Public disclosure is authorized after the signing

AGREEMENT
FOR DELIVERY OF OUTPUTS

Project Name	Somalia Crisis Recovery Project (SCRP**)**
Loan/Credit/Grant No.	IDA-D6300
Reference No.	SO-MOF-223678-NC-UN
UN Agency Reference No.	_____
Project Closing Date:	31 May 2024
Financing Agreement Closing Date:	30 September 2024

between

THE FEDERAL GOVERNMENT OF SOMALIA

and the

WORLD HEALTH ORGANIZATION (WHO) COUNTRY OFFICE FOR SOMALIA

Dated April 20, 2021

World Health Organization
Somalia

The Federal Government of Somalia

FORM OF AGREEMENT

THIS AGREEMENT (together with all Annexes hereto, this "Agreement") is entered into between **THE FEDERAL GOVERNMENT OF SOMALIA** by and through its **MINISTRY OF FINANCE** (the "Government"), and the **WORLD HEALTH ORGANIZATION**, an international inter-governmental organization established by the General Assembly of the United Nations by resolution No. 61 (1) of 14 December 1946 as a specialized agency of the United Nations, having its headquarters at Avenue Appia 21, 1211, Geneva, Switzerland ("WHO" or the "UN Partner", together with the Government, the "Parties" and each a "Party").

WHEREAS

A. WHO works with governments, civil society organizations and other partners worldwide to direct and coordinate international health, including for health systems; health through life-course; noncommunicable and communicable diseases; preparedness, surveillance and response; and corporate services. WHO and the Government collaborate together to develop health policies, strategies, and plans to meet national development targets within the context of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals, in accordance with the Basic Cooperation Agreement concluded between the Government and WHO (the "Basic Agreement").

B. The Government, working with its development partners, including WHO and the World Bank (the "Bank")[1], has developed and is implementing the Somalia Crisis Recovery Project (the "Project"). The Government will receive funds from the Bank (the "Financing") towards the cost of the Project pursuant to a legal agreement between the Government and the Bank for the Project (the "Financing Agreement").

C. As part of Project implementation, the Ministry of Finance, Federal Government of Somalia has asked WHO, and WHO has agreed, to deliver the outputs as set forth in **Annex I** to this Agreement (the "Outputs").

NOW, THEREFORE, the Parties agree as follows:

1. The Government intends to apply a portion of the proceeds of the Financing up to a total amount of **eight million, one hundred seventy-five thousand, one hundred twenty United States (US) dollars (US $8,175,120)** (the "Total Funding Ceiling") to eligible payments under this Agreement. The Total Funding Ceiling is the Parties' best estimate (as of the date of the signing of this Agreement) calculated in **Annex II** on the basis of the Outputs and the timeline agreed by the Parties in **Annex I**.

[1] References in this Agreement to the "World Bank" or "Bank" include both the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA).

2. This Agreement is signed and executed in the English language, and all communications, notices, modifications and amendments related to this Agreement shall be made in writing and in the same language.

3. This Agreement becomes effective on the date of its last signature (the "Effective Date").

4. All activities under this Agreement shall be fully completed and all expenses incurred by 31 May 2024 (the "Completion Date"). The Completion Date cannot exceed the Project Closing Date. WHO shall issue the final financial statement not later six (6 months after the Completion Date..

5. The Government designates **Mr Abdifatah Derie Ahmed, Director of National Institute of Health (NIH), Ministry of Health**, and **Mr Ali Haji Adan, Project Coordinator, SCRP** and the WHO designates **Dr. Mamunur Malik, WHO Representative and Head of Mission to Somalia** as their respective authorized representatives for the purpose of coordination of activities under this Agreement. The contact information for the authorized representatives is as follows:

    a. ***Government Representative:***
    Ali Haji Adan
    Project Coordinator, SCRP
    Ministry of Finance
    Federal Government of Somalia
    E-mail: alihaji.scrp@gmail.com

    Abdifatah Dirie Ahmed
    Director of National Institute of Health (NIH)
    Ministry of Health
    Federal Government of Somalia
    E-mail: director@nih.gov.so

    b. WHO Representative:

    Dr. Mamunur Malik
    Representative and Head of Mission to Somalia
    WHO Country Office for Somalia
    Chelsea Village
    Aden Adde International Airport
    Mogadishu, Somalia
    Telephone: +252-619-235-467
    E-mail: *malikm@who.int* & *emacosomwr@who.int*

6. For the Project coordination purposes, the Bank's staff contact information is as follows:

    a. World Bank Task Team Leader:
    Ayaz Parvez
    Senior Disaster Risk Management Specialist
    Phone: +12024739804
    Email: aparvez@worldbank.org

7. This Agreement shall be interpreted in a manner that ensures it is consistent with the provisions of the Basic Agreement and the provisions of the 1946 Convention on the Privileges and Immunities of the United Nations (the "General Convention").

8. Nothing contained in or relating to this Agreement shall be deemed a waiver, express or implied, of any of the privileges and immunities of the United Nations, including WHO, under the General Convention, the Basic Agreement, or otherwise.

9. The Government confirms that no official of the WHO has received or will be offered by the Government any benefit arising from this Agreement. WHO confirms the same to the Government. The Parties agree that any breach of this provision is a breach of an essential term of this Agreement.

10. The following documents form an integral part of this Agreement:

    (a) General Conditions of Agreement

    (b) Annexes:

    Annex I: Outputs and Work Plan
    Annex II: Total Funding Ceiling and Payment Schedule
    Annex III: Reporting Requirements
    Annex IV: Counterpart Staff, Services, Facilities and Property to Be Provided by the Government
    Annex V: WHO Full Cost Recovery
    Annex VI: Environmental and Social Standards

11. WHO's payment details are provided in the Payment Schedule in **Annex II**.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement.

MINISTRY OF FINANCE, FEDERAL GOVERNMENT OF SOMALIA REPRESENTED BY	**WORLD HEALTH ORGANIZATION**
By:	**By**:
Name: Dr. Abdirahman [illegible]	**Name**: Dr. Mamunur Malik
Title: Minister of Finance	**Title**: WHO Representative and Head of Mission to Somalia
Date: 26/04/2021	**Date:** 21/04/2021

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GENERAL CONDITIONS OF AGREEMENT

DEFINITIONS

1. Unless expressly indicated otherwise, the following terms whenever used in this Agreement have the following meaning:

   (a) "Staff" means an individual who holds a letter of appointment with the UN Partner or is on loan to the UN Partner by another UN organization or specialized agency under the terms of the *Inter-organization Agreement Concerning Transfer, Secondment or Loan of Staff among the Organizations Applying the United Nations Common System of Salaries and Allowances*, it being understood that Staff have the status of "officials" under the General Convention;

   (b) "Consultant" means an individual other than a Staff who has signed an individual service or consultant agreement with the UN Partner, it being understood that Consultants have the status of "experts on mission" under the General Convention;

   (c) "Contractor" means a legal entity which has concluded a commercial or corporate contract with the UN Partner. When applicable, the term includes "implementing partners" or "partner organizations" as defined and used in the UN Partner's regulations, rules, policies and procedures;

   (d) "Day" means business day, unless otherwise stated;

   (e) "Delivery of Outputs" or "Deliver the Outputs" refers to the UN Partner's obligation to use a range of inputs, such as goods (including equipment, materials, and supplies), works, consulting and non-consulting services, and training in order to deliver the Outputs that contribute to the Project's development objectives as set out in **Annex I**;

   (f) "Direct Costs" means the actual cost of the UN Partner that can be directly traced to the deliverables set forth in **Annex I**; and

   (g) "Indirect Costs" means costs incurred by the UN Partner as a function of and in support of this Agreement, which cannot be traced unequivocally to the activities and deliverables as described in **Annex I.** The rate applicable to this Agreement is stated in **Annex V**.

SCOPE AND GENERAL OBLIGATIONS OF THE PARTIES

2. The UN Partner agrees to:

   (a) deliver the Outputs within the scope and in accordance with the timetable and such level of required inputs (the "Work Plan") as detailed in **Annex I**; and

(b) keep the Government informed on the progress of the activities towards the Delivery of the Outputs by timely submission of the progress reports in accordance with the reporting requirements and with frequency set out in **Annex III** (the "Progress Reports").

3. The Government agrees to:

(a) make timely and complete payments to the UN Partner of all amounts (either directly or by authorizing the Bank to pay on the Government's behalf) due under this Agreement and within the Total Funding Ceiling and in accordance with the payment schedule set out in **Annex II** (the "Payment Schedule"); and

(b) provide all required support in connection with the UN Partner's obligations under this Agreement, including: obtaining or assisting with obtaining all permits, licenses, import approvals, and other official approvals related to any goods (including equipment, materials and supplies); taking all necessary actions to ensure and facilitate that Work Plan activities may at all times be conducted freely, expeditiously and without limitations or restrictions; providing access to the site of work and all necessary rights of way; and generally cooperating as provided under the terms of the Basic Agreement, in a timely and expeditious manner.

4. The Parties acknowledge the Government's commitment to the successful implementation of this Agreement and to that end the Government will provide qualified staff and other required inputs as agreed by the Parties in **Annex IV**.

5. The Parties acknowledge that the level of required inputs and the Work Plan may need to be adjusted, with the agreement of both Parties, during the course of the implementation of this Agreement to achieve the agreed Outputs.

TOTAL FUNDING CEILING AND PAYMENTS

6. Calculations of the Total Funding Ceiling are provided in **Annex II**. The Total Funding Ceiling includes both Direct Costs and Indirect Costs of the UN Partner explained in **Annex V**.

7. Cumulative disbursements under this Agreement shall not exceed the Total Funding Ceiling unless it is revised through a written amendment approved by the Bank in response to the Government's request. The Government confirms to the UN Partner that the Government's disbursements under this Agreement are, in all respect, consistent with the terms and conditions of the Financing Agreement, and no party other than the Government shall derive any rights from the Financing Agreement or have any claim to the Financing proceeds.

8. The payments to the UN Partner under this Agreement shall be made in accordance with the Payment Schedule.

9. The Government will make the payments (either directly or by authorizing the Bank to pay on the Government's behalf) to the UN Partner account, by wire transfer against the documents set out in the Payment Schedule. All payments will be made in United States dollars.

10. The UN Partner will receive and administer the funds received under this Agreement in accordance with the UN Partner's regulations, rules, policies and procedures. Any interest derived by the UN Partner from the funds received under this Agreement will be dealt with in accordance with the UN Partner's regulations, rules, policies and procedures.

11. The UN Partner will maintain a separate identifiable fund code (ledger account or "Account") to which all UN Partner's receipts and disbursements for the purposes of this Agreement will be recorded. The ledger account shall be subject exclusively to the UN Partner's internal and external audit in accordance with the UN Partner's financial regulations and rules. The Parties acknowledge that the UN Partner's financial books and records are routinely audited in accordance with the internal and external auditing procedures laid down in the UN Partner's financial regulations and rules, and that the external auditors of the UN Partner are appointed by and report to the UN Partner's policymaking organ. Throughout the term of this Agreement, the UN Partner will ensure that its audited accounts and the External Auditors' Report are posted on its website within ten (10) days of their becoming public documents by reason of being presented to the UN Partner's policymaking organ.

12. In the event that the final financial statement to be provided under **Annex III** (the "Final Financial Statement") indicates a balance of funds in favor of the Government, the Government will consult with the Bank and provide relevant payment instructions to the UN Partner to process the refund. The UN Partner shall transfer the refund within thirty (30) calendar days of its receipt of the payment instructions.

13. The UN Partner shall not be required to commence or continue any activities until the UN Partner has received the payments due in accordance with the Payment Schedule.

TERMS OF DELIVERY OF OUTPUTS

14. ***Standard of performance.*** The UN Partner will carry out its obligations under this Agreement with all due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices, and shall observe sound management practices.

15. ***Procurement of inputs.*** All inputs required for the Delivery of Outputs will be undertaken in accordance with the terms of this Agreement and the UN Partner's regulations, rules, policies and procedures. Any delegation or assignment of such procurement to another UN organization shall be disclosed in **Annex II.** The UN Partner is responsible for the importation, including customs clearance, of any inputs required for the Delivery of Outputs under this Agreement, unless otherwise agreed by both Parties in writing. (In this connection, the Parties recall that in accordance with

the relevant provisions of the General Convention and the Basic Agreement, such imports shall be, *inter alia*, exempt from any customs duties and subject to prompt release from customs).

16. ***Pharmaceuticals and other health commodities required as inputs***:

    (a) Pharmaceuticals and other health supplies purchased under this Agreement shall be procured pursuant to the UN Partner's standard contracting and quality assurance policies and procedures. Where applicable, such contracts shall specify that the pharmaceuticals and other health supplies are manufactured in accordance with *Good Manufacturing Practice* as established by the World Health Organization ("WHO"), and that upon dispatch by the UN Partner's supplier, such pharmaceuticals and other health supplies shall have a shelf life as agreed by the Parties; and

    (b) Pharmaceuticals and other health supplies procured under this Agreement will be accompanied by the required documentation in accordance with the purchase order (e.g. Certificate of Analysis, Certificate of Origin, Official Batch Release Certificate, as the case might be).

    (c) The waste disposal of pharmaceuticals and other health supplies shall be guided by the WHO document "*Safe Management of Wastes from Health-care Activities."*

17. ***Environmental Management****:* The UN Partner shall, while delivering the Outputs, act in accordance with the UN Partner's regulations, rules, policies and procedures to ensure that all activities under this Agreement are, to the extent possible, implemented in an environmentally responsible and sustainable manner.

18. ***Transfers to Cash Recipients:*** insofar as the scope of work set out in **Annex I** includes cash transfer activities or cash payments to individuals (other than payment of remuneration, per diem, compensation or fees for services rendered), the following shall be detailed in **Annex I**:

    (a) Requirements for the cash transfer activities and how these are carried out, including fiduciary oversight and risk prevention, mitigation and management, including as applicable with regard to the selection, supervision and audit of paying agents or implementing partners;

19. ***Use of inputs.*** The UN Partner shall use procured inputs only for the purpose of Delivering the Outputs set out in **Annex I**.

20. The UN Partner is responsible for engaging qualified Staff, Consultants and Contractors as, in the UN Partner's judgment, are required to successfully Deliver the Outputs.

21. The UN Partner shall remain fully responsible for the Delivery of Outputs. The hiring and contracting of any Staff, Consultants or Contractors by the UN Partner in connection with this Agreement shall be done according to the UN Partner's

established regulations, rules, policies and procedures, and bearing in mind the considerations and requirements of the Bank that are listed below:

(a) Prohibition of Conflicting Activities. The Staff, Consultants or Contractors shall not engage, either directly or indirectly, in any business or professional activities which could conflict with the activities performed under their respective contract with the UN Partner.

(b) Hiring Government Institutions or Government Officials. The UN Partner shall not engage or hire any official or civil servant of the Government's country as a Consultant or a Government institution or any Government-owned enterprise as a Contractor under this Agreement, unless it has been established by the Government to the Bank's satisfaction that such hiring or contracting meets the Bank's eligibility requirements under the procurement rules set forth in the Financing Agreement.

(c) Disqualification from Related Contracts under the Scope of this Agreement. The Parties note that during the term of this Agreement and after its Early Termination or Completion, the Government will disqualify Staff, Consultants or Contractors, and any party affiliated with any of them, from providing goods, works or services resulting from or directly related to their activities under this Agreement, if providing such goods, works or services would give rise to a conflict of interest situation as determined by the Bank in accordance with the Bank's applicable procurement rules.

22. If the Government becomes aware of information that any of the UN Partner's Staff or Consultants has engaged in a corrupt, fraudulent, collusive or coercive practice or reasonably concludes that the performance of any of the UN Partner's Staff or Consultants is unsatisfactory, then the Government shall promptly share the sufficiently detailed information with the UN Partner specifying the grounds therefore. If, after receiving the Government's written request, the UN Partner investigates the alleged corrupt, fraudulent, collusive or coercive practice or reviews the alleged unsatisfactory performance and concludes that the corrupt, fraudulent, collusive or coercive practice and/or the dissatisfaction with the performance of the UN Partner's Staff or Consultant justifies his/her replacement, the UN Partner will proceed with a replacement within the timeframe that is in line with the implementation schedule of this Agreement, subject to the UN Partner's regulations, rules, policies and procedures.

23. ***Transfer of ownership; Warranties.*** When relevant, the Parties shall agree on the timing and modality of the ownership transfer of any goods (including equipment, materials and supplies) and any manufactures' warranties as applicable. Any equipment made available to the UN Partner by the Government during this Agreement shall remain the property of the Government.

INTELLECTUAL PROPERTY AND PROPRIETARY RIGHTS

24. Each Party shall retain full and sole ownership of its preexisting copyright, patent rights and other proprietary rights. All copyright, patent rights and other proprietary rights in plans, drawings, specifications, designs, reports, other documents and discoveries developed or prepared by the UN Partner under this Agreement shall belong to the UN Partner. The UN Partner herewith grants to the Government a perpetual, non-revocable, royalty-free, transferable (including the right to sub-license), fully paid-up, non-exclusive license to copy, distribute and use any such copyright, patent rights and other proprietary rights.

INSURANCE

25. Throughout the term of this Agreement, the UN Partner will, unless self-insured against the following risks, ensure that insurance is maintained against: third-party liability and third-party motor vehicle liability; workmen's compensation or equivalent; and all-risk insurance against loss of or damage to equipment and materials purchased in whole or in part with funds provided under this Agreement until transferred to the Government.

26. In addition,

    (a) with regard to Staff, the UN Partner will ensure that Staff is enrolled in an appropriate health insurance plan, whether offered by the UN Partner or otherwise; is covered by compensation in the event of injury, sickness or death attributable to performance of official duties for the UN Partner; and is covered by insurance against death or disability caused by malicious acts;

(b) with regard to Consultants, the UN Partner will provide for compensation in respect of injury, sickness or death while performing official duties of the organization, and maintain malicious acts insurance;

27. The cost of such insurance is deemed included in the Total Funding Ceiling.

REPORTING

28. The UN Partner will keep accurate accounts and records in respect of the funds made available under this Agreement, in accordance with the UN Partner's financial regulations and rules and in such form and detail as will clearly identify all relevant charges and costs for corresponding deliverables.

29. The UN Partner will provide written Progress Reports to assist the Government in monitoring implementation progress of activities and deliverables towards the Delivery of Outputs, and the remaining balance under the Total Funding Ceiling. Reporting requirements, including frequency, are set out in **Annex III**.

30. Upon reasonable request from the Government and following consultations between the UN Partner and the Government, the UN Partner may, subject to the UN single

audit principle, furnish supplemental information or documentation to provide additional details.

FORCE MAJEURE

31. Either Party prevented by force majeure from fulfilling its obligations shall not be deemed in breach of such obligations. The said Party shall use all reasonable efforts to mitigate the consequences of force majeure. At the same time, the Parties shall consult with each other on modalities of further execution of the Agreement. Force majeure as used in this Agreement is defined as natural catastrophes such as but not limited to earthquakes, floods, cyclonic or volcanic activity; war (whether declared or not), invasion, act of foreign enemies, rebellion, terrorism, revolution, insurrection, military or usurped power, civil war, riot, commotion, disorder; ionizing radiation or contaminations by radioactivity; and other acts of a similar nature or force.

FRAUD AND CORRUPTION PREVENTION

32. In the event that the Government, the UN Partner or the Bank becomes aware of information that indicates the need for further scrutiny of the implementation of this Agreement or use of the funds provided by the Government pursuant to this Agreement (including non-frivolous allegations that indicate the possibility that corrupt, fraudulent, coercive or collusive practices may have occurred), the entity that has become aware of such information will promptly notify the other two.

33. In such case, this information will be brought promptly to the attention of the appropriate official or officials at the Government, the UN Partner and the Bank.

34. After consultation with the Government and the Bank, the UN Partner will, to the extent the information relates to actions within the authority or accountability of the UN Partner, take timely and appropriate action in accordance with its regulations, rules, policies and procedures, to investigate this information. The Parties agree and acknowledge that the UN Partner shall have no authority to investigate information relating to possible corrupt, fraudulent, coercive or collusive practices by Government officials or by officials or consultants of the Bank.

35. To the extent that such an investigation confirms corrupt, fraudulent, collusive or coercive practices have occurred and to the extent that remedial action is within the authority of the UN Partner, the UN Partner will take timely and appropriate action in response to the findings of such an investigation, in accordance with its accountability and oversight framework and established procedures, including its regulations, rules, policies and procedures.

36. To the extent consistent with the UN Partner's accountability and oversight framework, including its regulations, rules, policies and procedures, the UN Partner will keep the Government and the Bank regularly informed by agreed means of actions taken, and the results of the implementation of such actions, including where relevant, details of any recovered amounts. Such recovered amounts, if any, shall be applied in the

calculation of the final balances in the budget code (Account), or if such amounts are recovered after the date of the calculation and transfer of such final balances, the Government will consult with the Bank and provide payment instructions to the UN Partner with respect to such amounts.

37. For the purposes of this Agreement, the following definitions shall apply:

    (i) "corrupt practice" is the offering, giving, receiving or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;

    (ii) "fraudulent practice" is any act or omission, including misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain financial or other benefit or to avoid an obligation;

    (iii) "collusive practice" is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party;

    (iv) "coercive practice" is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party.

38. In the event that the Government or the Bank reasonably believes that the UN Partner has not complied with the requirements of this section, the Government or the Bank may request direct consultations at a senior level between the Bank, the Government and the UN Partner in order to obtain assurances, in a manner consistent with the UN Partner's oversight and accountability framework and respecting appropriate confidentiality, that the UN Partner's oversight and accountability mechanisms have been or will be fully applied. Such direct consultations may result in an understanding between the Government, the Bank, and the UN Partner, on any further actions to be taken and the timeframe for such actions. The Parties take note of the relevant provisions in the regulations, rules, policies and procedures of the UN Partner.

39. The Parties agree and acknowledge that nothing in this section shall be deemed to waive or otherwise limit any right or authority of the Bank or any other entity of the World Bank Group under the Financing Agreement or otherwise, to investigate allegations or other information relating to possible corrupt, fraudulent, coercive, collusive or obstructive practices by any third party, or to sanction or take remedial action against any such party which the World Bank Group has determined to have engaged in such practices; provided however that in this section, "third party" does not include the UN Partner. To the extent consistent with the UN Partner's oversight framework, including regulations, rules, policies and procedures, and if requested by the Bank, the UN Partner shall cooperate with the Bank or such other entity in the conduct of such investigations.

40. (a) The UN Partner requires any party with which it has a long-term arrangement or to which it intends to issue a purchase order or a contract in connection with this Agreement to disclose to the UN Partner whether it is subject to any sanction[2] or temporary suspension imposed by any organization within the World Bank Group. The UN Partner will give due regard to such sanctions and temporary suspensions, as disclosed to it when issuing contracts in connection with the Delivery of Outputs under this Agreement.

(b) If the UN Partner intends to issue a contract in connection with the provision of any of the activities under this Agreement with a party which has disclosed to the UN Partner that it is under sanction or temporary suspension by the World Bank Group, the following procedure will apply: (i) the UN Partner will so inform the Government, with a copy to the Bank, before signing such contract; (ii) the Government and the Bank then may request direct consultations at a senior level, if required, between the Bank, the Government and the UN Partner to discuss the UN Partner's decision; and (iii) if after such consultation, the UN Partner elects to proceed with the issuance of the contract, the Bank may inform the UN Partner by notice, with a copy to the Government, that the proceeds of the Financing may not be used to fund such contract.

(c) Any funds received by the UN Partner under this Agreement that were to be used to fund a contract in respect of which the Bank has exercised its rights under paragraph 40(b)(iii) shall be used to defray the amounts requested by the UN Partner in any subsequent Payment Request, if any, or will be treated as a balance in favor of the Government in the calculation of the final balances upon Completion or Early Termination of this Agreement.

[2] www.worldbank.org/debarr

SETTLEMENT OF DISPUTES BETWEEN THE PARTIES

41. This Agreement shall be governed by general principles of international law, which shall be deemed to include the *UNIDROIT General Principles of International Commercial Contracts* (2010). Any dispute, controversy or claim arising out of or relating to this Agreement shall be resolved in accordance with the relevant provisions of the Basic Agreement or, failing such provision, if not settled by negotiation or other agreed mode of settlement, shall be submitted to arbitration at the request of either Party. Each Party shall appoint one arbitrator, and the two arbitrators so appointed shall appoint a third, who shall be the chairman. If within thirty (30) days of the request for arbitration either Party has not appointed an arbitrator or if within fifteen (15) days of the appointment of two arbitrators the third arbitrator has not been appointed, either Party may request the President of the International Court of Justice to appoint an arbitrator. The procedure of the arbitration shall be fixed by the arbitrators, and the expenses of the arbitration shall be borne by the Parties as assessed by the arbitrators. The arbitral award shall contain a statement of the reasons on which it is based and shall be accepted by the Parties as the final adjudication of the dispute.

EARLY TERMINATION

42. This Agreement may be terminated prior to the Completion Date ("Early Termination") by either Party upon thirty (30) calendar days' written notice to the other in the following circumstances:

    (a) The UN Partner is unable to perform a material portion of the Agreement for a period of sixty (60) calendar days as the result of force majeure; or if the UN Partner determines that under the prevailing circumstances related to the worsened security situation in the country it can no longer implement the activities under the Agreement;

    (b) The UN Partner does not receive payment of the full amount set forth in the payment request submitted in accordance with **Annex II** and that is not disputed by the Government, within thirty (30) calendar days of the date of such payment request;

    (c) Either Party is in breach of any of its material obligations under this Agreement and has not remedied the same within sixty (60) calendar days (or such longer period as the other Party may have subsequently agreed to in writing) following the receipt of the notice specifying such breach.

43. Upon receipt by one Party of the other Party's written notice of Early Termination of this Agreement, the Parties shall agree on the exit strategy to minimize any negative impact that can arise from an Early Termination of this Agreement and take all reasonable and necessary measures to complete as much of the activities as possible. In the case of Early Termination, the Parties shall agree on the deadline for the UN Partner to submit the last Progress Report and the Final Financial Statement and to

refund any monies received by the UN Partner that have not been spent or committed by the Early Termination or Completion Date.

MISCELLANEOUS

44. ***Records keeping.*** The UN Partner shall retain all records (contracts, reports, invoices, bills, receipts and other documentation) relating to this Agreement in accordance with the UN Partner's documents retention policy.

45. ***Relationship between the Parties.*** Nothing contained in this Agreement will be construed as establishing a relation of principal and agent between the Government and the UN Partner. No agent or representative of either Party has authority to make, and the Parties shall not be bound by or be liable for, any statement, representation, promise or agreement not set forth herein.

46. ***Headings.*** The headings contained in this Agreement are for reference purposes only, and will not limit, alter or affect the meaning or interpretation of this Agreement.

47. ***Notices.*** Notices will be deemed "received" as follows:

    (a) in the case of personal delivery, on delivery as per date of the written acknowledgement;

    (b) in the case of registered mail, fourteen (14) days after being sent;

    (c) in the case of facsimiles or other electronic communications, forty-eight (48) hours following confirmed transmission.

48. Any such notice, request or consent shall be deemed to have been given or made when delivered in person to an authorized representative of the Party to whom the communication is addressed, or when sent to such Party at the address specified in the Form of Agreement.

49. ***Modifications.*** Modifications to this Agreement may be done for immaterial revisions or clarifications through a written exchange of correspondence between the Parties.

50. ***Amendments.*** Substantive revisions regarding (a) the key activities and Delivery of Outputs as set forth in **Annex I**, (b) extension of the Completion Date or Early Termination, or (c) the Total Funding Ceiling may be done only by a signed written amendment by the Parties. Such amendment will become effective only upon notification by the Government to the UN Partner that the Bank, as the case may be, has approved the amendment.

ANNEX I:
OUTPUTS AND WORK PLAN

I. Objective of the engagement and Outputs

The objective of this engagement is to prevent, rapidly detect and effectively respond to COVID-19 outbreak to reduce associated morbidity and mortality in Somalia through (i) improved country-level coordination, planning and monitoring; (ii) surveillance, contact tracing, and field investigation; (iii) increased capacity of national laboratories; and (iv) continuation of Essential health services, in line with the National contingency plan for preparedness and response to the coronavirus disease 2019 (COVID-19) in Somalia.

II. Agreed Outputs and Activities

Table No.1: summary of pillars, outputs, activities and workplan

N°	Activity (items description & quantities)		Months												
			1	2	3	4	5	6	7	8	9	10	11	12	Full Completion
1	**Pillar 1: Country-level coordination, planning and monitoring**														
	Output 1: Incident Management System for COVID-19 Response in Somalia and FMS are active and 07 Emergency Operation Centre (EOCs) with Video conferencing system, software, office furniture are established	***Activity 1.1*: Activate Incident Management System for COVID-19 Response in Somalia, including establishment of 07 Emergency Operation Centers (EOCs) with Video conferencing system, software, office furniture**			X	X	X	X	X	X	X				By month 7 from beginning of the project
	Output 2: Best practices, lessons learnt in the context of fragile health care system is reviewed and documented.	***Activity 1.3:* Documentation of best practices, lessons learnt in the context of fragile health care system**			X	X	X	X	X	X	X				
	Output 3: Monitoring and evaluation framework is established for the project	***Activity 1.4:* Monitoring and Evaluation activities for all pillars – including dashboard**			X	X	X	X	X	X	X				
2.	**Pillar 3: Surveillance, contact tracing, and field investigation**														
	Output 4: Surveillance, rapid response teams and case investigation teams are established	***Activity 3.2*: Train and deploy 2,000 Community Engagement teams (03 members each) for integrated community-based surveillance, contact tracing and risk communication**			X	X	X	X	X	X	X				7 months (Mar-Sep 2021)

		Activity 3.3: Train and deploy 100 Integrated Rapid Response Teams for COVID-19 response at the district level (case identification and investigation, reporting, immediate response and contact tracing)			X	X	X	X	X	X	X				7 months (Mar-Sep 2021)
3	**Pillar 5: National laboratories**														
	Output 5: Laboratory capacity to detect and confirm cases of COVID-19 is strengthened	***Activity 4.1****:* Procure PCR machines and reagents and train laboratory technologists to test for COVID-19 (04 PCR machines in different locations)			X	X	X	X	X	X	X				PCR machines and diagnostic items will be procured and. Distributed as per the laboratory assessment conducted by the FMoH
		Activity 4.3: Procure 14,000 sample collection kits; 1,750 RNA Extraction kit; and other essential lab supplies for 7 months			X	X	X	X	X	X	X				
		Activity 4.5: Deploy technical staffs (45 lab technician and data specialists) to the laboratories			X	X	X	X	X	X	X				Technical staff will be deployed in the labs for a period of 7 months
4.	**Pillar 7: Essential health services**														
	Output 6: Continuation of essential health services	***Activity 7.3:*** Procure IEHK kits to ensure continuation of essential health services to cover 10,000 people for 3 months			X	X	X	X	X	X	X				By month 7 from beginning of the project
5.	**Pillar 8: Operations, procurements and logistics**														
	Output 7: Operations, procurements and logistics management is established and maintained	***Activity 8.1:*** Provide operations cost for transportation of supplies, samples, goods and RRT teams for 7 months ***Activity 8.2:*** Hire International technical specialist to support MoH and national technical specialists for 7 State MoH for 7 months			X	X	X	X	X	X	X				7 months (Mar-Sep 2021)

Output 1: Incident Management System for COVID-19 Response in Somalia and Federal Member States are active and 7 Emergency Operation Centres (EOCs) with Video conferencing system, software, office furnitures are established

> **Activity 1.1**: Activate Incident Management System for COVID-19 Response in Somalia, including through the establishment of 7 Emergency Operation Centres (EOCs) with Video conferencing system, software and office furniture

The EOC is a flexible operational platform and hub for information sharing and coordination of responses to public health risks. It helps countries meet their commitment under the International Health Regulations (2005) to provide a well structured and equipped public health coordination mechanisms in the country that will enable to build the capacity to respond promptly and effecetively to public health risks and health emergencies of international concern through an improved coordination, communication, resource alloaciton, tracking, and information collection, analysis and dissemantion. By leveraging state-of-the-art technologies, the EOC supports the Federal Ministry of Heath (FmoH) and Member States in their field activities and provides technical support and guidance in setting up their EOCs.

The EOC Operations Team, comprised of management and information technologies support staff participates in global preparedness activities and provides technical advice on the establishment, management and assessment of emergency operations structures and systems guided by the Public Health EOC (PHEOC). The Operations team also facilitates international collaboration and communication between MoH, WHO and multiple partners to improve the efficiency and effectiveness of responses to public health events and emergencies. This is done through the PHEOC Network – e managed by the EOC Operations Team – which develops and provides guidance to ensure that all PHEOCs have access to the latest PHEOC information, including PHEOC development and assessment guidance.

Components of the EOC

The EOC is a combination of specially equipped rooms and information systems administered and supervised by EOC operations staff, which supports monitoring and assessment of, as well as the response to global public health events around the clock and facilitates international collaboration during public health events, emergencies and daily operations.

WHO has received official communication from the Federal Ministry of Health and Human Service (FMoH) that the location and a secure room has been identified to establish the EoC. Minor repairs and modifications might be required as per the recommendation of the WHO technical team to prepare the space for the EoC.

Table No.2 : Budget breakdown by states for Output 1

Items	Unit cost	FMoH	Hirsha-belle	South-west	Jubbaland	Galmudug	Puntland	Somaliland	Estimated Sea freight	Estimated In country delivery from Mogadishu to state level	Total
Video wall Large displays	$ 16,071	$ 32,143	$ 16,071	$ 16,071	$ 16,071	$ 16,071	$ 32,143	$ 32,143	$ 24,108	$ 40,179	**$ 225,000**
Route computer output to large displays											
Built-in desktop computers Control computer Central remote control system Touch screen											
Video conferencing capability											
Audio conferencing capability											
Standard telephones											
Web conferencing capability with video											
Video/audio routing system Satellite TV											
Conference recording capability											
High quality audio with echo cancellation											
Video wall Large displays											
Route computer output to large displays											
Built-in desktop computers Control computer Central remote control system Touch screen											
Video conferencing capability											
Audio conferencing capability											
Standard telephones											
Web conferencing capability with video											
Video/audio routing system Satellite TV											
Conference recording capability											
High quality audio with echo cancellation											

Output 2: Best practices, lessons learnt in the context of fragile health care system are reviewed and documented.

Activity 1.3: Documentation of best practices, lessons learnt in the context of fragile health care system

The evaluation will include both **qualitative and quantitative** data analysis, collected through semi-structured one-on-one interviews, focus group discussions and desk review of materials (meeting notes, strategic and planning documents etc.). The review will be done with FMoH, Federal member states, UN agencies and implementing partners as well as other key players, including but not limited to donors and operational partners.

The **methodology** should be clarified once the scope of the documentation is better determined, and once there is better knowledge of the timescale and the human resources available to carry out the work. **Working groups** will be formed to discuss and collect information on the different topics of the review (i.e. working group of HR considerations; working group on donor engagement; working group on case management etc.).

Output 3: Monitoring and evaluation framework is established for the project

Activity 1.4: Monitoring and Evaluation activities for all pillars – including dashboard

The Monitoring Framework aims to assess the performance of the Emergency Response Plan for COVID-19 for Somalia by determining the Key Performance Indicators (KPIs) for data collection, analysis and visualization. This M&E framework will also help in regularly monitoring the implementation process and the progress against the Strategic Preparedness Response Plan for COVID-19. Through periodic progress review, the country will gain knowledge from the projects under each strategic pillar and feed into day-to-day project management and progress recording.

The framework will align with the WHO recommended global M&E framework for COVID-19 response, and will plan to establish and maintain a set of indicators for Somalia to support strategic thinking, operational tracking and real-time evidence-based decision-making. The framework will also help support advocacy efforts and ensure transparency with donor and other agencies involved in the response.

The specific objectives of the M&E Framework will be to:

- Monitor COVID-19 response activities, by measuring key input, output and outcome indicators at both federal/national, state, regional and district level
- Produce systematic assessments and analyses response activities
- Compare activities' results against the epidemiological progression of the pandemic
- Help prioritization of response activities and inform decision-making at different levels
- Support and accelerate transparency and information sharing
- Support the development of information communication materials (e.g. Sitrep and Infographics, and donor reports)
- Support planning at project level for implementation and quality assurance
- Produce evidence for Operational Reviews and Lessons Learned.

COVID-19 Monitoring Framework Indicators and KPIs:

The indicators recommended for COVID-19 Monitoring Framework by WHO are contextualized for Somalia. Therefore, the indicators at global level that count "percentage of countries" that performed any activity have

been translated into “Availability” or “Exitance” for marking the accomplishment of those activities. Thus, these indicators can easily be evaluated by only responding to “Yes-No” questions and can easily show whether the country has achieved its targets. Indicators and KPIs are revised under each strategic pillar for Somalia depending on the programme priorities.

Below is the list of COVID-19 KPIs and indicators for Somalia:

Pillar 1 Country-level coordination, planning, and monitoring
1.1. COVID-19 national preparedness and response plan (CPRP) developed
1.2 National preparedness and response plan’s budget funded
1.3 A multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response is functional

Pillar 2 Risk communication and community engagement (including public health and social measures)
2.1 National COVID-19 risk communication and community engagement plan updated to the ongoing transmission scenario
2.2 Guidance on all personal measures in the context of COVID-19 are issued
2.3 Guidance on all social and physical distancing measures in the context of COVID-19 are issued
2.4 At least one COVID-19 Mass Gathering Risk Assessment exercise is conducted
2.5 An active COVID-19 hotline number system is made available

Pillar 3 Surveillance
3.1 Weekly number of new confirmed cases nationwide, disaggregated by age group and sex
3.2 Weekly number of new confirmed case deaths from COVID-19, disaggregated by age group and sex
3.3 Weekly number of new confirmed cases hospitalized due to COVID-19 disease
3.4 Weekly number of confirmed cases discharged
3.5 Proportion of confirmed case deaths from COVID-19 among older people (65-year-old and above) out of all confirmed case deaths, by age group
3.6 Case fatality amongst confirmed COVID-19 cases
3.7 Weekly number of new confirmed cases in healthcare workers disaggregated by sex
3.8 Testing for COVID-19 and reporting being done routinely through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms
3.9 IMST with a focal point for contact tracing implementation and training available

Pillar 4 Points of entry
4.1 Produced and distributed messages at Points of Entry for both travelers and staff working at the PoE and for conveyances
4.2 All designated PoE have public health emergency contingency plans available
4.3 % of designated PoE which have notified at least one COVID-19-related alert in the previous week

Pillar 5 National laboratories
5.1 Number of laboratories established with COVID-19 test capacity
5.2 Participation ensured in WHO External Quality Assessment Project
5.3 100% scoring confirmed on External Quality Assessment Project
5.4 Weekly number of persons tested for COVID-19

Pillar 6 Infection, prevention and control (IPC)
6.1 A national IPC programme and WASH standards within all healthcare facilities is made available
6.2 Number of health care facilities with triage capacity

6.3 Number of health care facilities with isolation capacity
6.4 Number of Long-term care facilities (LTCF) that have a national policy and guidelines on IPC for LTCF available
6.5 IMST available with a focal point for IPC training
6.6 Number of Health Care Workers (HCW) trained in IPC in the previous week
6.7 National occupational safety and health plans or programmes for health workers available and followed

Pillar 7 Case management
7.1 Agreed to participate to the Solidarity trial when the trial starts
7.2 A clinical referral system is in place to care for COVID-19 cases
7.3 % of hospitalized COVID-19 cases that are discharged
7.4 Number of Intensive Care Units beds provided to the country through EMT or similar surge mechanisms via WHO
7.5 Number of healthcare workers trained in case management of COVID-19 patients

Pillar 8 Operational support and logistics
8.1 Number and % of medical masks (3-plies) provided against the need
8.2 Number and % of laboratory testing kits provided against the need
8.3 Available IMST with at least one staff trained in the use of the Essential Supply Forecast Tool (ESFT)

Pillar 9 Maintaining Essential Health Services and Systems
9.1 DTP3 vaccination coverage among children under 12 months of age
9.2 Institutional delivery / Number of health facility-based deliveries
9.3 Essential health services during COVID pandemic
9.4 At least one VPD immunization campaign stopped due to COVID-19

Pillar 10: Vaccination (hopefully the KPI will be out soon)

Cross-cutting issues
10.1 Availability of multisectoral mental health and psychosocial support technical working group

Output 4: Surveillance, rapid response teams and case investigation teams are established

Activity 3.2: Train and deploy 2,000 Community Engagement teams (3 members each) for integrated community-based surveillance, contact tracing and risk communication for 7 months

Activity 3.3: Train and deploy 100 Integrated Rapid Response Teams for COVID-19 response at the district level (case identification and investigation, reporting, immediate response and contact tracing) for 7 months

Surveillance, contact tracing, and field investigation:
Considering the current community transmission of COVID-19 and the poor health infrastructure of Somalia and Somaliland, strengthening community case detection, contact tracing as well as facilitating quarantine at home have been identified as critical priorities by national health authorities and WHO. This community element is critical as part of an integrated disease surveillance system.

In the context of the COVID-19 outbreak, choices regarding surveillance have been made according to the following principles:

(1) Quickness and effectiveness: WHO needs to be able to rapidly deploy trained community-based teams throughout the country in order to break community transmission through immediate awareness activities, contact tracing, etc. As at 8 June 2020, the community teams have visited 395,619 households with COVID-19 prevention messages and identified 3242 suspected COVID-19 cases.
(2) Rationality: This is an opportunity to rationalise resources by increasing the number of diseases based on the epidemiology for which community teams are doing surveillance on
(3) Sustainability: Importance of contributing to developing an integrated disease surveillance system in the country, given that it does not yet exist.

The Community Health Workers (CHWs) are based in primary health units. These teams undertake community-level disease surveillance and reporting activities. WHO, together with UNICEF and FMoH, engaged over 2,000 community response team members for COVID-19 community surveillance in 52 districts. They were given extra training on very short notice, considering their proven experience and expertise of engagement in AFP, measles surveillance and community engagement.

The surveillance data gathered through these activities at community level (and district level for priority 2 surveillance activity) will be shared with the respective health facilities and compiled with other health service databases, in order to be transmitted to a central dashboard on a monthly basis. WHO will provide technical assistance to health facilities in capturing and compilation this data, as well as in integrating this surveillance data into the DHIS system. Given the urgency to ensure a daily reporting of COVID-19-related surveillance data, an online database platform will also be used, in order to transmit data in real-time from the field to WHO and health authorities for informed and rapid decision-making. Through simple online data collection tool, data will be collected by District Field Assistants (DFA), Village Polio Volunteers (VPVs) and Community Health Workers (CHWs). Considering the technicality and sensitivity of the surveillance and reporting, capacity building of the community and district response teams is a priority. Teams have been trained on case detection, sample collection, contact tracing, reporting etc. and have received on-the-job training through supportive supervision.

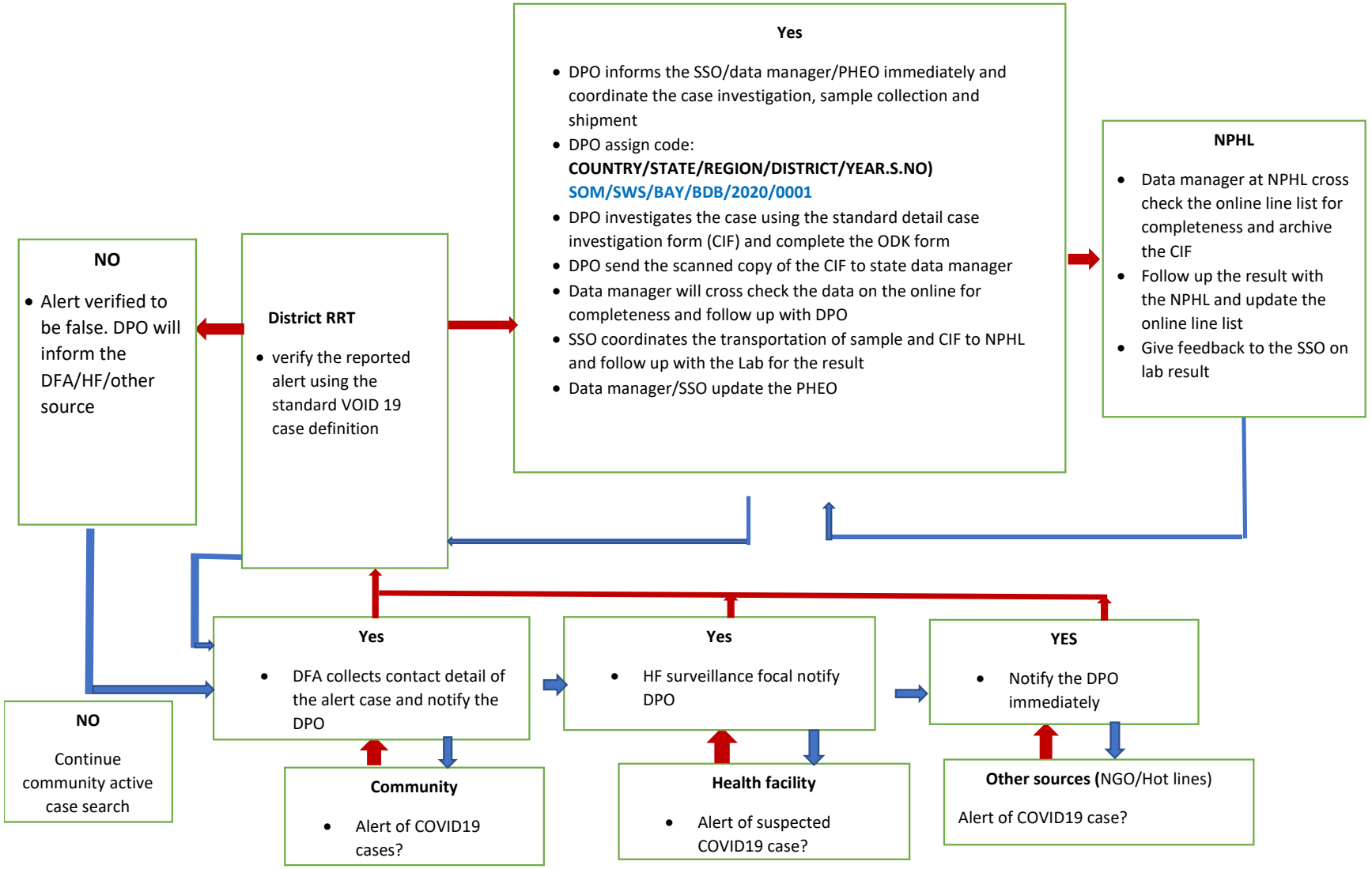
By increasing the number of health workers in communities, Somalia's disease surveillance system will have an opportunity to get closer to having a longer-term community-based disease reporting that will in turn form a critical component of any future disease/health information management system in the country. Indeed, the only way to sustain the community surveillance is through integration and WHO is focusing on supporting the

development of an integrated community surveillance system for all communicable diseases, including AFP, Measles, COVID, and Malaria. Further exchanges are taking place with FMOH in order to work on streamlining existing initiatives and advancing towards an integrated disease surveillance system.

Community health workers have been deployed from WHO internal funding across Somalia in close coordination with the ministries of health, local administrations and implementing partners. Selection of the CHWs were done at local level with involvement of MOH, WHO and implementing NGOs to avoid duplication. WHO's technical team will further coordinate with the RCRCF team to avoid duplication with similar activities financed by the World Bank.

It is worth noting that community response team members are volunteers and not MoH staff or staff of any organization. These teams have been operational in Somalia and Somaliland gradually since April 2020 – and costs have been covered by WHO internal funds. A robust monitoring and evaluation system has therefore being set up, which includes supportive supervision, daily reporting through ODK, weekly online reporting of data, weekly narrative reports and sharing of pictures to ensure evidence based reporting. In addition, WHO is considering engagement with a third party monitoring in key intervention areas.

The below diagram summarises community surveillance, rapid response teams and case investigation activities



Standard Operation Procedure for COVID-19 RRTs (Rapid Response Team) in Somalia

Objective 1: Coordination- COVID-19 response is Coordinated at each level					
Expected Outcome: COVID-19 response is implemented in coordination among the partners. An oversight mechnism is in place by setting up monitoring, evaluation and reporting.					
Administrative level	**Activity**	**Indicators**	**Responsible /s**	**Tools / Verification means**	**Timeframe**
State	1. Coordinate and provide oversight over all COVID-19 responses for the state 2. Develop a workplan along with a costed budget and track fund utilization including budget management 3. Plan and provide training for the COVID-19 response teams at each level 4. Establish M&E including reporting.	1. Number of coordination meetings held 2. State WP with costed budget 3. Number of team members trained by category 4. Number of supervision visit conducted	MOH, SPHEO/SSO- WHO, UNICEF & Other UN agencies, NGO	1. Meeting minutes 2. Work planning template 3. Training reports 4. Supervision reports	
Regional	1. Coordinate and provide oversight on all COVID-19 responses for the region 2. Contribute in the development of a workplan along with a costed budget and track fund utilization including budget management 3. Organize and facilitate training for the COVID-19 response teams at each level 4. Conduct supportive supervision, Send reports of the activities, etc.	1. Number of coordination meetings held 2. State WP developed with regional inputs. 3. Number of team members trained by category 4. Number of supervision visit conducted	RMO, RPO, RSMC, NGO	1. Meeting minutes 2. Training reports 3. Supervision reports	
District	1. Coordinate with districts officials of other relevant Ministries. 2. Plan and coordinate the implementation of integrated response activities at district level. 3. Identify all health care facilities including private 4. Provide on the job training and supportive supervision.	1. Number of health facilities under surveillance system 2. Number of staffs received training 3. Ministries involved/aware about the COVID response.	DMO, DPEO, DSMC, Hospital Manager/NGO	1. List of health facilities 2. List of community level staffs engaged	

Objective 2: Risk Communication- Community is aware about the key messages on COVID-19 prevention and ready to act on community level responses.					
Expected Outcome: 1. Individuals in community are aware and maintains physical distance and practice personal hygiene 2. Individuals in community are aware of dangers signs of COVID19, hotline and available services 3. People with underlying conditions are aware of their danger and takes precautionary measures.					
Administrative level	**Activity**	**Indicators**	**Responsible /s**	**Tools**	**Timeframe**
State	1. Review (and design if necessary) state specific IECs for electronic and print media reflecting language and context of concerned communities. 2. Recruit and train state and regional level supervisors to provide supportive supervision. 3. Develop and maintain a mechanism to receive feedback, track rumor and address misinformation. 4. Coordinate with all partners working on RCCE activities for COVID-19 5. Initiate and maintain a partnership with the National Islamic Advisory Group 6. Collect information and maintain a database of marginalized groups such as IDP dwellers, nomads, refugees etc., and share with the national level for targeted intervention.	1. Estimated no of people reached through radio/television broadcast 2. Number of supervisory staff providing oversight 3. Number of supportive supervision visits conducted 4. Number of feedback received 5. Number of coordination meeting conducted 6. Number and type of marginalized population in the state 7. (Optional) no of IEC materials produced	State level coordinator of SOMNet, MOH, NGO	1. Training module and manual 2. Microplan 3. Supportive supervision form 4. Partners mapping tool 5. Rumor tracking tool 6. Feedback tracking tool 7. A database of marginalized population in the state	1 month (Some activities will be on-going)
Regional	1. Recruit and train facility and community level mobilizers and supervisors to provide supportive supervision and community mobilization service. 2. Maintain the mechanism to receive feedback and track rumor. 3. Coordinate with all partners working in the field of RCCE for COVID-19. 4. Conduct orientations workshops for religious leaders, community leaders, teachers, traditional healers, traditional birth attendants etc., and maintain a mechanism to take into account their contribution in the response. 5. Conduct community mobilization activities such as public addressing using moving trucks and other suitable interventions, while maintaining physical distancing guidelines.	1. Number of supervisory staff and community mobilizers working in the regional and below level. 2. Number of people reached through house to house visits and other community level interventions 3. Number of supportive supervision visits conducted 4. Number of orientation conducted 5. Number of feedback received 6. Number of rumor tracked 7. Number of coordination meeting conducted 8. Number of IEC materials displayed	Regional Social Mobilization Coordinator, MOH, NGO	1.Training module and manual 2-Microplan 3. Supportive supervision form 4. Activity reporting form 5. Rumor tracking tool 6. Feedback tracking tool	6 months (Will depend on the outbreak)

	6. Store and display IEC materials such as posters, banners, billboards, leaflets/flyers etc.				
Health Facility	1. Conduct health education session 2. Conduct one-to-one counselling 3. Display and distribute IEC materials 4. Track rumor 5. Collected and provide feed 6. Provide supportive supervision to social mobilizers at the community level	1. Number of people reached through health education session and one-to-one counselling 2. Number of IEC materials distributed 3. Number of rumor tracked 4. Number of feedback received and provided	DFA, DPEO, DMO, DSMC, NGO	1. Activity reporting form 2. Rumor tracking form 3. Feedback tracking tool	6 months (Can be on-going based on the outbreak)
Community	1. Conduct house-to-house visits to conduct family level counselling, where applicable, following SOP and maintaining physical distancing 2. Conduct meetings for mothers and youth where applicable 3. where applicable, facilitate announcements in mosques during prayer times. 4. Display IEC materials in the community 5. Track rumors 6. Collect and provide feedback	1. Number of people reached through house to house visits, community level meetings and mosque announcements 2. Number of IEC materials displayed in the community 3. Number of rumors tracked 4. Number of feedback received and provided	DFA, Community Mobilizer, Village Polio Volunteer, Lady health worker, NGO	1. Activity reporting format 2. Rumor tracking form 3. Feedback tracking tool	6 months (Can be on-going based on the outbreak)
Objective 3: Surveillance: Surveillance system is established and activated at health facility and community level					
Expected Outcome: All districts with interventions have reported all suspected COVID-19 cases. All samples are collected and transported according to protocol. All contacts are identified and self-quarantined.					
State	1. Provide overall managerial and technical guidance to the regional teams. 2. Follow up on day to day activities on surveillance 3. Review regional surveillance reports and compile them to share with zone/Federal	1. Number of health facilities conducing regular active case search 2. Daily/weekly/monthly surveillance reports	MOH, SPHEO/SSO-WHO, UNICEF & Other UN agencies, NGO	1. COVID surveillance guideline 2. Surveillance reports	1. Active surveillance-every alternate day 2. Immediate reporting for any suspected cases 3. Weekly zero reporting
Regional	1. Facilitate engagement of health facilities at district level 2. Provide technical guidance/training on surveillance to the health facilities and district teams. 3. Follow up and compile all surveillance related reports.	1. Number of health facilities conducing regular active case search 2. Daily/weekly/monthly surveillance reports	RMO, RPEO, DSMC, NGO	1. COVID surveillance guideline 2. Surveillance reports	

District	1. Conduct active search at health facilities to identify suspected COVID cases 2. Share report for surveillance 3. Coordinate COVID-19 samples collection and shipment 4. Identify the contacts of the COVID cases, orient and mange quarantine	1. Number of health facilities submitted surveillance report.	DMO, DPEO, Health facility Manager/NGO	1. Reporting tool	
Community	1. Conduct active case search in their areas of jurisdiction 2. Conduct contact tracing 3 Conduct follow up of persons on self-quarantine or COVID cases with mild symptoms 4. Report to the district authority on suspected cases.	2. Number of of suspected COVID cases reported 2. Number of people self quarantined 3. Number of people followed up with self quarantine	DFA, Community Mobilizer, VPV, LHW, NGO	1. Reporting tool	
Objective 4: Case management: Suspected cases and contacts of COVID-19 cases are being identified, quarantined, tracked and followed up					
Expected Outcome: All districts have isolation wards/beds equipped as per WHO protocol. All districts have required supplies including PPE. Health service providers have the capacity to deal with the suspected COVID-19 cases.					
State	1. Provide support to the district on identifying isolation ward/bed and equip the facility/s as per protocol 2. Ensure medical supplies related to COVID-19 response including PPEs. 3. Provide WHO treatment guidelines and training to the health service providers	1. Number of districts with #of isolation ward 2. Type and number of supplies by district 3. Number of health care providers received training	MOH, SPHEO/SSO-WHO, UNICEF & Other UN agencies, NGO	1. Reporting tool 2. WHO treatment guidelines 3. WHO standard guideline on hospital infection control, PPE and others.	
Regional	1. Provide support to the districts on identifying isolation ward/bed and equip the facility/s as per protocol 2. Ensure the availability of medical supplies related to COVID response including PPEs. 3. Provide WHO treatment guidelines and training to the health service providers	1. Number of districts with #of isolation ward 2. Type and number of supplies by district 3. Number of health care providers who received training	RMO, RPO, RSMC, NGO	1. Reporting tool 2. WHO treatment guidelines 3. WHO standard guideline on hospital infection control, PPE and others.	

District	1. Identify isolation word/bed for any suspected COVID-19 cases 2. Ensure isolation of any suspected cases 3. Provide symptomatic treatment as per WHO guideline 4. Ensure disinfection procedures at the health facilities and PPE 5. Support in sample collection and transportation	1. Number of isolation ward by facility 2. Type and number of supplies by facility 3. Number of health care providers received training	DMO, DPEO, Hospital Manager/Health service providers, NGO	1. Reporting tool 2. WHO treatment guidelines 3. WHO standard guideline on hospital infection control, PPE and others.	
Community	1. Report to the district authorities on any suspected cases 2. Provide basic health messages (or to consult/refer to health facilities) to the community 3. Follow up on the suspected cases at community level	1. Number of suspected cases in the DFA areas 2. Number of families reached with basic health messaging. 3. Number of suspected cases followed up	DFA, Community Mobilizer, VPV, NGO		

Table No. 3: Budget breakup by states for Output 4 (Surveillance, contact tracing, and field investigation)

Activities	Banadir	Hirshabelle	Southwest	Jubbaland	Galmudug	Puntland	Somaliland	Somalia TOTAL
3.2 Train and deploy 2,000 Community Engagement teams (3 members each) for integrated community-based surveillance, contact tracing and risk communication for 7 months								**$ 1,062,891**
3.2.1 Train 985 community health workers to conduct community surveillance and raise awareness for 7 months	$ 9,240	$ 5,610	$ 9,900	$ 8,580	$ 5,940	$ 9,900	$ 13,689	**$ 62,859**
3.2.2 Deploy 985 community health workers to conduct community surveillance and raise awareness for 7 months	$ 147,000	$ 89,250	$ 157,500	$ 136,500	$ 94,500	$ 157,500	$ 217,782	**$ 1,000,032**
3.3 Train and deploy 100 Integrated Rapid Response Teams for COVID-19 response at the district level (case identification and investigation, reporting, immediate response and contact tracing)								**$ 602,472**
3.3.1 Allowance for the deployment of rapid response teams in 56 high risk districts	$ 35,700	$ 84,000	$ 12,600	$14,700	$ 14,700	$ 14,700	$ 16,800	**$ 193,200**
3.3.2 Convene regular coordination meetings at state, regional and district levels (125 locations, 150 USD/mtg, 4 mtg/month)	$ 12,600	$ 4,200	$ 5,600	$ 6,300	$ 6,300	$ 7,000	$ 7,700	**$ 49,700**
3.3.3 Supportive supervision and investigation of cases by the district and regional rapid response team (Transport and DSA)	$ 37,800	$ 29,400	$ 39,200	$ 44,100	$ 44,100	$ 49,000	$ 53,900	**$ 297,500**
3.3.4 Establish data collection system for reporting and documentation	$ 10,000	$ 7,000	$ 7,000	$ 7,000	$ 7,000	$ 10,000	$ 14,072	**$ 62,072**
Sub total	**$ 252,340**	**$ 219,460**	**$ 231,800**	**$ 217,180**	**$ 172,540**	**$ 248,100**	**$323,943**	**$ 1,665,363**

Output 5: Laboratory capacity to detect and confirm cases of COVID-19 is strengthened

Activity 4.1: Procure PCR machines and reagents and train laboratory technologists to test for COVID-19 (9 PCR machines in different locations)

Activity 4.3: Procure 14,000 sample collection kits; 1,750 RNA Extraction kit; and other essential lab supplies for 7 months

Activity 4.5: Deploy technical staffs (45 lab technician and data specialists) to laboratories

National public health reference laboratories continued to play a critical role the response effort by improving testing capacity across the country. WHO supported the FMOH to establish three level-2 biosafety PCR testing laboratories located in Mogadishu, Hargeisa and Garowe. Currently, the testing capacity has been expanded across the country and there are more PCR testing centers including the private health facilities. However, no PCR testing laboratory is available in Hirshabelle, Galmudug, South west and Jubaland states and testing is being done through GeneXpert machine. If needed, samples are being shipped to the existing PCR laboratories for testing. As the number of cases are continuing to grow, there is a critical need to ensure continued supplies, training of laboratory technicians and operational support in order to strengthen the testing, tracing, tracking and treating strategy in the country. More specifically, it is essential to support national public health reference laboratories and state level PCR testing laboratories through (i) the procurement and distribution of laboratory supplies, including PPEs, training of laboratory technicians, and (ii) operational support by covering operational costs and regular technical support as they will improve the country's testing capacity.

Goal of public health laboratory support

The overall goal of this activity is to enhance COVID-19 testing capacity in Somalia. This will be done by supporting national public health laboratories at national and state level through the procurement of lab supplies, sample collection kits and reagents and through their distribution to all states in line with the FMOH plan to strengthen sample collection and testing across Somalia. Laboratory technicians and data managers will receive through on-the-job training and the laboratories' operational costs will be covered. The latter will enhance national laboratories' capacities to prepare and respond to COVID 19 as well as other public health emergencies.

The main objectives will be to procure laboratory supplies for COVID 19 testing including sample collection kit, RNA extraction kits, diagnostic kits and other essential lab supplies for all the states as well as to support the existing public health reference laboratory through training and operational cost to run the PCR testing in the seven states.

Table No. 4: Budget breakdown by state (Human resources)

A) Human resource (07 months)	Unit Cost $	Puntland Units	Hirshabelle Units	Galmudug Units	Southwest Units	Jubbaland Units	Banadir Units	Somaliland Units	Total $
Admin officer	$ 6,440	1	1	1	1	1	1	1	$ 45,080
Lab technicians	$ 6,440	1	1	1	1	1	5	5	$ 96,600
Data manager	$ 6,440	1	1	1	1	1	1	1	$ 45,080
Cleaner	$ 2,800	1	1	1	1	1	2	2	$ 25,200
Security guard	$ 2,800	1	-	-	-	1	1	1	$ 11,200
International Molecular biologist for training and capacity building	$ 88,380	1	-	-	-	-	1	1	$ 265,140
Sub total									**$ 488,300**

Table No. 5: Budget breakup by states (Lab Equipment and Supplies)

B) Lab Equipment and Supplies	Unit Cost $	Puntland Units	Hirshabelle Units	Galmudug Units	South west Units	Jubba-land Units	Banadir Units	Somali-land Units	Estimated Sea freight $	Estimated in country delivery from Mogadishu to state level $	Total $
Lab furniture	$ 10,000	-	1	1	1	1	-	-	$ 1,500	$ 2,500	$ 56,000
Office furniture and supplies	$ 5,000	-	1	1	1	1	-	-	$ 750	$ 1,250	$ 28,000
Lab management information system (stationed at country level)	$ 16,000	-	-	-	-	-	1	1	$ 2,400	$ 4,000	$ 44,800
Internet installment	$ 300	1	1	1	1	1	1	1	$ 45	$ 75	$ 2,940
Freezer -20	$ 25,700	1	1	1	1	1	1	1	$ 3,855	$ 6,425	$ 251,860
Freezer -70	$ 10,000	1	1	1	1	1	1	1	$ 1,500	$ 2,500	$ 98,000
Refrigerator	$ 1,500	1	1	1	1	1	1	1	$ 225	$ 375	$ 14,700
Air-condition	$ 600	1	1	1	1	1	-	-	$ 90	$ 150	$ 4,200
Stabilizer = (2 big stabilizer for whole complex)	$ 500	2	2	2	2	2	-	-	$ 75	$ 125	$ 7,000

UPS 5,000W	$ 1,500	1	1	1	1	1	-	-	$ 225	$ 375	$ 10,500
PCR machine (QIAGEN)	$ 67,500	-	1	1	1	1	-	-	$ 10,125	$ 16,875	$ 378,000
PCR tube (0.2ml) for 7500 (1000pcs per case)	$ 200	-	6	6	6	6	-	-	$ 30	$ 50	$ 6,720
RNA extraction machine (QIAcube)	$ 49,000	-	1	1	1	1	-	-	$ 7,350	$ 12,250	$ 274,400
QRJ-168 Air Purifiers Laboratory Aerosol Absorber	$ 1,495	1	1	1	1	1	1	1	$ 224	$ 374	$ 14,651
Hot air oven	$ 2,300	-	1	1	1	1	-	-	$ 345	$ 575	$ 12,880
Autoclave 24 L	$ 2,100	1	1	1	1	1	1	1	$ 315	$ 525	$ 20,580
Mini Centrifuge	$ 3,500	-	1	1	1	1	-	-	$ 525	$ 875	$ 19,600
Vortex	$ 480	-	1	1	1	1	-	-	$ 72	$ 120	$ 2,688
Heat block	$ 500	-	1	1	1	1	-	-	$ 75	$ 125	$ 2,800
Water bath which can reach up 100 centigrade	$ 2,350	-	1	1	1	1	-	-	$ 353	$ 588	$ 13,160
Biosafety cabinet level 2	$ 10,000	-	1	1	1	1	-	-	$ 1,500	$ 2,500	$ 56,000
Timers	$ 70	10	10	10	10	10	10	10	$ 11	$ 18	$ 6,860
Micro pipettes 0.2-2µl (box)	$ 140	-	2	2	2	2	-	-	$ 21	$ 35	$ 1,568
Micro pipettes 2-20µl (box)	$ 140	-	2	2	2	2	-	-	$ 21	$ 35	$ 1,568
Micro pipettes 20-200µl (box)	$ 140	-	2	2	2	2	-	-	$ 21	$ 35	$ 1,568
Micro pipettes 1000-1000µl (box)	$ 140	-	2	2	2	2	-	-	$ 21	$ 35	$ 1,568
Pipette Tips(with filter) 10µl Aerosol barrier filter tips (box)-Box of 500	$ 250	2	2	2	2	2	2	2	$ 38	$ 63	$ 4,900
Pipette Tips(with filter) 20µl Aerosol barrier filter tips (box)-Box of 500	$ 200	2	2	2	2	2	2	2	$ 30	$ 50	$ 3,920
Pipette Tips(with filter) 200µl Aerosol barrier filter tips (box)-Box of 500	$ 200	2	2	2	2	2	2	2	$ 30	$ 50	$ 3,920
Pipette Tips(with filter) 1000µl Aerosol barrier filter tips (box)	$ 200	2	2	2	2	2	2	2	$ 30	$ 50	$ 3,920
Filter-Tips 1000 µL(For use in Qiacube)- Box of 128	$ 200	5	5	5	5	5	5	5	$ 30	$ 50	$ 9,800

Filter-Tips 200 µL(For use in Qiacube)-- Box of 128	$ 200	5	5	5	5	5	5	5	$ 30	$ 50	$ 9,800
Laboratory Pippette stand	$ 70	5	5	5	5	5	5	5	$ 11	$ 18	$ 3,430
Cylinder - 1 liter piece	$ 35	5	5	5	5	5	5	5	$ 5	$ 9	$ 1,715
Fire extinguisher	$ 35	5	5	5	5	5	5	5	$ 5	$ 9	$ 1,715
Standard Waste bin/bio-hazard waste containers of different and size	$ 140	10	10	10	10	10	20	20	$ 21	$ 35	$ 17,640
VIRAL RNA EXTRACTION KIT (QIAamp), for RNA preps, kit-50 (Manual Extraction)	$ 1,608	5	5	5	5	5	5	5	$ 241	$ 402	$ 78,792
TUBE CENTRIFUGE, PP, 15 ml, sterile, screw cap, rack-50, case-500	$ 700	2	2	2	2	2	2	2	$ 105	$ 175	$ 13,720
Eppendorf Microcentrifuge 1.5-2.0 mL Tube (case of 500)	$ 70	2	2	2	2	2	2	2	$ 11	$ 18	$ 1,372
Eppendorf Microcentrifuge 1.5-2.0 mL Tube Rack	$ 70	2	2	2	2	2	2	2	$ 11	$ 18	$ 1,372
Bag bio hazard autoclavable 22x28 (Pack of 100)	$ 1,232	5	5	5	5	5	7	7	$ 185	$ 308	$ 67,267
Bag bio hazard autoclavable 36x48 (Pack of 200)	$ 1,232	5	5	5	5	5	7	7	$ 185	$ 308	$ 67,267
Bag bio hazard autoclavable 48x58 (Pack of 200)	$ 1,232	5	5	5	5	5	7	5.779	$ 185	$ 308	$ 65,161
Bag bio hazard autoclavable 91 x 114 (Pack of 100)	$ 1,232	5	5	5	5	5	7	5	$ 185	$ 308	$ 63,818
99% Ethanol (1 liter container)	$ 50	10	10	10	10	10	10	10	$ 8	$ 13	$ 4,900
viral transport media with nasopharyngeal swab/Psc	$ 1	2,000	2,000	2,000	2,000	2,000	2,000	2,000	$ 0.15	$ 0.25	$ 19,600
(Virkon), 50 g, 5 l solution / tab, pack-50	$ 580	1	1	1	1	1	-	-	$ 87	$ 145	$ 4,060
Sub total											**$ 1,780,700**

Output 6: Continuation of essential health services

Activity 7.3: Procure IEHK kits to ensure continuation of essential health services to cover 1,000,000 people for 6 months

The Interagency Emergency Health Kit (IEHK) was first developed in 1990. Since its inception it has been revised several times to better fit the changing needs of various emergency situations and the health profiles of affected populations. The last revision was conducted in 2011 and incorporated content to better address mental health and special needs of children. The malaria and post-exposure prophylaxis modules were further reviewed in 2015. The revision of the IEHK 2017 followed the same process as that used in 2011, involving several expert consultations with representatives from different partner agencies. The World Health Organization (WHO) acts as the Secretariat for the coordination of updates to the kit. The IEHK has been widely accepted and used to respond to various emergencies and is one of the most popular emergency health kits available and has been benchmarked for the development of other health kits.

The IEHK 2017 is designed principally to meet the priority health needs of a population affected by emergencies, who have limited access to routine health care services. The kit is designed primarily for "life-saving" purposes, not for health conditions requiring continued care. Given its use in emergency situations, the IEHK fills immediate medical gaps; it does not aim to replace existing medical supply chain mechanisms.

The kit contains essential drugs, supplies and equipment to be used for a limited period of time and target a defined number of people. Some of the medicines and medical devices contained in the kit may not be appropriate for all cultures and countries, or every kind of emergency. This is inevitable as it is a standardized emergency kit, designed for worldwide use, which is pre-packed and kept ready for immediate dispatch.

Table No. 6: Budget breakdown by state (Continuation of essential health services)

Activities/State	**Unit cost $**	**Puntland UNIT**	**Hirshabelle UNIT**	**Galmudug UNIT**	**South west UNIT**	**Jubaland UNIT**	**Banadir UNIT**	**Somaliland UNIT**	**Estimated Sea freight $**	**Estimated in country delivery from Mogadishu to state level $**	**Total $**
IEHK kits to ensure continuation of essential health services to cover 10,000 people for 03 months	$ 9,393	27	7	7	7	7	33	28	$ 162,870	$ 271,449	$ 1,520,116

Output 7: Operations, procurements and logistics management are established and maintained

***Activity* 8.1:** Maintain pperations cost for transportation of supplies, samples, goods and RRT teams for 7 months

Activity 8.2: Hire International technical specialist to support MoH and national technical specialists for 7 State MoH for 7 months

Project management for procurement purposes is an essential and integrated part of supply chain management. The purpose of the project procurement, operations and logistics management pillar is to establish and maintain a smooth supply chain of goods and services throughout the project life cycle. This unique function is an essential part of project management, which is concerned with overseeing designated sets of temporary operations.
The overall project management expenditures will be sub-divided into (i) operations cost for transportation of supplies, equipment and goods across the country up to state level and (ii) expenditure of human resources to manage the emergency response through out the country.

Activities/State	**Puntland** **$**	**Hirshabelle** **$**	**Galmudug** **$**	**South west** **$**	**Jubaland** **$**	**Banadir** **$**	**Somaliland** **$**	**Total** **$**
***Activity* 8.1:** Provide operations cost for transportation of supplies, samples, goods and RRT teams for 7 months	$112,157	$112,157	$112,157	$112,157	$112,157	-	$224,315	**$ 785,100**
Activity 8.2: Hire International technical specialist to support MoH and national technical specialists, for 7 State MoH for 7 months	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	**$ 700,000**
Sub-total	**$212,157**	**$212,157**	**$212,157**	**$212,157**	**$212,157**	**$100,000**	**$324,315**	**$1,485,100**

ANNEX II

TOTAL FUNDING CEILING AND PAYMENT SCHEDULE

I. Total Funding Ceiling (in US$)

N°	Activity (items description & quantities)		Total for Y1 (US$)	Notes
1	**Pillar 1: Country-level coordination, planning and monitoring**		**$846,250**	
	Output 1: Incident Management System for COVID-19 Response in Somalia and FMS are active and 06 Emergency Operation Centre (EOCs) with Video conferencing system, software, office furniture are established	***Activity 1.1:*** Activate Incident Management System for COVID-19 Response in Somalia, including establishment of 06 Emergency Operation Centers (EOCs) with Video conferencing system, software, office furniture	$ 225,000	
	Output 2: Best practices, lessons learnt in the context of fragile health care system is reviewed and documented.	***Activity 1.3:*** Documentation of best practices, lessons learnt in the context of fragile health care system	$100,000	
	Output 3: Monitoring and evaluation framework is established for the project	***Activity 1.4:*** Monitoring and Evaluation activities for all pillars – including dashboard	$ 521,250	
2.	**Pillar 3: Surveillance, contact tracing, and field investigation**		**$1,665,363**	
	Output 4: Surveillance, rapid response teams and case investigation teams are established	***Activity 3.2:*** Train and deploy 2,000 Community Engagement teams (03 members each) for integrated community-based surveillance, contact tracing and risk communication	$ 1,062,891	
		Activity 3.3: Train and deploy 100 Integrated Rapid Response Teams for COVID-19 response at the district level (case identification and investigation, reporting, immediate response and contact tracing)	$ 602,472	
3	**Pillar 5: National laboratories**		**$2,269,000**	
	Output 5: Laboratory capacity to detect and confirm cases of COVID-19 is strengthened	***Activity 4.1:*** Procure PCR machines and reagents and train laboratory technologists to test for COVID-19 (04 PCR machines in different locations)	$ 480,000	
		Activity 4.3: Procure 14,000 sample collection kits; 1,750 RNA Extraction kit; and other essential lab supplies for 07 months	$ 1,500,000	
		Activity 4.5: Deploy technical staffs (45 lab technician and data specialists) to the Lab	$ 289,000	
4.	**Pillar 7: Essential health services**		**$ 1,520,116**	
	Output 6: Continuation of essential health services	***Activity 7.3:*** Procure IEHK kits to ensure continuation of essential health services to cover 10,000 people for 03 months	$ 1,520,116	
5	**Pillar 8: Operations, procurements and logistics**		**$1,485,100**	
	Output 7: Operations, procurements and logistics management are established and maintained	***Activity 8.1:*** Provide operations cost for transportation of supplies, samples, goods and RRT teams for 7 months	$ 785,100	
		Activity 8.2: Hire International technical specialist to support MoH and national technical specialists for 7 State MoH for 7 months	$ 700,000	
		Sub-total:	**$ 7,785,829**	
		Programme Support Costs (5% of Sub-total)	**$ 389,291**	
		Total Funding Ceiling:	**$ 8,175,120**	

Notes:

(a) All lump sum amounts and totals in this table are based on the detailed estimates, including quantities and units of measurement, that are discussed and agreed with the Government and the Bank prior to the signing of the Agreement.

(b) Under this Agreement, there can be no transfers to Government organizations.

(c) Please indicate if any part of this Agreement is delegated to another UN organization, third party of an implementing partner(s): No

Payment Schedule

As this agreement is for 07 months, payment of the *Total Funding Ceiling* will be made in one tranche upon signature.

Payment Details

Bank Name:	UBS AG
Account Name:	World Health Organization
Account Number:	240-C0169920.3
Bank Address:	C.P.2600 CH 1211 Geneve 2, Switzerland
SWIFT:	UBSWCHZH 12A
IBAN:	CH31 0024 0240 C016 9920.3

ANNEX III

REPORTING REQUIREMENTS

WHO shall submit the following reports to the Project Implementation Unit (PIU):

Reporting to PIU	Reporting - Key Tasks	Due dates
Quarterly Project Reports	Due to PIU every calendar quarter. Includes narrative and annexed financial report	Reports, covering the full calendar quarter, to be submitted no later than on the 21st of the following month after the end of a calendar quarter.
Quarterly Environmental &Social (E&S) Reports	As per E&S reporting format provided by the PIU	Reports, covering the full calendar quarter, to be submitted no later than on the 21st of the following month after the end of a calendar quarter.
Monthly Update	Updated Indicator tracking tool; Bullet points on key progress; Highlights from E&S (template to be provided by the PIU); Risk/ Issue log update.	Reports, covering the previous calendar month, to be submitted no later than on the 5th of the following calendar month.
Reporting of severe incidents	Reporting of severe incidents, including SEA/SH and child abuse complaints/cases, fatal incidents, severe security-related incidents (see definition in the ESMF)	Within 48 hours to PIU, with copy to World Bank
MIS	Continuous M&E data upload to the MIS	'Live' process (Until the MIS is operational at the field-level, IPs need to submit data in digital form to the PIU who enters or uploads it into the MIS manually).
Final Progress Report		

1. **<u>Quarterly Progress Reports:</u>**

   (a) Each report submitted on a quarterly basis shall include: (i) a narrative and financial summary of the status of activities to demonstrate the progress towards the Outputs and the linkage between the payments made under this Agreement and the deliverables as set out in **Annex I**; and (ii) an interim financial report on the use of funds;

   (b) The Final Progress Report upon Completion or Early Termination shall include a consolidated financial summary on the use of funds for Outputs set forth in **Annex I.**

The authorized official of the UN Partner will provide a written statement stating the following:

"We hereby confirm to the best of our knowledge and based on the available records that the above amounts have been paid for the proper execution of the Agreement and in accordance with the terms and conditions thereof. All documentation authenticating these expenditures has been retained by WHO in accordance with its document retention policy and will be available to WHO's External Auditors for examination in the course of the audit of WHO's Financial Statements."

Signed by: Dr. Mamunur Malik

Name and Title: WHO Representative and Head of Mission to Somalia

Date: XX

2. Final Financial Statement:

Upon Completion or Early Termination, WHO will also provide the Final Financial Statement issued by the WHO's Division of Budget and Finance. The Final Financial Statement will be issued within six (6) months of the Completion Date. The Parties shall plan accordingly in the Work Plan (**Annex I**).

All financial reports shall be expressed in United States dollars. The UN Operational Rate of Exchange shall be used for converting expenditures made by WHO in other currencies to implement activities under this Agreement.

Quarterly Project Report Format (Implementing Partner to PIU)

PROGRESS TOWARDS EXPECTED RESULTS

[Insert the relevant SCRP Component/s and describe major developments and progress towards each output and activity from your work plan.]

OVERVIEW OF FINANCIAL INFORMATION
[Summary table and brief narrative on any key financial management issues/challenges relating to the operating context, any variance to the original (or formally amended) cash flow.]

MONITORING AND EVALUATION
[*What M&E efforts have been undertaken? Has independent verification taken place during the reporting period? Please describe the main findings.]*

ENVIRONMENTAL AND SOCIAL SAFEGUARDS
[*Narrative summary; full E&S Report as Annex]*

RISKS, ISSUES AND MITIGATION MEASURES
[Insert risk/ issue log and add short summary narrative]

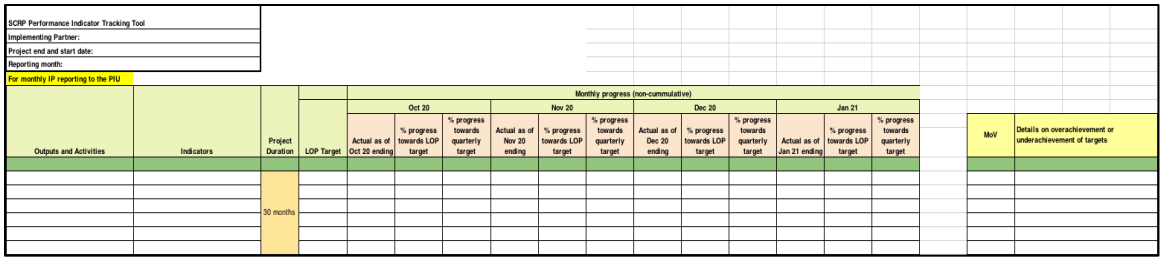
COMMUNICATION AND VISIBILITY
[*Report progress made in regard to communication/visibility strategy*]

CHALLENGES AND LESSONS LEARNED
[*Name LL, positive and negative, and explain how they will be used to inform your intervention. Add clearly attributable recommendations, if any.]*

Annexes:

- Financial Report
- Updated Work Plan, if applicable
- E&S General Quarterly Report
- Project photographs (with caption in separate folder)

Implementing Partner (IP) Monthly Update [*Extract from Excel document*]



SCRP Performance Indicator Tracking Tool																			
Implementing Partner:																			
Project end and start date:																			
Reporting month:																			
For monthly IP reporting to the PIU																			
				Monthly progress (non-cummulative)															
				Oct 20			Nov 20			Dec 20			Jan 21						
Outputs and Activities	Indicators	Project Duration	LOP Target	Actual as of Oct 20 ending	% progress towards LOP target	% progress towards quarterly target	Actual as of Nov 20 ending	% progress towards LOP target	% progress towards quarterly target	Actual as of Dec 20 ending	% progress towards LOP target	% progress towards quarterly target	Actual as of Jan 21 ending	% progress towards LOP target	% progress towards quarterly target		MoV	Details on overachievement or underachievement of targets
		30 months																	

ANNEX IV

COUNTERPART STAFF, SERVICES, FACILITIES AND PROPERTY TO BE PROVIDED BY THE GOVERNMENT

The Parties recall the provisions of the Basic Agreement, including those relating to the facilities to be provided by the Government for the execution of WHO assistance, and the Parties reconfirm that the Government shall provide the facilities, exemptions, privileges and immunities provided for in the Basic Agreement.

Without prejudice to the foregoing, the Parties agree that the Government commits to provide, at its own expense and at no cost to WHO, the following inputs to facilitate successful implementation of this Agreement:

(a) Government Staff (qualified experts to work with WHO's team):

NAME	TITLE	E-MAIL ADDRESS	PHONE NUMBER	STATE MOH WAREHOUSE PHYSICAL ADDRESS
Tahliil Ibrahim	Hirshabelle MoH DG	tahlilibra2@gmail.com	+252612114603	Koshin section, Beletwein Regional Hospital, Beletwein town, Hiran Region/Horsed Section, Jowhar Regional Hospital, Middle shabelle-Hirshabelle state, Somalia.
Abdiwali Ahmed	Galmudug MoH DG	cabdiwali05@gmail.com	+252618555505	Horsed Section, Dusamareb regional Hospital, Dusamareb town, Galgadud Region, Galmudug state, Somalia.

Abdirizak Hersi	Puntland MoH DG	abdirizak30@yahoo.com	+252-90-7793333	Uphill road, MoH, Garowe, Puntland, Somalia
Hussein Mohamed	Southwest MoH DG	dr.hussien114@gmail.com	+252615849683	Adada Section, Baidoa town, Bay Region, South West State, Somalia
Idris Hassan	Jubbaland MoH DG	dg-moh@jubalandstate.so	+252619604216	Mahfalka, Farjano section, Kismayo town, Lower Jubba-Jubbaland state, Somalia.
Yusuf Omar	FMoH supply chain manager	supply@chainmoh.gov.so	+252612117461	De Martino street, Mogadishu, Somalia
Cismaan Ibraahim Xayd	National Supply Chain Manager Mohd Somaliland	osmanhayd@gmail.com	0634446733/0654446733	HARGEYSA SOMALILAND

ANNEX V

WHO FULL COST RECOVERY

1. Full cost comprises of Direct Costs (DC) and Indirect Costs (IC).

Direct Costs:

2. DC are WHO costs incurred for the benefit of a particular project and can be clearly identifiable and documented as directly attributable to project activities. DC calculations are shown as line items in the Total Funding Ceiling in **Annex II**.

Indirect Costs:

3. IC are WHO's costs incurred as a function and in support of the activities implemented under this Agreement which cannot be traced unequivocally to the deliverables and technical outputs set forth in **Annex I**. The handling fee rate applicable under this Agreement is provided according to a reduced fee approved by the WHO, which is 5% of the total costs.

ANNEX VI

Environmental and Social Standards

The UN Partner shall, while delivering the Outputs, ensure that all activities comply with the SCRP Environmental and Social Management Frameworks (ESMF), including the GBV/SEA/SH Action Plan, the Grievance Redress Mechanisms (GRM); the Contingency Emergency Response Component – ESMF (CERC-ESMF); the Stakeholder Engagement Plan (SEP); and the Security Management Framework. The UN Partner shall conduct environmental and social screening processes as laid out in the ESMF and CERC-ESMF; and implement all necessary risk mitigation measures outlined in the named Environmental and Social instruments. All SCRP Environmental and Social instruments can be accessed at: https://mof.gov.so/search/node?keys+scrp

Within the context of this Agreement, the Project's Environmental and Social Instruments that apply to the UN Partner, Consultants, and Contractors are as follows:

Environmental and Social Management Framework (ESMF) – including GBV/SEA/SH Action Plan; Labour Management Procedures; Grievance Redress Mechanisms -, dated 25 July 2020
Stakeholder Engagement Plan (SEP), dated 22 July 2020
Security Management Framework (SMF), dated 22 August 2020
Contingency Emergency Response Component (CERC) – ESMF, dated 25 July 2020