

Organization	WHO (World Health Organization)			
Project Title	Extension of access to emergency health care and life-saving services, including emergency surgical procedures through direct service delivery, strengthening the referral networks, scaling up health facilities, training of health workers, and improving access to quality assured blood transfusion services.			
CHF Code	CHF-DMA-0489-573			
Primary Cluster	Health	Secondary Cluster		
CHF Allocation	Standard Allocation 1 (March 2014)	Project Duration	12 months	
Project Budget	671,966.88			
CAP Details	CAP Code	SOM-14/H/64509	CAP Budget	4,500,000.00
	CAP Project Ranking	A - HIGH	CAP Gender Marker	
Project Beneficiaries		Men	Women	Total
	Beneficiary Summary	20,060	90,050	110,110
		Boys	Girls	Total
		3,000	3,000	6,000
		Total		116,110
	Total beneficiaries include the following:			
	Children under 5	3,000	3,000	6,000
	Pregnant and Lactating Women	0	90,000	90,000
Staff (own or partner staff, authorities)	60	50	110	
Implementing Partners	Partner	Budget		
	Swisso Kalmo	48,000.00		
	SAMA	48,000.00		
	other	0.00		
		96,000.00		
Organization focal point contact details	Name: Dr. Ahmed El Ganainy Title: EHA coordinator Telephone: 0736 661111 E-mail: elganainya@who.int			
BACKGROUND INFORMATION				
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)	Maternal and child morbidity and mortality rates in Somalia remain among the highest in the world due to the low coverage of and poor access to basic mother and child health services. A total of 88,661 consultations related to reproductive health, including 5,274 deliveries and 280 Caesarian Sections, were reported in 2013 from 15 health facilities in Bay, Bakool, Gedo, Hiraan, Mudug and Lower Juba. A total of 1,871 patients received treatment for weapon-related injuries in 7 reporting hospitals in the same regions in 2013. Women account for one quarter of weapon-related injuries and also have 1 in 10 chance of dying of pregnancy and childbirth complications due to lack of access to (comprehensive) emergency obstetric care. Key interventions in reducing maternal and infant mortality and ensuring successful emergency surgeries (including CS and trauma) are quality assured blood transfusion services. A total of 2,305 units of blood were used in transfusions in 2013 in Bay, Bakool, Hiraan, Lower Jubba, and Mudug - an increase by 10%. About 70% of blood recipients are women of child bearing age and children with anemia, malnutrition and other health problems. In order to mitigate the risk of transmitting blood borne infections like HIV, Hepatitis B or C screening procedures are required before all transfusions. Laboratory and transfusion units in regions which were previously inaccessible due to insecurity lack trained staff, equipment, supplies and basic amenities.			
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	Conflict situations (leading to displacement, disruption of health care services) and natural disasters (e.g. floods, droughts, unstable food security situation) increase the need for hospital surgical and obstetric services. The poor distribution of secondary health facilities and functional referral networks, and shortage of qualified health workforce (especially female medical staff to address women's health needs) trained in surgical and other emergency procedures contribute to the limited quality emergency health care. While the specific needs in trauma versus obstetric care differ, the basic requirements of health facilities are similar. As per the EPHS, hospital emergency care should include secondary health care and emergency surgical services such as qualified surgeons/nurses, surgical equipment, consumables and OT, hygiene measures and blood safety services. The lack of blood transfusion and laboratory services, qualified personnel, and of necessary equipment and supplies pose a great risk to the patient in case of emergency surgical interventions. Also the safety of blood donors and laboratory staff is endangered by lack of protective equipment. In order to improve medical and life saving services for the population in the 6 priority regions, physical conditions of laboratories have to be improved urgently, new lab equipment's/analyzers have to be procured, lab consumables including diagnostic kits have to be provided and laboratory staff has to be (re-)trained.			
3. Activities. List and describe the activities that your organization is currently implementing to address these needs	WHO is currently addressing the gaps in emergency surgical and obstetric care in Somalia with direct service delivery in selected hospitals (deployment of medical doctors and nurses), capacity building through on-the-job and specialized training of the health workforce, provision of emergency medical supplies, support to partners as last resort with technical, financial and logistical assistance in providing hospital care, outreach and referral services. To strengthen transfusion services, WHO Somalia has been doing the training and capacity development for laboratory technicians to improve their technical skills in other regions of Somalia. The organization has been involved in refurbishments and renovation of selected laboratories and provision of essential supplies and reagents. In addition, supervision visits have been done in all accessible regions. However, the programme has always remained poorly funded despite its critical role in saving lives and improving quality of healthcare. Global Fund has been supporting implementation of activities in security accessible regions. As demand for support emerges from recently liberated regions the programme is unable to meet this demand.			
LOGICAL FRAMEWORK				
Objective 1	Decrease death and disability in emergency situations by providing emergency health services, including referral networks for effective trauma management, to respond to weapon-related injuries and other emergency surgical needs of populations affected by conflict or other crises.			

Outcome 1	Improved access to emergency surgery and trauma management services in 5 hospitals (Kismayo, Baidoa, Xudur, Galkayo, other as needed), including safe blood transfusion services in functional laboratory setting, supported by WHO, serving populations affected by conflict and natural disaster						
Activity 1.1	Support hospitals and partners as last resort where necessary with technical, financial and logistical assistance in providing hospital care, outreach and referral services, including refurbishing and scaling up of surgical units and laboratories, and deploying male and female medical doctors, nurses, surgical assistants, lab technicians as necessary to provide emergency health services and surgery.						
Activity 1.2	Procure and distribute medical supplies and equipment to facilitate emergency surgery (OT kits, surgical supplies kits, consumables, blood transfusion screening kits,) , case management (essential medicines including IEHK, ...) and referral services (referral system materials and supplies) as last resort as per need for support requested by partners and health facilities						
Activity 1.3							
Indicators for outcome 1		Cluster	Indicator description				Target
	Indicator 1.1	Health	Number of health facilities supported				5
	Indicator 1.2	Health	Number of emergency kits distributed				25
	Indicator 1.3	Health					0
Outcome 2	Health work force trained to facilitate quality emergency surgical procedures, and to provide quality assured blood transfusion services						
Activity 2.1	Train on-the-job male and female junior medical doctors, medical students, nurses and surgical assistants in procedures of emergency surgery, trauma management in children and adults, burn management, aseptic techniques, triage and first aid for referral services						
Activity 2.2	Train male and female laboratory technicians on laboratory techniques, bio safety, blood donor recruitment and screening						
Activity 2.3							
Indicators for outcome 2		Cluster	Indicator description				Target
	Indicator 2.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.				60
	Indicator 2.2	Health	number of laboratory technicians trained				50
	Indicator 2.3						
Outcome 3							
Activity 3.1							
Activity 3.2							
Activity 3.3							
Indicators for outcome 3		Cluster	Indicator description				Target
	Indicator 3.1						0
	Indicator 3.2						0
	Indicator 3.3						
WORK PLAN							
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	Under this project, WHO will support 5 hospitals (in Kismayo, Hudur, Baidoa, Galkayo, and Beletweyne) and 2 partners (Swisso Kalmu and SAMA) providing secondary health care services, including laboratory and blood transfusion services. The support entails either direct financial support to the partner for overall hospital operation, provision of medical supplies and/or equipment, or the deployment of medical staff for direct health service delivery and on-the-job training of junior hospital personnel. The trainees are included in the list of beneficiaries in line with this proposal format, while WHO considers the patients that will receive services from qualified and trained health workers as the beneficiaries. WHO targets areas where emergency medical services (i.e. emergency surgery and emergency obstetric care) are urgently needed, e.g. in conflict situations, in severely under-served locations, in locations affected by population movement and displacement. WHO works closely with local partners, authorities and communities to identify the most urgent needs and to provide the respective emergency services. While direct beneficiaries are those who are projected to receive consultation and/or surgical/ blood transfusion services (20,000 men, 90,000 women, 3,000 boys and 3,000 girls based on previous consultation/ surgical data by WHO), IDPs and host communities indirectly benefit from the provided services when and as available.						
Project workplan for activities defined in the Logical framework	Activity Description	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
	Activity 1.1 Support hospitals and partners as last resort where necessary with technical, financial and logistical assistance in providing hospital care, outreach and referral services, including refurbishing and scaling up of surgical units and laboratories, and deploying male and female medical doctors, nurses, surgical assistants, lab technicians as necessary to provide emergency health services and surgery.	X	X	X	X	X	X
	Activity 1.2 Procure and distribute medical supplies and equipment to facilitate emergency surgery (OT kits, surgical supplies kits, consumables, blood transfusion screening kits,) , case management (essential medicines including IEHK, ...) and referral services (referral system materials and supplies) as last resort as per need for support requested by partners and health facilities	X		X		X	
	Activity 1.3						
	Activity 2.1 Train on-the-job male and female junior medical doctors, medical students, nurses and surgical assistants in procedures of emergency surgery, trauma management in children and adults, burn management, aseptic techniques, triage and first aid for referral services		X			X	
	Activity 2.2 Train male and female laboratory technicians on laboratory techniques, bio safety, blood donor recruitment and screening		X			X	
	Activity 3.1						
	Activity 3.2						

M & E DETAILS

Activity Description	M & E Tools to use	Means of verification	Month (s) when planned M & E will be done												
			1	2	3	4	5	6	7	8	9	10	11	12	
Activity 1.1 Support hospitals and partners as last resort where necessary with technical, financial and logistical assistance in providing hospital care, outreach and referral services, including refurbishing and scaling up of surgical units and laboratories, and deploying male and female medical doctors, nurses, surgical assistants, lab technicians as necessary to provide emergency health services and surgery.	- Contact details - Data collection - Field visits - Remote Call Monitoring	weekly reports by WHO doctors or field staff; field visits by emergency coordinator or representative	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2 Procure and distribute medical supplies and equipment to facilitate emergency surgery (OT kits, surgical supplies kits, consumables, blood transfusion screening kits, ...), case management (essential medicines including IEHK, ...) and referral services (referral system materials and supplies) as last resort as per need for support requested by partners and health facilities	- Data collection - Distribution monitoring - Photo with or without GPS data - Post Distribution Monitoring	confirmation of receipt by health facility and partners; reports of usage of supplies; field visits by logistics officer			X			X				X			X
Activity 1.3															
Activity 2.1 Train on-the-job male and female junior medical doctors, medical students, nurses and surgical assistants in procedures of emergency surgery, trauma management in children and adults, burn management, aseptic techniques, triage and first aid for referral services	- Contact details - Field visits - Photo with or without GPS data - Remote Call Monitoring	weekly reports and photos from WHO doctors; training reports incl. lists of participants; field visits by emergency coordinator			X			X				X			X
Activity 2.2 Train male and female laboratory technicians on laboratory techniques, bio safety, blood donor recruitment and screening	- Contact details - Field visits - Photo with or without GPS data	training and supervision reports incl. photos and lists of participants (with signature log); field visits by lab coordinator			X			X				X			X
Activity 3.1															
Activity 3.2															

OTHER INFORMATION

Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th>Organization</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1. ARC</td> <td>Kismayo Hospital rehabilitation</td> </tr> <tr> <td>2. IMC</td> <td>Beletweyne and Galkayo hospitals</td> </tr> <tr> <td>3. SAMA</td> <td>Hudur and Baidoa hospitals</td> </tr> <tr> <td>4. Swisso Kalmo</td> <td>Baidoa hospital</td> </tr> <tr> <td>5. IRC</td> <td>Galkayo hospital</td> </tr> </tbody> </table>	Organization	Activity	1. ARC	Kismayo Hospital rehabilitation	2. IMC	Beletweyne and Galkayo hospitals	3. SAMA	Hudur and Baidoa hospitals	4. Swisso Kalmo	Baidoa hospital	5. IRC	Galkayo hospital
Organization	Activity												
1. ARC	Kismayo Hospital rehabilitation												
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3. SAMA	Hudur and Baidoa hospitals												
4. Swisso Kalmo	Baidoa hospital												
5. IRC	Galkayo hospital												
Gender theme support	Yes												
Outline how the project supports the gender theme	The selection of doctors and nurses to implement emergency medical services is done under consideration of gender roles, hence both male and female doctors and nurses are deployed in health facilities. The medical staff trained by WHO has the capacity and skills to address health needs specific to women and men. Both male and female patients undergo the emergency surgical procedures - women more maternity-related, men predominantly for injuries.												
Select (tick) activities that supports the gender theme	<input checked="" type="checkbox"/> Activity 1.1: Support hospitals and partners as last resort where necessary with technical, financial and logistical assistance in providing hospital care, outreach and referral services, including refurbishing and scaling up of surgical units and laboratories, and deploying male and female medical doctors, nurses, surgical assistants, lab technicians as necessary to provide emergency health services and surgery. <input type="checkbox"/> Activity 1.2: Procure and distribute medical supplies and equipment to facilitate emergency surgery (OT kits, surgical supplies kits, consumables, blood transfusion screening kits,), case management (essential medicines including IEHK, ...) and referral services (referral system materials and supplies) as last resort as per need for support requested by partners and health facilities <input checked="" type="checkbox"/> Activity 1.3: <input checked="" type="checkbox"/> Activity 2.1: Train on-the-job male and female junior medical doctors, medical students, nurses and surgical assistants in procedures of emergency surgery, trauma management in children and adults, burn management, aseptic techniques, triage and first aid for referral services <input checked="" type="checkbox"/> Activity 2.2: Train male and female laboratory technicians on laboratory techniques, bio safety, blood donor recruitment and screening <input type="checkbox"/> Activity 3.1: <input type="checkbox"/> Activity 3.2:												

BUDGET

A:1 Staff and Personnel Costs	1.1 International Staff										
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total	
	1.1.1	project coordinator (50%)	1	8000	12	months	96,000.00	48,000.00	48,000.00		
	..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									
Subtotal						96,000.00	48,000.00	48,000.00	7.6

Budget Narrative:

1.2 Local Staff

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
1.2.1	lab coordinator (50%)	1	4500	12	months	54,000.00	27,000.00	27,000.00	
1.2.2									
1.2.3									
1.2.4									
1.2.5									
1.2.6									
1.2.7									
1.2.8									
1.2.9									
1.2.10									
Sub Total						54,000.00	27,000.00	27,000.00	4.3

Budget Narrative:

B:2 Supplies, Commodities, Materials

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
2.1.1	IEHK	5	26870	1	lumpsum	134,350.00	69,350.00	65,000.00	
2.1.2	OT kit	5	13000	1	lumpsum	65,000.00	0.00	65,000.00	
2.1.3	surgical supplies kit	10	5600	1	lumpsum	56,000.00	0.00	56,000.00	
2.1.4	blood transfusion kit	5	8000	1	lumpsum	40,000.00	0.00	40,000.00	
2.1.5									
2.1.6									
2.1.7									
2.1.8									
2.1.9									
2.1.10									
Sub Total						295,350.00	69,350.00	226,000.00	36.0

Budget Narrative: 2.1.1: list of contents per kit provided as attachment. each kit serves a population of 10,000 for 3 months to receive emergency health care. 2.1.2: list of contents per kit provided as attachment. each kit serves to equip one hospital operating theater. 2.1.3: list of contents per kit provided as attachment. each kit serves 500 surgeries. 2.1.4: list of contents per kit provided as attachment. each kit serves for 100 transfusions. The time unit refers to the procurement of the supplies, e.g. 2.1.1: 5 complete IEHK will be procured at once (1 time). As this procurement process is not paid per days or months, it is referred to as lumpsum (as per the budgetary guidelines)

C:3 Equipment

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
3.1.1	hospital generator	1	11200	1	lumpsum	11,200.00	0.00	11,200.00	
3.1.2	laboratory equipment (analysers, fridges, centrifuges, microscopes, etc.)	5	18215	1	lumpsum	91,075.00	31,075.00	60,000.00	
3.1.3	freight and transport for hospital generator	1	4800	1	lumpsum	4,800.00	0.00	4,800.00	
3.1.4									

3.1.5										
3.1.6										
3.1.7										
3.1.8										
3.1.9										
3.1.10										
Sub Total						107,075.00	31,075.00	76,000.00	12.1	

Budget Narrative: 3.1.1: 40kVA generator, inclusive of freight and transport to the hospital (freight and transport is approximately 30% of the total cost). This generator will be installed in the hospital with the most urgent need, which will be identified within the first month of the project based on rapid assessments. 3.1.2: Detailed list and cost of individual lab equipments is provided in 2 attachments attached

D:4 Contractual Services

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
4.1.1	contractual arrangement for service delivery	5	2250	12	months	135,000.00	0.00	135,000.00	
4.1.2	training of lab technicians	1	14250	1	week	14,250.00	7,250.00	7,000.00	
4.1.3									
4.1.4									
4.1.5									
4.1.6									
4.1.7									
4.1.8									
4.1.9									
4.1.10									
Sub Total						149,250.00	7,250.00	142,000.00	22.6

Budget Narrative: 4.1.1. refers to the salary, not including any additional benefits, of the medical doctors that WHO deploys to the supported hospitals to provide direct service delivery (consultations, surgeries, on-the-job training for medical staff) as needed. 4.1.2. refers to the training of 50 hospital and lab staff on safe blood transfusions (breakdown provided as attachment)

E:5 Travel

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
5.1.1	monitoring and reporting	6	1456	1	field visit	8,736.00	0.00	8,736.00	
5.1.2									
5.1.3									
5.1.4									
5.1.5									
5.1.6									
5.1.7									
5.1.8									
5.1.9									
5.1.10									
Sub Total						8,736.00	0.00	8,736.00	1.4

Budget Narrative: The monitoring and reporting will be carried out by WHO lab and emergency coordinators respectively. The costs entail return transport, logistics and security cost from Nairobi/ Mogadishu for each of the total planned 6 monitoring field visits. The duration of the monitoring visits can last between one to several days, depending on the security situation on the ground.

F:6 Transfers and Grants to Counterparts

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
6.1.1	contracts with/ support to partners	2	8000	6	months	96,000.00	0.00	96,000.00	
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										
Sub Total						96,000.00	0.00	96,000.00	15.3	

Budget Narrative: Under this standard allocation, WHO will support SAMA and Swisso Kalmo for 6 months for the implementation of direct service delivery. The lumpsum projection of costs per month per facility is based on an assessment survey that was done by the health cluster in 2012/13. The agreement between WHO and the implementing partners will be based on their detailed concept note, including the budget, as well as regular reports on the implementation of the agreed activities and expenditures. These documents will be shared with CHF/OCHA as annexes to the WHO reports for this CHF project.

G:7 General Operating and Other Direct Costs	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
	7.1.1	bank transfer fees	1	377	12	months	4,524.00	0.00	4,524.00	
	7.1.2									
	7.1.3									
	7.1.4									
	7.1.5									
	7.1.6									
	7.1.7									
	7.1.8									
	7.1.9									
	7.1.10									
Sub Total						4,524.00	0.00	4,524.00	0.7	

Budget Narrative:

TOTAL						810,935.00	182,675.00	628,260.00		
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H.8 Indirect Programme Support Costs	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
	8.1.1	Indirect Programme Support Costs						43,706.88	0.00	43,706.88
GRAND TOTAL						854,641.88	182,675.00	671,966.88	100.0	

Other sources of funds

Description	Amount	%
Organization	182,675.00	21.37
Community	0.00	0.00
CHF	671,966.88	78.63
Other Donors		
a)	0.00	
b)	0.00	
TOTAL	854,641.88	

LOCATIONS

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Bakool	Xudur	Xudur	Capacity building, Drug distribution, Secondary health care and referral services		returning IDPs and host communities, trained health workers	8480	4.12303	43.890121	NB-3814-X09-002
Bay	Baidoa	Baidoa	Capacity building, Drug distribution, Secondary health care and referral services		vulnerable population affected by conflict and crisis, trained health workers	72320	3.11718	43.6469	NA-3802-X04-001
Hiraan	Belet Weyne	Belet Weyne	Capacity building, Drug distribution, Secondary health care and referral services		vulnerable population affected by conflict	23630	4.735984	45.204268	NB-3815-G05-001
Lower Juba	Kismayo	Kismayo	Capacity building, Drug distribution, Secondary health care and referral services		vulnerable population affected by conflict in severely underserved area	3160	-0.36029	42.546261	SA-3801-J13-001
Mudug	Gaalkacyo	Gaalkacyo	Capacity building, Drug distribution, Secondary health care and referral services		population vulnerable to chronic crisis	8520	6.76924	47.430611	NB-3808-F21-001
TOTAL						116,110			

DOCUMENTS

Document Description

1. CHF Budgetary guidance
2. Interagency Emergency Health Kit (detailed infos)
3. OT Kit contents
4. Surgical Supply Kit contents
5. Blood Transfusion Kit contents
6. Lab equipment list
7. breakdown of training costs
8. Breakdown of costs for lab equipments