OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	International Organization for Migration
Allocation Type :	Reserve 2016

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

Project Title :	Provision of integrated lifesaving primary healthcare services to IDPs and their host communities in Kismayo
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-16/2470/R/H/UN/2574
Cluster :		**Project Budget in US$:**	150,000.04
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/08/2016	**Planned End Date :**	31/07/2017
Actual Start Date:	01/08/2016	**Actual End Date:**	31/07/2017

Project Summary :

The project aims to respond to the urgent need for lifesaving essential health care services for the IDPs in Dalxiiska and neighboring IDP settlements within Kismayo town. The project will bridge the gap in service provision as a result of the just ended last year's emergency funding (CERF & CHF) and to complement other ongoing humanitarian interventions in the area. IOM intends to continue running 2 static health facilities (with outreach services) whose funding ended last month (June 2016), improve the referral needs for secondary healthcare and to educate communities on common health events through social mobilization strategy.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
3,950	5,290	7,920	9,240	26,400

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	2,950	3,950	6,000	7,140	20,040
People in Host Communities	1,000	1,340	1,920	2,100	6,360

Indirect Beneficiaries :

An estimated 7500 individuals that reside in Kismayo and neighboring villages to Dalxiska IDP settlement will indirectly benefit from the project through preventive and promotive health awareness campaigns

Catchment Population:

The catchment population will be 57,240 IDPs and their host communities in Kismayo as identified by the recent IOM Displacement Tracking Matric (DTM) report.

Link with allocation strategy :

This proposal is in line with the SHF strategy 2) lifesaving and life sustaining integrated response to IDPs and host communities The proposed activities are in line with the 2016 Somalia Humanitarian Plan's health priorities of 1) improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality and 2) to contribute to the reduction of maternal and child morbidity and mortality.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$
Ministry of Health Jubbaland State of Somalia	Others	61,600.00
		61,600.00

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Abdikadir Abdow	Programme Officer	aabdow@iom.int	+254 722-791711
Chiaki Ito	Head, Preparedness and Response Division/Migration Health Division	cito@iom.int	+2547337860720

BACKGROUND

1. Humanitarian context analysis

The population of IDPs in Kismayo town and its surrounding is increasing. Currently total population of Kismayo is estimated of 224,400 including 57,240 IDPs who are living either in collective settlements/sites (54,978) like Dalxiiska or within the host communities (2,262) according to IOM's Displacement Tracking Matrix (DTM) of May, 2016.This is significantly larger than UNHCR's estimated figure of 31,000 IDPs in March 2016. Conflict, forced eviction and seasonal flooding in surrounding regions are major causes of the influx (UNOCHA June 2016). The IDP settlements are becoming congested more than ever, especially in Dalxiiska where there is an increased pressure on the already limited available resources and services. This led to rising rates of communicable disease transmissions to populations already facing high mortality and morbidity rates. Since September 2015, Kismayo has been affected by AWD/cholera outbreak and the reported cases in early 2016 at Kismayo Hospital have increased from 262 in January to 469 in March. The continued outbreak is attributable to the poor WASH conditions (FSNAU May 2016), overcrowding, high malnutrition rates and poor health care infrastructure in these settlements. A serious Global Acute Malnutrition (GAM) rate of 12.9 percent and high underweight rate of 30.1 percent has been reported in the IDPs (FSNAU February 2016). Data from the Kismayo General Hospital's outpatient therapeutic feeding center (OTP) indicates that 451 and 426 malnourished children were recorded in January and in February 2016 respectively.

2. Needs assessment

The recently conducted IOM DTM survey identified significant increase of IDPs since 2015. The survey identified 54,978 and 2,262 IDP individuals living in collective sites like Dalxiiska and within the host communities in Kismayo town respectively. As of June 15, 2016, a total of 3,038 cases of AWD/cholera (1,141 children under five) including 14 deaths have been reported since the onset of the outbreak in September 2015 (Cholera Treatment Center data at Kismayo General Hospital). The majority of reported cases (78 %) were reported in IDP settlements and host communities living in Farjano, Fanole and Shaqalaha (Food Security and Nutrition Analysis Unit [FSNAU] May 2016. In fact the reported cases had increased again in the first and second quarters of 2016 from 262 in January to 469, 452 and 302 in March, April and May 2016 respectively. However due to increased response by partners, a decline of cases has been observed in the recent weeks according to MOH June 30th 2016 report. MOH further recommended the need for scaling up preventive measures like socio-mobilization and hygiene promotion in order to avoid re-occurrence of AWD/cholera.
Kismayo IDPs nutritional status remained at serious level since Deyr (Oct – Dec) 2015 with current GAM rate of 14.5% (FSNAU June 2016) .Vital public health programs coverage such as routine immunization and Vitamin A supplementation are still low. There has been significant increase of morbidity from 27.6% in Deyr of season 2015 to 28.1% in Gu of 2016 (FANSU June 2016). This high morbidity among the IDPs is associated with the increased AWD cases and other common childhood diseases particularly acute respiratory infections (ARI) which is very common (IOM morbidity data, Jan- April 2016). FSNAU June 2016 report further shows that although the Crude Death Rate (CDR) is within the acceptable level ((0.51/10 000/day), serious levels of U5DR (1.4/10 000/day) were recorded in Kismayo IDPs settlements in Gu 2016 season.

3. Description Of Beneficiaries

Beneficiaries will include 26,400 IDPs and host community members (9,240 girls, 7,920 boys, 5,280 women, 3,960 men) in Kismayo where 96% IDPs stay in corrective sites. Of those beneficiaries this project pays special consideration to pregnant women, mothers, women of child bearing age and children under five years.

4. Grant Request Justification

IOM's ongoing emergency health programmes in the project location that was funded by CHF and CERF of 2015 have ended in June 2016. This SHF grant will enable IOM to continue its emergency essential health care services without interruption. The project can start immediately as ongoing CHF/CERF project staff and infrastructure system are already in place. In addition, IOM also has WASH and GBV projects in Kismayo and is able to implement integrated approach to make a maximum impact. IOM is also able to provide evidence based activities by providing targeted services to meet the specific needs (health, WASH and protection) of IDPs based on the recently completed IOM's Displacement Tracking Matrix (Round 1) result.

5. Complementarity

IOM is currently providing integrated life-saving humanitarian assistance in the proposed project sites through static and mobile health facilities. IOM's services include primary health care service, WASH and health promotion, gender-based violence (GBV) prevention, psychosocial support and referrals (medical & legal aid) for the survivors of GBV, technical, institutional capacity building of the health sector and specialized medical doctors placements at the Kismayo General Hospital through IOM-supported diaspora placement programme. In the last year alone, IOM supported over 80,000 beneficiaries through integrated health, WASH and GBV programmes among IDPs and their host communities in Kismayo district. Currently IOM is also implementing the Essential Package of Health Services (EPHS) health programme in Kismayo and regularly conduct health education campaigns for the returnees, IDP and host communities and capture their needs. These can complement with the proposed project of emergency primary healthcare provision. In addition, with the strong IOM presence in Kismayo, the proposed project can also supplement with the activities of the Jubaland Government and other partners in Health, WASH, and Nutrition clusters responding to AWD/Cholera outbreak responses..

LOGICAL FRAMEWORK

Overall project objective

Contribute to scaling up of lifesaving and life sustaining humanitarian response to IDPs and their host communities in Kismayo through the provision of integrated emergency primary healthcare services, strengthening of referral system for secondary healthcare, provision essential medical supplies, awareness raising and ensuring that equal services opportunity and access for women, men, girls and boys.

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	Somalia HRP 2016	60
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2016	40

Contribution to Cluster/Sector Objectives : Increased coverage of life-saving primary and emergency health care services to IDPs and members of their host communities in Kismayo with special provision for pregnant women, mothers, women of child-bearing age, and children under five years.

Outcome 1

Increased coverage of life-saving primary and emergency health care services to IDPs and members of their host communities in Kismayo.

Output 1.1

Description

26,400 IDPs and host community members (9,240 girls, 7,920 boys, 5,280 women, 3,960 men) have access to integrated emergency primary health care services including treatment and prevention of common health events with special consideration given to pregnant women, mothers, women of child bearing age and children under five years.

Assumptions & Risks

1) Security situation in the target project sites permits for the project team to access areas. 2) IDPs and Community people are willing to have basic health information and services

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Provision of routine treatment for communicable and non-communicable diseases, child health, sexual and reproductive health (including ante/post-natal care), injury care, mental health, and basic laboratory services for rapid health check-ups to 26,400 IDPs and host community members (9,240 girls, 7,920 boys, 5,280 women, 3,960 men).

Activity 1.1.2

Standard Activity : Health facilities supported, Infrastructure construction or rehabilitation (Health centre, latrines, hand washing facilities, water etc.)

Establish and support two emergency static health centers with outreach services in the IDP settlements in Kismayo

Activity 1.1.3

Standard Activity : Secondary health care and referral services

Strengthen the referral system to Kismayo hospitals for patients seeking secondary healthcare services including malnourished children and mothers, ensuring equal access to services for women, men, girls and boys. This will be implemented through regular coordination and collaboration with stakeholders including Nutrition and WASH cluster partners working in Kismayo as well as the referral hospital administrators and nutritional intervention partners.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of beneficiaries reached through consultations and health promotion at the health facilities.					26,400
Means of Verification : HMIS data and project reports							
Indicator 1.1.2	Health	Number of health facilities supported					2
Means of Verification : Project reports and Monitoring visits							
Indicator 1.1.3	Health	% of cases referred for secondary health & nutritional care out of the total cases in need of referrals					80
Means of Verification : HMIS data and Project reports							

Outcome 2

IDPs and their host communities show enhanced awareness/understanding of common communicable diseases and practice community-based prevention and response measures to these illnesses.

Output 2.1

Description

26,400 IDPs and host community members (9,240 girls, 7,920 boys, 5,280 women, and 3,960 men) benefit and participate from monthly mass community based health awareness campaigns with special consideration and equal participation of women, girls, boys and men.

Assumptions & Risks

Activities

Activity 2.1.1

Standard Activity : Awareness campaign

Conduct 11 social mobilization campaigns to raise awareness of common communicable diseases to IDPs and host communities in a culturally acceptable manner with particular focus on childhood illnesses, maternal health, malaria and malnutrition-related morbidity.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of community based health education campaigns conducted					11
Means of Verification : Project M&E report and Photos on the set indicator for No. of community health education campaigns conducted							
Indicator 2.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					2,500
Means of Verification : HMIS data, EPHS data, Project reports							
Additional Targets :							

M & R

Monitoring & Reporting plan

The overall monitoring and reporting responsibility will rest on the Programme Coordinator and the M&E Officer based in Nairobi while its field team on the ground will continuously monitor the activities. The field staff will be supervising and monitoring the health outreach teams on a daily basis and provide statistics and reports on the activity on a weekly basis. Photos will be taken to capture health facility and outreach teams activities as a means of verification. The field staff will also conduct post activity/intervention visits and interview beneficiaries (patients & clients) to effectively capture and document the feedback from the beneficiaries and lessons learned. The M&E Officer will review monthly monitoring data against the indicators and targets set in the Results Framework as well as the detailed work plans developed by the Programme Coordinator. The Programme Coordinator or the M&E Officer will visit the project sites on a regular basis subject to security and accessibility. Due to the emergency nature of the proposed project, the emphasis will be placed on activity monitoring and an internal end-term review by the involved IOM staff to assess the project success and document lessons learned for future programming and responses. Third party monitors will also be used to support MoH and verify where IOM staff cannot access due to security reasons.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of routine treatment for communicable and non-communicable diseases, child health, sexual and reproductive health (including ante/post-natal care), injury care, mental health, and basic laboratory services for rapid health check-ups to 26,400 IDPs and host community members (9,240 girls, 7,920 boys, 5,280 women, 3,960 men).	2016								X	X	X	X	X
	2017	X	X	X	X	X	X						
Activity 1.1.2: Establish and support two emergency static health centers with outreach services in the IDP settlements in Kismayo	2016								X	X	X	X	X
	2017	X	X	X	X	X	X						
Activity 1.1.3: Strengthen the referral system to Kismayo hospitals for patients seeking secondary healthcare services including malnourished children and mothers, ensuring equal access to services for women, men, girls and boys. This will be implemented through regular coordination and collaboration with stakeholders including Nutrition and WASH cluster partners working in Kismayo as well as the referral hospital administrators and nutritional intervention partners.	2016								X	X	X	X	X
	2017	X	X	X	X	X	X						
Activity 2.1.1: Conduct 11 social mobilization campaigns to raise awareness of common communicable diseases to IDPs and host communities in a culturally acceptable manner with particular focus on childhood illnesses, maternal health, malaria and malnutrition-related morbidity.	2016								X	X	X	X	X
	2017	X	X	X	X	X	X						

OTHER INFO

Accountability to Affected Populations

To ensure accountability to beneficiaries and stakeholders, IOM will involve them in project planning and implementation through a participatory approach. This will include holding consultation meetings with beneficiary representatives, community leaders and local authorities to inform them of the project/clinic site selection which will contribute to increasing their ownership and sustainability of the activities.

Implementation Plan

IOM will implement Activities 1.1.1, 1.1.2 and 1.1.3 with co-implementing partner (MoH Jubaland) to manage two static health units (within IDP settlements) with outreach services and to scale up on-going Primary Health Care services and strengthen referral flows. This will also implement in close collaboration with other UN agencies (e.g. UNFPA, UNICEF, WHO and WFP), non-governmental organizations (NGOs), district level government entities (WASH, Health, Protection), community leaders and beneficiary representatives (e.g. community health committees) to maximize efficiency and impact, avoid duplication, and promote the sustainability of the project achievements as a whole.

Activities 2.2.1: Social mobilization will be conducted by IOM, MoH as well as community leaders representatives in coordination with other health, nutrition and WASH cluster partners. IOM will fully involve already identified community leaders and members of health committees in the settlements from the previous projects. Throughout all activities, IOM will provide technical support and supervision for health and social mobilization staff and co-implementing partners by providing hands on capacity strengthening opportunities through monitoring and meetings to ensure timely and quality of service delivery. To promote sustainability of the project, IOM will support government and community leadership and ownership of this project.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Health	IOM will closely work with Ministries of Health from Jubbaland and Federal Government of Somalia for better coordination with other partners, in line with Government priorities and strengthen government leadership, ownership and management capacities
Health partners	IOM, with presence in Kismayo, will coordinate with Nairobi, zonal and district level health cluster partners like WHO, UNICEF, ARC, Somali AID and UNFPA in order to ensure close coordination and collaboration to avoid duplication and maximize outcome impact as a whole
WASH partners	IOM, with its strong presence in WASH cluster in Kismayo, will closely coordinate with existing implementing partners in WASH (Solidarity Group of Jubaland) and ARC as well as WASH Technical Working Group members to identify coordination and collaboration opportunities

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This project address specific needs of women, men, children and youth through staff members of the same gender, antenatal and post-natal clinics will be run by female staff.. IOM's trained community health workers are comprised of both women and men.The project supports the gender equality and specific health needs of women and girls will be addressed by ensuring the active participation of women and girls in every phase of the project including identification of sites and services, design of activities, and implementation of the project. The project will empower women and girls by including them in the training, social mobilization and activities, as indicated in the target figures in the logical framework.

Protection Mainstreaming

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries, in particular children, the elderly, persons with disabilities, widows, and female-headed households, who will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health committees which foster participation, empowerment and accountability.

Country Specific Information

Safety and Security

On the safety and security fronts, all actions will be carried out within the parameters of the security guidelines set forth by the UN Department of Safety and Security (UNDSS) of which IOM is a member. UNDSS has established local field structures as well as tailored protocols for Somalia and oversight at the country level by the Security Management Team (SMT). IOM is a permanent member of the SMT which provides recommendations and consultations on security policy and criteria in coordination with the designated security representatives of the Special Representative of the UN Secretary-General for Somalia and the UN in New York.

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Programme Management and Supervision (P3)	D	1	11,550.00	12	4.33	6,001.38
	The programme coordinator is in charge overall of all the health projects including the proposed location therefore 5% of his salary is charged to this budget						

1.2	Programme officer M&E (P2)	D	1	8,000.00	12	6.75	6,480.00
	The M&E officer supports the activities in South Central Zone including Kismayo ensuring that project is implemented as planned and deliverables achieved in time. The officer will also support MOH that is co-implementing the project						
1.3	Finance and Adim officer (NOB)	D	1	6,400.00	12	8.00	6,144.00
	The programme support are from the Common Services Unit which includes, travel, supply, procurement and logistics-they will provide support to this project in Kismayo in terms of travel arrangements of staff travelling to the location, procurement of medical supplies and shipment of medical supplies and equipments as well as HR that supports the contracting of the staff in Nairobi and in the field						
1.4	Procurement and logistics assistant (G6)	D	1	3,497.00	12	8.52	3,575.33
	Section Total						**22,200.71**
Supplies, Commodities, Materials							
2.1	Supplementary medicine and supplies	D	1	21,033.08	1	100.00	21,033.08
	This will be procured directly by IOM for the project						
2.2	3 Freight and transportation for medicine and medical equipment	D	1	4,000.02	1	100.00	4,000.02
	This budget line is towards freight costs of shipment of medical drugs and equipment that will be procured from Nairobi and other locations should it not be available locally						
2.3	Social mobilization campaigns	D	1	350.00	11	100.00	3,850.00
	This budget line is towards monthly community social campaigns for health education						
2.4	1 vehicle for rent (USD 1800 per vehicle per month)	D	1	1,800.00	8	100.00	14,400.00
	IOM will hire a van for the MOH team to be used for operational transportation and as ambulance to refer patients. IOM will cost share 3 months with other projects in the location						
	Section Total						**43,283.10**
Travel							
5.1	In-country and international travel	D	1	5,300.00	1	100.00	5,300.00
	This will go towards travel costs of the programme coordinator and other technical staff traveling from Nairobi and Mogadishu to the project sites to provide technical support and supervision to ensure implementation is on going as per the work plan, The travel will take place at least once every two months						
	Section Total						**5,300.00**
Transfers and Grants to Counterparts							
6.1	MOH Doctors/supervisors (one doctor per team/clinic at $800/month)	D	2	800.00	11	100.00	17,600.00
	IOM uses the recommended standardized Somali Health sector incentive rates for health workers , which was endorsed by the health authorities, UN, donors and other local and international partner. This will be emphasised to the Implementing partner when the budget is allocated for them under this budget line						
6.2	MOH Qualified nurses (USD 400per month) x 4	D	4	400.00	11	100.00	17,600.00
	IOM uses the recommended standardized UN rates (middle range) for health workers remuneration as recommended by the Somali Health Sector, which was endorsed by the health authorities, UN, donors and other local and international partner. This will be emphasised to the Implementing partner when the budget is allocated for them under this budget line						
6.3	MOH Qualified Midwife (USD$400 X 2)	D	2	400.00	11	100.00	8,800.00
	IOM uses the recommended standardized UN rates (middle range) for health workers remuneration as recommended by the Somali Health Sector, which was endorsed by the health authorities, UN, donors and other local and international partner. This will be emphasised to the Implementing partner when the budget is allocated for them under this budget line.						
6.4	MOH Auxiliary Nurse/vaccinator(USD$200 X 2)	D	2	200.00	11	100.00	4,400.00
	IOM uses the recommended standardized UN rates (middle range) for health workers remuneration as recommended by the Somali Health Sector, which was endorsed by the health authorities, UN, donors and other local and international partner. This will be emphasised to the Implementing partner when the budget is allocated for them under this budget line.						
6.5	MOH Facility support personnel x 8: community health workers x 2, cleaners x 2, security guards x 2 and drug dispenser x 2 (USD 150 per month)	D	8	150.00	11	100.00	13,200.00

	IOM uses the recommended standardized UN rates (middle range) for health workers remuneration as recommended by the Somali Health Sector, which was endorsed by the health authorities, UN, donors and other local and international partner. This will be emphasised to the Implementing partner when the budget is allocated for them under this budget line						
	Section Total						**61,600.00**
General Operating and Other Direct Costs							
7.1	Office rent in Kismayo	D	1	2,000.00	12	10.00	2,400.00
	This will go towards a portion of the rental costs of the sub office in project location						
7.2	Communication	D	1	500.00	12	30.00	1,800.00
	This will go towards a portion of the communication costs of the sub office in project location						
7.3	Office supplies and consumable materials	D	1	1,800.00	1	100.00	1,800.00
	This will go towards a portion of the office supplies such as stationery of the sub offices in project location						
7.4	Security (MOSS/MORSS Compliance) including armed escort	D	1	2,500.20	12	6.01	1,803.14
	This will go towards a portion of the security for the IOM staff during their missions including escorts etc						
	Section Total						**7,803.14**
SubTotal			31.00				**140,186.95**
Direct							140,186.95
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							9,813.09
Total Cost							**150,000.04**
Grand Total CHF Cost							**150,000.04**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo	100	3,950	5,290	7,920	9,240	26,400	Activity 1.1.1 : Provision of routine treatment for communicable and non-communicable diseases, child health, sexual and reproductive health (including ante/post-natal care), injury care, mental health, and basic laboratory services for rapid health check-ups to 26,400 IDPs and host community members (9,240 girls, 7,920 boys, 5,280 women, 3,960 men). Activity 1.1.2 : Establish and support two emergency static health centers with outreach services in the IDP settlements in Kismayo Activity 1.1.3 : Strengthen the referral system to Kismayo hospitals for patients seeking secondary healthcare services including malnourished children and mothers, ensuring equal access to services for women, men, girls and boys. This will be implemented through regular coordination and collaboration with stakeholders including Nutrition and WASH cluster partners working in Kismayo as well as the referral hospital administrators and nutritional intervention partners. Activity 2.1.1 : Conduct 11 social mobilization campaigns to raise awareness of common communicable diseases to IDPs and host communities in a culturally acceptable manner with particular focus on childhood illnesses, maternal health, malaria and malnutrition-related morbidity.

Documents

Category Name	Document Description
Project Supporting Documents	Kismayo GH_AWD data from 2015 Sep_as of W3 June 2016.xlsx
Project Supporting Documents	UNHCR Somalia_Overview_April 2016.pdf
Project Supporting Documents	IOM DTM Round 1 Report_June 2016.pdf
Project Supporting Documents	Factsheet_SOMALIA_UNHCR_April_2016.pdf
Project Supporting Documents	FSNAU-Nutrition-Update-May-2016.pdf
Project Supporting Documents	Infographics_cholera_situation_update_June 2016_v2.pdf
Project Supporting Documents	RMMSQ1Trends2016.pdf
Budget Documents	BOQ for SHF Kismayo_IOM SHF Jun 2016.xlsx
Budget Documents	BOQ for SHF Kismayo_IOM SHF Jul 19 2016.xlsx

Comments For Cover Page

By iomsomaliachf@iom.int **On** 7/18/2016 3:22:00 PM **(TR Draft)**

1. Indirect beneficiaries completed and catchment population figures and narrative included.
2. AWD/Cholera removed from the strategy

By iomsomaliachf@iom.int **On** 7/14/2016 5:12:08 PM **(TR Draft)**

Project revised as advised

By agwaro@un.org **On** 7/15/2016 10:14:31 AM **(Under TR HFU)**

1. Please complete the indirect beneficiaries and respond appropriately to catchment population with some narrative
2.Please just respond to the current allocation strategy on link with allocation strategy - as mentioned previously AWD / cholera - no more cases in Kismayo and in fact the CTC has closed - see latest reports

By agwaro@un.org **On** 7/11/2016 12:28:24 PM **(Under TR HFU)**

1. Please note that this project is not in line with current SHF allocation strategy for Kismayo and Baidoa - SHF is not targeting AWD cholera - IOM was a beneficiary of the earlier allocation to deal with AWD/ Cholera under WASH. Importantly, Kismayo is already a priority location under the CERF allocation for AWD response. IOM and the health cluster needs to demonstrate that the interventions in this proposal do not duplicate those under CERF (with WHO and UNICEF) and the levels of coordination otherwise this component is not on the table

By iomsomaliachf@iom.int **On** 7/6/2016 3:31:51 PM **(Project draft)**

1) General information Revise the project title to be in line with your outcomes and activities; >> In line with the SHF 2016 objective and approach, this project is in line with one of the approach of immediate lifesaving interventions in regions most affected by floods, disease outbreaks, rapid onset and new needs related to evictions and conflict including. More specifically the proposed project will address the on-going outbreak of AWD/Cholera in Kismayo district.
2) Please provide breakdown of beneficiaries>> Beneficiary information is already there in the proposal submitted on 29th June. However beneficiaries data by category (e.g. IDP and Host community) are added
3) Are you only working with 1 sub-cluster?; >> Comprehensive approach will be used. The project is closely linked with WASH activity and WASH cluster to make maximum impact by addressing the lifesaving health and WASH needs and response and prevent AWD/Cholera outbreak in Kismayo.
4) this is IDP and host community please revise area written remote areas; >> We will focus on IDPs 96% of which are settled in corrective sites.
5) Grant justification Use SHF and not CHF Activities. >> Addressed.
6) Standard activities not in line with organization activities hence the need for the outputs, the activities and the indicators to have systematic flow; >> Addressed
7) Training is one of your indicators but you have no activity capturing the same-please revise Implementation plan
>> Training indicator is the give option which is close to the no. of Social mobilization.
8) Please add more meat to the implementation plan-refer to the icon for guidance? >> More inputs added under the Implementation Plan
9) Coordination Expound more on your coordination with the community and other stakeholders >> Suggestion is reflected in the revised proposal.
10) Work plan Activity 2.11 and the budget for the same is for a period of 11 months, how are you planning to cover the remaining 1 month? >> Please find the revised budget within 150,000USD
11) Access Fill the space under it >> Add inputs under ACCESS.
12) Budget Move office rent, communication, office supplies and bank charges under general operating >> Suggestion is reflected in the revised budget
13) Attach the BOQs for medical supplies, training, stationary, travel NB>> BOQs are attached in the proposal.
14) Reduce your overall budget to a maximum of 150,000 USD>> The budget is revised within 150,000USD.

Comments For Background

By iomsomaliachf@iom.int **On** 7/19/2016 2:41:13 PM **(TR Draft)**

Need analysis has been revised

By iomsomaliachf@iom.int **On** 7/14/2016 5:14:00 PM **(TR Draft)**

Revised

By agwaro@un.org **On** 7/15/2016 10:20:38 AM **(Under TR HFU)**

1.Please note that latest reports on AWD/ Cholera are contrary to your narrative - please refer to the latest info from WHO and MoH and revise the texts in your needs assessment and humanitarian context analysis as necessary -

By agwaro@un.org **On** 7/11/2016 12:57:00 PM **(Under TR HFU)**

Please see comments on previous page. Moreover latest update up to week 25 indicates that the current needs are to strengthen surveillance, socio-mobilization and hygiene promotion . Also that MoH working with UNICEF and WHO have provided adequate case management and WASH supplies for response to all outbreak affected locations. You may need to remove this from the proposal or rework the intervention

Comments For Logical Framework

By iomsomaliachf@iom.int **On** 7/18/2016 3:48:24 PM **(TR Draft)**

1. Done. Standard activity 1.1.1 has been changed to 'Primary health care services, consultations' to match the activity and corresponding indicator

By iomsomaliachf@iom.int **On** 7/14/2016 5:16:17 PM **(TR Draft)**

Revised

By agwaro@un.org **On** 7/15/2016 10:26:05 AM **(Under TR HFU)**

1. Please switch activities and indicators 1.1.1 and 1.1.2 as the first of each outcome should should be standard and thereafter you can customize - also for flow
2.

By agwaro@un.org **On** 7/11/2016 2:25:44 PM **(Under TR HFU)**

Please note that the first activity and output for all outcomes has to be STANDARD and others can then be customised.

The log frame will need to be reworked in line with previous comments on AWD/cholera

Comments For M & R

By iomsomaliachf@iom.int **On** 7/18/2016 3:39:16 PM **(TR Draft)**

1. This has been amended

By agwaro@un.org **On** 7/15/2016 10:37:40 AM **(Under TR HFU)**

1. "Photos will be taken to capture the distribution as a means of verification.The field staff will also conduct post distribution monitoring to effectively capture and document the feedback from the beneficiaries and lessons learned. .' What are you distributing? This is not a shelter proposal - please would you tailor your monitoring and reporting plan to a health one instead of providing something generic

Comments For Other Info

By iomsomaliachf@iom.int **On** 7/18/2016 3:53:50 PM **(TR Draft)**

1. Gender marker narrative has been amended

By iomsomaliachf@iom.int **On** 7/14/2016 5:17:49 PM **(TR Draft)**

Health and WASH partners specified

By agwaro@un.org **On** 7/15/2016 10:40:09 AM **(Under TR HFU)**

1. Again - "provision of gender-specific latrines, accommodation facilities, and child friendly spaces" this is a health proposal - revise your gender marker narrative

By agwaro@un.org **On** 7/11/2016 2:49:52 PM **(Under TR HFU)**

Can you please be specific about the Health and WASH partners in the coordination section

Comments For Budget

By iomsomaliachf@iom.int **On** 7/20/2016 3:52:20 PM **(TR Draft)**

5.1 Travel- express as a lump sum so that the amount corresponds exactly with the BoQ i.e. Unit Qty=1; Unit Cost=5300.20; Duration=1; % charged to CHF=100% ----------DONE
7.3 Office supplies- express as a lump sum so that the amount corresponds exactly with the BoQ i.e. Unit Qty=1; Unit Cost=1800; Duration=1; % charged to CHF=100% ----------DONE

By iomsomaliachf@iom.int **On** 7/19/2016 2:09:11 PM **(TR Draft)**

Staff- Unit Cost should be equal to actual salaries for these staff. Reduce % charged to CHF to reflect the amount that will be charged to the project.
1.3 Programme Support- provide a breakdown of the staff and associated monthly costs amounting to $810. ------- DONE
2.1 Medicines- unit cost must be exactly the same as the BoQ. Revised budget figure to match the BoQ total. -----REVISED
2.2 Freight- explain how the unit cost of $4000 is arrived at e.g. distance, volume, weight, etc ---------- PLEASE SEE BOQ BREAKDOWN, IT IS WIEGHT BASED
2.3 Social mobilization- provide a breakdown or explain the costs that constitute the unit cost of $350 ----------PLEASE BOQ
5.1 Travel- budget amount must match the total in BoQ, exact to 2 decimal places i.e. $5300.20. Please revise. --------- REVISED
7.1 Rent- put the actual amount of office rent in the Unit Cost column and then the appropriate percentage that is charged to CHF instead of using 100%.---------DONE
7.2 Communication- put the actual monthly cost in the Unit Cost column and then the appropriate percentage that is charged to CHF instead of using 100%.-----DONE
7.3 Office Supplies- provide a budget breakdown.----------DONE
7.4 Security- put the actual monthly cost in the Unit Cost column and then the appropriate percentage that is charged to CHF instead of using 100%.--------DONE

By iomsomaliachf@iom.int **On** 7/14/2016 4:53:09 PM **(TR Draft)**

All the personnel under section 6 are IP (MOH) staff and their incentives will be transferred to MOH, hence falling under transfers

By nooru@un.org **On** 7/21/2016 8:00:49 AM **(Under TR HFU)**

all comments addressed by partner

By kundu@un.org **On** 7/20/2016 2:39:26 PM **(Under TR HFU)**

5.1 Travel- express as a lump sum so that the amount corresponds exactly with the BoQ i.e. Unit Qty=1; Unit Cost=5300.20; Duration=1; % charged to CHF=100%
7.3 Office supplies- express as a lump sum so that the amount corresponds exactly with the BoQ i.e. Unit Qty=1; Unit Cost=1800; Duration=1; % charged to CHF=100%