

For 'new-line' in text fields pres [ALT] and [ENTER] keys on keyboard (do not insert spaces to create line shift)
Please do not change the format of the form (including name of page) as this may prevent proper registration of project data.

For new proposals, please complete the tab for 'Project Document', 'Budget' and 'Locations'
Mandatory fields are marked with an asterisk

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	World Health Organization			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> UN Agency			
(C) Project Title*	Response to, control of communicable diseases outbreaks and provision of access to essential quality medicines for populations in newly accessible areas and both informal and formal internally displaced peoples settlements in designated priority areas of Somalia			
(D) CAP Project Code	SOM-13/H/56719/R	Not required for Emergency Reserve proposals outside of CAP		
(E) CAP Project Ranking	A - HIGH	Required for proposals during Standard Allocations		
(F) CHF Funding Window*	Standard Allocation 1 (May 2013)			
(G) CAP Budget	\$ 1,391,000.00	Must be equal to total amount requested in current CAP		
(H) Amount Request*	\$ 283,000.00	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve		
(J) Primary Cluster*	Health			
(K) Secondary Cluster	Health			
(L) Beneficiaries	Direct project beneficiaries. Specify target population disaggregated by number, and gender. If desired more detailed information can be entered about types of beneficiaries. For information on population in HE and AFLC see FSNAU website (http://www.fsnau.org)			
		Men	Women	Total
	Total beneficiaries	26950	28050	55000
	Total beneficiaries include the following:			
	Children under 5	14700	15300	30000
	Pregnant and Lactating Women	0	4080	4080
	Other	34305	31620	65925
	Other (Select)			0
(M) Location	Precise locations should be listed on separate tab Regions: <input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> Juba <input type="checkbox"/> M Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Salgadood <input type="checkbox"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed			
(N) Implementing Partners	(List name, acronym and budget)			
	1		Budget:	\$ -
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ -
		Remaining	Budget:	\$ 283,000
Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).				
(O) Agency focal point for project:	Name*	Antony Ajanga	Title	Technical Officer
	Email*	ajanga@nbo.emro.who.int	Phone*	0736100177
	Address			

3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)

(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	Somalia is in most drastic political, humanitarian and security transition following the election and recognition of the new government by international partners. This is expected to provide vectors towards improved security and development from the chronic emergency phase. However many challenges still remain including the 1.7 million people facing food insecurity and the number of people in crisis still expected to rise. Over 1.1 million (20%) of the population remain displaced in informal settlements and the host community without structures to cater for these special populations. As such, the risk of crises is underestimated as the inventory of health needs within the host population of which as many as half are nomadic remains greatly unknown. Newly accessible areas have created greater demand for the provision of access to essential life saving interventions and population health monitoring structures. However the grey security and void administration that is created in initial stages has left most populations periodically inaccessible and without public health security. This is because of constant disruption of existing health service provision networks at all levels (the case of Huddur). Movement is sometimes restricted and medical supplies routes difficult as was observed during the Kismayo cholera outbreak in which supplies could only go in using the KDF transport; the initial challenges in Hiraaan cholera outbreak that saw the Djibouti forces start treatment units.
(B) Describe in detail the capacities and needs in the proposed project locations. List any baseline data. If necessary, attach a table with information for each location. (maximum 1500 characters) *	South and Central zones bear main caseload for communicable diseases. In 2013 cholera outbreaks occurred in Mogadishu Prison Banadir region; Mushani lower Shabelle (CHF priority area); Jowhar lower Jubba; Beletweyne Hiraaan (CHF priority area). Puntland largest malaria outbreak in 5 years occurred affecting over 2000 malaria positive cases. PCR results pending. Mogadishu over 50 dengue positive cases documented with 75% positivity rates for serum samples collected from patients seeking fever treatment. Results for sequencing circulating strain still pending. Although no hemorrhage reported, this is a major public health threat despite having conducted IRS. Confirmed measles cases reported from Berbera and Burao Somaliland; Nugaal Puntland; Banadir Central. Although no case of confirmed whooping and diphtheria case has been detected, cases with symptoms have been reported. Samples tested negative which is being attributed to poor transport to referral lab. Overall between weeks 1-20: Suspected cholera 3241; Suspected measles 1311; malaria 13657. Suspect diphtheria and whooping cough 572. Where partners have activities, outbreak response is conducted through them, while WHO conducts these response in collaboration with community and leaders where there are no partners. Support is mainly through provision of medical supplies (kits) and where necessary financial component to support staff surge due to increase in workload and installation of temporary facilities.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	WHO maintains a sentinel surveillance system and a rumor verification network and investigation team. Weekly data collected from 196 sentinel sites (Central 61; Southern 36; Puntland 45; Somaliland 54) provides for trends monitoring and some outbreaks have been detected by the system. Where there are no sentinel sites, WHO has a regional surveillance staff working with a network of community leaders and partner organizations for outbreaks reporting and joint WHO and partner investigations teams are readily available for joint investigation missions. WHO also works with national NGOs/ partners that have access to areas under the control of anti-government entities ensuring access to essential services and population health monitoring through mobile clinics and some private health facilities. WHO fills gaps in essential medical supplies by providing kits to partners on case by case basis in collaboration with the health cluster. In the event of outbreaks, WHO works in close collaboration with the UNICEF health and WASH team which has the prevention aspect ensuring access to quality safe drinking water through designated partner activities. Where this is not possible, rarely, WHO fills gaps. WHO also supports cholera treatment centers during outbreak. WHO provides access to over 60 Inter-agency health kits; 60 Diarrhea disease kits and several basic units to partners each year. WHO is now working with the health authorities to establish emergency response units in their zones.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To reduce morbidity and mortality through timely detection and appropriate response to control communicable diseases		
(B) Outcome 1*	Timely disease surveillance reporting, early detection and effective response to outbreaks conducted in designated priority areas		
(C) Activity 1.1*	Support of sentinel and non-sentinel surveillance sites and collection of weekly data using standardized reporting tools		
(D) Activity 1.2	Jointly with partners verify/ investigate outbreak alerts and rumors and ensure effective response within 96 hours, with teams including		
(E) Activity 1.3			
(F) Indicator 1.1*	Health	Case Fatality Rate (CFR) for acute watery diarrhoea (AWD) less	Target* 1
(G) Indicator 1.2	Health	Number of outbreak alerts and rumors jointly (with partners on g	Target 20
(H) Indicator 1.3			Target 0
(I) Outcome 2	Health workers and regional staff trained on recommended standardized case definitions for surveillance, and outbreaks case definitions		
(J) Activity 2.1			
(K) Activity 2.2	Conduct monitoring using the standard M&E tools for surveillance on monthly basis during monthly visits to sentinel sites in priority areas		
(L) Activity 2.3	Train health workers in the target priority areas on recommended surveillance case definitions, outbreak detection and reporting and		
(M) Indicator 2.1			Target 0
(N) Indicator 2.2	Health	Number of health facilities visited monthly and M&E forms submitted	Target 20
(O) Indicator 2.3	Health	Number of health workers in facilities in targeted areas trained or	Target 50
(P) Outcome 3	Procurement and preposition of inter-agency health kits (IAHK) and diarrhea disease kits (IDDK) and distribution to target designated		
(Q) Activity 3.1			
(R) Activity 3.2	Procure and preposition kits with designated partners in target areas (hubs in Beletweyne, Garowe, Kismayo, Baidoa and		
(S) Activity 3.3	Support cholera treatment centers and other facilities by filling essential medical supplies gaps		
(T) Indicator 3.1			Target 0
(U) Indicator 3.2	Health	Number of kits prepositioned with health partners (IDDK or IAHK)	Target 16
(V) Indicator 3.3	Health	Number of cholera treatment centers and units supported during	Target 3
(W) Implementation Plan*			
Describe how you plan to implement these activities (maximum 1500 characters)			

5. MONITORING AND EVALUATION (to be completed by organization)

<p>(A) Describe how you will monitor, evaluate and report on your project activities and achievements, including the frequency of monitoring, methodology (site visits, observations, remote monitoring, external evaluation, etc.), and monitoring tools (reports, statistics, photographs, etc.). Also describe how findings will be used to adapt the project implementation strategy. (maximum 1500 characters) *</p>																																																																																			
<p>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3">Activity</th> <th colspan="6">Timeframe</th> </tr> <tr> <th colspan="6">Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</th> </tr> <tr> <th>Month 1-2</th> <th>Month 3-4</th> <th>Month 5-6</th> <th>Month 7-8</th> <th>Month 9-10</th> <th>Month 11-12</th> </tr> </thead> <tbody> <tr> <td>1.1*</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.2</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.3</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.1</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.2</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.3</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.1</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.2</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.3</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Activity	Timeframe						Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months						Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12	1.1*	X						1.2	X						1.3	X						2.1	X						2.2	X						2.3		X					3.1		X					3.2		X					3.3		X				
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6. OTHER INFORMATION (to be completed by organization)

<p>(A) Coordination with other activities in project area List any other activities by your or any other organizations, in particular those in the same cluster, and describe how you will coordinate your proposed activities with them</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Organization</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1 COSV</td> <td>Hospitals and MCHs in Lower Shabelle. Outbreaks community education has been</td> </tr> <tr> <td>2 UNICEF</td> <td>For the preventive part of the response to suspected cholera/ confirmed cholera</td> </tr> <tr> <td>3 WARDI</td> <td>MCHs in Beletweyne and cholera treatment unit during outbreaks</td> </tr> <tr> <td>4 SAMA</td> <td>Supports MCHs in Bakool and conducts mobile activities when needed</td> </tr> <tr> <td>5 Kismayo Community Hospital/ ARC</td> <td>with potential to expand and cover Ceelbarde</td> </tr> <tr> <td>6 Health Cluster</td> <td>Overall coordination with all health cluster partners who are the activity implementers</td> </tr> <tr> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td></td> </tr> </tbody> </table>	Organization	Activity	1 COSV	Hospitals and MCHs in Lower Shabelle. Outbreaks community education has been	2 UNICEF	For the preventive part of the response to suspected cholera/ confirmed cholera	3 WARDI	MCHs in Beletweyne and cholera treatment unit during outbreaks	4 SAMA	Supports MCHs in Bakool and conducts mobile activities when needed	5 Kismayo Community Hospital/ ARC	with potential to expand and cover Ceelbarde	6 Health Cluster	Overall coordination with all health cluster partners who are the activity implementers	7		8		9		10		
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