Project Proposal

Organization	WHO (World Health Organization)			
Project Title	Early detection/Surveillance and response to communicable diseases outbreaks in targeted or isolated populations in regions of concern			
CHF Code	CHF-DMA-0489-572			
Primary Cluster	Health		Secondary Cluster	
CHF Allocation	Standard Allocation 1 (March 2014)		Project Duration	12 months
Project Budget	648,861.00			
CAP Details	CAP Code	SOM-14/H/64510	CAP Budget	1,910,000.00
	CAP Project Ranking	A - HIGH	CAP Gender Marker	

Project Beneficiaries

	Men	Women	Total
Beneficiary Summary	113,219	117,841	231,060
	Boys	**Girls**	**Total**
	92,634	96,415	189,049
	Total		**420,109**
Total beneficiaries include the following:			
Pregnant and Lactating Women	0	50,413	50,413
Children under 5	63,016	63,017	126,033
Internally Displaced People	22,440	21,560	44,000

Implementing Partners

Partner	Budget
SAMA Labatunjerow	15,000.00
Bayhaw Hospital	15,000.00
WARDI Beletweyne	15,000.00
SWISSO Kalmo Baidoa and Berdale	15,000.00
EPHCO Elberde	15,000.00
	75,000.00

Organization focal point contact details

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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)

Despite drastic political, humanitarian, security transition and recognition of the new government, many challenges still remain and public health is a core priority. Conflict continually disrupts existing limited health services and infrastructure while creating new population displacement and the need to keep modifying existing or proven interventions to fit the context. Children and women bear the the greatest suffering in Somalia though occasionally men and boys will be isolated from certain interventions as they may not be able to move freely due to targeting and risk of forced conscription by anti-government-entities. It is estimated that 3 million people live in the districts which may be directly affected by the current military operation, with population displacement already being witnessed. Child maternal morbidity and mortality rates in Somalia are highest in the world due to low coverage of basic health services, poor infrastructure and chronic malnutrition. Lack of access to safe drinking water and poor sanitation with thousands of IDPs in informal settlements which have limited or no sustained support provide for both seasonal and sporadic outbreaks throughout the year. Seasonal variability with cyclical droughts and floods and underlying poverty and lack of social services result in the observed period population migration displacement and underscore the need for defined and sustainable activities to provide for effective disaster risk management

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

Target areas host over 1 million people including over 100,000 IDPs, set to rise with the ongoing armed conflict. Included in this population are over 215,000 women of child bearing age and over 316,000 children under 5 years with limited, if any access to essential health services. All areas are mostly under AGEs with limited access. Most are hot-spots for cholera and other communicable diseases, difficult terrains inaccessible rains. They have seasonal migration for nomadic and aggro-pastoralists in search water sources and economic activities. Weekly >9000 consultations including >47% children <5 years and at-least 11 outbreak alerts are reported from facilities. This constitutes 20-25% of all the sentinel sites consultations for whole Somalia. IDPs live in informal settlements, difficult to access and target for specific interventions, greater vulnerability to multiple outbreaks and natural effects. They are hardly reached by vaccination and other life saving packages. Among these, a high attach rate of AWD expected AR 0.05, >2000 cases with ~500 severe (cholera) requiring admission. Health facilities have major stock-outs of supplies and some areas have no functioning health facilities. This need mobile clinics and sometimes field hospitals. The current conflict and subsequent population influx will create greater pressure on host communities and needs and increased health facility visits. Most of the new arrivals are sick and need medical attention among others.

3. Activities. List and describe the activities that your organization is currently implementing to address these needs

Currently WHO supports a sentinel surveillance system with 207 sentinel sites across Somalia. These include 54 in Somaliland, 45 in Puntland, 66 Central and 42 in Southern Somalia. Those in Puntland are now implementing the GPRS based surveillance using mobile phones. Expansion to Somaliland is planned after adoption of recommendations for ongoing external evaluation of surveillance in Somalia by CDC Atlanta. Among the core provisions for the electronic diseases early warning system is the equipment (mobile phones for health facilities and laptops for regional and zonal levels, the procurement of the SMS module for the electronic alerts, the payment of mobile phone services for all functioning/ included mobile numbers, all done in collaboration with the MOH surveillance team for ownership and sustainability. Other core activities include provision of medical supplies for outbreak response (Diarrhea diseases kits) and filling gaps to provide access including through sub-contracting or supporting partners for mobile clinics of designated fixed facilities and providing general medical kits (inter-Agency Emergency Health Kits for 10,000 pop for 3 months). WHO provides over 50 DDK and 50 IAEHK annually and supplies including vaccines for outbreaks including rabies vaccine and fully supports outbreak investigation and samples referral/ transport. WHO works with health authorities, UNICEF health, WASH, health cluster for outbreak response and prevention of waterborne diseases.

LOGICAL FRAMEWORK

Objective 1	Reduce morbidity and mortality through detection and adequate response to control communicable diseases
Outcome 1	Defined and timely disease surveillance and reporting, early detection and effective response to outbreaks and outbreak rumors conducted in designated areas of priority
Activity 1.1	Ensure timely collection or weekly health facility visits data, disaggregated by sex and age, using standardized case definitions and designated reporting tools and all disease and unusual events alerts, and ensure verification of all rumors
Activity 1.2	Conduct joint outbreaks and outbreak rumor verification and investigations for alerts and rumors and ensure response within 96 hours, with teams including at least 50% women and girls
Activity 1.3	Jointly conduct community awareness activities for public health risks such as outbreaks e.g. cholera, measles among others, with community groups including women groups, health authorities, community leaders and institutions e.g. schools, mosques.

Indicators for outcome 1

	Cluster	Indicator description	Target
Indicator 1.1	Health	Number of health facilities supported	15
Indicator 1.2	Health	Number of sentinel sites providing timely weekly reports	35
Indicator 1.3	Health	Number of outbreak rumors investigated and responded to within 96 hours	90

Outcome 2	Procurement, prepositioning and distribution of essential medical supplies (IAEHK for 10000 population/3months) and outbreak response (Diarrheal Diseases kits serve 100 severe & 400 mild cases of AWD) done
Activity 2.1	Provide medical supplies to partners based on defined criteria for needs and population at risk to facilitate effective treatment of patients
Activity 2.2	Support health facilities experiencing a surge in health facility workload during outbreaks to hire additional staff for outbreak response and for mobile clinics to provide access to services in inaccessible areas or isolated populations
Activity 2.3	Provide support for community groups to implement awareness activities for control of outbreaks, jointly with UNICEF WASH and other partners. Community groups include women groups because women are effective communicators and accepted than men. Women are also HHs heads and targeting them will have greater impact.

Indicators for outcome 2

	Cluster	Indicator description	Target
Indicator 2.1	Health	Number of health facilities supported	15
Indicator 2.2	Health	Number of kits distributed	25
Indicator 2.3	Health	Number of joint community based awareness campaigns conducted	5

Outcome 3	Health workers trained on recommended case definitions for health events under surveillance, reporting tools, outbreak detection and first responder roles and procedures and sample collection and transportation
Activity 3.1	Train two health workers from each of the sentinel sites on recommended case definitions, outbreak detection, notification and investigation
Activity 3.2	Train selected male and female health workers on samples collection and transport protocols and procedures, Train health workers (sentinel and none sentinel sites) on case management for common causes of communicable diseases outbreaks, use of point-of-care diagnostics
Activity 3.3	Train male and female health workers on the SOPs and case management for cholera during outbreaks and management of a cholera treatment centre

Indicators for outcome 3

	Cluster	Indicator description	Target
Indicator 3.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.	300
Indicator 3.2	Health	Health workers trained on management of cholera treatment centers	50
Indicator 3.3	Health	Health workers trained on outbreak detection, notification, sample collection, storage and transport	250

WORK PLAN

Implementation: Describe for each activity how you plan to implement it and who is carrying out what	Activities will be implemented in three tiers: 1. WHO - Procurement of supplies, per-positioning and distribution, direct support to partners and communities 2. Partners - Designated partners directly implement activities through their existing fixed facilities or new mobile clinics where and for durations needed, or implementation of cholera treatment centers during possible large cholera outbreaks 3. With communities, religious leaders, local authorities for community based activities such as socio-mobilization and in collaboration with major partners like UNICEF and/or response to outbreaks where there is no fixed partner activity. Trainings will be conducted in the region of the participants when possible to minimize cost and increase coverage. If not possible trainings will be implemented in perceived secure locations within the country but transport costs could impede desired coverage as partners will require none-resident perdiems for days outside their region of origin and also transport costs.

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 Ensure timely collection or weekly health facility visits data, disaggregated by sex and age, using standardized case definitions and designated reporting tools and all disease and unusual events alerts, and ensure verification of all rumors	X	X	X	X	X	X
Activity 1.2 Conduct joint outbreaks and outbreak rumor verification and investigations for alerts and rumors and ensure response within 96 hours, with teams including at least 50% women and girls	X	X	X	X	X	X
Activity 1.3 Jointly conduct community awareness activities for public health risks such as outbreaks e.g. cholera, measles among others, with community groups including women groups, health authorities, community leaders and institutions e.g. schools, mosques.		X		X		X
Activity 2.1 Provide medical supplies to partners based on defined criteria for needs and population at risk to facilitate effective treatment of patients	X		X		X	
Activity 2.2 Support health facilities experiencing a surge in health facility workload during outbreaks to hire additional staff for outbreak response and for mobile clinics to provide access to services in inaccessible areas or isolated populations	X	X	X	X	X	X
Activity 2.3 Provide support for community groups to implement awareness activities for		X		X		X

Women are also HHs heads and targeting them will have greater impact.							
Activity 3.1 Train two health workers from each of the sentinel sites on recommended case definitions, outbreak detection, notification and investigation		X		X		X
Activity 3.2 Train selected male and female health workers on samples collection and transport protocols and procedures, Train health workers (sentinel and none sentinel sites) on case management for common causes of communicable diseases outbreaks, use of point-of-care diagnostics		X		X		X
Activity 3.3 Train male and female health workers on the SOPs and case management for cholera during outbreaks and management of a cholera treatment centre		X		X		X

M & E DETAILS

			Month (s) when planned M & E will be done											
Activity Description	**M & E Tools to use**	**Means of verification**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Activity 1.1 Ensure timely collection or weekly health facility visits data, disaggregated by sex and age, using standardized case definitions and designated reporting tools and all disease and unusual events alerts, and ensure verification of all rumors	- Contact details - Data collection - Field visits - Verification	Submitted weekly reports, health facility based records, disaggregated by sex and age	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2 Conduct joint outbreaks and outbreak rumor verification and investigations for alerts and rumors and ensure response within 96 hours, with teams including at least 50% women and girls	- Data collection - Distribution monitoring - Field visits	Alerts and outbreak rumors reported	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.3 Jointly conduct community awareness activities for public health risks such as outbreaks e.g. cholera, measles among others, with community groups including women groups, health authorities, community leaders and institutions e.g. schools, mosques.	- Contact details - Data collection - Field visits - Focus group interview	Activity reports, addressing women, men and children accordingly	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1 Provide medical supplies to partners based on defined criteria for needs and population at risk to facilitate effective treatment of patients	- 3rd party monitoring - Contact details - Data collection - Distribution monitoring - Field visits	Logistic tracking reports, health facility reports			X	X			X			X		
Activity 2.2 Support health facilities experiencing a surge in health facility workload during outbreaks to hire additional staff for outbreak response and for mobile clinics to provide access to services in inaccessible areas or isolated populations	- Data collection - Distribution monitoring - Field visits	Activity reports, health facility based recodes	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.3 Provide support for community groups to implement awareness activities for control of outbreaks, jointly with UNICEF WASH and other partners. Community groups include women groups because women are effective communicators and accepted than men. Women are also HHs heads and targeting them will have greater impact.	- Contact details - Data collection - Field visits - Individual interview	Field activity reports			X			X			X			X
Activity 3.1 Train two health workers from each of the sentinel sites on recommended case definitions, outbreak detection, notification and investigation	- Contact details - Data collection - Distribution monitoring	Training reports and field activity reports			X			X			X			X
Activity 3.2 Train selected male and female health workers on samples collection and transport protocols and procedures, Train health workers (sentinel and none sentinel sites) on case management for common causes of communicable diseases outbreaks, use of point-of-care diagnostics	- Contact details - Data collection - Distribution monitoring - Field visits	Training reports and field activity reports, samples collected and referred by teams			X				X					
Activity 3.3 Train male and female health workers on the SOPs and case management for cholera during outbreaks and management of a cholera treatment centre	- Contact details - Data collection - Distribution monitoring - Field visits	Training reports and field activity reports, samples collected and referred by teams and CTC reports and field monitoring visits			X	X						X		

OTHER INFORMATION

Coordination with other Organizations in project area

Organization	**Activity**
1. UNICEF WASH and WASH cluster	Water
2. ARC	Sannitation
3. WARDI	socio-mobilization
4. SAMA	Implementation of Cholera Treatment Units/Centres
5. SHARDO	Impementation of cholera Treatment Units/Centres
6. Intersos	Implementation of mobile clinics
7. IMC/CESVI Beletweyne	Implementaion on mobile clinics
8. ALL partners in affected areas	Implementation of Cholera Treatment Units/Centres
9. Kismayo Community Hospital	Impementation of cholera treatment units
10. COSVI	Outbreak investigation and socio-moblization
11. Bayhaw Hospital	Implementation of Cholera Treatment Units/Centres
12. Banadir Hospital	Impementation of cholera Treatment Units/Centres

13. Mudug Regional Hospital	Implementation of Cholera Treatment Units/Centres
14. Bossaso Regional Hospital	Implementation of Cholera Treatment Units/Centres
15. WARDI	Implementation of Cholera Treatment Units/Centres

Gender theme support	Yes
Outline how the project supports the gender theme	Women and girls are the default caretakers of the sick, even in outbreaks and other crises. In IDP situations which is a common aspect of complex emergencies and is a daily observation in Somalia, women and girls tend to be household heads as well. Thus, the need to target this as a special population cannot be understated. As household heads in IDP camps and informal settlements women and girls alone can influence the course of the outbreak and in parts of Somalia, targeting this group with health messages proved effective for the control of cholera in Bay. Even during outbreaks of vaccine preventable diseases, they are the ones responsible for bringing children to vaccination sites. Surveillance activities embrace a holistic communal approach where by gender representation is very important as well hence the natural disaggregation of all health related data collected by our teams and partners. This is a way to monitor the gender distribution of our activities in order to ensure that both male and female have universal access to available resources. In order to implement these, our teams consist of both male and female workers so that we overcome cultural differences to ensure women and girl beneficiaries can share or have the opportunity to be attended by female practitioners by preference or as required procedurally. All our training activities therefore target at least 50% women and girls and also men and boys. This program recognizes that while women and girls may be the most affected in our operational context and form the larger bulk of IDP populations, men do suffer severe isolation and insecurity and higher risk of being branded enemy and targeted for torture or killing or conscription. Our activities deploy both gender to establish activity gender-balance and community acceptance especially where negotiation with both gender is eminent. On the other hand this program recognizes the importance of female health workers and their potential for access to essential services at community level and for population awareness.

Select (tick) activities that supports the gender theme	
☐	**Activity 1.1:** Ensure timely collection or weekly health facility visits data, disaggregated by sex and age, using standardized case definitions and designated reporting tools and all disease and unusual events alerts, and ensure verification of all rumors
☑	**Activity 1.2:** Conduct joint outbreaks and outbreak rumor verification and investigations for alerts and rumors and ensure response within 96 hours, with teams including at least 50% women and girls
☑	**Activity 1.3:** Jointly conduct community awareness activities for public health risks such as outbreaks e.g. cholera, measles among others, with community groups including women groups, health authorities, community leaders and institutions e.g. schools, mosques.
☐	**Activity 2.1:** Provide medical supplies to partners based on defined criteria for needs and population at risk to facilitate effective treatment of patients
☑	**Activity 2.2:** Support health facilities experiencing a surge in health facility workload during outbreaks to hire additional staff for outbreak response and for mobile clinics to provide access to services in inaccessible areas or isolated populations
☑	**Activity 2.3:** Provide support for community groups to implement awareness activities for control of outbreaks, jointly with UNICEF WASH and other partners. Community groups include women groups because women are effective communicators and accepted than men. Women are also HHs heads and targeting them will have greater impact.
☑	**Activity 3.1:** Train two health workers from each of the sentinel sites on recommended case definitions, outbreak detection, notification and investigation
☑	**Activity 3.2:** Train selected male and female health workers on samples collection and transport protocols and procedures, Train health workers (sentinel and none sentinel sites) on case management for common causes of communicable diseases outbreaks, use of point-of-care diagnostics
☑	**Activity 3.3:** Train male and female health workers on the SOPs and case management for cholera during outbreaks and management of a cholera treatment centre

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	Technical Office - Epid	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	7.9

Budget Narrative: Provides technical support and hands on supervision and training for staff, directs evidence based program progression and implementation and conducts field visits as possible while liaising with donors, stakeholders, ministries. Ensures tools and procedures conform to the recommended global surveillance norms and standards as much as possible. Is based inside Somalia.

1.2 Local Staff

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
1.2.1	Logistician 40%	1	1600	12	months	19,200.00	7,200.00	12,000.00	
1.2.2	Logistics Assistant 50%	1	600	12	months	7,200.00	3,600.00	3,600.00	

1.2.3	Regional surveillance Officer 50%	3	920	12	months	33,120.00	16,560.00	16,560.00	
1.2.4	Zonal Surveillance Officer	1	1200	12	months	14,400.00	0.00	14,400.00	
1.2.5	M&E Officer 40%	1	1600	12	months	19,200.00	7,200.00	12,000.00	
1.2.6	Lab technologist 40%	1	1600	12	months	19,200.00	7,200.00	12,000.00	
1.2.7									
1.2.8									
1.2.9									
1.2.10									
Sub Total						112,320.00	41,760.00	70,560.00	11.6

Budget Narrative: These are all national staff based in the field, with greater access to there regions of deployment and those at zonal level provide supervisory and technical support directly, while implementing the M&E component of surveillance and implementation of designated services by partners. They form part of the emergency teams and task forces on ground. These are essential staff

B:2 Supplies, Commodities, Materials

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
2.1.1	Inter-Agency Emergency Health Kits with malaria module (1 = 10000 population/3months)	6	21500	1	Lumpsum	129,000.00	0.00	129,000.00	
2.1.2	Diarrheal Disease Kit (1=100 severe cases & 400 mild/moderate cases)	20	8000	1	Lumpsum	160,000.00	0.00	160,000.00	
2.1.3	Cholera Smart II Rapid Diagnostic Test, 1 kit = 25 tests	20	900	1	Lumpsum	18,000.00	0.00	18,000.00	
2.1.4	Unversal Transport Medium (most stable for viral samples) 100/box	800	5	1	Lumpsum	4,000.00	0.00	4,000.00	
2.1.5	Erythromycin Syrup 125 mg/5ml, 60ml bottle (1 bottle per patient)	1000	4	1	Lumpsum	4,000.00	0.00	4,000.00	
2.1.6	Cary Blair transport Medium (Central 300; South 200; PL 200; SL 200)	900	5	1	Lumpsum	4,500.00	0.00	4,500.00	
2.1.7	Transportation of medical supplies in-country	6	2583.5	1	Lumpsum	15,501.00	0.00	15,501.00	
2.1.8	Transportation for outbreak investigation teams	5	200	12	months	12,000.00	0.00	12,000.00	
2.1.9	Communications and IEC materials (Pamphlets, Brochures and posters for Health facilities)	2	300	6	months	3,600.00	0.00	3,600.00	
2.1.10									
Sub Total						350,601.00	0.00	350,601.00	57.8

Budget Narrative: An estimated 50% of the targeted beneficiaries will seek treatment at least once = 200,000 health facility visits = 20 IAHK, of which 1 quarter shall be covered with CHF. Outbreaks of malaria have been confirmed in Somalia with the latest in Bossaso, Puntland. Kit price download from WHO intranet is attached in the documents for reference.; Est. All target population is at high risk of cholera with a minimum 0.05 attack rate 21000 cases are expected of which 2,100 will be severe = 21 DDkits. We have observed that since UNICEF reduced the number of partners with PCAs, many partners have no sustained supply of medicines and renewable. As a result, many health facilities experience stock-outs of essential medicines and if WHO is not funded adequately to fill these gaps, more challenges await, even for non crisis periods.

C:3 Equipment

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
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	0.0

Budget Narrative:

D:4 Contractual Services

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total

	4.1.1	Training of health workers (70/training session x 4 =280)	4	7000	1		28,000.00	0.00	28,000.00	
	4.1.2	Monitoring and supervision (bi-monthly)	6	5000	1		30,000.00	0.00	30,000.00	
	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						58,000.00	0.00	58,000.00	9.6

Budget Narrative: Training of health workers has come out strongly in the just completed external evaluation of the surveillance program as a key recommendation and request from partners who were interviewed by the CDC team. The average 3 days training cost per participant inclusive of perdiem is $100. Transportation for outbreak investigation teams entails renting vehicles. These are done jointly or by partners who are supported. Daily vehicle rent is an average of between 70 and 120 per day depending on distance. Average investigation time especially in highly insecure areas is 4 days inclusive of travel, then the sending of the samples to Mogadishu for reference to Nairobi. When UNHAS is not flying, for quick delivery serum, samples are sent by commercial flights i.e. Mondays, Wednesday, Friday and Saturdays. So a single investigation will cost sometimes up to $500-600 and each month we have an average of 4-5 investigations taking place across Somalia. When conducting training in centralized locations i.e. Mogadishu, Hargeisa, Bossaso, Garowe, transport costs for participants vary and can be very high as occasionally we fly them in from very insecure locations. All the same, transporting for example health workers from sentinel sites in Somaliland to Hargeisa has both transport cost and perdiem implications. Similarly for Mogadishu. On the other hand the current expenditure for training 1 health worker for 3 days is still tied up at $100 which is within justifiable limits for sustainability in complex emergencies.

E:5 Travel

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
5.1.1									
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						0.00	0.00	0.00	0.0

Budget Narrative:

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	Sub-contracts with partners during outbreaks	5	5000	3		75,000.00	0.00	75,000.00	
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						75,000.00	0.00	75,000.00	12.4

Budget Narrative: During cholera and other outbreaks a surge in health facility caseload requires partners to increase staff numbers which are usually unplanned. Before re-organizing the agency capacity during crises, WHO supports the management and incentives for additional staff for short term durations. WHO also supports mobile clinics in hard to reach areas, not only with medical kits but with funds for partners vetted through the health cluster to implement designated activities. Health Cluster estimates for effective running of a mobile clinic for six months were put at $45000. However sometimes partners have the capacity to provide and support teams and only need medical supplies though this remains uncommon. Thus the estimates here are very low at 75000 which is only probably enough for 3 mobile clinics for 3 months each. Historically, we have needed more than 3 mobile clinics and the current military offensive may increase the demand for mobile services in order to access populations that may be in crisis and on the run for their security. Recent experience for Wagade in lower Shabelle where limited if not no humanitarian corridor was open for population access or exit or even partners access can be a recurrent scenario in the current context of military operations.

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	Stationary and office materials (Mogadishu, Hargeisa, Baidoa)	3	200	12	months	7,200.00	2,500.00	4,700.00	
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						7,200.00	2,500.00	4,700.00	0.8

Budget Narrative:

	TOTAL					699,121.00	92,260.00	606,861.00	

H.8 Indirect Programme Support Costs

Code	Budget Line Description	Amount(USD)	Organization	CHF	% of CHF Total
8.1.1	Indirect Programme Support Costs	42,000.00	0.00	42,000.00	6.9209
GRAND TOTAL		741,121.00	92,260.00	648,861.00	100.0

Other sources of funds

Description		**Amount**	**%**
Organization		92,260.00	12.45
Community		0.00	0.00
CHF		648,861.00	87.55
Other Donors	**a)**	0.00	
	b)	0.00	
TOTAL		**741,121.00**	

LOCATIONS

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Bakool	Ceel Barde	Ceel Barde	Capacity building, Disease surveillance, Drug distribution, Primary health care services, consultations		Host and IDP	15060	4.82821	43.659931	NB-3814-E04-001
Bakool	Rab Dhuure	Rab Dhuure	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Primary health care services, consultations		Host and IDP	11672	4.35047	43.163589	NB-3813-R26-001
Bakool	Tayeeglow	Tayeeglow	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care services, consultations		Host and IDP	32421	4.0182	44.512749	NB-3814-Z23-001
Bakool	Xudur	Xudur	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care services, consultations		Host and IDP	37220	4.12303	43.890121	NB-3814-X09-002
Bay	Baidoa	Baidoa/Hawl Wadaag/Laanta	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Primary health care services, consultations		Host and IDP	91104	3.11651	43.54367	NA-3802-X01-012
Bay	Baidoa	Labaatan Jirow	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care services, consultations		Host, IDPs	10000	3.53851	43.75718	NA-3802-M06-002
Bay	Baidoa	Balan-Baale	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care services, consultations		Host, IDP	2000	3.31737	43.45712	NA-3801-S33-010
Bay	Baidoa	Biyoley	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care		Host, IDP	5000	3.03856	43.47884	NA-3801-Z33-007

Bay	Diinsoor	Diinsoor	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Primary health care services, consultations		Host, Nomads and IDPs	30308	2.40735	42.976551	NA-3805-Q22-003
Gedo	Luuq	Luuq	Capacity building, Disease surveillance, Drug distribution, Primary health care services, consultations		Host and IDP, Health workers	25081	3.79999	42.54459	NA-3801-E12-002
Hiraan	Belet Weyne	Belet Weyne	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care services, consultations		Host, IDP, health workers	57738	4.735984	45.204268	NB-3815-G05-001
Hiraan	Belet Weyne	Matabaan	Disease surveillance, Drug distribution, Primary health care services, consultations		Host and IDP	11082	5.19938	45.52517	NB-3811-V12-002
Lower Juba	Kismayo	Kismayo	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care services, consultations		Host, IDP, returnees, Health workers	66667	-0.36029	42.546261	SA-3801-J13-001
Lower Juba	Kismayo	Buulo Xaaji	Awareness campaign, Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care services, consultations		IDP. Host	3000	-0.63201	41.984138	SA-3704-R33-001
Lower Juba	Kismayo	Qalaangalley	Capacity building, Disease surveillance, Drug distribution, Incentive for Health workers, Primary health care services, consultations		Host, IDP	5000	-0.4482	42.097599	SA-3801-L03-001
TOTAL						**403,353**			

DOCUMENTS

Document Description
1. Kit price as on WHO Intranet
2. Boq examples
3. Weekly bulletin for morb reference
4. Revised BOQ after comments
5. Revised CHF Team Comments list