



Project Proposal

Organization	WHO (World Health Organization)				
Project Title	Saving lives through essential primary and secondary health care services, including basic and comprehensive obstetric care, and mass casualty and trauma management				
CHF Code	CHF-DDA-3485-713				
Primary Cluster	Health	Secondary Cluster			
CHF Allocation	Standard Allocation 1 (Feb 2015)	Project Duration	12 months		
Project Budget	899,917.90				
HRP Details	HRP Code	SOM-15/H/71901	HRP Budget	5,295,000.00	
	HRP Project Ranking	A - HIGH	HRP Gender		
Project Beneficiaries			Men	Women	Total
	Beneficiary Summary		28,000	32,000	60,000
			Boys	Girls	Total
			8,000	12,000	20,000
		Total		80,000	
Implementing Partners	Partner		Budget		
	WARDI			0.00	
	ARC			0.00	
	SWISSO KALMO			0.00	
	NEW WAYS			0.00	
	QRCS			0.00	
	CISP			0.00	
	HDC			0.00	
	SAMA			0.00	
	SOMALI AID			0.00	
	INTERSOS			0.00	
	MUSLIM HANDS			0.00	
				0.00	
Organization focal point contact details	Name: Dr Ayyed Munim Title: EHA Acting Coordinator				
	Telephone: +254731999008/ +252612288111 E-mail: munima@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)	The depth of the humanitarian crisis in Somalia is particularly evident in the lack of access to basic and lifesaving health services in Central South Zone (CSZ), even more so in areas that had not been accessible for humanitarian actors and interventions until recently, or that witness high influx of IDPs, e.g. Lower Jubba, Lower Shabelle, Bay, and Hiraan. Health assistance and emergency interventions will be required to address the health needs among people affected by the military interventions, people living in IDP settlement as well as people in newly accessible areas, health needs in underfunded areas where there are critical health gaps as well as where health projects are threatened with closure. This project complements the ongoing CERF project by UNICEF and WHO in order to help prevent the deterioration in the health status of vulnerable communities and ensure the continuation of essential basic health services. The service package needed to be provided includes supplies and surge staff for emergency primary and secondary health care interventions (reproductive health and surgical trauma care)				
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	In the 1st half of 2014, health cluster partners reached 500,000 people with health services which often lack supplies, equipment and trained personnel in essential laboratories and for emergency blood transfusion services, and in surgeries including trauma injuries and Caesarian Sections. Most of the health infrastructure has been damaged and looted; health staff have fled and left. Per 10,000 population only 0.27 instead of the required 1.0 primary health care (PHC) facilities are available. While HC partners are providing basic PHC services through mobile clinics, health posts or basic health centers; secondary health services are only available in few district hospitals. The referral services need to be strengthened for immediate response in regions where appropriate health services are available only in one location. The warning signs of the deteriorating health status are also evident in the levels of Global Acute Malnutrition 18.9 among IDP settlements in Mogadishu, Kismayo, Dobley, Dollow, Dhusamareeb, Garowe and Galkacyo. More than 70,000 (UNHCR) IDPs, intensified during military operations in SCZ, moved into already underserved areas and overstretched existing health facilities, often not widely accessible due to security restrains. The HC participated in humanitarian assessments in Xudur, Waajid, Bulo Burto, Maaxas and Warsheikh. These rapid assessments highlighted critical gaps in basic health services to be addressed immediately.				
3. Activities. List and describe the activities that your organization is currently implementing to address these needs	1. Procure and distribute medical supplies 2. Provision of timely and quality life-saving primary health care services and assistance to people in humanitarian emergency, including through contracts with implementing partners 3. Provision of basic emergency health services for mobile and displaced population and in temporary settlements with focus on newly accessible areas and hard pressed areas, including through contracts with implementing partners 4. Critical gap filling in health care, including PHC, referral, outreach services, maternal and newborn health care (BeMONC), emergency surgical and trauma care.				
LOGICAL FRAMEWORK					
Objective 1	Emergency time-critical and life-saving health services available and accessible for vulnerable populations in newly accessible areas, in IDPs settlements, and in areas affected by the military offensive				
Outcome 1	continuity of primary health care services in under-served areas and critical gap filling in health response				
Activity 1.1	procure and distribute medical supplies				
Activity 1.2	deploy medical staff to provide basic emergency health services for mobile and displaced population and in temporary settlements with focus on newly accessible areas to fill critical gaps in health care, including referral and outreach services, emergency and trauma care, and maternal and newborn health care services for women and children				
Activity 1.3	provide on-the-job training for health workers in selected health facilities supported by WHO				

Indicators for outcome 1		Cluster	Indicator description	Target
	Indicator 1.1	Health	Number of health facilities supported	8
	Indicator 1.2	Health	number of medical doctors deployed	8
	Indicator 1.3	Health	number of health workers trained on the job	16
Outcome 2				
Activity 2.1				
Activity 2.2				
Activity 2.3				
Indicators for outcome 2		Cluster	Indicator description	Target
	Indicator 2.1			0
	Indicator 2.2			0
	Indicator 2.3			0
Outcome 3				
Activity 3.1				
Activity 3.2				
Activity 3.3				
Indicators for outcome 3		Cluster	Indicator description	Target
	Indicator 3.1			
	Indicator 3.2			
	Indicator 3.3			

WORK PLAN

Implementation: Describe for each activity how you plan to implement it and who is carrying out what

In complementarity with UNICEF, WHO will procure and distribute medical supplies to Kismayo, Afgoye, Merka, Beletweyne and Baidoa hospitals, and selected health facilities and partners, as per emerging needs. In complementarity with the activities of the current CERF project for emergency life-saving health services, WHO will provide the critical health services through deployment of medical doctors in selected facilities and both technical as well as financial support to key partners. The doctors deployed in WHO supported facilities will give continuous on-the-job training and medical capacity building to health workers in the respective facilities. The doctors report weekly to WHO emergency coordinator - on cases seen and treated in the facilities, the types of medical interventions provided, challenges and other health-related observations. This detailed reporting, continuous monitoring and hands-on capacity building ensures the quality of services provided. On coordination, WHO will implement these activities in consultation with health partners and also by closely coordinating with water & sanitation and nutrition cluster leads and coordinating meetings will be conducted in Mogadishu, the regions and Nairobi.

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 procure and distribute medical supplies	X	X	X	X		
Activity 1.2 deploy medical staff to provide basic emergency health services for mobile and displaced population and in temporary settlements with focus on newly accessible areas to fill critical gaps in health care, including referral and outreach services, emergency and trauma care, and maternal and newborn health care services for women and children	X		X	X		X
Activity 1.3 provide on-the-job training for health workers in selected health facilities supported by WHO	X	X	X	X	X	X
Activity 2.1						
Activity 2.2						
Activity 2.3						

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 procure and distribute medical supplies	- Data collection - Distribution monitoring - Field visits		X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2 deploy medical staff to provide basic emergency health services for mobile and displaced population and in temporary settlements with focus on newly accessible areas to fill critical gaps in health care, including referral and outreach services, emergency and trauma care, and maternal and newborn health care services for women and children	- Data collection - Field visits - Photo with or without GPS data - Post Distribution Monitoring				X		X			X					X
Activity 1.3 provide on-the-job training for health workers in selected health facilities supported by WHO	- Data collection - Photo with or without GPS data		X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1															
Activity 2.2															
Activity 2.3															

OTHER INFORMATION

Coordination with other Organizations in project area

Organization	Activity
1. WARDI	Support to health services in Beletweyne
2. ARC	Support to Kismayo hospital
3. Swisso Kalmo	Support to Baidoa hospital
4. QRCS	Support to Afgoye hospital

	5. Swisso Kalmo	Support to Merka hospital
	6. SAMA	Support for cluster activities in Bay and Bakool
	7. CISP	Support for cluster activities in Galgaduud
	8. HDC	Support for cluster activities in Gedo
	9. MUSLIM HANDS	Support for cluster activities in Banadir
	10. Somali Aid	Support for cluster activities in Middle Juba
	11. INTERSOS	Support for cluster activities in Middle Shabelle
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. The cluster approach allows and encourages all stakeholders to emphasize the role of gender in humanitarian action	
Select (tick) activities that supports the gender theme	<input type="checkbox"/> Activity 1.1: procure and distribute medical supplies <input checked="" type="checkbox"/> Activity 1.2: deploy medical staff to provide basic emergency health services for mobile and displaced population and in temporary settlements with focus on newly accessible areas to fill critical gaps in health care, including referral and outreach services, emergency and trauma care, and maternal and newborn health care services for women and children <input type="checkbox"/> Activity 1.3: provide on-the-job training for health workers in selected health facilities supported by WHO <input type="checkbox"/> Activity 2.1: <input type="checkbox"/> Activity 2.2: <input type="checkbox"/> Activity 2.3:	

BUDGET

A:1 Staff and Personnel Costs	1.1 International Staff									
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	1.1.1	Emergency Project Coordinator (35%) Mogadishu	1	5250	12	month	63,000.00	0.00	63,000.00	
	1.1.2	Information Management Officer	1	2400	12	month	28,800.00	0.00	28,800.00	
	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					91,800.00	0.00	91,800.00		
	Budget Narrative:									
	1.2 Local Staff									
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	1.2.1	logistician (35%) Mogadishu/ Nairobi	1	800	12	months	9,600.00	0.00	9,600.00	
	1.2.2	data manager (35%) Mogadishu/ Nairobi	1	800	12	months	9,600.00	0.00	9,600.00	
	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					19,200.00	0.00	19,200.00		
	Budget Narrative:									
B:2 Supplies, Commodities, Materials	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	2.1.1	Interagency Emergency Health Kit	14	19500	1	lumpsum	273,000.00	0.00	273,000.00	
	2.1.2	transport, freight of kits	12	6900	1	lumpsum	82,800.00	0.00	82,800.00	

2.1.3										
2.1.4										
2.1.5										
2.1.6										
2.1.7										
2.1.8										
2.1.9										
2.1.10										
Sub Total							355,800.00	0.00	355,800.00	

Budget Narrative:

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										
Sub Total							0.00	0.00	0.00	

Budget Narrative:

D:4 Contractual Services

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF	
4.1.1	deployment of 8 medical doctors for direct service delivery and on-the-job capacity building of health staff	8	3000	11	months	264,000.00	0.00	264,000.00		
4.1.2	EHA Project Officer (20%)	1	2400	12	month	28,800.00	0.00	28,800.00		
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							292,800.00	0.00	292,800.00	

Budget Narrative:

E:5 Travel

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
5.1.1	travel costs for monitoring and reporting missions	7	1850	1	lumpsum	12,950.00	0.00	12,950.00	
5.1.2	within country travel for HCC and to Nairobi	18	1300	1	lumpsum	23,400.00	0.00	23,400.00	
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						36,350.00	0.00	36,350.00		
Budget Narrative:											
F:6 Transfers and Grants to Counterparts	Code	Budget Line Description	Units	Unit Cost	Duration	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										
		Sub Total						0.00	0.00	0.00	
Budget Narrative:											
G:7 General Operating and Other Direct Costs	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF	
	7.1.1	Bank transfer costs	1	1750	12	month	21,000.00	0.00	21,000.00		
	7.1.2	Communication	1	1800	12	month	21,600.00	0.00	21,600.00		
	7.1.3	stationery	1	221	12	month	2,652.00	0.00	2,652.00		
	7.1.4										
	7.1.5										
	7.1.6										
	7.1.7										
	7.1.8										
	7.1.9										
	7.1.10										
		Sub Total						45,252.00	0.00	45,252.00	
Budget Narrative:											
TOTAL							841,202.00	0.00	841,202.00		
H.8 Indirect Programme Support Costs	Code	Budget Line Description					Amount(USD)	Organization	CHF	%charged to CHF	
	8.1.1	Indirect Programme Support Costs					0.00	0.00	58,715.90	6.9800	
	GRAND TOTAL							841,202.00	0.00	899,917.90	
Other sources of funds											
	Description		Amount	%							
	Organization		0.00	0.00							
	Community		0.00	0.00							
	CHF		899,917.90	100.00							
	Other Donors	a)	0.00								
		b)	0.00								
	TOTAL		899,917.90								

LOCATIONS

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Bakool	Xudur	Xudur		Drug distribution, Primary health care services, consultations	IDPs and host communities	12000	4.12303	43.890121	NB-3814-X09-002
Bay	Baidoa	Baidoa		Drug distribution, Primary health care services, consultations	IDPs and host community	14000	3.11718	43.6469	NA-3802-X04-001
Hiraan	Belet Wevne	Belet Wevne		Drug distribution, Primary health care services, consultations	IDPs and host communities	14000	4.735984	45.204268	NB-3815-G05-001

Lower Juba	Kismayo	Kismayo		Drug distribution, Primary health care services, consultations	IDPs and host communities	9000	-0.36029	42.546261	SA-3801-J13-001
Lower Shabelle	Afgooye	Afgooye		Drug distribution, Primary health care services, consultations	IDPs and host communities	15000	2.14158	45.118698	NA-3807-W03-007
Lower Shabelle	Marka	Marka		Drug distribution, Primary health care services, consultations	IDPs and host communities	16000	1.71305	44.76388	NA-3810-G28-001
TOTAL						80,000			

DOCUMENTS

Document Description
1. BOQ
2. Distribution of IEHK