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* For standard allocations, please use the CAP title.	Health cluster coordination and emergency preparedness in Somalia	
(D) CAP Project Code	SOM-11/H/39947	Not required for Emergency Reserve proposals outside of CAP
(E) CAP Project Ranking	Medium	Required for proposals during Standard Allocations
(F) CHF Funding Window*	Standard Allocation 2 (Feb 2011)	
(G) CAP Budget	1150000	Must be equal to total amount requested in current CAP
(H) Amount Request*	151679.00	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	20	15	35
Total beneficiaries include the following:			
Internally Displaced People	0	0	1460
	0	0	0
	0	0	0
	0	0	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		Budget:	$ -
2		Budget:	$ -
3		Budget:	$ -
4		Budget:	$ -
5		Budget:	$ -
6		Budget:	$ -
7		Budget:	$ -
8		Budget:	$ -
9		Budget:	$ -
10		Budget:	$ -
	Total	Budget:	$ -
	Remaining	Budget:	$ 151,679

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 Everard Marthe	Title	WR/ Acting EHA Coordinator
	Email*	Everardm@nbo.emro.who.int/ wroffice@nbo.emro.who.int	Phone*	0736 661111
	Address	WHO Somalia Office in Nairobi, Warwick Centre, Gigiri, 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) *

Limited humanitarian access and emergency coordination support in an environment of chronic conflict and mass displacement pose serious challenges for the provision of urgently needed health services to the current 2.4 million Somali people in need of humanitarian assistance (FSNAU, 2011). 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 the doubling of acute watery diarrheal (AWD) cases.
An increased number of internal displaced people (IDPs), drought victims and disease outbreaks call for efficient coordination of the emergency health response at field level and sharing of information. Existing processes and tools need to be improved to address adequately the gaps on evidence-based foundation. The leadership of the health cluster is imperative to make sure that workplans are based on technical guidelines and international standards, instead of individual agency plans "knitted together" on an ad-hoc

(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) *

The Health Cluster consists of a group of more than 35 active health partners (5 UN agencies, 30 international and local NGOs, and in addition the ICRC and MSF as observers). It also collaborates with Nutrition, WASH and emergency shelter clusters to generate an integrated humanitarian health response. Currently, 11 focal agencies operate throughout the country in order to strengthen coordination mechanisms at field level, to activate inter-cluster linkages and facilitate local participation, to promote emergency health response and preparedness, and to provide information for monitoring and evaluation.
Recently introduced efforts to strengthen the inter-cluster coordination (i.e. with Nutrition and WASH Clusters), and the decentralized approach of Health Cluster coordination at regional and zonal levels are proving to be essential. Emergency health response is addressed in a collaborative manner in order to mitigate limited access for international partners, to encourage partnerships and joint interventions, and to build local capacities.Training of current and additional focal agencies will be provided in collaboration with

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

In 2010, 15 new agencies joined the Health Cluster. For monitoring purposes and records, the Health Cluster tracks operational information including all member agencies working in the field. To address emergency health needs, the existing health cluster coordination mechanism ensures support to health facilities in most areas. The Health Cluster strategic priorities remain the same as in 2010. However, special attention is given to greater Mogadishu. A contingency plan was developed for South and Central Somalia, including Greater Mogadishu, incorporating IDP Task Force plan and provisions for Emergency Shelter Task Force deliberations to respond to emergency health needs. Health Cluster together with 6 health partners jointly planned and provided emergency health response for IDPs in Greater Mogadishu, also covering the Afgooye and Balc'ad corridors and parts of Lower and Middle Shabelle regions.
The elected Cluster Review Committee (CRC) reviews proposals of Humanitarian Response Fund (HRF), Central Emergency

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Improve health cluster coordination for emergency preparedness in Somalia particularly for IDPs, victims of drought and conflict, and o			
(B) Outcome 1*	Enhanced emergency resource mobilization and improved health cluster coordination in all geographic and thematic areas.			
(C) Activity 1.1*	Development of minimum package of emergency health services and standardized costing for health personnel			
(D) Activity 1.2	Training of focal agencies (in collaboration with health authorities where appropriate) on effective coordination of emergency response			
(E) Activity 1.3	Training of health partners on the application of essential package			
(F) Indicator 1.1*	Health		**Target***	2
(G) Indicator 1.2	Health	Number of participants trained on effective coordination of emerge	**Target**	
(H) Indicator 1.3	Health	Number of participants trained on essential package of health	**Target**	
(I) Outcome 2	System of monitoring and assessment for better effectiveness of health cluster emergency response			
(J) Activity 2.1	Support to information management and reporting through monthly health cluster bulletins, quarterly update of 3Ws matrix and weekly			
(K) Activity 2.2	Strengthening coordination to conduct regular M&E activities amongst health cluster partners at Nairobi and field level.			
(L) Activity 2.3	Enhanced capacity of partners to integrate lessons learned from M&E initiative for effective planning with ICWG			
(M) Indicator 2.1	Health		**Target**	6 HC Bullletins
(N) Indicator 2.2	Health	Quarterly M&E reports from selected regions produced and distrib	**Target**	
(O) Indicator 2.3	Health	Quarterly tri-cluster coordination meetings held and action points i	**Target**	
(P) Outcome 3	Technical and operational capacity of cluster partners strengthened to translate Global Health Cluster initiatives to be implemented at			
(Q) Activity 3.1	Regional action plans produced, reviewed and updated.			
(R) Activity 3.2	Effective mechanism established to address greater integration into global health cluster policies for development and			
(S) Activity 3.3	Health Clusters partners trained in accessing options to increase health coverage through various mechanisms beyond existing alloca			
(T) Indicator 3.1	Health		**Target**	10 Regions
(U) Indicator 3.2	Health	No of participants trained on Global Health Cluster Plans	**Target**	
(V) Indicator 3.3	Health	Relevant funding information shared with partners in Cluster Coor	**Target**	
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	The Health Cluster aims to develop a strategic plan for strengthening field coordination, capacity building of partners and monitroing and assessment activities. Based on the guidance received from cluster partners and OCHA colleagues, health cluster will adopt a phased 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			

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 will define 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 oubreak alert and response, as well as Health Cluster Bulletin will highlight the effectiveness or gaps as lessons learned. Start and End-Year-Reports will establish baselines and final results achieved through these interventions. Reports of the Regional 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 effectivness beside the regular emergency response activities. The M&E plan will include quarterly reporting on all coordination activities at all elvels 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 2011. Some indicators have

(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* Development of minimum		X	X			
1.2 Training of focal agencies			X			
1.3 Training of health partner				X	X	
2.1 Support to information m	X	X	X	X	X	X
2.2 Strengthening coordinatio			X			X
2.3 Enhanced capacity of partners to integrate lessons learned from M&E initiative for effective planning with ICWG and tri-cluster partners (see attachment)			X			
3.1 Regional action plans pro			X		X	
3.2 Effective mechanism established to address greater integration into global health cluster policies for development and emergency planning as part of linking relief and reconstruction with development (LRRD approach)		X				X
3.3 Health Clusters partners	X	X	X	X	X	X

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	UNICEF	Health, Nutrition and WASH Cluster Coordinators have developed a Coordination
2	OCHA	Sharing of information with OCHA on health cluster field focal points.
3	MERLIN	Working to develop Health Cluster specific terms of reference for field participation
4	AFREC	Providing guidance to develop mechanisms for regional integration.
5	COSV	Helping COSV health coordinator to strengthen capacity of small local NGOs.
6	World Vision	Support to develop regional humanitarian operations accountability mechanisms.
7	WHO	Advisory to develop a rapid field assessment tool.
8	UNOPS	Facilitating on various options of sustainability of hospital operations.
9	CESVI	Provision of consultant for capacity building on immunization activities.
10	Somali Aid	Advice on how to proactively engage in current coordination structures.

(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	The health cluster recognises that the health of women, girls, boys and men is	420,042,014,203
Capacity Building			