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*

**CHF** SOMALIA

# Project Document

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

| | |
|---|---|
| **(A) Organization*** | World Health Organization |
| **(B) Type of Organization*** | ☐ UN Agency  ☐ International NGO  ☐ Local NGO     UN Agency |
| **(C) Project Title***<br>For standard allocations, please use the CAP title. | Provision of life-saving child health services to vulnerable and newly accessible populations in Somalia, through Child Health Days, in accessible districts of South and Central Somalia. |
| **(D) CAP Project Code** | SOM-13/H/56711 — 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** | $ 3,648,423.00 — Must be equal to total amount requested in current CAP |
| **(H) Amount Request*** | $ 349,980.00 — 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** | 420 | 222353 | 222773 |

Total beneficiaries include the following:

| | Men | Women | Total |
|---|---|---|---|
| **Children under 5** | 96501 | 96501 | 193002 |
| **Women of Child-Bearing Age** | 221953 | 0 | 221953 |
| **Promoters, Caretakers, committee mem** | 0 | 0 | 820 |
| **Other (Select)** | | | 0 |

**(M) Location**
Precise locations should be listed on separate tab

| Regions | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ Awdal | ☐ Banadir | ☐ Bay | ☐ Gedo | ☐ L Juba | ☐ M Juba | ☐ Mudug | ☐ Sanaag | ☐ Togdheer |
| ☐ Bakool | ☐ Bari | ☐ Galgaduud | ☐ Hiraan | ☐ L Shabelle | ☐ M Shabelle | ☐ Nugaal | ☐ Sool | ☐ W Galbeed |

**(N) Implementing Partners**
(List name, acronym and budget)

| | | | |
|---|---|---|---|
| 1 | MOH | Budget: | $ - |
| 2 | UNICEF | Budget: | $ - |
| 3 | NGO | Budget: | $ - |
| 4 | Health Cluster | Budget: | $ - |
| 5 | | Budget: | $ - |
| 6 | | Budget: | $ - |
| 7 | | Budget: | $ - |
| 8 | | Budget: | $ - |
| 9 | | Budget: | $ - |
| 10 | | Budget: | $ - |
| | **Total** Budget: | | $ - |
| | **Remaining** Budget: | | $ 349,980 |

**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* | Assegid Kebede | Title | EPI Medical Officer |
|---|---|---|---|---|
| | Email* | kebedea@nbo.emro.who.int | Phone* | +254 734 600 608 |
| | 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) *

Children in Somalia are at high risk of contracting measles - and other vaccine-preventable diseases - because the routine immunization coverage for measles is estimated as low as 49%. Measles follow-up campaigns for children U5 year has not been conducted in most districts of the target regions for more than three years, leaving more than 500,000 children unprotected from measles in those geographical areas. This has led to build-up of successive cohorts of un-vaccinated children that are a 'public health time-bomb' ready to explode any time soon. The recent explosion of polio outbreak, could be considered a predictor of deadly outbreaks, of measles and other Vaccine Preventable Diseases, that are likely to follow in Somalia.

Low vaccination coverage of children with weakened immunity due to high rates of malnutrition is a serious concern for large scale outbreaks of Vaccine Preventable Diseases. Due to the very high measles mortality associated to famine situation, immunization of children in affected population is life-saving, and be implemented as a first priority to avoid un-necessary deaths. Rationale for this intervention include:
- Very low access to child health services in the target regions
- Huge immunity gap among U5 children in target regions
- Impending outbreak of measles and other VPD diseases
- Avoid high mortality in U5 children in target regions
- Existence of cost-effective approach in reaching more than 80% of children with child health servi

**(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) *

In Somalia, the health care delivery system is inadequate to provide basic health services to the entire population.The inadequacy is even worse in the target regions. The inadequacy of the country's primary health is reflected in coverage of immunization services among children and women: only 42% of under 1 year are fully vaccinated. Therefore, there is an unmet need of provision of preventive services through active outreach services to vulnerable populations.

Child Health Days in the target regions will address the major causes of death and disease in children; and represents the only platform available to deliver a cost effective life-saving package of child health interventions. CHD interventions include: measles, OPV, Vitamin A and De-worming tablets for children under 5 year; and TT for WCBA. CHD takes health care services out of the facility and delivers them directly to the community through teams of thousands of vaccinators and health workers, reducing access barriers and ensuring continuity of care at community level. A recent study, in northern Somalia, conducted by MOH, UNICEF and WHO in collaboration with CDC Atlanta recommended the continuation of CHD as a short term strategy of reaching more children with vaccination services. (Study sent for publication). An economic evaluation of CHD, conducted in association with CDC Atlanta, revealed CHD to have been cost effective with a cost of less than US$ 1.00 per intervention per beneficiary.

**(C)** List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)

Through its extensive network of community-accepted district polio officers, WHO Somalia does have a continuous presence in each of the districts of target regions. This district level presence is further augmented by a net-work of thousands of voluntary village reporters. Through this structure, WHO has been able to assist the government of Somalia detect cVDPV, WPV and measles outbreak.

As of Apr 2013, WHO, in collaboration with CDC Atlanta, has embarked on a creative initiative of community reporting system, in which remunerated community-based reporters will report polio-like disease on weekly basis. All these district and village structures that are supported by WHO Somalia will be utilized in disease detection as well as organization of vaccination campaigns.

Currently, WHO Somalia, along with its partners, is assisting the government of Somalia respond to the polio outbreak through organization and implementation of a series of polio campaigns, intensive surveillance of polio-like diseases, and mobilization of the community for vaccine uptake. The polio outbreak has been declared an international emergency.

Over the last two decades, WHO Somalia has had a surveillance and campaign organization edge (comparative advantage), in supporting the Somali community, detect and respond to outbreaks of vaccine preventable diseases.

## 4. LOGICAL FRAMEWORK (to be completed by organization)

| | | | | |
|---|---|---|---|---|
| **(A) Objective*** | Increase immunization coverage in four regions of South/central Somalia. | | | |
| **(B) Outcome 1*** | Support provided to the delivery of activities for Child Health Days in four regions (Bakool, Hiraan, Lower Juba and Lower Shabelle) | | | |
| (C) Activity 1.1* | Provide vaccines and other interventions to children and women  following  micro-planning, training and social mobilization. | | | |
| (D) Activity 1.2 | | | | |
| (E) Activity 1.3 | | | | |
| (F) Indicator 1.1* | Health | Number of children below five years and women of child-bearing | **Target*** | 414955 |
| (G) Indicator 1.2 | child-bearing age immunized/vacc | | **Target** | |
| (H) Indicator 1.3 | child-bearing age immunized/vacc | | **Target** | |
| **(I) Outcome 2** | Health workers at six regional and district levels  (Bakool, Hiraan, Lower Juba nad Lower Shabelle)trained on the proper administrat | | | |
| (J) Activity 2.1 | Conduct needs Assessment and inventory of vaccinators and supervisors in each region and district (Bkool to determine the | | | |
| (K) Activity 2.2 | | | | |
| (L) Activity 2.3 | | | | |
| (M) Indicator 2.1 | Health | Number of health workers trained on common illnesses and/or ir | **Target** | 820 |
| (N) Indicator 2.2 | Health | | **Target** | 0 |
| (O) Indicator 2.3 | Health | | **Target** | |
| **(P) Outcome 3** | Logistics support provided to guarantee quality implementation of CHD interventions | | | |
| (Q) Activity 3.1 | Daily rental of vehicles for vaccination teams to  pre-determined areas  in urban areas and in villages in rural areas,  for the distributi | | | |
| (R) Activity 3.2 | | | | |
| (S) Activity 3.3 | | | | |
| (T) Indicator 3.1 | Health | | **Target** | 0 |
| (U) Indicator 3.2 | Health | Number of vehicles hired to transport vaccination teams and sup | **Target** | 415 |
| (V) Indicator 3.3 | Health | | **Target** | |
| **(W) Implementation Plan***<br>Describe how you plan to implement these activities (maximum 1500 characters) | | | | |

## 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) *

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

| Activity | Week 1-4 | Week 5-8 | Week 9-12 | Week 13-16 | Week 17-20 | Week 20-24 |
|---|---|---|---|---|---|---|
| **1.1*** | X | | | | | |
| **1.2** | X | | | | | |
| **1.3** | X | | | | | |
| **2.1** | | X | | | | |
| **2.2** | | X | | | | |
| **2.3** | | | X | | | |
| **3.1** | | | X | | | |
| **3.2** 0 | | | | | | |
| **3.3** 0 | | | | | | |

*Timeframe — Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months*

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

**(A) Coordination with other activites 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 | MOH | Coordination |
| 2 | UNICEF | leadership and supervision |
| 3 | NGOs | Procurement of supplies |
| 4 | Health cluster | planning and logistics support |
| 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 | Most vaccinators are female; and training will be conducted to all vaccinators. | |
| **Capacity Building** | | | |