

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 type="checkbox"/> UN Agency				
(C) Project Title*	Provision of adequate emergency medical supplies and equipment in geographical areas affected by the current drought and consequent migration of populations				
(D) CAP Project Code	SOM-11/H/39998/122	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking		Required for proposals during Standard Allocations			
(F) CHF Funding Window*	Emergency Reserve				
(G) CAP Budget		Must be equal to total amount requested in current CAP			
(H) Amount Request*	500000	Equals total amount in budget, must not exceed CAP Budget			
(I) Project Duration*	6 months	No longer than 6 months for proposals to the Emergency Reserve			
(J) Primary Cluster*	Health				
(K) Secondary Cluster		Only indicate a secondary cluster for multi-cluster projects			
(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	294000	306000	600000	
	Total beneficiaries include the following:				
	Children under 5	0	0	180000	
		0	0	0	
	0	0	0		
	0	0	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"/> L. 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"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> L. 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:	\$ 500,000	
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*	Dr Omar Saleh	Title	EHA Coordinator	
	Email*	saleho@nbo.emro.who.int	Phone*	+254 736 661 111	
	Address	WHO Somalia - Warwick Centre UN Avenue - Gigiri, P.O. Box 63565 - 00619 Nairobi, Kenya			

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) *	Population migrations to urban areas have created an unforeseen increased demand for emergency health services and subsequently increased consumption of existing and forecasted stocks of medical supplies. The protracted drought situation showcases that health facilities are getting overstretched. Consolidated efforts to restock the health facilities in the areas hardest hit by the drought with medical supplies is necessary. According to UNHCR, 21,000 displacements were reported in December 2010. Almost 10,000 people were reported to have been displaced due to drought. According to population movement tracking partners, 3,000 people were displaced from Belet Weyne, most of whom travelled to Bulo Burto district. Meanwhile, over 3,000 people were reported to have been displaced from Baydhaba district - over 1,500 of whom travelled to the Afgooye corridor. IDP camp populations in areas such as in Afgooye corridor, are particularly at risk due to cramped, crowded and unhygienic living conditions with infection rates known to be significantly higher in camp settings. WHO's precautionary measurements require IDP camps to be among the
(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) *	WHO has a physical presence particularly in the conflict-affected areas (including South Central Somalia), and works with a network of over 30 implementing partners (international and local aid organizations) including local health authorities both for direct implementation and coordination of the health response. WHO also has a network of polio program officers in each district, alongside other field officers working in the sub-offices - strategically located across Somalia. During the first three weeks of 2011, the number of consultations in health facilities for acute health needs in Lower/Middle Juba and Lower Shabelle regions increased by 55% and 65% respectively. Lower and Middle Juba regions reported a doubling of acute watery diarrheal cases. This may indicate that the vulnerable populations are not resistant to infections. An increasing number of consultations have also been observed in health facilities in Gedo region. Health facilities in the affected regions are getting
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	WHO provides impartial, credible, and timely information on the health situation in the affected areas for adequate targeting of humanitarian interventions. WHO also envisages provision of emergency health services and control of communicable diseases with assessment of health infrastructure and situation; procurement and distribution of emergency drugs and medical supplies to functional health facilities; strengthen the surveillance networks; improve the laboratory capacity with training and supplies; coordination of the health response; and prepare and respond to disease outbreaks (e.g. cholera). The risk factors for the spread of diseases include overcrowding, scarcity of safe drinking water, and the contamination of food. Therefore, establishment of a network of special cholera treatment centres (CTCs) and strengthen designated hospitals for treatment for severe cases. The focus of this strategy will involve active surveillance activities; case management; social mobilization and health promotion; safe water and sanitation in health facilities and communities; and provision of supplies and equipment to provide a comprehensive response.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Ensure access to and provision of emergency health services to the most vulnerable groups, especially women and children, who are		
(B) Outcome 1*	Reduced death and disability from preventable communicable disease in populations of humanitarian concern.		
(C) Activity 1.1*	Procurement of Interagency Emergency Health Kits and Diarrheal Disease Kits		
(D) Activity 1.2	Strategic distribution of Interagency Emergency Health Kits and Diarrheal Disease Kits to 16 selected health facilities as per the distrib		
(E) Activity 1.3	Cholera treatment centres (CTCs) established during the cholera outbreaks		
(F) Indicator 1.1*	Health		Target* 36
(G) Indicator 1.2	Health	IEHKs and DDKs distributed to the selected health facilities	Target
(H) Indicator 1.3	Health	Establishment of CTCs in 50% episodes of cholera outbreak	Target
(I) Outcome 2	Capacity of the health workers is improved at local level in monitoring of disease and outbreak response in emergencies resulting from		
(J) Activity 2.1	Training of health workers on outbreak detection, case management, monitoring and control		
(K) Activity 2.2	Distribution of standard guidelines on outbreak detection, case management and control; WASH and Nutrition guidelines; and Informa		
(L) Activity 2.3	Monitoring and assessment of the emergency health situation in target regions		
(M) Indicator 2.1	Health	Number of health workers trained in common illnesses, integrated	Target 100
(N) Indicator 2.2	Health	Distribution of standard guidelines on outbreak detection, case	Target
(O) Indicator 2.3	Health	Monitoring and assessment visits made	Target
(P) Outcome 3	Outbreak alerts are investigated, confirmed and responded to in a timely and appropriate manner, and outbreak control interventions p		
(Q) Activity 3.1	Investigation and response to outbreak rumors and outbreaks within 96 hours (at least 95% target)		
(R) Activity 3.2	Community awareness and sensitization during disease outbreaks		
(S) Activity 3.3	Generate and disseminate weekly updates on disease outbreaks		
(T) Indicator 3.1	Health		Target over 90%
(U) Indicator 3.2	Health	Number of community based socio-mobilization and awareness st	Target
(V) Indicator 3.3	Health	Number of outbreak weekly updates produced and disseminated	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	WHO provides partners and health facilities with emergency medical supplies to ensure access to essential health services for vulnerable and migrating populations. The medical supplies include the Diarrhoeal disease kits (DDKs) and Interagency Emergency Health kits (IEHKs). Although an IEHK is only meant for 10,000 people for 3 months, most health facility catchments have populations as high as 60-70,000 target populations which implies that they would ideally consume 6 - 7 IEHK every 3 months if we were the only source. Same applies for the DDKs which are good for 100 severe cases. With an attack rate of 0.05% in a population of 100,000, or equal to 5,000 cases, 20% of the 5,000 cases would be severe. This means 1,000 beneficiaries and hence the need for 10 DDK for only this target population. As such some partners will receive more than 1 IEHK and DDK to cope with the needs. WHO also		

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

(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) *

The Emergency Health Coordinator of WHO will supervise the project and monitor the progress against objectives in collaboration with partners and technical support from key local staff. Reporting tools include monthly reports (commodity stocks, distribution lists, consumption and stock-out reports and warehouse logs). Regular reporting on morbidity and mortality and number of outbreaks would be part of monitoring reports. Implemented activities will be checked monthly against the detailed implementation plan to ensure that activities are implemented as planned. Close supervision and monitoring of the project activities will provide information on how well the project is responding to needs of the affected populations and which geographic situations should be addressed on urgent basis as per evolving situation of epidemics in drought affected and IDP areas. Based on agreed reporting criteria with OCHA, narrative and financial reports will be shared. This will highlight any areas of concern to be addressed in the coming months. Regular sitreps will be presented to Health Cluster partners meetings in order to discuss the project progress and any need for modification of strategies to overcome constraints if any. Joint monitoring and evaluation activities will provide an opportunity for learning and building capacity of partners and health authorities. During supportive supervision each hospital will be assessed using a standardized check list.

(B) Work Plan
Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

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* Procurement of Interagency	X	X	X			
1.2 Strategic distribution of I		X	X	X		
1.3 Cholera treatment centre			X	X	X	X
2.1 Training of health worker		X	X	X	X	X
2.2 Distribution of standard g		X	X	X	X	X
2.3 Monitoring and assessm	X	X	X	X	X	X
3.1 Investigation and respon	X	X	X	X	X	X
3.2 Community awareness a	X	X	X	X	X	X
3.3 Generate and dissemina	X	X	X	X	X	X

6. OTHER INFORMATION (to be completed by organization)

(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

Organization	Activity
1 Implementing partners, including AAH-I,	Facilitate emergency health services in health facilities
2 WHO	Procure and distribute Interagency Emergency Health Kits and Diarrheal Disease
3	
4	
5	
6	
7	
8	
9	
10	

(B) Cross-Cutting Themes
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note

Cross-Cutting Themes (Yes/No)	Outline how the project supports the selected Cross-Cutting Themes.	Write activity number(s) from section 4 that supports Cross-Cutting theme.
Gender Yes	Focus for delivery of medical supplies will be give to the most vulnerable	11,371,138
Capacity Building		