

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'

Project Document

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

(A) Organization*	WHO		
(B) Type of Organization*	<input checked="" type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title*	Outbreak control and response to communicable diseases in emergency health settings including IDP camps and settlements in with focus on identified areas of priority including Banadir, the Afgooye corridor, Lower Shabelle, Mudug, Galgaduud in Somalia		
(D) CAP Project Code	SOM-10/H/29125/R	Not required for Emergency Reserve proposals outside of CAP.	
(E) CAP Project Ranking	High	Required for proposals during Standard Allocations.	
(F) CHF Funding Window*	Standard Allocation 1 (July 2010)		
(G) CAP Budget	\$ 3,636,930.00	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 1,070,202.23	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve.	
(J) Primary Cluster*	Health		
(K) Secondary Cluster	please select		
(L) Beneficiaries	Total*		
	Men	Women	Children under 18
Direct project beneficiaries. Specify target population disaggregated by number.	3,175,780	1,429,101	1,746,679
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	People in AFLC	IDPs
	3,175,780		1,104,000
(M) Location	Regions		
	<input type="checkbox"/> Awdal <input checked="" type="checkbox"/> Banadir <input checked="" type="checkbox"/> Bay <input type="checkbox"/> Gedo <input checked="" type="checkbox"/> L. Juba <input type="checkbox"/> M. Juba <input checked="" type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input checked="" type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input checked="" 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:	
(O) Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).			
Agency focal point for project:	Name: *	Dr. Omar Saleh	Title: WHO EHA and Health Cluster Coordinator
	Email: *	saleho@nbo.emro.who.int	Phone: * 732661133
	Address:	WHO Somalia, P.O. Box 63565-00619 Warwick Centre, Gigiri, Nairobi	

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.*	Chronic conflict, collapsed health infrastructure and health systems and the lack of leadership most complicated by the current high IDP populations in priority regions pose major health risks for both displaced and host populations. Limited access to and disruption of health services due to conflicts activities to monitor population health situation must be in place, especially in light of known endemicity for communicable diseases, seasonal outbreaks and sporadic outbreaks. In past months, humanitarian agencies have generally scaled down their field activities or even withdrawn from some geographical areas mainly due to lack of funding leaving gaps and vast populations without access to health services. As such, the risk of outbreaks especially in the identified areas of priority which host vast numbers of IDPs is high.
(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.*	WHO maintains its presence particularly in conflict-affected areas both for direct implementation and coordination of the health response. WHO works with a network of over 30 implementing international, local aid organizations, private and public health facilities, the local authorities in the areas of priority alone. WHO also has a network of polio program officers in each district, alongside other field officers in strategically located field offices in Somalia. Already over 120 health workers have been trained on communicable diseases standardized case definitions and surveillance, and AWD case management in the first half of 2010 and more trainings are planned for July.
(C) List and describe the activities that your organization is currently implementing to address these needs.	WHO regularly conducts health situation monitoring assessments to affected regions; provides case management supplies in outbreaks; fills gaps where there is no access to medicines and medical supplies; conducts outbreak investigations; collects samples for laboratory confirmation; conducts inductions on case management during outbreaks; has trained over 120 health workers on surveillance; coordinates regional field based outbreak task force activities and the outbreak task force meetings and activities at Nairobi level.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To prevent avoidable morbidity and mortality due to epidemic prone diseases ensuring early timely detection, investigation and treatment		
(B) Outcome 1*	Reduced death and disability from preventable communicable disease in populations of humanitarian concern		
(C) Activity 1.1*	Stockpile essential medicines, supplies and equipment for disease outbreak control (cholera kits, cholera treatment centre supplies)		
(D) Activity 1.2	Strategic distribution of kits to key identified implementing partners for effective timely response		
(E) Activity 1.3			
(F) Indicator 1.1*	Health	Number of kits procured	Target:* 24 DD & 7 IAEHK
(G) Indicator 1.2	Health	No of kits distributed to partners	Target: 24 DD & 7 IAEHK
(H) Indicator 1.3	Target:		
(I) Outcome 2	Capacity of the healthworkers improved at local level in disease surveillance and outbreak response in emergencies resulting from		
(J) Activity 2.1	Training of rapid investigation and outbreak response teams (10 health workers)		
(K) Activity 2.2	Training of health workers on standardized case definitions and case management		
(L) Activity 2.3	Investigation and response to outbreak rumours and outbreaks		
(M) Indicator 2.1	Health	HEALTH - Number of health workers trained in common illness	Target: 10 Health workers
(N) Indicator 2.2	Health	no of health workers trained on standardized case definitions an	Target: 120 HWs trained
(O) Indicator 2.3	Health	Proportion of outbreak rumours and outbreaks responded to wit	Target: over 90%
(P) Outcome 3	Effective surveillance and response system functioning in all areas of Somalia especially 6 regions of priority, resulting in less disease		
(Q) Activity 3.1	Train (inservice and on-job training) and build capacity in disease surveillance and reporting, and outbreak response reporting		
(R) Activity 3.2	Generate and disseminate weekly updates on outbreaks and outbreak prone diseases		
(S) Activity 3.3	Regular health situation monitoring assessments		
(T) Indicator 3.1	Health	HEALTH - Number of health workers trained in common illnesses, integrated ma	Target: 120 HWs trained
(U) Indicator 3.2	Health	Number of outbreak weekly updates produced and disseminated	Target: Over 90%
(V) Indicator 3.3	Health	Number of health situation monitoring assessments conducted	Target: 12
(W) Implementation Plan*	All activities will be implemented joint with partners to improve detection and response capacity of health authorities, international and local humanitarian actors/ NGOs and foster continuity. WHO teams on ground will provide leadership in outbreak response activities.		

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

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 and evaluation of activities will be conducted through various means: reporting and performance at implementing partners levels; health situation monitoring visits and assessments by WHO on ground; joint field missions; weekly and monthly reports and data analyses for outcomes; availability of case management supplies and filled in gaps for medicines and supplies; collection of samples and referral for confirmatory diagnoses (number of confirmed outbreaks); number of trainings and number of staff trained.
--	---

(B) Work Plan Must be in line with the log frame	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*	Stockpile essential med	X	X				
1.2	Strategic distribution of kits to key identif	X					
1.3							
2.1	Training of rapid investigation and outbr	X	X				
2.2	Training of health workers on standardiz	X	X				
2.3	Investigation and respor	X	X	X	X	X	X
3.1	Train (inservice and on-job training) and	X	X	X	X	X	X
3.2	Generate and dissemin	X	X	X	X	X	X
3.3	Regular health situation	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 COSV	Case management for AWD and cholera cases at Merka and Qoryoley hospital
	2 COSV	Primary healthcare and surveillance in Lower Shabelle region
	3 Islamic Relief	Primary healthcare and surveillance in Afgooye IDP settlements
	4 Muslim Aid	Primary healthcare and surveillance in Afgooye IDP settlements
	5 COOPI	Primary and secondary care in Bay region
	6 World Vision	Primary healthcare and surveillance in Bay and Lower Jubba regions
	7 CISP	Primary and secondary healthcare in Galgaduud
	8 Merlin	Primary healthcare and surveillance in Mudug region
	9 AFREC	Primary healthcare and surveillance in Lower Juba region
	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 Women and children are most affected in the current emergency	2.1, 2.2, 3.1
	Capacity Building	Yes Approx 40% female health workers will be included in the all trainings	2.1, 2.2, 3.1