

For 'new-line' in text fields press [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)**

<b>(A) Organization*</b>	World Health Organization			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> UN Agency			
<b>(C) Project Title*</b>	Provision of a coordinated response for the delivery of essential health service to famine affected and vulnerable population in order to reduce morbidity and mortality in Somalia.			
<b>(D) CAP Project Code</b>	SOM-12/H/48424	Not required for Emergency Reserve proposals outside of CAP		
<b>(E) CAP Project Ranking</b>	High	Required for proposals during Standard Allocations		
<b>(F) CHF Funding Window*</b>	Standard Allocation 1 (Mar 2012)			
<b>(G) CAP Budget</b>		Must be equal to total amount requested in current CAP		
<b>(H) Amount Request*</b>	\$ 219,457.00	Equals total amount in budget, must not exceed CAP Budget		
<b>(I) Project Duration*</b>	12 months	No longer than 6 months for proposals to the Emergency Reserve		
<b>(J) Primary Cluster*</b>	Enabling Programmes			
<b>(K) Secondary Cluster</b>	Health	Only indicate a secondary cluster for multi-cluster projects		
<b>(L) Beneficiaries</b>	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 ( <a href="http://www.fsnau.org">http://www.fsnau.org</a> )			
		Men	Women	Total
	Total beneficiaries	0	0	45
Total beneficiaries include the following:				
	Staff (own or partner staff, authorities)	0	0	45
		0	0	0
		0	0	0
		0	0	0
<b>(M) Location</b>	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		
<b>(N) Implementing Partners</b>	(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: \$ 219,457		
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>				
<b>(O) Agency focal point for project:</b>	Name*	Dr. Kamran Mashhadi	Title	Health Cluster Coordinator
	Email*	mashhadik@nbo.emro.who.int	Phone*	+254736100188
	Address			

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

<b>(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *</b>	<p>Mogadishu has been the scene of extensive warfare, violence and on-going displacement for the past 20 years. Since November 2007 there has been a dramatic increase in violence as Al Shabaab and the Transitional Federal Government (TFG) and its AMISOM allies fought for control of the city. By May 2009 the conflict had led to the displacement of approximately 800,000 Mogadishu inhabitants to the nearby Afgooye Corridor, neighbouring districts and across international borders. After withdrawing from most of their positions in August 2011, Al Shabaab turned to guerrilla warfare that has culminated in suicide bomb attacks and the frequent use of various forms of improvised explosive devices (IEDs) that has claimed many lives and perpetuates insecurity in Mogadishu.</p> <p>Recent drought, famine, disease outbreaks and increasing food prices has exacerbated the displacement of conflict-affected people both in to and out of Mogadishu. During the July to September 2011 famine it is estimated that 184,000 IDPs arrived in Mogadishu from neighbouring regions who continue to live in makeshift settlements and abandoned public buildings around the city. Numbers of IDPs in Mogadishu again increased in February 2012 when IDPs from the Afgooye Corridor were re-displaced due to fighting between TFG-AMISON forces and Al Shabaab for control of the Corridor.</p> <p>Mogadishu is a highly complex humanitarian environment. The presence of various clan militia groups threatens the security of the local population, IDPs and humanitarian workers who are the target of terrorist attacks. The lack of security adversely affects livelihoods of the local population and humanitarian access. International staff of UN agencies and some international non-governmental organisations (INGOs) rely on armed escorts to access IDP camps while local aid organisations maintain a low profile.</p> <p>In spite of security challenges for UN and NGOs in Mogadishu, humanitarian access has improved since TFG-AMISON forces took control of the city in August 2011. Prior to May 2011, Al Shabaab controlled the majority of East and Central Mogadishu and humanitarian access in these areas was impossible. These areas have since opened up and humanitarian activities can now take place. Better access and the scale-up of activities in response to the famine at the end of 2011 saw the emergence of a large number of new humanitarian actors in Mogadishu, many under the umbrella of the Organisation of Islamic Cooperation (OIC). Approximately 41 new international and national NGOs arrived in Mogadishu since the end of 2011 and countries such as Turkey, Iran and many of the Gulf States have made significant financial contributions to the relief effort.</p>
<b>(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) *</b>	<p>On going displacement, insecurity and the arrival of new humanitarian actors in Mogadishu present a major coordination challenge. While the cluster system is the agreed system for humanitarian coordination in Mogadishu, seven out of the nine clusters do not have dedicated cluster focal points and are led by either program officers or heads of office that have limited time available for cluster coordination, capacity-building and outreach to new partners. As a result, planning and coordination has suffered and the majority of new humanitarian actors under the OIC do not participate in cluster coordination meetings or regularly share information with existing organisations. The coordination deficit inhibits effective planning and service delivery and risks gaps and overlaps in humanitarian assistance.</p> <p>Many of the international actors under the OIC umbrella are new to the complex Somali context. Inadequate awareness of matters such as clan membership and gender can result in major protection issues and cause tensions between the host community, IDPs and humanitarian actors. Close coordination and cooperation between partners in Mogadishu is vital so agencies do not deliver contradictory messages, nor employ methods of service delivery that impact negatively upon the operations of other partners. Though all clusters have published cluster specific guidelines for activities that are meant to assure a minimum level of quality, it has not been possible to ensure adherence by non-cluster members.</p> <p>Historically many local partners have often withheld information rather than cooperate fully other members of their cluster, as they compete for funding. With the emergence of donors that do not require their partners to engage with UN coordination mechanisms there is even less incentive for NGOs to actively participate in cluster meetings. The onus therefore lies with the clusters themselves to bridge this gap and improve strategic coordination with the TFG authorities, OIC, and new international and national NGOs to ensure quality humanitarian service delivery.</p> <p>In order to address these needs and gaps of better coordination, the Health Cluster recruited in January 2012 a full-time focal person to strengthen coordination in Mogadishu. This person proactively engaged with the health partners, including OIC and Turkish NGO consortium. The outputs of this enhanced coordination include increased number of health partners actively participating in the weekly health cluster meetings, improved rate of reporting and a more up-to-date 4W matrix. In addition, increased information sharing and feedback on the ground situation enabled the cluster to better update stakeholders based in Nairobi.</p> <p>Following a pilot training organized in Hargeisa for health partners operating in South and Central Somalia, a follow up training will be organized in Mogadishu to increase their knowledge on the health cluster mechanisms, better use of reporting tools, produce news stories for various outlets and provide them with a better understanding of how to work in partnership.</p>

<p>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</p>	<p>In order to address these needs and gaps of better coordination, the Health Cluster recruited in January 2012 a full-time focal person to strengthen coordination in Mogadishu. This person proactively engaged with the health partners, including OIC and Turkish NGO consortium. The outputs of this enhanced coordination include increased number of health partners actively participating in the weekly health cluster meetings, improved rate of reporting and a more up-to-date 4W matrix. In addition, increased information sharing and feedback on the ground situation enabled the cluster to better update stakeholders based in Nairobi.</p>	
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**4. LOGICAL FRAMEWORK (to be completed by organization)**

<b>(A) Objective*</b>	Established decentralized health cluster coordination mechanism at zonal and regional level, in particular Mogadishu		
<b>(B) Outcome 1*</b>	Joint assessment/planning, timely communication and information shared for decision-making purposes		
(C) Activity 1.1*	Contribute to the development of an advocacy and communication strategy for health, in particular for South Central Somalia, by co		
(D) Activity 1.2	Production of stories and reports on key health issues for South and Central Somalia		
(E) Activity 1.3			
(F) Indicator 1.1*	Health		<b>Target*</b> 1
(G) Indicator 1.2	Health	Stories and reports produced and distributed	<b>Target</b>
(H) Indicator 1.3			<b>Target</b>
<b>(I) Outcome 2</b>	Health cluster coordination platform established in Mogadishu with appropriate and coherent health cluster implementation		
(J) Activity 2.1	Recruit and train district focal agencies from health cluster partners in support of the health cluster		
(K) Activity 2.2	Organise zonal Health coordination meetings on weekly basis with dissemination of minutes and follow up of action points to the hea		
(L) Activity 2.3	Participate actively into the zonal operational Inter-cluster coordination mechanisms and provide information on relevant public heal		
(M) Indicator 2.1	Health		<b>Target</b> 16
(N) Indicator 2.2	Health	Weekly health cluster meeting	<b>Target</b>
(O) Indicator 2.3	Health	Attending inter-cluster coordination meetings	<b>Target</b>
<b>(P) Outcome 3</b>			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1			<b>Target</b>
(U) Indicator 3.2			<b>Target</b>
(V) Indicator 3.3			<b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	The Health Cluster has developed a strategic plan for strengthening field coordination, capacity building of partners and monitoring and assessment activities. Based on the guidance received from cluster partners and OCHA colleagues, health cluster will adopt a phased tri-cluster implementation approach in order to maximize emergency response surge capacity and to minimize the disruption of its critical operations in worst case scenarios. Need-based meetings will be scheduled to review and update the contingency plans with all cluster partners and OCHA. Regular monthly coordination meetings and mid-term and end-of-year meetings will be scheduled as per timelines provided by CAP Secretariat. Training on cluster coordination and contingency planning for cluster partners, technical capacity building will be provided as per attached schedule. Plans for joint monitoring and evaluation missions will be scheduled and feedback will be shared with partners through regular reporting processes. Terms of reference will be developed for proactive field participation at all levels and forthcoming Strategic Cluster Planning will be realigned to the agreed goals and outcomes. Health Cluster will update existing coordination tools, processes and guidelines for partners to facilitate the translation of strategic plan at field level. Regional profiles will be updated with field inputs, all of which are aimed at gap analysis and facilitating training and capacity building of cluster focal agencies and partners in various Somali regions. The capacity building programmes will enhance the positioning of health cluster by establishing strong communications, advocacy and knowledge transfer mechanisms. Geographical operational collaboration and inter-cluster coordination (Protection, Health, Nutrition & WASH) is envisioned to complement preventive, promotive and curative aspects through complementary approaches.		

**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 M&E Framework of the Health Cluster Strategic Plan defines the respective roles of the Health Cluster Coordination team, Cluster Focal Agencies, and health cluster partners in oversight and reporting. To be accountable, all must be involved in measuring the efficiency, effectiveness and impact of cluster activities, managing risks and producing results. Monthly cluster updates on coordination during outbreak alert and response, as well as Health Cluster Bulletin will highlight the effectiveness or gaps as lessons learned. An advocacy and communications strategy for health will include targets and indicators that will help to monitor the communication activities planned, in particular for South and Central Somalia, including the production of human interest stories and reports. Start and End-Year-Reports will establish baselines and final results achieved through these interventions. Reports of the Mogadishu Health Cluster meetings will be shared with OCHA and partners. The Health Cluster Coordinator will play a central role in strengthening regional monitoring systems and to keep track of progress on implementation. Field monitoring visits will be undertaken with focal agencies and mid-term evaluation will be conducted as per established OCHA guidelines. Additionally, OCHA field coordinators and tri-cluster coordinators will be invited to strengthen regular communication loops in order to apprise each other of the current situation and preparation of sitreps. Rapid field assessments tools will be developed encompassing feedback on coordination effectiveness beside the regular emergency response activities. The M&E plan will include quarterly reporting on all coordination activities at all levels to ensure adequate coverage and distribution of substantive and geographic areas and timeliness of coordination. Regular project review reports will enable to make adjustments in activities and budgets to reflect realistically the financial requirements that can be absorbed by coordinating agencies to implement activities planned for 2012. Some indicators have been changed in the process of the MYR in line with the ones that have been used in health in previous years to ensure the consistency of reporting. Other indicators and targets that have shown not to be measurable or relevant for the achievement of a given objective has been changed accordingly. Standard evaluation methodologies agreed by all clusters for assessing relevance and sustainability will be adopted as per existing field coordination requirements. Evaluation reports from outbreak responses will include effectiveness of decentralized cluster coordination structure on various strategic occasions and locations throughout Somalia.

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* Contribute to the develop	X	X				
1.2 Production of stories and	X		X	X	X	X
1.3 Recruit and train district						
2.1 Organise zonal Health c	X	X	X	X	X	X
2.2 Participate actively into t						
2.3 Participate actively into the zonal operational Inter-cluster coordination mechanisms and provide information on relevant public health						
3.1 0						
3.2 0						
3.3 0						

**6. OTHER INFORMATION (to be completed by organization)**

(A) Coordination with other activities in project area	Organization	Activity
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	1 WASH and Nutrition clusters	Tri-cluster coordination and strengthening of services
	2 WASH and Protection clusters	Implementation of recently approved tri-cluster strategy for tackling mortality and
	3 OIC and Turkish NGO consortium	Improve stakeholder analysis and reduction in overlapping of activities
	4	
	5	
	6	
	7	
	8	
	9	
	10	

(B) Cross-Cutting Themes	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.
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note	Gender	Yes	Health cluster will mainstream gender at the strategic response and planning
	Capacity Building		