

Requesting Organization :	World Health Organization				
Allocation Type :	Reserve 2017				
Primary Cluster	Sub Cluster	Percentage			
Health		100.00			
		100			
Project Title :	Measles vaccination campaign in 2 regions of Somalia				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/R/H/UN/6830		
Cluster :		Project Budget in US\$:	999,999.53		
Planned project duration :	8 months	Priority:			
Planned Start Date :	17/09/2017	Planned End Date :	31/05/2018		
Actual Start Date:	17/09/2017	Actual End Date:	31/05/2018		
Project Summary :	<p>Somalia is experiencing its worst outbreak of measles in four years. More than 15,500 suspected cases of measles have been reported year-to-date to 20 August 2017, of which 83 % are under 10 years of age. Measles cases are on the rise due to low vaccination rates, compounded by drought-related mass displacement and overcrowding. The number of suspected measles cases year-to-date in 2017 is alarmingly high compared to the prior three years. The total number of suspected cases year-to-date in 2017 is more than twice the entire 2016 caseload (5,657), and exceeds suspected cases in prior years (2015: 7,498; 2014: 10,279). . In order to stop the transmission of the disease, and counter the effects arising from the continued displacement, a nationwide campaign is required to be rolled out at the same time across the whole country.</p> <p>It is expected that a nationwide immunization campaign will stop the ongoing outbreaks and reduce measles mortality. A supplementary national integrated measles campaign is planned to commence in November 2017, targeting approximately 4.2 million children from 6 months to 10 years.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
0	0	222,757	222,757	445,514	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Indirect Beneficiaries :					
1,302,671 individuals living in the community will benefit from a rapid increase in population immunity against measles and thus be better protected against diseases outbreaks.					
Catchment Population:					
The nationwide measles vaccination campaign will target 4.2 million children under 10 years of age in Somalia. Of these, this fund will cover the vaccination for 468,962 children under 10 years of age.					
Link with allocation strategy :					

Measles is a highly contagious, serious disease caused by a virus. In 1980, before widespread vaccination, measles caused an estimated 2.6 million deaths each year. The disease remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. Measles is caused by a virus in the paramyxovirus family and it is normally passed through direct contact and through the air. The virus infects the respiratory tract then spreads throughout the body. Measles ranks as one of the leading global causes of childhood mortality and is one of the most highly communicable diseases. Measles is one of the leading causes of death among young children despite the availability of a safe and cost-effective vaccine. According to WHO, in 2015 there were 134,200 measles deaths globally – approximately 367 deaths per day or 15 deaths per hour. Measles vaccination resulted in a 79% drop in measles deaths between 2000 and 2015 worldwide.

Campaigns/Accelerated immunization activities have had a major impact on reducing measles outbreaks, mortality and morbidity. Proper measles case management can improve morbidity and mortality.

Somalia is currently experiencing its worst measles outbreak in 4 years, with more than 15,000 suspected cases reported as of end July 2017. Several spot vaccination campaigns were conducted in April-May 2017 to curtail some of the problem. However, the continued displacement of population due to conflict and drought is leading to a continued and wide spreading of the disease. In order to address the full magnitude of the problem and stop the transmission of the disease, experts concluded that a nationwide measles vaccination campaign would be necessary. Past experience and evidence shows that such a campaign will play a critical role in reducing the number of measles cases, through interrupting transmission of the disease. This will in turn lead to reduced mortality rate among children.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
Ministry of Health	Others	922,331.00
		922,331.00

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

Other Funding Source	Other Funding Amount
WHO internal resources	800,000.00
Expected from other sources	5,000,000.00
5,800,000.00	

Organization focal point :

Name	Title	Email	Phone
Dr Farid	EPI Medical Officer	faridmu@who.int	+25261952132
Kim Hyo-Jeong	Technical Officer	kimhy@who.int	+44227911566

BACKGROUND

1. Humanitarian context analysis

The health situation in Somalia remains critical as water scarcity, food insecurity and malnutrition continue to drive needs. High rate of malnutrition, outbreaks of measles and Acute Watery Diarrhoea ('AWD')/cholera are the major health concerns.

Over half of Somalia's 12.3 million population is in need of humanitarian assistance with more than 3 million people in emergency or crisis states of food insecurity. If the current situation continues, more than one million children will be acutely malnourished this year, making them more susceptible to disease and almost 8 times more likely to die than children who are well nourished.

Nearly 5.5 million people are in urgent need of health care, of which more than half are women and children under 5 years of age. Conflict, food insecurity and internal population displacement are increasing.

Measles is rapidly spreading. There are over 14,379 suspected measles cases reported year-to-date to 30 July 2017, of which children aged up to ten years comprise approximately 83%. The number of suspected measles cases reported year-to-date is four times higher than the prior comparable period in 2016. In addition, mass displacement has created overcrowded living conditions for more than one million people, and this coupled with previously low vaccination coverage has resulted in increasing numbers of measles cases. Drought has led to lack of clean water and combined with continued displacement arising from conflict and drought has resulted in the largest outbreak of cholera Somalia has seen in the last five years. 71,663 suspected cases of AWD/Cholera, including over 1,098 deaths have been recorded year-to-date to 30 June 2017. The need for essential life-saving health services has increased as more people have become vulnerable. All the regions of Somalia reported measles cases, SHF funds will be used for response vaccination to measles outbreak in Galbeed and Sool regions.

Galbeed is one of the most populated region of Somaliland, and the number has increased with the movement of drought affected population to Hargeisa and other districts within this region. To date, more than 700 suspected cases of measles was reported from Galbeed region and this number may continue to increase with the increased influx of population into this region.

Sool is one of the most affected region by drought, cholera and measles. To date, more than 600 cases of suspected measles cases have been reported from this region. As Sool region is far flung and hard to reach and with poor infrastructure including health, it is suspected that the cases may continue to spread in this region.

2. Needs assessment

Epidemiology of measles outbreak shows that 83% of cases are under 10 years of age. In Somalia, measles outbreaks risk being particularly deadly given the drought and protracted conflict. Damage to health infrastructure and health services disrupted routine immunization, and overcrowding in internal displacement camps has greatly increased the risk of infection. Measles outbreaks can result in epidemics that cause many deaths, especially among young, malnourished children.

Nationwide measles immunization campaign will improve immunity in the community against measles and will help in containing of outbreak, reducing morbidity and mortality due to measles.

Sool and Galbeed regions are affected by drought and IDPs. The situation is further compounded by an active spreading of measles cases in both regions. As such the two regions will be targeted as part of the nationwide measles vaccination campaign.

3. Description Of Beneficiaries

4,278,083 children 6 months to 10 years in all regions of Somalia will be targeted for the nationwide measles vaccination during campaign. Of these, the SHF will be used to cover the vaccination of 468,962 children from 6 months to 10 years of age in Sool and Galbeed regions.

4. Grant Request Justification

Objective is to strengthen epidemic preparedness and response to reduce excess morbidity and mortality among the emergency affected populations of Somalia. Approximately 4.2 million children across Somalia, aged 6 months to 10 years will be reached. WHO require US\$ 6,808,510 of total multi-agency campaign of US\$11.7 million.

Measles is epidemic prone disease with high mortality and morbidity especially during emergencies. HCT agreed in one of its meeting to put measles outbreak control as priority for second half of 2017 as a critical issue.

Nationwide measles vaccination campaign is planned in November and activities supported by SHF will be part of nationwide campaign. The SHF will cover the cost for vaccinating 468,962 children between 6 months to 10 years of age in Sool and Galbeed regions. This fund will cover mainly the operational cost of delivering the vaccines, including microplanning, training of vaccinators, and the logistics cost of vaccination.

5. Complementarity

Nationwide measles vaccination campaign will be conducted in November targeting children from 6 months to 10 years of age in all regions. SHF will be used in 2 regions as a part of the nationwide campaign. MoH will implement vaccination campaign with the support of UNICEF and WHO. NGOs running health facilities, MCHs will be involved in the campaign activities. UNICEF will be responsible for vaccine, logistics, advocacy and social mobilization. WHO will do the training, human resource, supervision, monitoring and data reporting. WHO Polio structures will support implementation of the campaign

LOGICAL FRAMEWORK

Overall project objective

To vaccinate more than 95% (445,514) of children aged 6 months to 10 years in Galbadeed and Sool regions, as part of a nationwide measles vaccination campaign to be delivered in November 2017

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
To contribute to the reduction of maternal and child morbidity and mortality	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	50
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	50

Contribution to Cluster/Sector Objectives : Nationwide measles vaccination campaign will help in increasing community immunity against measles, community will be protected against measles, reducing morbidity and mortality. It is expected to vaccinate more than 95% (445514) of target population with one dose of measles vaccine.

Outcome 1

To protect community from measles outbreak through measles vaccination campaign

Output 1.1

Description

To vaccinate with one dose of measles vaccine more than 445,514 children from 6 months to 10 years of age in galbeed and sool region

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Coverage of measles vaccination (%)					95
Means of Verification : Admin data							
Activities							
Activity 1.1.1							
Standard Activity : Immunisation campaign							
Planetary meetings at country, zonal and state/regional level							
Activity 1.1.2							
Standard Activity : Immunisation campaign							
Training at Zonal, state/regional and district level							
Activity 1.1.3							
Standard Activity : Immunisation campaign							
Microplanning							
Activity 1.1.4							
Standard Activity : Immunisation campaign							
Advocacy and social mobilization							
Activity 1.1.5							
Standard Activity : Immunisation campaign							
campaign implementation							
Activity 1.1.6							
Standard Activity : Immunisation campaign							
Monitoring and evaluation							
Activity 1.1.7							
Standard Activity : Immunisation campaign							
Post campaign review							
Additional Targets :							

M & R

Monitoring & Reporting plan

Measles vaccination campaign will be supervised by MoH, UNICEF and WHO staff in all regions of Somalia. Current Polio structures that is present in all target regions will be support the supervision, monitoring and data collection. Reports will be shared from vaccination centers with Districts/region, zones and country level.

Vaccination teams will be using tally sheets for registration of children vaccinated, by end of each day teams working in one MCH will compile data and send to district level. Districts will receive data from all health facilities/vaccination centers, and will compile data from each vaccination centers and share with regional level. The regional MOH will share the collated data with zonal health authorities.

3-5 teams will have one supervisor. In addition there will be district level supervisors and monitors, regional level supervisors and monitors. Zonal level supervisors and monitors from MoH, UNICEF and WHO will also monitor campaign. Monitoring will be carried out using supervision and monitoring checklist. Total children expected to vaccinate and how many vaccinated will be monitored as a progress indicator.

Workplan	Year	Activitydescription											
		1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Planetary meetings at country, zonal and state/regional level	2017									X			
	2018												
Activity 1.1.2: Training at Zonal, state/regional and district level	2017										X		
	2018												
Activity 1.1.3: Microplanning	2017										X	X	
	2018												
Activity 1.1.4: Advocacy and social mobilization	2017									X	X	X	X
	2018												

Activity 1.1.5: campaign implementation	2017																	X	X
	2018																		
Activity 1.1.6: Monitoring and evaluation	2017																		X
	2018																		
Activity 1.1.7: Post campaign review	2017																		
	2018	X	X																

OTHER INFO

Accountability to Affected Populations

This project will be implemented by MoH supported by WHO and UNICEF. Vaccination campaign will be conducted by using fixed and outreach strategy. All the functional EPI centers in the country will be involved in provision of vaccination during campaign, and vaccinations will be provided through outreach session in far flung areas.

Microplans will be developed by local staff of the area in collaboration of community elders. Community will be mobilized by social mobilizers (local from respective community) for the vaccination, they will inform about the dates, venue of vaccination. Supervisors will be visiting households to get feedback from the community and ensuring that all eligible children get vaccination. Supervisors will provide feedback to relevant teams and their supervisors to make necessary arrangements depending on issues identified during their visits. One team member will be from local community as social mobilizers and he will ensure that maximum population get benefit from the campaign

Implementation Plan

Careful planning for a measles immunization campaign is essential for successful implementation and satisfactory outcome. A step by step guideline is available to help countries plan and implement immunization campaigns. (Planning and implementing high-quality supplementary immunization activities for injectable vaccines using an example of measles rubella vaccines: field guide WHO 2016). Recommendations made in this document have been taken from the WHO guideline.

After obtaining the high-level commitment and consensus, the following key activities need to be considered and planned:

1. Establish a National Coordinating Committee – this will be established within the FMOH
2. Achieve consensus on a macroplan to estimate needed resources – to be conducted together with FMOH and State level MOHs, as well as UNICEF and partners. A draft is already in place.
3. Resource mobilization – currently ongoing
4. Initiate process of vaccine procurement – UNICEF has already procured enough vaccines to cover the nationwide campaign.
5. Review existing cold chain and plan to cover gaps – to be conducted, to be in line with existing vaccination structure in place
6. Vaccine management and logistics plan – to be developed, together with FMOH, State level MOH and regional health authorities
7. Develop a microplan down to the health facility level – to be developed in each target region and district with relevant health authorities and partners
8. Develop communications plan – to be led by UNICEF, in support of FMOH
9. Recruit and train needed human resources – to be conducted by WHO, in support of local health authorities, following global guidelines
10. Develop a plan for monitoring and evaluation – to be developed
11. Develop the plan for AEFI management and waste management – to adapt existing global guideline to Somalia context

12. Post campaign coverage survey

Project will be implemented by MoH vaccination centers where available and by outreach sessions where there is no vaccination center. Vaccination teams will arrange outreach sessions for every settlements, houses, IDPs camps etc if there is no vaccination center in nearby area. Vaccination team will have vaccinator, team assistant (to record data) and social mobilizers. Vaccine and other supplies will be distributed to zones from country level. Zonal MoH will distribute it to regions, districts and vaccination centers. Supervisors at different level will do supervision and monitoring. Progress reports will be shared with districts from vaccination centers, from districts with regions and with zones onward.

Regional and zonal coordination committee will have regular coordination during pre, intra and post campaign, coordination committees will provide feedback and feed forward.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Advocacy, meetings, Training, Microplanning, Social mobilization
MoH	Training, Microplanning, supervision, monitoring and implementations

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2a- The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

Vaccination will be for children from 6 months to 10 years of age irrespective of their gender.

Protection Mainstreaming

Vaccination services will be provided in all MoH vaccination centers and in the areas without MoH vaccination centers, special outreach sessions will be arranged for the communities having difficulty to access the MoH vaccination center. One member of the team will be from each community. Special teams will be sent to IDPs, Nomadic population. High risk groups and hard to reach areas will be identified during development of microplans and plans will be made accordingly to make ease access to vaccination services

Country Specific Information

Safety and Security

Security in Somaliland is better as compared to other zones in Somalia, Galbeed has low risk of security while risk is high in Sool. Project will be implemented by MoH local staff supported by WHO and UNICEF local polio staff. Polio staff is working since long in their areas and they have good reputation in the community.

Access

These area are accessible for health interventions. Local staff of the areas will be involved during planning and implementations

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Supplies (materials and goods)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
2. Transport and Storage							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
3. International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Local Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Training of Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
6. Contracts (with implementing partners)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
8. Indirect Costs							
NA	NA	NA	0	0.00	0	0	0.00

	NA							
	Section Total							0.00
11. A:1 Staff and Other Personnel Costs: International Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
12. A:1 Staff and Other Personnel Costs: Local Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
13. B:2 Supplies, Commodities, Materials								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
14. C:3 Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00

20. Staff and Other Personnel Costs								
1.1	Technical and non technical team members per dime	D	887	15.00	20	100.00	266,100.00	
	<i>vaccination team will have 3 members,vaccinator, team assistant and social mobilizer(Social mobilizers will be paid by UNICEF) They will provide vaccination, mobilize community and data entry and reporting in vaccination centers and outreach sessions. 887 teams will be deployed. They will work for 10 days, for calculation of 2 members of team, i mentioned 20 days.</i>							
1.2	Supervisors	D	148	28.00	15	100.00	62,160.00	
	<i>Supervisors will supervise vaccination sessions, they will ensure availability of all required logistics, sessions conducted as per microplan</i>							
1.3	Monitors	D	28	30.00	25	100.00	21,000.00	
	<i>Monitors will be monitoring the whole process of project, training, microplanning exercise and vaccination sessions.</i>							
1.4	Facilitator	D	10	30.00	20	100.00	6,000.00	
	<i>Facilitators will provide trainings to vaccintors, supervisors and team assistants</i>							
1.5	Polio monitors	D	40	60.00	7	100.00	16,800.00	
	<i>After completion of campaign, post campaign survey will be done to assess the coverage. Post campaign survey will be conducted by Polio monitors who are already doing it after polio campaigns.</i>							
	Section Total						372,060.00	
21. Supplies, Commodities, Materials								
2.1	Trainings	D	6	2,250.00	3	100.00	40,500.00	
	<i>Training for supervisors, 6 sessions,3 days training will be conducted for supervisors. 2250 USD is average cost of one session</i>							
2.2	Trainings	D	36	800.00	2	100.00	57,600.00	
	<i>02 days training for vaccinators and team assistants will be conducted in 36 sessions</i>							
2.3	Printing	D	45298	2.00	1	100.00	90,596.00	
	<i>Printing of tally sheets for registration of vaccinated children and logistics, Guidelines for measles campaign, guidelines for AEFI surveillance. Supervision and monitoring checklists, compilation sheets at health facility level, district and regional level. 2 USD as a average per document.</i>							
	Section Total						188,696.00	
22. Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
23. Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
24. Travel								
5.1	Transportation for the teams	D	492	65.00	10	100.00	319,800.00	
	<i>492 teams will use vehicles for outreach sessions, vehicle rate is around 65 USD per day</i>							
5.2	Transportation for the supervisors	D	45	65.00	15	100.00	43,875.00	
	<i>45 Supervisors will be using vehicles for supervision and monitoring the activity at the rate of Around 65 USD per day</i>							
	Section Total						363,675.00	
25. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	

26. General Operating and Other Direct Costs							
7.1	Bank charges for Somalia trasactions	D	1	10,148.00	1	100.00	10,148.00
	<i>Bank charges for the transactions of funds its less than 2 %</i>						
	Section Total						10,148.00
SubTotal			46,991.00				934,579.00
Direct							934,579.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							65,420.53
Total Cost							999,999.53
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Sool -> Laas Caanood	11			25,264	25,264	50,528	
Sool -> Taleex	4			9,221	9,221	18,442	
Sool -> Xudun	4			8,103	8,103	16,206	
Woqooyi Galbeed -> Gebiley	27			60,181	60,181	120,362	
Woqooyi Galbeed -> Hargeysa	54			119,988	119,988	239,976	
Documents							
Category Name				Document Description			
Project Supporting Documents				2017.08 WHO Somalia Measles Response Concept Note.pdf			