

## Project budget items and sample budget

A budget for HAC operations typically includes items such as:

- Recruitment of international and national staff
- Emergency kits and medical supplies
- Communications
- IT equipment
- Meetings and workshops
- International airfares and per diem
- In-country travel
- Establishment of a sub-office (see Annex B6)
- Purchase of vehicles

Make sure that cost estimates are realistic. Include justification for each budget line. Use standard costs for staff, not just estimates of salaries, and include installation allowances where relevant.

Include provision for a local finance and administrative staff member to track expenditures and prepare spreadsheets, monitoring tables and reports.

Include realistic provision of **local operating/recurrent costs** such as:

- Running costs of a sub-office (rent, rates, electricity, phone bills, water, cleaning, maintenance);
- Maintenance/repair of office equipment;
- Office stationery and supplies;
- Car maintenance and spare parts;
- Fuel for generator and vehicles;
- Mobile and satellite phone bills;
- Computer and Internet connections;
- Miscellaneous contracts for the provision of local services;
- Security expenses (local guards and watchmen);
- In-country travel.

Use \$20,000 per month as a very rough estimate, pending detailed information on local costs.

Include project management, monitoring and reporting (PMR) costs in the RO and HQ at a standard rate of 10% on the total cost of the activities, except in proposals for ECHO consideration.

Include programme support costs (PSC): consult HAC/HQ on the appropriate PSC rate to be used – contact [crises@who.int](mailto:crises@who.int). (7% is applied for a country covered by a UN CAP or Flash Appeal, a country in crisis for which WHO's Financial Comptroller has approved a 7% rate, and on ECHO grants. The rate is 13 % for other countries.)

See [📖 SOP 6.6](#) for the list of countries eligible for a 7% PSC rate.

For guidance on PMR and PSC, see [📖 SOP 6.7](#).

For more guidance on standard costs and budget formats, see the budget planning table in [📖 SOP 13.2](#). SOP 13.2 also includes a pre-formatted table to calculate PMR and PSC costs, and a sample completed budget.

## ANNEX F – MATERIALS RELATING TO COORDINATION

### Sample project budget

[Reproduced from SOP 13.2]

	Activity ref.	Cost \$/month or cost per unit	Number of staff/items	Number of months	Total USD
<b>International Staff</b>					
Health Systems and Finances Specialist	All		1	3	Covered by other sources
Task Force Team Leader (STC-P5)	All	14,500	1	3	43,500
District Health Coordinator (STC-P4)	All	13,300	1	3	39,900
Technical Officer (STC-P4)	All	13,300	1	3	39,900
Logistics Officer (STC-P3)	All	14,400	1	1	14,400
Communication Officer (STC-P2)	All	11,500	1	3	34,500
<b>Local staff</b>					
Logistician	3.1		1	2	Covered by other sources
Information Assistant	3.2		1	3	Covered by other sources
<b>Equipment &amp; other activities</b>					
Communication (mobile phones and radios)	3.2	34,000			34,000
8 cholera kits (incl. transportation)	2.1	105,000			Covered by other sources
Assessment missions	All	10,000			10,000
Establishment of antennas, including operational settings	All	20,000			20,000
Printing and distribution of weekly epidemiological bulletin and surveillance form	2.1	5,000			5,000
Rapid training on case definitions	1.2	5,000			5,000
<b>Project monitoring and reporting costs</b>	All	24,620			24,620
<b>SUB-TOTAL</b>					<b>270,820</b>
<b>Programme support costs (7%)</b>					<b>18,957</b>
<i>...need to add PMR...?</i>					
<b>GRAND TOTAL</b>					<b>289,777</b>

#### **Budget notes**

- 1 Taskforce Team Leader: manage the programme to ensure that all components are effective in delivering results, build a strong team culture and resolve any working problems.
- 1 Health Systems and Finances Specialist: based within the MoH, provide advisory support to national and local authorities as they work with health partners to ensure that essential health care services are accessible for all those in need, whilst safeguarding the medium and longer term policy objectives in relation to cost recovery.
- 1 District Health Coordinator/Epidemiologist: work closely with local health authorities and maintain good contact with all stake holders supporting the epidemiological surveillance in the affected regions; monitor health trends, support possible epidemic response, identify gaps and

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overlaps and work with NGOs and other service providers accordingly, and play an active role in local coordination arrangements.

- 1 Technical Specialist: work closely with local health authorities and maintain good contact with all stake holders. This includes offering evidence-based advice, supporting active surveillance activities, data collection and rapid dissemination, case management protocols and the training of key health workers.
  - 1 Communication Officer: ensure that weekly and other periodic situation and technical reports are prepared and disseminated widely on time; supply to and gather information from health partners, liaising closely with other reporting officers in the UN system, particularly OCHA and UNICEF.
  - 1 Logistics Officer: ensure that transport, supplies and procurement, welfare, IT, communication, and other key operational support elements are linked together effectively, deployed efficiently where-ever needed, and operational problems resolved speedily for maximum functionality of the programme.
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