

Requesting Organization :	Trócaire			
Allocation Type :	Reserve Allocation 3 2023			
Primary Cluster	Sub Cluster	Percentage		
Health		100.00		
		100		
Project Title :	Emergency lifesaving health response to flood and cholera-affected populations in Belet Xaawo, Doolow, Luuq districts of Gedo region.			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	CBPF-SOM-23-R-INGO-25209	
Cluster :		Project Budget in US\$:	800,000.00	
Planned project duration :	6 Months	Priority:		
Planned Start Date :	20/05/2023	Planned End Date :	19/11/2023	
Actual Start Date:	01/06/2023	Actual End Date:	30/11/2023	
Project Summary :	<p>This health action is geared towards reducing the vulnerability of AWD/Cholera affected patients and communities in Belet Xaawo, Doolow and Luuq districts of Gedo region. It will provide lifesaving services to populations affected by floods and cholera through quality case management, community-based interventions, as well as strengthened disease surveillance and response capacity. The action will also bridge human resource gaps both at facility (Cholera Treatment Centre - CTC) and community level by recruiting qualified medical staff, paramedical/support, and frontline staff to strengthen the ongoing response efforts by Trócaire, MOH and other partners. The action will train frontline staff involved in the response on key areas like case management, Infection prevention and control (IPC), community health surveillance, Risk Communication and Community Engagement (RCCE); therein enhancing preventive measures through raising community awareness and promoting communities' health through hygiene and health promotion. This will facilitate active case detection, case management, strengthening infection prevention and control (IPC) measures; both at facility and community level. Further, 3 CTCs will be supported with essentials pharmaceuticals and other medical equipment, with the support extended to 12 Oral Rehydration Points (ORPs) at strategic and accessible locations in the community. At the CTCs, severely dehydrated Cholera/AWD cases will be admitted and treated, while at the community level the CHWs will be stationed at the ORPs, while doing active case finding, treatment of moderately dehydrated cases with ORS, and pretreatment and referral support for severe cases that need to be admitted in the CTCs. The action will complement (by optimizing existing synergies) ongoing efforts by the Health and WASH partners in the project locations, Ministry of Health, Ministry of Energy and Water Resource and local administration; as well as build on the gains made, by Trocaire and the Caafimaad Plus consortium, through the DG-ECHO funded Health and WASH interventions under the HIP (Humanitarian Implementation Plan) 2023. This action will therefore bridge the major essential health care service gap that currently exists in Belet Xaawo, Doolow and Luuq by enhancing access to integrated basic quality health services within their localities aimed to save lives of girls, boys, women, and men in the target locations, by providing both preventive and curative services. Against this backdrop, this intervention will set out to reach 32,000 of cholera-affected people: This number being an extrapolation of the population in immediate need based on the aforementioned data.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
4,542	5,968	10,530	10,960	32,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
	1,954	2,566	4,527	4,713	13,760
	0	0	0	0	0
	0	0	0	0	0
	2,588	3,402	6,003	6,247	18,240
	0	0	0	0	0

Indirect Beneficiaries :

The people reached indirectly are household members of the patients treated for AWD/Cholera. 1 member of each household is reached directly and issued with discharge kits that includes soap and aqua tabs; the assumption is that the benefit extends to all 6 members (being the average household size in Somalia) of the household.

Catchment Population:**Link with allocation strategy :**

The action is decisively aligned to the allocation strategy focused on vulnerable population affected by the AWD/Cholera in Gedo region. The action will address immediate lifesaving needs occasioned by the outbreak, focusing on prioritized health interventions for Belet Xaawo, Luuq and Doolow while ensuring proper coordination through the area-based coordination mechanisms to allow for an inclusive and holistic multi-sectoral response (esp. WASH and Shelter) to the outbreak. The activities are aligned to the health cluster objectives to improve equitable access to quality emergency and essential lifesaving health services. Inclusion will be at the center of the action with age, gender, and disability as the key factors that lead to situations of vulnerability, exclusion and discrimination being given particular attention to ensure no one is left behind. The implementation of the action will reflect the distinct needs of men, women, boys, and girls during the implementation period. A gender-sensitive approach will be followed, ensuring exclusion errors that prevent vulnerable groups from receiving access to lifesaving services are addressed, while the action will ensure protection is mainstreamed and integrated throughout the life of the action. The community will be involved in mobilization work and monitoring the outcomes of the project. Trocaire shall explore all possible avenues of coordinating the response with other current and new actors across all sectors.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount
DG-ECHO (HIP 2023)	97,150.00
	97,150.00

Organization focal point :

Name	Title	Email	Phone

BACKGROUND**1. Humanitarian context analysis****2. Needs assessment**

While a specific needs assessment has not been conducted for this project, a trend analysis from the line listing (Annex A, B, and C) and facility data within Trocaire's health programme: Information triangulated from Trocaire-managed CTCs show that there have been 2498

admissions as of May; with 10 recorded deaths. The data trends point to an exponential increase in the spread of the outbreak, especially in Luuq and Doolow. Flash flooding has, since March 2023, caused 94,110 displacements across Gedo region; with Belet Xaawo recording 1100 affected Households (translating to 6600 persons) according to a report by the Local Authority (LA) (Annex D).

The cholera/AWD outbreak (CFR <1%), has contributed to the high disease burden and morbidity rates reported in Belet Xaawo, Doolow. Arrival of new IDPs in congested camps with limited sanitation facilities and shortage of clean water continues to cause further strain to the already stretched health infrastructure. There have been challenges in acquiring CTC sites for proper case management due to MOH and local authorities limited capacity. The available CTCs structures need thorough rehabilitation work. Jubbaland state MOH and the LA's expressed an urgent appeal for support to run the CTCs (Annex E).

3. Description Of Beneficiaries

4. Grant Request Justification

The AWD/Cholera outbreak in Gedo has significantly affected Belet Xaawo, Doolow and Luuq districts, thereby deteriorating an already dire situation. The continued influx of IDPs has increased the number of people living in unhygienic conditions. High water levels in Dawa and Juba rivers, and increased contamination of water sources have heightened the risk of fecal oral contamination and disease outbreak. The outbreak in Belet Hawa affected over 2000 people with 6 deaths as of May 7th. Increased admissions have been recorded in Luuq and Doolow districts CTCs, due to free and unrestricted movements of people, lack of community adherence to hygiene practices and lack of preventative support. In Luuq, 320 patients were admitted between April and 4th May with 15 cases confirmed positive for Cholera and 2 deaths. In Doolow, 178 cases were admitted from 1st April- 5th May; 167 (17 positive, 1 case death) being admitted from 11th April- 5th May, showing an upward trend of the outbreak. 65% admissions in Doolow were IDPs, and 77% Children U5. The MOH, Trócaire and other agencies are responding to the spikes, through case management, mass well chlorination, Hygiene campaigns and distribution of water treatment chemicals and hygiene kits. However, the response has not been adequate due to resource limitation. Trends in Gedo, point to AWD/Cholera outbreaks during Gu rains. The current peak is a pointer to a likely escalation if no robust multisectoral interventions are put in place.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Improved case management, prevention and surveillance

of cholera at health facilities and community levels for better health outcomes

Health							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Reduce of excess morbidity and mortality; prepare, prevent, detect and timely respond to epidemic-prone & endemic diseases, driven by climatic shocks and conflict among million IDPs and non-displaced		SO1: Prevent loss of life of 6.7 million of the most severely vulnerable people, including 1.4 million children under five by the end of 2023			100		
<p>Contribution to Cluster/Sector Objectives : In line with the cluster and sector objectives, the action will seek to reduce excess morbidity and mortality, and prepare, prevent, detect and respond to the cholera outbreak in Gedo by providing quality emergency health services to affected populations in Belet Xaawo, Doolow, and Luuq districts. This will be realized through provision of comprehensive curative and preventive services, at the 3 Cholera Treatment Centres (CTCs), one in each district and 12 Oral Rehydration Points (ORPS) , 4 in each district. The action will further support mobilization and community health and hygiene promotion, while strengthening the community based surveillance for early case detection and timely support. The treatment of the expected increase in AWD/cholera cases, and other negative health outcomes, will be prioritized.</p>							
Outcome 1							
Improved access to timely and quality case management and prevention of Cholera at facility and community level							
Output 1.1							
Description							
3 facilities established/renovated to meet required standards for cholera treatment							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health						3
<p>Means of Verification : <p>Completion certificates, Photos, Monitoring visit reports
</p></p>							
Activities							
Activity 1.1.1							
Standard Activity : Not Selected							

The action will construct/renovate 3 Cholera Treatment Centers in Dollow, Luuq and Belet Xaawo to meet required standards recommended by MOH and WHO. CTC standards to save lives and prevent further mortality resulting from AWD/cholera outbreak. Trocaire in coordination with MOH will engage respective districts administration in Doolow and Belet Xaawo to allocate appropriate sites for the CTCs establishment since the current CTC in Belet Xaawo is a rented private building and Dollow CTC located in the district administration court building; therefore investing and renovating for these facilities will not be sustainable for future use as CTC. Trocaire in coordination with MOH and local authority will identify appropriate site for CTCs renovated in Dollow and Belet Xaawo. In Luuq district, the public land has already been allocated by the district administration and Trocaire through the proposed fund will rehabilitate the same CTC site that is currently in use. The key rehabilitation works to be done will include renovation of the CTCs physical structures, fencing, setting standard CTC layout; separating triage, observation area, setting footpaths with chlorine solution, treatment area for the patient and safe areas for the staff and kitchen. While renovating the CTCs, Trocaire will consider the accessibility need of persons with physical impairment. Trocaire will also closely coordinate with WASH actors in the respective project locations for synergy and complementarity in the CTCs.

Output 1.2

Description

Health workers trained

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	# Health care staff trained	81	54	0	0	135

Means of Verification : <p>Training reports, photos</p>

Activities

Activity 1.2.1

Standard Activity : # Health care staff trained

Trocaire will facilitate one training session in each of the three project districts on cholera case detection, management and IPC, proper handling and transportation of the cholera samples, and community-based surveillance. 135 (81m, 54f) health workers will be recruited and trained. 36 health workers (24 nurses, 3 doctors, 6 auxiliary nurses and 3 CTC managers) will be trained on case management and IPC, 20 laboratory technicians trained on sample handling and transportation, 45 Community Health Workers (CHWs) on community-based surveillance, and 34 contact tracing/decontamination staff on risk communication and community engagement (RCCE). 10 of the contact training staff will be drawn from existing staff (CHWs and Hygiene). Other supportive staff (24) including cleaners, laundry workers, cooks and guards will be oriented on infection prevention and control to provide additional capacity to the CTCs. Trocaire will work with the MoH and other partners to cascade the infection prevention and control training to lower cadres of the volunteers like CHWs and hygiene promoters supported by different partners through on job training by trained facilitators. The on-job training will cover sub-topics such as triage, environmental cleaning and disinfection, preparation of various disinfection solutions, waste segregation, handling of hazardous wastes and soiled materials, personal protective equipment usage, waste disposal including handling of dead bodies and interment procedures. The training contents are all aligned to WHO infection prevention and control guidelines.

Output 1.3

Description

Infection Prevention and Control activities conducted

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Health		1,917	2,518	4,441	4,624	13,500

Means of Verification : <p>CTC records</p>

Activities

Activity 1.3.1

Standard Activity : Primary care - outpatient services

Provide timely and quality case management for cholera affected patients including Infection Prevention and Control.

The action will provide comprehensive and integrated curative services to the patients brought to the CTCs and ORPs to ensure that timely and quality care provision to the cholera affected patients in hotspot areas in the three districts of Belet Xaawo, Doolow and Luuq. The routine services provided will include inpatient care for severe cases admitted in the CTCs, community based management at the ORPs with ORal Rehydration Salts (ORS) for moderately dehydrated cases and referral of the severe cases to CTCs by facilitating transport for patients and their caregivers, targeted awareness and sensitization aimed at preventing further spread of AWD/ Cholera disease, Pre-screening and surveillance at the targeted IDPs/host communities and health facilities, isolation and referral of suspect cases to the Cholera Treatment Centres (CTCs). The project targets to treat patients 13500 patients (2518 women, 4624 girls, 1917 men and 4441 boys). Trocaire will closely coordinate with WASH partners and MOH to strengthen community-based responses to effective control.

Output 1.4

Description

Oral Rehydration
Points established and supported

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.4.1	Health						12

Means of Verification : <p>Monitoring visits and photos</p>

Activities

Activity 1.4.1

Standard Activity : Primary care - outpatient services

The action will establish 12 Oral Rehydration Points (ORPs) in the periphery and strategic locations including outreach sites (waiting shades) in the highly populated IDPs and host community locations that are far from the CTCs and primary health units to enable populations access for treatment for moderately dehydrated cases using ORS, provision pre-referral treatment with ORS and referral support to the CTCs and provision of risk communication and community engagement by the CHWs. Each ORP will be connected to the CTCs and will be assigned a minimum of 3 CHWs with supervision and oversight support from 1 nurse based in the main CTC.

Output 1.5

Description

Essential supplies procured and delivered

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.5.1	Health	Medical logistics and contingency supplies					1

Means of Verification : <p>Delivery notes, Goods Received Notes, Store records, and monitoring visit reports</p>

Activities

Activity 1.5.1

Standard Activity : # of people served by medical supplies and medications

Trocaire will procure and provide essential medical supplies, consumables and equipment required for cholera case management. The items will include medical supplies/pharmaceuticals like oral rehydration salts (ORS), IV fluids and antibiotics, cholera and other non-medical equipment like patient vital signs monitors, and PPEs, and other cleaning equipment necessary for running CTCs. The medical supplies/pharmaceuticals and non-medical equipment will be procured from Nairobi and shipped to Belet Hawa, Dollow and Luuq since these items are not available within Somalia. To ensure that health workers are protected against contracting the cholera infection while on duty, Trocaire will provide personal protective equipment (PPEs) for frontline staff involved in the response activities. The Trocaire HQ bulk procurement system shall back up procurement in case of any shortfalls locally. The PPE kit will include Surgical and N-95 masks, protective gowns, shoe covers, gloves and rubber boots. Prior to the issuance, the staff will be sensitized on the correct usage and disposal of each of the items.

Output 1.6

Description

Emergency referral services provided

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.6.1	Health		383	504	888	925	2,700

Means of Verification : <p>CTC records, Referral records</p>

Activities

Activity 1.6.1

Standard Activity : # of outpatient consultations

Trocaire will facilitate referral support for the severely dehydrated patients in the IDPs and host communities to save lives and minimize mortalities. Trocaire will contract 3 ambulances that will be on standby, and the drivers' numbers will be posted at the strategic points like CTCs, health facilities, marketplace etc so that communities, CHWs and contact tracing teams can reach them when in need of referral support for emergency cases in their respective communities. The 45 CHWs will be trained on community-based case management, surveillance and referral support provision for severely dehydrated cases and will be closely attached to the CTCs and ORPs.

Outcome 2

Increased knowledge of communities on appropriate health care and prevention of cholera.

Output 2.1

Description

Mass community hygiene promotion and mobilization campaigns conducted

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Health awareness, social mobilization, education and advocacy activities on MHPSS, disabilities Infection Prevention and Control (IPC) • Provider and patient safety (e.g. PPE, triage, hand-washing) • Environmental health	4,545	5,968	10,527	10,960	32,000

Means of Verification : <p>Photos, Sample IEC materials</p>

Activities

Activity 2.1.1

Standard Activity : Mobile health (e.g. IERT) services

Trocaire will conduct mass community hygiene promotion and mobilization campaigns on cholera transmission and prevention measures. 45 Community Health workers will be recruited, trained, and charged with conducting hygiene promotion activities to ensure all sections of the target vulnerable settlements and communities are aware of priority hygiene practices that create the greatest risk to health and are able to change them. The key hygiene messages to be shared during the sessions and house-to-house visits will include means of preventing Cholera, especially personal hygiene and public health; such as using of safe drinking water, safe disposal of human excreta, and the washing of hands with soap at the five critical times and will be delivered with the aid of contextualized IEC materials in Somali language. In total, this activity will reach 32,000 people (including 5968 women, 10960 girls, 4545 men, and 10527 boys).

Output 2.2

Description

Information, Education, and Communication (IEC) materials produced and disseminated

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	Health	Health awareness, social mobilization, education and advocacy activities on MHPSS, disabilities Infection Prevention and Control (IPC) • Provider and patient safety (e.g. PPE, triage, hand-washing) • Environmental health	4,545	5,968	10,527	10,960	32,000

Means of Verification : <p>Photos</p>

Activities

Activity 2.2.1

Standard Activity : Mobile health (e.g. IERT) services

Trocaire will produce contextualized Information, Education and Communication (IEC) materials; prepared in the local language with visual messages, that adequately communicate key messaging relating to the transmission of AWD, and prevention and mitigation measures. Trocaire will procure 5000 posters which will be fixed in strategic locations (health facilities, CTCs, ORPs, outreach sites) and used during sensitization campaigns.

Outcome 3

Strengthened disease surveillance and response capacity

Output 3.1

Description

Laboratory staff trained on proper handling and testing of different types of cholera samples

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Health	# Health care staff trained	16	4	0	0	20

Means of Verification : <p>Training reports</p>

Activities

Activity 3.1.1

Standard Activity : # Health care staff trained

20 (4F, 16M) laboratory staff will be trained on proper handling and testing of different cholera samples , proper sample collections, handling, storage and transportation to facilitate timely detection and response.

Output 3.2

Description

Community-based surveillance established

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.2.1	Health	Health awareness, social mobilization, education and advocacy activities on MHPSS, disabilities Infection Prevention and Control (IPC) • Provider and patient safety (e.g. PPE, triage, hand-washing) • Environmental health	23	22	0	0	45

Means of Verification : <p>Training reports</p><p>Surveillance reports</p>

Activities

Activity 3.2.1

Standard Activity : Mobile health (e.g. IERT) services

Trocaire will establish community-based surveillance through community health workers who will have been trained on MOH and WHO standard case definitions for AWD/Cholera, and common danger signs for timely detection of cases and referral support will undertake the community-based surveillance as part of early warning system.

Output 3.3

Description

Joint monitoring of CTCs and ORPs conducted

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.3.1	Health	Project Monitoring					6

Means of Verification : <p>Monitoring visit reports</p>

Activities

Activity 3.3.1

Standard Activity : Project Monitoring

Trocaire will hold 2 Quarterly joint monitoring of CTCs and ORPs to ensure quality of services as part of its commitment to accountability to affected populations, to take stock of the project progress and receive feedback from the beneficiaries to inform possible adaptation of activities. The stakeholders will include representation from the District Health Board, and local authorities. In total, two visits will be held at each CTC (1 visit per quarter) will be done by five persons (2 representative of the regional MoH, 2 from the district MoH, and 1 from the DHB) who will monitor the quality of ongoing service and the existing gaps as well as the common challenges faced at the sites. The team will also provide recommendations for improvement where necessary. The findings and recommendations of these visits will inform part of the agenda for the pause and reflect meetings.

Additional Targets :

M & R

Monitoring & Reporting plan

Trocaire will deploy a robust MEAL system for tracking project progress. The MEAL tools that will be used to collect data are the Indicator Performance Tracking Table for tracking monthly progress and the Results Framework end of grant reporting. The development of these tools will be guided by the logical framework and MEAL plan. Data collection will be an ongoing process as all the project activities' progress will need to be recorded, while exit client satisfaction interviews report findings will be done at the end of the grant. On the other hand, joint monitoring will be conducted monthly in all three districts. Monthly progress and the end-of-project report will be shared with the partners. At the same time, regular monthly engagement with the health cluster will be conducted to share the response experiences and for cross-learning. Finally, the progress and achievement made over time will be shared with community members and people supported.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1:</p> <p>The action will construct/renovate 3 Cholera Treatment Centers in Dollow, Luuq and Belet Xaawo to meet required standards recommended by MOH and WHO. CTC standards to save lives and prevent further mortality resulting from AWD/cholera outbreak. Trocaire in coordination with MOH will engage respective districts administration in Doolow and Belet Xaawo to allocate appropriate sites for the CTCs establishment since the current CTC in Belet Xaawo is a rented private building and Dollow CTC located in the district administration court building; therefore investing and renovating for these facilities will not be sustainable for future use as CTC. Trocaire in coordination with MOH and local authority will identify appropriate site for CTCs renovated in Dollow and Belet Xaawo. In Luuq district, the public land has already been allocated by the district administration and Trocaire through the proposed fund will rehabilitate the same CTC site that is currently in use. The key rehabilitation works to be done will include renovation of the CTCs physical structures, fencing, setting standard CTC layout; separating triage, observation area, setting footpaths with chlorine solution ,treatment area for the patient and safe areas for the staff and kitchen. While renovating the CTCs, Trocaire will consider the accessibility need of persons with physical impairment. Trocaire will also closely coordinate with WASH actors in the respective project locations for synergy and complementarity in the CTCs.</p>	1												

<p>Activity 1.2.1:</p> <p>Trocaire will facilitate one training session in each of the three project districts on cholera case detection, management and IPC, proper handling and transportation of the cholera samples, and community-based surveillance. 135 (81m, 54f) health workers will be recruited and trained. 36 health workers (24 nurses, 3 doctors, 6 auxiliary nurses and 3 CTC managers) will be trained on case management and IPC, 20 laboratory technicians trained on sample handling and transportation, 45 Community Health Workers (CHWs) on community-based surveillance, and 34 contact tracing/decontamination staff on risk communication and community engagement (RCCE). 10 of the contact training staff will be drawn from existing staff (CHWs and Hygiene). Other supportive staff (24) including cleaners, laundry workers, cooks and guards will be oriented on infection prevention and control to provide additional capacity to the CTCs. Trocaire will work with the MoH and other partners to cascade the infection prevention and control training to lower cadres of the volunteers like CHWs and hygiene promoters supported by different partners through on job training by trained facilitators. The on-job training will cover sub-topics such as triage, environmental cleaning and disinfection, preparation of various disinfection solutions, waste segregation, handling of hazardous wastes and soiled materials, personal protective equipment usage, waste disposal including handling of dead bodies and interment procedures. The training contents are all aligned to WHO infection prevention and control guidelines.</p>	1												
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Activity 1.3.1:

1

Provide timely and quality case management for cholera affected patients including Infection Prevention and Control.

The action will provide comprehensive and integrated curative services to the patients brought to the CTCs and ORPs to ensure that timely and quality care provision to the cholera affected patients in hotspot areas in the three districts of Belet Xaawo, Doolow and Luuq. The routine services provided will include inpatient care for severe cases admitted in the CTCs, community based management at the ORPs with ORal Rehydration Salts (ORS) for moderately dehydrated cases and referral of the severe cases to CTCs by facilitating transport for patients and their caregivers, targeted awareness and sensitization aimed at preventing further spread of AWD/ Cholera disease, Pre-screening and surveillance at the targeted IDPs/host communities and health facilities, isolation and referral of suspect cases to the Cholera Treatment Centres (CTCs). The project targets to treat patients 13500 patients (2518 women, 4624 girls, 1917 men and 4441 boys). Trocaire will closely coordinate with WASH partners and MOH to strengthen community-based responses to effective control.

<p>Activity 1.4.1:</p> <p>The action will establish 12 Oral Rehydration Points (ORPs) in the periphery and strategic locations including outreach sites (waiting shades) in the highly populated IDPs and host community locations that are far from the CTCs and primary health units to enable populations access for treatment for moderately dehydrated cases using ORS, provision pre-referral treatment with ORS and referral support to the CTCs and provision of risk communication and community engagement by the CHWs. Each ORP will be connected to the CTCs and will be assigned a minimum of 3 CHWs with supervision and oversight support from 1 nurse based in the main CTC.</p>	1												
<p>Activity 1.5.1:</p> <p>Trocaire will procure and provide essential medical supplies, consumables and equipment required for cholera case management. The items will include medical supplies/pharmaceuticals like oral rehydration salts (ORS), IV fluids and antibiotics, cholera and other non-medical equipment like patient vital signs monitors, and PPEs, and other cleaning equipment necessary for running CTCs. The medical supplies/pharmaceuticals and non-medical equipment will be procured from Nairobi and shipped to Belet Hawa, Dollow and Luuq since these items are not available within Somalia. To ensure that health workers are protected against contracting the cholera infection while on duty, Trocaire will provide personal protective equipment (PPEs) for frontline staff involved in the response activities. The Trocaire HQ bulk procurement system shall back up procurement in case of any shortfalls locally. The PPE kit will include Surgical and N-95 masks, protective gowns, shoe covers, gloves and rubber boots. Prior to the issuance, the staff will be sensitized on the correct usage and disposal of each of the items.</p>	1												

<p>Activity 1.6.1:</p> <p>Trocaire will facilitate referral support for the severely dehydrated patients in the IDPs and host communities to save lives and minimize mortalities. Trocaire will contract 3 ambulances that will be on standby, and the drivers' numbers will be posted at the strategic points like CTCs, health facilities, marketplace etc so that communities, CHWs and contact tracing teams can reach them when in need of referral support for emergency cases in their respective communities. The 45 CHWs will be trained on community-based case management, surveillance and referral support provision for severely dehydrated cases and will be closely attached to the CTCs and ORPs.</p>	1												
<p>Activity 2.1.1:</p> <p>Trocaire will conduct mass community hygiene promotion and mobilization campaigns on cholera transmission and prevention measures. 45 Community Health workers will be recruited, trained, and charged with conducting hygiene promotion activities to ensure all sections of the target vulnerable settlements and communities are aware of priority hygiene practices that create the greatest risk to health and are able to change them. The key hygiene messages to be shared during the sessions and house-to-house visits will include means of preventing Cholera, especially personal hygiene and public health; such as using of safe drinking water, safe disposal of human excreta, and the washing of hands with soap at the five critical times and will be delivered with the aid of contextualized IEC materials in Somali language. In total, this activity will reach 32,000 people (including 5968 women, 10960 girls, 4545 men, and 10527 boys).</p>	1												
<p>Activity 2.2.1:</p> <p>Trocaire will produce contextualized Information, Education and Communication (IEC) materials; prepared in the local language with visual messages, that adequately communicate key messaging relating to the transmission of AWD, and prevention and mitigation measures. Trocaire will procure 5000 posters which will be fixed in strategic locations (health facilities, CTCs, ORPs, outreach sites) and used during sensitization campaigns.</p>	1												
<p>Activity 3.1.1:</p> <p>20 (4F, 16M) laboratory staff will be trained on proper handling and testing of different cholera samples , proper sample collections, handling, storage and transportation to facilitate timely detection and response.</p>	1												

<p>Activity 3.2.1:</p> <p>Trocaire will establish community-based surveillance through community health workers who will have been trained on MOH and WHO standard case definitions for AWD/Cholera, and common danger signs for timely detection of cases and referral support will undertake the community-based surveillance as part of early warning system.</p>	1												
<p>Activity 3.3.1:</p> <p>Trocaire will hold 2 Quarterly joint monitoring of CTCs and ORPs to ensure quality of services as part of its commitment to accountability to affected populations, to take stock of the project progress and receive feedback from the beneficiaries to inform possible adaptation of activities. The stakeholders will include representation from the District Health Board, and local authorities. In total, two visits will be held at each CTC (1 visit per quarter) will be done by five persons (2 representative of the regional MoH, 2 from the district MoH, and 1 from the DHB) who will monitor the quality of ongoing service and the existing gaps as well as the common challenges faced at the sites. The team will also provide recommendations for improvement where necessary. The findings and recommendations of these visits will inform part of the agenda for the pause and reflect meetings.</p>	1												

OTHER INFO

Accountability to Affected Populations

In line with the IASC's commitments on accountability towards people, Stakeholder Accountability Framework (Annex F) involves affected people in each project phase, based on lessons learned, evolving needs and contextual changes. The project will be launched and implemented in collaboration with the beneficiaries to ensure access, mutual understanding, and buy-in. Community sensitization, awareness-raising, and information sessions will be pivotal to this action, and participatory consultation and feedback mechanisms will be used to instigate two-way communication, and enhance transparency, accountability, relevance, and effectiveness. The action will integrate measures to avert unintended consequences and risk of harm to participants, including regular updating of a risk register, with detailed mitigation measures, and 'Do No Harm approaches' that ensure monitoring and evaluation, reflection and learning events, consider the views of the people and communities we work with.

Implementation Plan

Trócaire is composed of a prolific and cohesive team that is dedicated to the delivery of the highest quality of services to the most vulnerable populations in Gedo. The intervention falls within the scope of current operations, which is well-defined and aligned to existing interventions. Considering the scope of the work, the urgency of the situation, and the nature of the demand, this programme will utilize existing organizational capacity and policies and recruit surge capacity to ensure that services are delivered at highest possible standards. The procurement of supplies will be managed from the Regional Support Office in Nairobi and shipped to the central warehouse in Beled Xaawo for onward distribution to the project location: This action has made provisions for a Field Procurement Officer who will oversee the delivery of these supplies. Contractual services (such as referral ambulance, car hire for supervision) will be tied to the life-cycle of this action.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

Trocaire Somalia has a full-time Protection Coordinator who manages the Protection standalone projects while ensuring protection mainstreaming across sectors. The role ensures gender, minority, GBV risk reduction and mitigation and other protection mainstreaming aspects are included at the design and implementation projects. Some of the key protection mainstreaming strategies to enhance safety, dignity, meaningful access, and participation (that will be) incorporated in this project include:

1. Promoting safety and dignity through risk monitoring; staff will receive sensitization sessions on Trocaire code of conduct and PSEA policies, Information sharing with community members on services, expected code of conduct and how to share feedback.
2. Promoting equal and impartial access by ensuring reasonable accommodation measures are in place to facilitate meaningful access by persons with disabilities, ensure meaningful engagements of persons from minority communities and ensure equitable male and female staff recruitment.
3. Support for self-protection by encouraging women's meaningful participation emphasize women's and persons with disabilities active involvement by encouraging their meaningful participation in village Health committees, and other decision-making platforms. Due considerations will be put in place in setting up meeting times and venues. The action will provide a platform for self-advocacy on protection issues that affect marginalized people.

Country Specific Information

Safety and Security

Access

Trocaire's longstanding presence in Gedo region is grounded in community acceptance and participation, and geared towards long-term development through strengthening local governance and government systems, which has greatly reduced security risks associated with programming. Currently, Trocaire has field offices in Garbaharey, Beled Xaawo, Dollow, Burdhubo, and Luuq districts, with over 55 staff working in partnership with the MoH, DHBs, MoH, and CECs. Trocaire provides extensive outreach services to rural communities, the Riverine community (who have been historically marginalized), IDP populations, and urban communities in the five districts through these local governance structures. The programme is assisted by staff based in the Nairobi's Regional Support Office and a liaison officer in Mogadishu, facilitating engagement with the Somali Federal Government.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Health Program Manager	D	1	4,007.50	6	25.00	6,011.25
	<i>The Health Program Manager based in Gedo will oversee the overall implementation of the Health project. LoE of 25% will be dedicated to this project at a unit cost is USD 4,007.50 over the 6-month period.</i>						
1.2	Nurse Coordinator	D	1	2,673.00	6	35.00	5,613.30
	<i>The Nursing coordinator based in Gedo will oversee the improvement of nursing care through on-job-training of nurses and midwives, support with patient documentation, oversee implementation of IPC activities, and conduct formal training. LoE of 35% will be dedicated to this project at a unit cost of \$2,763 over the 6-month period</i>						
1.3	Deputy Country Director: Head of Programmes	D	1	5,693.00	6	20.00	6,831.60
	<i>The Deputy Country Director: Head of Programmes based in Gedo will be responsible for overall programmatic and staff management and will be involved in quality review of all reports, ensuring that the project activities are implemented as proposed. LoE of 20% of will be dedicated to this project at a unit cost of USD 5,793 per month over the 6-month period.</i>						
1.4	Programme Accountant	D	1	3,625.00	6	35.00	7,612.50
	<i>The Programme Accountant will ensure accurate and timely financial reporting; supporting the health project team by providing monthly budget versus actual reports, and supporting the audit process of this project. The unit cost is USD 3,625, whereby SHF will contribute 35% of the costs during the 6-month period.</i>						
1.5	Procurement Officer	D	1	2,442.70	6	30.00	4,396.86

	<i>The Procurement Officer based in Gedo will assist with the purchase and storage of supplies, as well as logistics and stock management services at the facilities. They will also receive and distribute all food supplies to the health facilities The unit cost is USD 2,442.70, whereby SHF will contribute 30% of the costs during the 6-month period.</i>						
1.6	Programme Support and Administration Officer	D	3	2,150.20	6	30.00	11,611.08
	<i>Three Programme Support and Admin Officers based in Belet Xaawo, Dollow, and Luuq districts will be responsible for preparing payments, maintaining cash, and ensuring that all transactions are fully supported, approved and properly filed. The average unit cost is USD 2150.2, whereby SHF will contribute 30% of the costs during the 6-month period.</i>						
1.7	DHB Coordinator	D	1	3,684.90	6	30.00	6,632.82
	<i>The DHB Coordinator based in Gedo will provide support to and engage with communities to build the relationship and get to know their concerns. LoE of 30% will be dedicated to this project at a unit cost of USD 3,584.90 per month over the 6-month period.</i>						
1.8	Medical doctors	D	3	1,100.00	6	100.00	19,800.00
	<i>The project will support 3 medical doctors (one for each district) at a monthly rate of 1500 USD each for 6 months. Each of the 3 CTCs will have a medical doctor that will take overall lead in case management and support at the CTC. The medical doctors will provide oversight for the nurses, auxiliary nurses, cleaners, CHWs and other staff involved in the response.</i>						
1.9	Clinical nurses	D	24	400.00	6	100.00	57,600.00
	<i>24 clinical nurses, 8 in each district will be recruited and incentivized at a rate of 400 USD per month to provide day to day care for the patient admitted in the CTCs. Nurses are the frontline staff in the CTCs and ORPs who conduct early screening, assessment, diagnosis/detection and admission of cholera at the CTCs. The nurses will work under the guidance of medical doctors and issue to the admitted patients the IV and oral cholera medical prescriptions recommended by doctors. They also conduct daily ward round with medical doctors and handle patients.</i>						
1.10	CTC Manger	D	3	600.00	6	100.00	10,800.00
	<i>3 CTC managers (1 in each district) will be recruited at a rate of 600 USD per month with LoE of 100% to provide the day-to-day administrative and operational support at the CTCs, strengthening quality service delivery to the patients, and ensuring that standard infection prevention and control (IPC) measures are maintained. The CTC managers will also conduct daily data quality checks to ensure the data clerks share quality and accurate line lists. The CTCs managers will also directly supervisor nurses, auxiliary nurses, cleaners and other CTC, develop duty rosters and monitor staff are execute their duties properly.</i>						
1.11	Auxilliary nurses	D	6	250.00	6	100.00	9,000.00
	<i>6 Auxiliary nurses (2 in each CTCs) will be deployed in the CTCs at a rate 250 USD per month for each staff to support medical nurses on supplies management and provision of care to the patients. The auxiliary will also closely work with CHWs and contact tracing/decontamination team in sensitizing community on cholera.</i>						
1.12	Contact Tracing and Decontamination Team	D	24	300.00	6	100.00	43,200.00
	<i>2 teams per district, each composed of 4 people (comprised of a hygiene promoter, SBCC personnel, and 2 public health officers) who will conduct contact tracing and decontamination. A total of 24 people will be recruited at a unit cost of USD 300 with LoE of 100% for the 6-month period.</i>						
1.13	Data clerks at the CTCs	D	6	450.00	6	100.00	16,200.00
	<i>6 Data clerks (2 in each CTC) will be recruited at a monthly rate of USD 450 with LoE of 100% for a 6-month period. The main role of the data clerks will be CTC data management which includes updating and submitting cholera line lists on a daily basis. The data clerks will work in shifts: 1 during the day and the other at night to ensure all patients admitted in the CTCs are well captured in the records.</i>						
1.14	Community Health Workers	D	45	150.00	6	100.00	40,500.00
	<i>The project will support 45 CHWs for a period 6 months at a rate of 150 per month with 100% LoE dedicated to strengthen community level cholera response interventions and enhance community-based surveillance. The CHWs selection will be 50% male and female and will be selected based on their literacy level. The routine services provided shall entail community awareness and sensitization aimed at preventing further spread of AWD/Cholera disease, Pre-screening and surveillance at the targeted IDPs/host communities and health facilities, isolation and referral of suspect cases to the Cholera Treatment Centres (CTCs).</i>						
1.15	Guards	D	6	150.00	6	100.00	5,400.00
	<i>2 guards will be recruited at each of the CTCs for 6 months at a rate of 150 USD with LoE of 100%. The guard will support in crowd control and enforcing infection prevention measures in the CTCs. They will also take care of supplies and physical structures in place.</i>						
1.16	Cleaners	D	6	150.00	6	100.00	5,400.00
	<i>2 cleaners will be placed in each CTC for a period of 6 months at a rate of 150 USD each to support infection prevention and control measures through regular cleaning.</i>						
1.17	Cooks for CTC	D	6	200.00	6	100.00	7,200.00
	<i>2 Cooks will be placed in each CTC for a period of 6 months at a rate of 200 USD each to provide food for the patients admitted in the CTC and their care givers .</i>						

1.18	Laundry workers for the CTCs	D	6	200.00	6	100.00	7,200.00
	<i>2 laundry workers will be placed at each CTC for a period of 6 months at a rate of 200 USD each to assist with laundry services for the patients admitted in the CTC and their care givers .</i>						
	Section Total						271,009.41
2. Supplies, Commodities, Materials							
2.1	Procurement of essential medical supplies, cholera kits and non medical equipment (targeting oral, IV rehydration fluids, medical consumables, PPEs an	D	1	177,899.46	1	100.00	177,899.46
	<i>The cost will cover the procurement of medical supplies to the supported the CTC centers and health facilities. A one-off procurement of supplies will be conducted, and the supplies will be stored and released from the central store in Belet Xaawo and be transported to Dollow and Luuq as required. The medical supplies are costed at USD 133,550 and SHF will cover 100% of the costs (See BOQ attached). (Activity 1.5.1)</i>						
2.2	Transport of Cholera medical and non-medical supplies from Nairobi to Beled Xawa	D	1	22,500.00	1	100.00	22,500.00
	<i>The cost will cover the transportation of medical supplies by road from Nairobi to the central store based in Belet Xaawo using a 20 feet container (see attached BOQ) (Activity 1.5.1)</i>						
2.3	Local transport of cholera treatment and other supplies within Gedo	D	1	4,500.00	1	100.00	4,500.00
	<i>The cost will cover the delivery of supplies from the main warehouse in Belet Xaawo to the respective CTCs. (Activity 1.5.1)</i>						
2.4	Support IPC through fumigation of patients' and contacts' homes.	D	3	3,000.00	1	100.00	9,000.00
	<i>This is to break, and control, the chains of transmission by engaging contact tracing teams to conduct disinfection at the point of infection to control spread of disease at the community-level. 20 spray tanks will be procured for each location (district), as a cost of 150 USD each. (Activity 1.3.1)</i>						
2.5	Printing and distribution of IEC materials at CTCs, ORPs, health facilities and strategic points	D	1	5,000.00	1	100.00	5,000.00
	<i>This cost will cover the designing, printing, and dissemination of IEC materials to sensitize communities on cholera prevention and control. 2000 pieces of posters/leaflets will be procured at a cost of 2.5 USD. (Activity 2.2.1)</i>						
2.6	Household and community level hygiene promotion/awareness.	D	3	600.00	6	100.00	10,800.00
	<i>This cost will cover risk communication and community engagement to sensitize the community on cholera transmission, and mitigation measures (hygiene promotion, IEC distribution). Te activity costing will include hiring of vehicles mounted with loud speakers, giving Cholera/AWD specific messaging. (BoQ annexed) (Activity 2.1.1)</i>						
2.7	Training of clinical staff Cholera on case management (case definition, diagnosis and management protocols)	D	3	1,588.00	1	100.00	4,764.00
	<i>This budget line will cover the costs for 3 training's (1 in each district), each lasting 3 days. The costs covered include hall hire, transportation allowance, lunch and refreshment for 36 participants, certificate printing, stationery and banner for 3 districts, costs for 1 facilitator per district, as well as per diem for DHO/DHB/Local authorities who will be in attendance (9 in total; 3 per district). (Activity 1.2.1)</i>						
2.8	Training laboratory staff on proper handling and testing of different types of cholera samples.	D	3	900.00	1	100.00	2,700.00
	<i>This budget line will cover the costs for 3 trainings (1 in each district), each lasting 3 days. The costs covered wil include hall hire, stationery and banners for each district, , refreshment, lunch, and transportation allowance and certificate printing for 20 laboratory staff, as well as per diem for DHO/DHB/Local authorities who will be in attendance (9 in total; 3 per district). (Activity 3.1.1)</i>						
2.9	Train CHWs on community-based surveillance	D	3	1,782.00	1	100.00	5,346.00
	<i>This budget line will cover the cost for 3 trainings (1 in each district), each lasting 3 days. The costs will include hall hire, stationery and banners, printing of certificates, transportation, refreshments, and lunch for 45 CHWs, as well as per diem and lunch for 9 DHB/DHO/Local Authorities who will be in attendance (3 in each district). (Activity 1.2.1)</i>						
2.10	Risk communication and community engagement for prevention of Communicable disease like AWD and cholera prevention.	D	3	1,815.00	1	100.00	5,445.00
	<i>This budget line will cover the cost for 3 trainings (1 in each district) each lasting 3 days. The costs covered include the training venue, transportation allowance as well as refreshment and lunch for 34 participants, stationery and banners for each location, certificate printing, travel cost for facilitator, as well as per diem and lunch for 9 DHB/DHO/Local authorities who will be in attendance (3 in each location). (Activity 1.2.1)</i>						
2.11	Running cost for CTCs	D	3	350.00	6	100.00	6,300.00
	<i>This covers CTCs running costs including electricity (at a rate of USD 150) and cleaning materials/stationery (at a rate of USD 200) per facility for 6 months. (Activity 1.1.1)</i>						
2.12	Regular joint monitoring of CTCs and ORS corners with MOH and partners to ensure quality of services.	D	3	1,020.00	2	100.00	6,120.00
	<i>Joint quarterly support supervision will be done in collaboration with the Ministry of Health through the District Health Office to measure impact, identify gaps, and provide on-the-spot capacity building and gather community feedback. 2 visits to each district CTC and each will take 5 days. (Activity 3.3.1)</i>						

2.13	Client Satisfaction - Exit Interviews	D	1	5,400.00	1	100.00	5,400.00
	<i>9 enumerators (3 in each district) will be hired to conduct Client Satisfaction - Exit Interviews in the 3 CTCs. The interviews will run for a duration of 20 days in each facility.. (Activity 3.3.1)</i>						
2.14	Warehouse cost	D	1	2,300.00	6	50.00	6,900.00
	<i>This line will cover costs for Trocaire's main warehouses based in Belet Xaawo and Doolow budgeted at 50% of total cost for 6 months at a rate of USD 2,300 per month (Activity 1.5.1)</i>						
2.15	Referral Ambulance	D	3	1,350.00	6	100.00	24,300.00
	<i>3 contractual emergency vehicle will be kept on standby (one in each district) to facilitate the transfer of critical patients to health facilities. (Activity 1.6.1)</i>						
	Section Total						296,974.46
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
4.1	Construction of the CTCs	D	3	45,000.00	1	100.00	135,000.00
	<i>This budget line will cover the construction costs for the CTCs (5 semi permanent structures per CTC with concrete floor slabs, iron-sheet and timber walling and roofing, and fencing of the CTC (chain-link).The structures will include 3 wards, a kitchen and laundry) at a unit cost of USD 45,000 per CTC. (Activity 1.1.1)</i>						
4.2	Establish ORPs/ORT corners at 12 communities and outreach sites	D	12	300.00	1	100.00	3,600.00
	<i>12 ORPs will be established and supported (4 in each district) to assist in timely rehydration and treatment of moderate dehydration. The ORPs/ORT corners will be furnished with tables, chairs, buckets, cups. (Activity 1.4.1)</i>						
	Section Total						138,600.00
5. Travel							
5.1	Flight costs	D	2	3,550.00	1	100.00	7,100.00
	<i>This budget line will cover UNHAS flights for monitoring the project and holding meetings with the DHB's. This will include 2 return tickets to Gedo at a unit cost USD 1,350 for the HoP; and internal flights for the HoP and 3 programme staff (Health and Nutrition Programme Manager, the Engineer, and MEAL personnel within Gedo, at a unit cost of 550 (return ticket). The team will visit the project locations (Doolow, Luuq, Belet Xaawo) twice. SHF will contribute 100% of this costs. (Activity 3.3.1)</i>						
5.2	Car hire for supervision	D	1	1,350.00	6	100.00	8,100.00
	<i>The programme vehicle will be charged at 100% to support day-to-day project implementation and monitoring and supervision by the project team in Beled Xaawo at 1350 per month for 6 months; at a total of USD 8,100. (Activity 1.3.1)</i>						
	Section Total						15,200.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Office rent	D	1	5,730.50	6	30.00	10,314.90
	<i>This covers office rent in Doolow, Luuq and Belet Xaawo. The offices will provide a conducive environment for staff and support the project activities, program review meetings, and other activities performed to fulfill the outcome of the action. The support cost allocated is 30% at unit cost of USD 5,730.50 for the 6 months period. (Activity 1.3.1)</i>						
7.2	Office utilities	D	1	4,891.59	6	30.00	8,804.86
	<i>This consists of water and electricity for Trocaire offices in Doolow, Luuq, and Belet Xaawo, at a rate of USD 4891.59 for 6 months at 30% LoE to give a total of USD 10,272.34. (Activity 1.3.1)</i>						
7.3	Office consumables and supplies	D	1	3,755.51	6	30.00	6,759.92

This will cover the cost of office supplies and stationery for the office that will be used by the project staff when printing documentation, training attendance sheets, financial documents, workplans, and reports, as well as office supplies. SHF will contribute 30% to the project at a unit cost of USD 3755.51 over a period of 6 months. (Activity 1.3.1)			
Section Total			25,879.68
SubTotal	198.00		747,663.55
Direct			747,663.55
Support			
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			52,336.45
Total Cost			800,000.00

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Somalia > Gedo > Belet Xaawo	70.00000	0	0	0	0		H: Activity 1.1.1: The action will construct/renovate ... H: Activity 1.2.1: Trocaire will procure ... H: Activity 1.6.1: Trocaire will facilitate referral s... H: Activity 2.1.1: Trocaire will conduct mass community hyg... H: Activity 2.2.1: Trocaire will pro... H: Activity 3.1.1: H: Activity 3.2.1: Trocaire will establish community-ba... H: Activity 3.3.1: Trocaire...

Somalia > Gedo > Doolow	15.00000	0	0	0	0	<p>H: Activity 1.1.1: The action will construct/renovate ... H: Activity 1.2.1:</p> <p>Trocaire will procure ... H: Activity 1.6.1:</p> <p>Trocaire will facilitate referral s... H: Activity 2.1.1:</p> <p>Trocaire will conduct mass community hyg... H: Activity 2.2.1:</p> <p>Trocaire will pro... H: Activity 3.1.1:</p> <p>H: Activity 3.2.1:</p> <p>Trocaire will establish community-ba... H: Activity 3.3.1:</p> <p>Trocaire...</p>
Somalia > Gedo > Luuq	15.00000	0	0	0	0	<p>H: Activity 1.1.1: The action will construct/renovate ... H: Activity 1.2.1:</p> <p>Trocaire will procure ... H: Activity 1.6.1:</p> <p>Trocaire will facilitate referral s... H: Activity 2.1.1:</p> <p>Trocaire will conduct mass community hyg... H: Activity 2.2.1:</p> <p>Trocaire will pro... H: Activity 3.1.1:</p> <p>H: Activity 3.2.1:</p> <p>Trocaire will establish community-ba... H: Activity 3.3.1:</p> <p>Trocaire...</p>

Documents	
Category Name	Document Description
Project Supporting Documents	Annex A - Line Listing Belet Xaawa CTC- 9th May 2023 JMOH.xlsx
Project Supporting Documents	Annex B - Line list Luuq CTC 9th May 2023-JMOH.xlsx
Project Supporting Documents	Annex C - Line List Dollow CTC - 9th May 2023.xlsx
Project Supporting Documents	Annex D_Flood report - Belet Xaawo.pdf

Project Supporting Documents	Annex Eii_Official land allocation certificate (warqada bixinta dhulka).pdf
Project Supporting Documents	Annex F_Trocaire Stakeholder Accountability Framework.pdf
Project Supporting Documents	Annex G_Trocaire Somalia FCHM SoP.docx
Project Supporting Documents	Annex H_BX Cholera surveillance report.xlsx
Project Supporting Documents	Annex J_Finalized Meeting Minutes. 3-April.docx
Project Supporting Documents	Annex L_Jamhuuriyadda Federaalka.pdf
Project Supporting Documents	Annex M_Trocaire Somalia Disability Inclusion Action Plan.pdf
Project Supporting Documents	Annex I_Draft Meeting Minutes-Luuq AWD -April 24 2023.docx
Project Supporting Documents	Annex E_Request for construction of CTC in newly allocated land.pdf
Budget Documents	B.1_BoQ for cholera medical and non medical supplies.xlsx
Budget Documents	B.5_BoQ for discharge kits.xlsx
Budget Documents	B.8_BoQ for cholera case management training.xlsx
Budget Documents	B.9_BoQ for Lab staff training.xlsx
Budget Documents	B.10_BoQ for CHWs training.xlsx
Budget Documents	B.11_BoQ for RCCE training.xlsx
Budget Documents	B.12_BoQ for CTC Running Costs.xlsx
Budget Documents	B.14_BoQ for Client Satisfactory Survey.xlsx
Budget Documents	D.1_BoQ for Rehabilitation of CTCs.xlsx
Budget Documents	B.1_BoQ for cholera medical and non medical supplies_revised.xlsx
Budget Documents	B.8_BoQ for cholera case management training_revised.xlsx
Budget Documents	B.9_BoQ for Lab staff training_revised.xlsx
Budget Documents	B.10_BoQ for CHWs training_revised.xlsx
Budget Documents	B.11_BoQ for RCCE training_revised.xlsx
Budget Documents	B.12_BoQ for joint supervision visits.xlsx
Budget Documents	B.14_BoQ for Exit Client Satisfactory Interview_revised.xlsx
Budget Documents	D.1_BoQ for construction work in CTCs_revised.xlsx
Budget Documents	E.1_BoQ for flight costs.xlsx
Budget Documents	CBPF-SOM-23-R-INGO-25209_Budget BOQ -22 05 23.xlsx
Grant Agreement	GA Trocaire 25209_HC signed.pdf
Grant Agreement	GA Trocaire 25209_HC_Trocaire_signed.pdf