claid d qualified staff. Suppor | proxima reported. In Kism ases hav g both m ointestin. ases and interview ary repre- pected to r life-savi m to run rt to exist | tely 1,593 people are it are acute watery diar ayo, IDPs and spontar wayo, IDPs and spontar wayo, IDPs and static popule all and respiratory dised malnutrition (IOM, Jaws and discussions on pagaravate in the coming services. In Kismay health posts are actuating health facilities to | returning from Ker rhoea (AWD), res, neous returnees fr AU, Dec 2014). In tition . Besides the ases. In 2014, a to n-Dec 2014). public health issue osed project areas ing months due to no, IOM's fact find illy either closed o | nya and passing through piratory tract infections (RTi om Kenya continue to arrivion Dhobley, the FSNAU (Dec burden of the Somali otal of 155 persons (85 males with over 50 partners s. Data analysis demonstrate the insufficient capacity of ing mission conducted in r working at a very low |
| Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) | The IDP population is est mobile population consist Dhobley (UNHCR, Week gastroenteritis, and skin of Increased cases of Gastroenteritis, and skin of Gastro | timated at 30,000 in Kisting of migrants and ret ly update February 201 diseases (IOM morbiditions atte in Under 5 (U5DR) of and host communitien, died from preventate exember 2014, IOM comment entities, communities, morbiditions interventions, morbidition responding to the farat most of the humanitant medical supplies and cially in remote areas suggintered life-saving HC services, WASH and al, institutional capacity Primary target population such as pastoralists. It the recent flooding in the oprovide humanitarian on catered such as healf friendly spaces. ION's programme and has re | smayo, and 5,134 in Dr turnees from Kenya, ap 15). Common diseases y data, Jan-Dec 2014). nd communicable dises of 1.52/1000/day amones are dying from gastrole communicable dise nducted two rounds of ty leaders and beneficiaty and mortality are expecteding demand for arian partners who clail did qualified staff. Supported to the community here by building of health secus are vulnerable IDPs in 2014, IOM supported Kismayo and populatio assistance to spontan th care services providit trained community here ecently been requested | proxima reported. In Kism ases have goth mointestin ases and ases and arry represented to relife-savim to run rt to exist smayo ar ce in the BV preventor and s s and affed over 20 ns fleein eous retted by statalth work. | tely 1,593 people are it are acute watery diar ayo, IDPs and spontar ayo, IDPs and spontar be been reported (FSN) obile and static popula all and respiratory dise it maintributes in the properties of the maintributes in the properties of the prop | returning from Ker rhoea (AWD), respectively. The control of the c | nya and passing through piratory tract infections (RTI om Kenya continue to arrive to Dhobley, the FSNAU (Dec burden of the Somali otal of 155 persons (85 males with over 50 partners and the insufficient capacity of ing mission conducted in r working at a very low ions to reach more vulnerable discounties and mobile health facilities. It is seen that the insufficient capacity of ing mission conducted in resolutions to reach more vulnerable discounties. It is seen that the insufficient capacity of ing mission conducted in resolutions to reach more vulnerable discounties. It is seen that the discounties are included as a lasso provides PHC to also provides PHC to also provides PHC to Moreover, IOM established. |
| 1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address | The IDP population is est mobile population consist Dhobley (UNHCR, Week gastroenteritis, and skin of Increased cases of gastroenteritis, and pareturnees, vulnerable IDF 70 female), mostly childred Between October and Deincluding NGOs, governnthat despite humanitarian the humanitarian actors in November 2014 found the capacity due to insufficient population in need espection in need espection in need espective include Plauriviors of GBV, technic placement programme. Finant-to-reach populations to emergencies including Way Station in Dhobley to children, youth have been facilities, as well as child cross border surveillance | timated at 30,000 in Kisting of migrants and ret ly update February 201 diseases (IOM morbiditions atte in Under 5 (U5DR) of and host communitien, died from preventate exember 2014, IOM comment entities, communities, morbiditions interventions, morbidition responding to the farat most of the humanitant medical supplies and cially in remote areas suggintered life-saving HC services, WASH and al, institutional capacity Primary target population such as pastoralists. It the recent flooding in the oprovide humanitarian on catered such as healf friendly spaces. ION's programme and has re | smayo, and 5,134 in Dr turnees from Kenya, ap 15). Common diseases y data, Jan-Dec 2014). nd communicable dises of 1.52/1000/day amones are dying from gastrole communicable dise nducted two rounds of ty leaders and beneficiaty and mortality are expecteding demand for arian partners who clail did qualified staff. Supported to the community here by building of health secus are vulnerable IDPs in 2014, IOM supported Kismayo and populatio assistance to spontan th care services providit trained community here ecently been requested | proxima reported. In Kism ases have goth mointestin ases and ases and arry represented to relife-savim to run rt to exist smayo ar ce in the BV preventor and s s and affed over 20 ns fleein eous retted by statalth work. | tely 1,593 people are it are acute watery diar ayo, IDPs and spontar ayo, IDPs and spontar be been reported (FSN) obile and static popula all and respiratory dise it maintributes in the properties of the maintributes in the properties of the prop | returning from Ker rhoea (AWD), respectively. The control of the c | nya and passing through piratory tract infections (RTI om Kenya continue to arrive to Dhobley, the FSNAU (Dec burden of the Somali otal of 155 persons (85 males with over 50 partners so. Data analysis demonstrate the insufficient capacity of ing mission conducted in r working at a very low ions to reach more vulnerated demonstrates the disporary of the control of |
| 1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs | The IDP population is est mobile population consist Dhobley (UNHCR, Week gastroenteritis, and skin of Increased cases of gastro 2014) reported Death Ra returnees, vulnerable IDF 70 female), mostly childre Between October and De including NGOs, governn that despite humanitarian actors in November 2014 found th capacity due to insufficier population in need espection of GBV, technic placement programme. Finand-to-reach population to emergencies including Way Station in Dhobley to children, youth have beer facilities, as well as child cross border surveillance surveillance among mobile. | timated at 30,000 in Kisting of migrants and ret ly update February 201 diseases (IOM morbiditions atte in Under 5 (U5DR) of 2s and host communitien, died from preventate accember 2014, IOM comment entities, communities, morbidition interventions, morbidition responding to the farat most of the humanitant medical supplies and cially in remote areas surplies and all, institutional capacity Primary target populations such as pastoralists. If the recent flooding in the oprovide humanitarian in catered such as healf friendly spaces. IOM's programme and has relle populations in areas | smayo, and 5,134 in Dr turnees from Kenya, ar 15). Common diseases y data, Jan-Dec 2014). nd communicable dises of 1.52/1000/day amongs are dying from gastrole communicable dise nducted two rounds of ty leaders and beneficially ty and mortality are expecteding demand for arian partners who clail did qualified staff. Supponuch as Dhobely and Kis humanitarian assistant did health promotion, Gif y building of health sec inservices provide trained community health care services provide trained community health care services provide trained community health secently been requested such as Dhobley. | proxima reported. In Kism ases have goth mointestin ases and ases and ases and arrepresent of the fife-savim to run rt to exist smayo ar to early represent of the fife-savim to run rt to exist smayo ar feed by stalth work d by the fife-savim to run requested to the fife-savim to run rt to exist smayo ar feed by prevertion and s sand affect of the fife-savim to run rt to exist smayo ar feed by the fife-savim to consider the fife-savim to run rt to exist smayo ar feed by the fife-savim to consider the fife-savim to run rt to exist smayo ar feed by the fife-savim to consider the fife-savim to run rt to exist smayor and the fife-savim to run rt to exist smayor are fife-savim to run rt to exist smayor and rt to exist smayor are fife-savim to run rt to exist smayor are fife-savim to exist smayor are fife-s | tely 1,593 people are it are acute watery diar ayo, IDPs and spontar to been reported (FSN) obile and static popula at and respiratory dise it maintained in the company of the state of th | returning from Ker rhoea (AWD), res meous returnees fr AU, Dec 2014). In stion . Besides the ases. In 2014, a tron-Dec 2014). Public health issue ossed project areasing months due to ro, IOM's fact find ally either closed o scale up intervent at through static an ample: Neonatolo s. In Dhobley IOM offences erentions specific negender-specific leoth women and methe Ministry of Hemplaced population uplaced population | nya and passing through piratory tract infections (RTI orm Kenya continue to arriving Dhobley, the FSNAU (Dec burden of the Somali otal of 155 persons (85 males with over 50 partners and analysis demonstrate the insufficient capacity of ing mission conducted in reworking at a very low items to reach more vulnerated the mobile health facilities. It is a working at a very low items to reach more vulnerated the mobile health facilities. It is a working at a very low items to reach more vulnerated the mobile health facilities. It is a working at a very low items to reach more vulnerated the mobile health facilities. 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It is a working the mobile health facilities and working the mobile health facilities and working the mobile health facilities and working the mobile health facilities are working the mobile health facilities and working the mobile health facilities are working the mobile health faciliti |
| 1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs LOGICAL FRAMEWORK | The IDP population is est mobile population consist Dhobley (UNHCR, Week gastroenteritis, and skin of Increased cases of gastro 2014) reported Death Ra returnees, vulnerable IDF 70 female), mostly childred Between October and Deincluding NGOs, governnthat despite humanitarian the humanitarian actors in November 2014 found the capacity due to insufficient population in need espection of GBV, technic placement programme. In hard-to-reach populations to emergencies including Way Station in Dhobley to children, youth have been facilities, as well as child cross border surveillance surveillance among mobile Contribute to improving the serious alarming needs the survey of the serious of the serious alarming needs the survey of the serious of the seriou | timated at 30,000 in Kisting of migrants and ret ly update February 201 diseases (IOM morbiditiontestinal conditions at the in Under 5 (U5DR) of 2s and host communities, died from prevental excember 2014, IOM comment entities, communition interventions, morbidition in responding to the fartat most of the humanitant medical supplies and cially in remote areas surgintered life-saving HC services, WASH and early interestinal time and the services of the recent flooding in the provide humanitarian in catered such as health or provident in a reas the health conditions of through the provision of puring equal access for very segrated primary and emmunities (14,216 girls on the provision of provide primary and emmunities (14,216 girls on the provision of | smayo, and 5,134 in Diturnees from Kenya, ap. 15). Common diseases y data, Jan-Dec 2014). Ind communicable diseases y data, Jan-Dec 2014). Ind communicable diseases are dying from gastrole communicable diseases are dying from gastrole communicable diseases and beneficiaty and mortality are expecteding demand for arian partners who claimed a communicable diseases are valing of health secons are vulnerable IDPs under the care services providuated the care services providuated community heatenthy been requested such as Dhobley. IDPs and migrants (relintegrated life-saving women, men, girls and integrated hards an | proxima reported. In Kism ases have goth mointestina ases and ases and interview ary represented to life-savim to run to exist smayo are consistent of the control of the c | tely 1,593 people are it are acute watery diar ayo, IDPs and spontar yo, IDPs and spontar be been reported (FSN) obile and static popula at and respiratory dise it maintribin (IOM, Ja sa and discussions on a sentatives in the proportion of the proposed project sites and the | returning from Ker rhoea (AWD), respective from the control of the | nya and passing through piratory tract infections (RTI om Kenya continue to arrive to Dhobley, the FSNAU (Dec burden of the Somali otal of 155 persons (85 males with over 50 partners is. Data analysis demonstrate the insufficient capacity of ing mission conducted in r working at a very low ions to reach more vulnerated and mobile health facilities. It is (medical & Legal Aid) for the gy) through the diaspora I also provides PHC to also includes rapid response. Moreover, IOM established eeds for women, men, attrines and accommodation ten. IOM is also running a alth (MoH) to include Ebola is) and host communities wismayo (Dalxis IDP |

| | primary heal | Ith approa | ch with outrea | ach services will include: ar | s ensuring provision of Post-Ex IOM static and mobile health nya) and a health unit in Dalxis | unit in Dh | obley (wh | ich serve | | | |
|--|--|--|---|--|---|--|-------------------------------------|---|--|--------------------------------------|-----------------------------|
| Activity 1.2 | access to se | ervices for n with stal | women, men keholders inclu | , girls and boys to Dhobley | healthcare services including r and Kismayo hospitals. This w Sanitation and Hygiene (WASH rention sites. | ill be impl | emented | through r | egular co | ordinatio | n and |
| Activity 1.3 | | | | | | | | | | | |
| Indicators for outcome 1 | | | Cluster | Indicator description | | | | | | Та | rget |
| | Indicator 1. | .1 | Health | Number of health facilities | supported | | | | | 2 | |
| | Indicator 1. | .2 | Health | Number of referral hospita | als contacted and cooperation e | establishe | d | | | 2 | |
| | Indicator 1. | .3 | Health | Number of clinical benefic | iaries | | | | | 50 | 0000 |
| Outcome 2 | | | | | arming needs show enhanced a ality and morbidity rates from v | | | | | | |
| Activity 2.1 | | | | | | | | | | | |
| Activity 2.2 | manner on t | he most s | erious public l | health issues including prev | tive health and nutritional camp vention of AWD, reproductive h uring equal participation of wor | ealth, ma | laria and | malnutriti | | | |
| Activity 2.3 | | | | | | | | | | | |
| Indicators for outcome 2 | | Cluster | Indicator d | escription | | | | | | | Targe |
| | Indicator 2.1 | Health | | | | | | | | | 0 |
| | Indicator 2.2 | Health | | | campaigns in both locations (TI social mobilization or health ed | | ator for a | activity 2.1 | as the d | rop | 24 |
| | Indicator 2.3 | | downmend | above did not contain any | Social mobilization of neatin ec | ducation) | | | | | |
| Outcome 3 | | | | | | | | | | | |
| Activity 3.1 | | | | | | | | | | | |
| Activity 3.2 | | | | | | | | | | | |
| Activity 3.3 | | | | | | | | | | | |
| Indicators for outcome 3 | | | | Cluster | Indicator description | | | | Tai | rget | |
| | Indicator 3. | .1 | | | | | | | | | |
| | Indicator 3. | .2 | | Health | | | | | 0 | | |
| | Indicator 3. | .3 | | | | | | | | | |
| WORK PLAN | | | | | | | | | | | |
| Implementation: Describe for each activity how you plan to implement it and who is carrying out what | government scale up the Social mobil provide tech | entities, of on-going lization wi inical supp | community lea PHC and stre Il be conducte | ders and beneficiary represengthen the health system to by IOM and key stakeholy its partners' technical | nolders such as the United nation sentatives will support two heal through referrals . IOM will directers in consultations with the gand operational capacity through | th units (c ctly imple: overnmer | ne in each ment actionts. In all | ch location vities in b activities, | n) with ou oth location IOM will | itreach se ons. Activ continuo | ervices trities 3.7 usly |
| Project workplan for activities defined in the | Activity De | escription | 1 | | | Month 1-2 | Month 3-4 | Month 5-6 | Month 7-8 | Month 9-10 | Mont |
| Logical framework | pastoralists women, 15,5, ensuring eq communical reproductive laboratory te ensuring pro approach wi (which serve Kenya) and Activity 1.1 including ma girls and boy | y 1.1 Provide integrated emergency and PHC to 36,352 IDPs, 6,300 returnees, 3,000 X X X ists and 17,948 members of their host communities (14,216 girls, 10,623 boys, 22,825 15,936 men) through health units with outreach services in Dhobley and Kismayo, gequal access to women, men, girls and boys. Services will comprise treatment of nicable and non-communicable diseases, child health (including vaccination), sexual and ctive health (including ante/post-natal care), injury care, mental health, and basic rapid returness and referrals including assistance to SGBV survivors grovision of Post-Exposure Prophylaxis (PEP) kits for rape survivors. The primary health the outreach services will include: an IOM static and mobile health unit in Dhobley serves the community within Dhobley and its outskirts including returnees from Dadaab, and a health unit in Dalxis IDP settlement in Kismayo. y 1.2 Strengthen the referral system for patients seeking secondary healthcare services X X X g malnourished children and mothers, ensuring equal access to services for women, men, | | | | | | | x | x | ; |
| | Hygiene (W | ASH) Clus ors and nut | ter partners wo | oration with stakeholders including Nutrition and Water, Sanitation and or partners working in Dhobley and Kismayo as well as the referral hospital tional intervention sites. | | | | | | | |
| | nutritional ca health issue morbidity an | ampaigns (s including nong a tota | (12 per location prevention of / | AWD, reproductive health, ma neficiaries with serious alarmir | anner on the most serious public alaria and malnutrition-related | Х | Х | Х | Х | Х | |
| | | | | | | | | | | | |

| M & E DETAILS | Activity 3.2 | | | | | | | | | | | | | | |
|--|---|--|--|--|---------|-----------|------------------------|--------------|-----------------|----------------------------|----------|-------|------------|--------------|--------|
| W & E DETAILS | | | | | _ | | L /- | · | | | | | | | |
| Activity Description | | | M & E Tools to use | Moone of | 1 | iont 2 | n (s _. 3 |) wn 4 | en | oiani 6 | nea 7 | IVI & | <u>н</u> и | <i>ill b</i> | |
| Activity Description | | | W & E TOOIS to use | verification | | | | | | | ' | ٥ | 9 | 10 | " |
| Activity 1.1 Provide integrated em 3,000 pastoralists and 17,948 memi boys, 22,825 women, 15,936 men) Dhobley and Kismayo, ensuring eq will comprise treatment of communi (including vaccination), sexual and Injury care, mental health, and basic referrals including assistance to SG Prophylaxis (PEP) kits for rape surv services will include: an IOM static a community within Dhobley and its o and a health unit in Dalxis IDP settle | bers of their host communities (14,2 through health units with outreach s ual access to women, men, girls an cable and non-communicable disea reproductive health (including ante/lc c rapid laboratory tests, malnutrition BV survivors ensuring provision of rivors. The primary health approach and mobile health unit in Dhobley (v utskirts including returnees from Da | 3rd party monitoring Contact details Data collection Field visits | HMIS tools, data, photos, stories from beneficiaries, registers, number of medical drugs used and reordered, weekly, monthly and quarterly reports | X | X | | X | X | | X | X | | X | X | |
| Activity 1.2 Strengthen the referra services including malnourished chi services for women, men, girls and implemented through regular coordi Nutrition and Water, Sanitation and Dhobley and Kismayo as well as the intervention sites. | ildren and mothers, ensuring equal a boys to Dhobley and Kismayo hosp ination and collaboration with stakel Hygiene (WASH) Cluster partners w | access to itals. This will be nolders including vorking in | - 3rd party monitoring - Data collection - Field visits - Verification | HMIS tools, data, photos, stories from beneficiaries, registers, number of medical drugs used and reordered, weekly, monthly and quarterly reports | Х | X | | X | X | | X | X | | Х | Х |
| Activity 1.3 | | | | | | | | | | | | | | | |
| Activity 2.1 | | | | | | | | | | | | | | | |
| Activity 2.2 Through social mobilic and nutritional campaigns (12 per lo most serious public health issues in malaria and malnutrition-related mo serious alarming needs ensuring eq | ocation) in a culturally acceptable macluding prevention of AWD, reproduorbidity among a total of 90,000 bene | anner on the active health, eficiaries with | 3rd party monitoring Data collection Field visits Photo with or without GPS data Verification | | X | X | | X | X | | X | X | | Х | Х |
| Activity 3.1 | | | | | | | | | | | | | | | |
| Activity 3.2 | | | | | | | | | | | | | | | |
| OTHER INFORMATION | | | | | | | | | | | | | | | |
| Coordination with other | Organization | Activity | | | | | | | | | | | | | |
| Organizations in project area | 1. IOM and ARC | | resence in Kismayo, has been pro | | | | | | | | ents i | n Kis | smay | o an | lliw b |
| | 2. Health Cluster Partners | coordinate with ARC as well as the partners on the proposed interventions to avoid duplication. IOM, with its presence in Dhobley, Mogadishu, and Kismayo, has been attending health clusters at both Nairobi and field leve and will coordinate with the partners on the proposed interventions to avoid duplication. | | | | | | | | | | | | | |
| | 3. MOH | IOM, with its pr Government of | resence in Mogadishu and Kisma f Somalia and Interim Jubba Adm on , build their capacities and har | ayo, has been in close co | ontac | t with | the | Mini them | | | | | | | |
| Gender theme support | Yes | | | | | | | | | | | | | | |
| Outline how the project supports the gender theme | sites and services, design of | activities, and ir | nsuring the active participation mplementation of the project. The sin the logical framework. | | | | | | | | | | | | |
| Select (tick) activities that support the gender theme | (14,216 girls, 10,623 boy women, men, girls and b sexual and reproductive referrals including assista approach with outreach s | Activity 1.1: Provide integrated emergency and PHC to 36,352 IDPs, 6,300 returnees, 3,000 pastoralists and 17,948 members of their host commu (14,216 girls, 10,623 boys, 22,825 women, 15,936 men) through health units with outreach services in Dhobley and Kismayo, ensuring equal access women, men, girls and boys. Services will comprise treatment of communicable and non-communicable diseases, child health (including vaccination) sexual and reproductive health (including ante/post-natal care), injury care, mental health, and basic rapid laboratory tests, malnutrition screening and referrals including assistance to SGBV survivors ensuring provision of Post-Exposure Prophylaxis (PEP) kits for rape survivors . The primary health approach with outreach services will include: an IOM static and mobile health unit in Dhobley (which serves the community within Dhobley and its out including returnees from Dadaab, Kenya) and a health unit in Dalxis IDP settlement in Kismayo. | | | | | | | | ess to on), and h | | | | | |
| | equal access to services collaboration with stakeh | Activity 1.2: Strengthen the referral system for patients seeking secondary healthcare services including malnourished children and mothers, ensuring equal access to services for women, men, girls and boys to Dhobley and Kismayo hospitals. This will be implemented through regular coordination and collaboration with stakeholders including Nutrition and Water, Sanitation and Hygiene (WASH) Cluster partners working in Dhobley and Kismayo as we the referral hospital administrators and nutritional intervention sites. | | | | | | | | n and | | | | | |
| | Activity 1.3: | | | | | | | | | | | | | | |
| | Activity 2.1: | | | | | | | | | | | | | | |
| | acceptable manner on th | e most serious pu | conduct a total of 24 mass preve ublic health issues including preve serious alarming needs ensuring | ention of AWD, reproduc | ctive I | nealtl | n, ma | alaria | and | d mal | | | | | orbidi |
| | Activity 3.1: | | | | | | | | | | | | | | |
| | Activity 3.2: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| BUDGET | | | | | | | | | | | | | | | |

| Code | Budget Line Description | Units | Unit Cost | Duration | TimeUnit | Amount(USD) | Organization | CHF | %charged to |
|----------|--|----------|--------------|----------|----------|---------------|--------------|-----------|-----------------|
| 1.1.1 | Programme Coordinator/Officer (20%, P3) | 1 | 10833 | 12 | Month | 129,996.00 | 103,996.80 | 25,999.20 | OTII |
| 1.1.2 | | | | | | | · | | |
| 1.1.3 | | | | | | | | | |
| 1.1.4 | | | | | | | | | |
| 1.1.5 | | | | | | | | | |
| 1.1.6 | | | | | | | | | |
| 1.1.7 | | | | | | | | | |
| 1.1.8 | | | | | | | | | |
| | | | | | | | | | |
| 1.1.9 | | | | | | | | | |
| 1.1.10 | | | | | | | | | |
| 1.1.11 | | | | | | | | | |
| 1.1.12 | | | | | | | | | |
| 1.1.13 | | | | | | | | | |
| 1.1.14 | | | | | | | | | |
| 1.1.15 | | | | | | | | | |
| | Subtotal | | | | | 129,996.00 | 103,996.80 | 25,999.20 | |
| Budget N | | | | | | | | | |
| Code | Budget Line Description | Units | Unit | Duration | TimeUnit | Amount(USD) | Organization | CHF | %charged |
| | Dadget 2.110 Decemption | - Crinic | Cost | Daration | | 7 anount(002) | O gamzaton | | %charged CHF |
| 1.2.1 | | | | | | | | | |
| 1.2.2 | Programme Assistant in Nairobi(30%, G5) | 1 | 1622 | | Month | 19,464.00 | 13,624.80 | 5,839.20 | |
| 1.2.3 | Programme Assistant in Kismayo (30%, G5) | 1 | 1622 | | Month | 19,464.00 | 13,624.80 | 5,839.20 | |
| 1.2.4 | Programme Support | 1 | 1574 | 12 | Month | 18,888.00 | 0.00 | 18,888.00 | |
| 1.2.5 | | | | | | | | | |
| 1.2.6 | | | | | | | | | |
| 1.2.7 | | | | | | | | | |
| 1.2.8 | | | | | | | | | |
| 1.2.9 | | | | | | | | | |
| 1.2.10 | | | | | | | | | |
| 1.2.11 | | | | | | | | | |
| | | | | | | | | | |
| 1.2.12 | | | | | | | | | |
| 1.2.12 | | | | | | | | | |
| | | | | | | | | | |
| 1.2.13 | | | | | | | | | |
| 1.2.13 | Sub Total | | | | | 57,816.00 | 27,249.60 | 30,566.40 | |

| B:2 Supplies, |
|---------------|
| Commodities, |
| Materials |

| , i, | Code | Budget Line Description | Units | Unit Cost | Duration | TimeUnit | Amount(USD) | Organization | CHF | %charged to CHF |
|---------|-------|---|-------|-----------|----------|----------|-------------|--------------|-----------|-----------------|
| | 2.1.1 | Medical drugs and equipment (Dhoble) | 1 | 9937.2 | 1 | lumpsum | 9,937.20 | 0.00 | 9,937.20 | |
| | 2.1.2 | Medical drugs and equipment (KIsmayo) | 1 | 15838.295 | 1 | lumpsum | 15,838.30 | 0.00 | 15,838.30 | |
| | 2.1.3 | Freight and transportation for medicine and medical equipment (Kismayo) | 1 | 10152 | 1 | lumpsum | 10,152.00 | 0.00 | 10,152.00 | |
| | | | - | | | | | | | |

| | | - | 1 1 | | | | | | | |
|-------------------------|----------|---|-------|--------------|----------|----------------|-------------|--------------|------------|--------------------|
| | 2.1.4 | Van rental (including maintenance and fuel)(Kismayo) | 1 | 1400 | 12 | Month | 16,800.00 | 1,399.44 | 15,400.56 | |
| | 2.1.5 | Community Mobilization(Kismayo | 1 | 500 | 12 | Month | 6,000.00 | 499.80 | 5,500.20 | |
| | 2.1.6 | Doctor (USD\$700 X1)(Kismayo | 1 | 700 | 12 | Month | 8,400.00 | 0.00 | 8,400.00 | |
| | 2.1.7 | Midwife (USD\$350 X 1)(Kismayo | 1 | 350 | 12 | Month | 4,200.00 | 0.00 | 4,200.00 | |
| | 2.1.8 | Nurse (USD 350 per month) x 1 (Kismayo | 1 | 350 | 12 | Month | 4,200.00 | 0.00 | 4,200.00 | |
| | 2.1.9 | Auxillary Nurse(USD\$250 X 2)(Kismayo | 2 | 250 | 12 | Month | 6,000.00 | 0.00 | 6,000.00 | |
| | 2.1.10 | Facility support personnel x 8: community health workers x 3, cleaners x 1, security guards x 2 and vaccinators x 2 (USD 150 per month) kismayo | 8 | 150 | 12 | Month | 14,400.00 | 0.00 | 14,400.00 | |
| | 2.1.11 | Freight and transportation for medicine and medical equipment (Dhobley) | 1 | 2000 | 1 | lumpsum | 2,000.00 | 0.00 | 2,000.00 | |
| | 2.1.12 | Community mobilization(Dhobley | 1 | 5000 | 1 | lumpsum | 5,000.00 | 0.00 | 5,000.00 | |
| | 2.1.13 | Van rental (including maintenance and fuel) (dhobley | 1 | 2300 | 12 | months | 27,600.00 | 0.00 | 27,600.00 | |
| | 2.1.14 | Doctor (USD\$700 X1) Dhobley | 1 | 700 | 12 | months | 8,400.00 | 0.00 | 8,400.00 | |
| | 2.1.15 | Other staff costs | 1 | 28800 | 1 | lumpsum | 28,800.00 | 0.00 | 28,800.00 | |
| | | Sub Total | | | | | 167,727.50 | 1,899.24 | 165,828.26 | |
| | Budget N | arrative: | | | | | | | | |
| C-2 | - | 1 | Unite | 11-4 | Duration | Time all lasts | A(LICD) | 0 | OUE | 0/ -11 4- |
| C:3 Equipment | Code | Budget Line Description | Units | Unit Cost | Duration | TimeUnit | Amount(USD) | Organization | CHF | %charged to CHF |
| | 3.1.1 | | | | | | | | | |
| | 3.1.2 | | | | | | | | | |
| | 3.1.3 | | | | | | | | | |
| | 3.1.4 | | | | | | | | | |
| | | | | | | | | | | |
| | 3.1.5 | | | | | | | | | |
| | 3.1.6 | | | | | | | | | |
| | 3.1.7 | | | | | | | | | |
| | 3.1.8 | | | | | | | | | |
| | 3.1.9 | | | | | | | | | |
| | | | | | | | | | | |
| | 3.1.10 | | | | | | | | | |
| | | | | | | | | | | |
| | 3.1.12 | | | | | | | | | |
| | 3.1.13 | | | | | | | | | |
| | 3.1.14 | | | | | | | | | |
| | 3.1.15 | | | | | | | | | |
| | | Sub Total | | | | | 0.00 | 0.00 | 0.00 | |
| | Budget N | arrative: | | 1 | 1 | 1 | | | | |
| D:4 | | Budget Line Description | Units | 1 10 % | D | Time = 1.12 | Am4/1/1051 | Or: " | 01.15 | 0/ ok 1: |
| Contractual Services | Code | Budget Line Description | Units | Unit Cost | Duration | TimeUnit | Amount(USD) | Organization | CHF | %charged to CHF |
| | _ 4.1.1 | | | | | | | | | |
| | | | | | | | | | | |
| | _4.1.2 | | | | | | | | | |
| | _ 4.1.3 | | | | | | | | | |
| | _4.1.4 | | | | | | | | | |
| | _ 4.1.5 | | | | | | | | | |
| | | | | | | | | | | |
| | 416 | | | | | | | | | |
| | _ 4.1.6 | | | | | | | | | |
| | _4.1.6 . | | | | | | | | | |
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|--|-----------|--|-------|--------------|----------|----------|-------------|--------------|-----------|-----------------|
| | 4.1.10 | | | | | | | | | |
| | 4.1.11 | | | | | | | | | |
| | 4.1.12 | | | | | | | | | |
| | 4.1.13 | | | | | | | | | |
| | 4.1.14 | | | | | | | | | |
| | 4.1.15 | | | | | | | | | |
| | | Sub Total | | | | | 0.00 | 0.00 | 0.00 | |
| | Budget N | arrative: | | | | | <u>'</u> | | | |
| E:5 Travel | Code | Budget Line Description | Units | Unit Cost | Duration | TimeUnit | Amount(USD) | Organization | CHF | %charged to CHF |
| | 5.1.1 | International Travel (Kenya-Somalia) Air tickets, DSA and terminal expenses | 1 | 400 | 12 | Month | 4,800.00 | 0.00 | 4,800.00 | |
| | 5.1.2 | In-Country Travel (within Somalia) includes vehicle rental | 1 | 1200 | 4 | Month | 4,800.00 | 0.00 | 4,800.00 | |
| | 5.1.3 | Monitoring and Evaluation (M&E) includes pre and post assesments and surveys | 1 | 1281 | 12 | Month | 15,372.00 | 0.00 | 15,372.00 | |
| | 5.1.4 | | | | | | | | | |
| | 5.1.5 | | | | | | | | | |
| | 5.1.6 | | | | | | | | | |
| | 5.1.7 | | | | | | | | | |
| | 5.1.8 | | | | | | | | | |
| | 5.1.9 | | | | | | | | | |
| | 5.1.10 | | | | | | | | | |
| | 5.1.11 | | | | | | | | | |
| | 5.1.12 | | | | | | | | | |
| | 5.1.13 | | | | | | | | | |
| | 5.1.14 | | | | | | | | | |
| | 5.1.15 | | | | | | | | | |
| | | Sub Total | | | | | 24,972.00 | 0.00 | 24,972.00 | |
| | Budget N | arrative: | | | | | | | | |
| F:6 Transfers and Grants to Counterparts | Code | Budget Line Description | Units | Unit Cost | | TimeUnit | Amount(USD) | Organization | CHF | %charged to CHF |
| - | _6.1.1 _ | | | | | | | | | |
| | _6.1.2 | | | | | | | | | |
| | _6.1.3 | | | | | | | | | |
| | _6.1.4 | | | | | | | | | |
| | _ 6.1.5 | | | | | | | | | |
| | _6.1.6 | | | | | | | | | |
| | _6.1.7 _ | | | | | | | | | |
| | _6.1.8 _ | | | | | | | | | |
| | _6.1.9 _ | | | | | | | | | |
| | _6.6.10 _ | | | | | | | | | |
| | _6.1.11 _ | | | | | | | | | |
| | _6.1.12 _ | | | | | | | | | |
| | _6.1.13 _ | | | | | | | | | |
| | | | | | | | | | | |

| | | | | | | 1 | 1 | 1 | - | | | | | |
|---------------------------|--------------------------------------|-----------------------|------------|-----------------------|-----------|----|----------|----|-----------|----------|-------------|--------------|------------|--------------------|
| | 6.1.14 | | | | | | | | | | | | | |
| | 6.1.15 | | | | | | | | | | | | | |
| | | | Su | b Total | | | | | | | 0.0 | 0.0 | 0.00 | |
| | Budget N | larrative: | | | | · | | | | | · | · | | |
| G:7 General Operating | Code | Budget Line | e Descrip | ition | | Un | its Unit | | n · | TimeUnit | Amount(USD) | Organization | CHF | %charged t |
| and Other Direct Costs | 7.1.1 | Rent | | | | | 2 500 | 12 | 2 1 | Month | 12,000.00 | 0.00 | 12,000.00 | |
| | 7.1.2 | Communica | ations | | | | 1 250 | 12 | 2 1 | Month | 3,000.00 | 0.00 | 3,000.00 | |
| | 7.1.3 | Office Supp | plies and | materials | | | 1 5428 | | 1 1 | lumpsum | 5,428.00 | 0.00 | 5,428.00 | |
| | 7.1.4 | Security (N escort | MOSS/MC | RSS Compliance) incl | uding arm | ed | 1 200 | 12 | 2 1 | Month | 2,400.00 | 0.00 | 2,400.00 | |
| | 7.1.5 | Other office | e costs ir | ncluding bank charges | S | | 1 10000 | | 1 1 | lumpsum | 10,000.00 | 0.00 | 10,000.00 | |
| | 7.1.6 | | | | | | | | | | | | | |
| | 7.1.7 | | | | | | | | | | | | | |
| | 7.1.8 | | | | | | | | \dagger | | | | | |
| | 7.1.9 | | | | | | | | t | | | | | |
| | 7.1.10 | | | | | | | | | | | | | |
| | 7.1.11 | | | | | | | | | | | | | |
| | 7.1.12 | | | | | | | | | | | | | |
| | 7.1.13 | | | | | | | | | | | | | |
| | 7.1.14 | | | | | | | | | | | | | |
| | 7.1.15 | | | | | | | | T | | | | | |
| | | | Sul | Total | | | | | T | | 32,828.00 | 0.00 | 32,828.00 | |
| | Budget N | larrative: | | | | | | | | | | | | |
| | | | т | OTAL | | | | | | | 413,339.50 | 133,145.64 | 280,193.86 | |
| | | 1 | | | | | | | | | | | | |
| H.8 Indirect Programme | Code | Budget Line | e Descrip | ition | | | | | | | Amount(USD) | Organization | CHF | %charged to CHF |
| Support Costs | 8.1.1 | Indirect Pro | ogramme | Support Costs | | | | | | | 0.00 | 0.00 | 19,613.61 | 7.00 |
| | | | G | RAND TOTAL | | | | | | | 413,339.50 | 133,145.64 | 299,807.47 | |
| Other sources | of funds | | | | | | | | | | | | | |
| | Descrip | tion | | Amount | % | | | | | | | | | |
| | Organization 133,145.64 30.75 | | | | | | | | | | | | | |
| | Commu | nity | | 0.00 | 0.00 | | | | | | | | | |
| | CHF | | | 299,807.47 | 69.25 | | | | | | | | | |
| | Other D | onors | a) | 0.00 | | | | | | | | | | |
| | | | b) | 0.00 | | - | | | | | | | | |
| | TOTAL | | | 432,953.11 | | | | | | | | | | |

LOCATIONS

| Region | District | Location | Standard Cluster Activities | Activity | Beneficiary Description | | | Longitude | P.Code |
|---------------|----------|----------|--|---|---|-------|----------|-----------|---------------------|
| Lower Juba | Afmadow | Dhobley | Awareness campaign, Capacity building, Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.) | Provision of life-saving primary health care services | IDPs, returnees, pastoralists, host communities | 25600 | 0.40627 | 41.01238 | NA-3716- Q12-001 |
| Lower Juba | Kismayo | Kismayo | Awareness campaign, Capacity building, Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.) | Provision of life-saving primary health care services | IDPs, returnees, pastoralists, host communities | 38000 | -0.36029 | 42.546261 | SA-3801- J13-001 |
| TOTAL | | | | | 63,600 | | | | |

DOCUMENTS

| Document | Description |
|----------|-------------|
| | |

1. FSNAU Nutrition Update December 2014 report

| 2. RMMS June 2014 Report | |
|--|--|
| 3. OCHA Somalia Humanitarian Update August 2014 | |
| 4. OCHA Somalia Humanitarian Update September 2014 | |
| 5. OCHA Somalia Humanitarian Update October 2014 | |
| 6. OCHA Humanitarian Update June 2014 | |
| 7. UNHCR Weekly Updates voluntary returns KEN-SOM Dec 2014 | |
| 8. Gaps Assesed in Health and WASH in Dhobley-IOM report | |
| 9. IOM Kismayo Mission Assesment Report -2013 | |
| 10. Budgetary guidelines and BOQ | |
| 11. Annex 1 BOQ | |
| 12. Revised IOM BOQ | |

8 of 8