

2009 CAP SOMALIA - CLUSTER PLANS & PROJECT SHEETS

Cluster Plans - Health

Objective	Major Activities	Indicators	End-May Targets	Year-end Targets
Health				
OBJECTIVE SOM_H_1				
Improve and sustain access to quality primary and secondary health care services	<ul style="list-style-type: none"> (1) Rehabilitation and reconstruction of health facilities in priority locations (2) Primary care services by primary health units (PHU) and health centers for IDPs, vulnerable groups and host communities (3) Targeted primary care services via mobile clinics for vulnerable groups (4) Secondary care services via hospitals and referral health centres (RHC), including obstetric care and surgical / trauma management (5) Supply of drugs, medical supplies and equipments (6) Reproductive health and mental health services to IDPs and host communities (7) Advocacy for free services and awareness raising on available health services 	<ul style="list-style-type: none"> • Provision of primary care services within 2 Km of IDP settlements with more than 10,000 population • 1 functional comprehensive, Emergency obstetric care (EmOC) facility per region • Number of health workers trained 	<ul style="list-style-type: none"> • Provision of primary care services within 2 Km of IDP settlements with more than 10,000 population • 6 regions of South/Central • 600 health workers 	<ul style="list-style-type: none"> • Provision of primary care services within 2 KM of IDP settlements with more than 10,000 population • 9 regions of South/Central • 1,500 health workers
OBJECTIVE SOM_H_2				
Prevent and control communicable diseases	<ul style="list-style-type: none"> (1) Establish disease Early Warning Alert and Response System (EWARS), including data collection from service providers, analysis and dissemination (2) Rumor verification, outbreak investigation and response (3) Epidemic preparedness (4) Expanded program of immunization (5) Child survival interventions (6) Health education and hygiene promotion in close collaboration with WASH agencies 	<ul style="list-style-type: none"> • Rumour verification and / or Outbreak response initiated within 96 hours of case reporting • Case Fatality Rate (CFR) for Acute Watery Diarrhoea (AWD) / Cholera below 1% • Coverage of Measles vaccination campaign to achieve >90% among targeted children 6-59 months 	<ul style="list-style-type: none"> • Rumour verification and / or Outbreak response initiated within 96 hours of case reporting • Case Fatality Rate (CFR) for Acute Watery Diarrhoea (AWD) / Cholera below 1% • Coverage of Measles vaccination campaign to achieve >90% among targeted children 6-59 months 	<ul style="list-style-type: none"> • Rumour verification and / or Outbreak response initiated within 96 hours of case reporting • Case Fatality Rate (CFR) for Acute Watery Diarrhoea (AWD) / Cholera below 1% • Coverage of Measles vaccination campaign to achieve >90% among targeted children 6-59 months

Cluster Plans - Health

Objective	Major Activities	Indicators	End-May Targets	Year-end Targets
OBJECTIVE SOM_H_3				
Improve health cluster coordination and emergency preparedness	(1) Strengthen Nairobi level health cluster coordination	• Number of regions (or zones) with regular monthly meetings	• 4 regional and 2 zonal	• 6 regional and 2 zonal
	(2) Inter-cluster collaboration at Nairobi and field level with WASH and Nutrition clusters	• Number of fully completed regional health profiles	• 8 regional profiles	• 14 regional profiles
	(3) Decentralized health cluster coordination at regional level in SCZ and zonal levels in Puntland and Somaliland	• Number of active regional contingency plans	• 2 regional and 1 zonal	• 6 regional and 2 zonal
	(4) Assessments and regional health profiling			
	(5) Health emergency preparedness (contingency) planning and implementation			

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
Health							\$43,830,888
AFREC							
African Rescue Committee SOM-09/H(1456) [HIV][Gnd][CB] SOM_H_1 SOM_H_2 Supports UNTP: No	Primary health care support for IDPs and host communities in Lower Juba	1. Improve access to primary health care for vulnerable populations in Kismayo and Afmadow districts 2. Promote positive behaviour to reduce morbidity and mortality related to poor nutrition, hygiene and HIV/AIDS among others	1. Renovation of Kismayo, Afmadow and Doble MCHs 2. Recruit qualified medical staff 3. Provide essential medical supplies and primary care services 4. Train 20 medical staff, 10 TBAs and 10 community health workers 5. Health and hygiene education at MCH and community levels	1. 135,000 people in three catchment areas have improved access to better primary health care 2. Morbidity and mortality reduced 3. Knowledge and skills among TBAs, community health providers and MCH staff (including among other topics, safe motherhood practices and other reproductive health topics, HIV/AIDS and STI related topics, nutritional topics, immunization and childhood diseases) improved 4. Health education improved among IDPs and resident populations	Target population 135,000 including 88,000 of the resident population and 47,000 IDPs. Out of these, 75,000 are females and 60,000 are males.	1. UNICEF 2. Youth Development Association (YDA)	\$298,800
CISP							
Comitato Internazionale Per lo Srihippo dei Popoli SOM-09/H(1457) [Gnd][CB] SOM_H_1 Supports UNTP: No	Support to Primary and Secondary health care services for the resident and IDP communities in Eldere, Galad and Harardere districts	1. Improve access and strengthen the existing Primary and Secondary health care services for the IDPs and host communities in Eldere, Galad and Harardere district	1. Improve health facilities, infrastructure, including provision of medical and supplies for both primary and secondary level health facility 2. Establish 3 mobile clinic units to cover 30 villages in the district 3. Refresher training for 30 health workers on case management and reporting and capacity building for community volunteers through training for 30 CHW and 15 TBAs from Eldere, Galad and Harardere	1. Morbidity and mortality rates reduced among IDPs and host communities affected by recent conflict in Mogadishu and other disasters (droughts) through improved accessibility to quality primary and secondary health care services 2. 50,000 IDP's and 178 host population have access to quality Primary and Secondary health care 3. Renovation of existing structures (3 MCH's) and equipment of Galad District Hospital 4. 3 mobile medical teams to cover 30 settlements 5. Recruitment of additional staff (1 doctor, 4 nurses, 6 midwives) 6. Training and capacity building for health staff and community volunteers twice per year in each location (total number of trainees: 75)	228,000 people from host communities (178,000) and IDPs (50,000) comprised of 118,000 females and 110,000 males.	1. MOH TFG 2. District Health Board 3. local district authority	\$448,840

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
COOPI							
<p>Cooperazione Internazionale SOM-09/H(1458)</p> <p>[Gnd][CB]</p> <p>SOM_H_1</p> <p>Supports UNTP: No</p>	Strengthening health services in Baidoa District Hospital	1. Respond to the urgent needs of the residents in the town and district of Baidoa by improving both quality and access to essential health services through provision of technical, logistical and administrative support to Baidoa Hospital	<p>1.Reorganisation of various department/services to ensure delivery of quality health services, particularly out patient department, paediatric, obstetric and operation theatre</p> <p>2.Provision of regular supply of essential drugs and other consumables, including laboratory reagents and X-ray consumables</p> <p>3.Training for 50 health staff to improve diagnostic and curative service (Topics: health education, hygiene, care of the patient, lab techniques, surgery, anesthesiology); facilitate attendance of 12 personnel to other training initiatives organised for the Region's health staff by the Ministry of Health, particularly on maternal health and Integrated Management of Childhood Illnesses (IMCI)</p> <p>4.Formation of a Directive Committee including Health Authorities, religious leaders and community representatives, with the role of linking the hospital with the community and oversee ingthe monitoring and supervision of the quality of services provided</p> <p>5.Training of the 10 members of the Management Committee on hospital and human resource management</p> <p>6.Set up a system for collecting and reporting epidemiological data</p>	<p>1. Performance of the essential health service units of the hospital is improved</p> <p>2. Performance of support services, including pharmacy, laboratory and radiology is improved</p> <p>3. Suitable management structures for the hospital are identified and their management capacities are strengthened</p> <p>4. HMIS (epidemiological data) and health performance related data are improved</p>	Estimated 226,456 inhabitants are the expected final beneficiaries of this intervention in Bay region. The population of children under the age of five is estimated at 45,291 (data from WHO polio eradication programme 2005).		\$450,202
<p>Cooperazione Internazionale SOM-09/H(1459)</p> <p>[HIV][Gnd][CB]</p> <p>SOM_H_1</p> <p>Supports UNTP: No</p>	Support to the health sector in North West Somalia - Awdal and Togdheer regions	1. Contribute to the improvement of the health status of the people in North West Somalia	<p>1. Rehabilitation of selected hospital/MCHs departments</p> <p>2. Supply of essential medical and non medical equipment</p> <p>3. Supply of medical and non medical consumables</p> <p>4.Training courses for the hospital/MCHs staff (100 staff: administrative, nurses, lab technicians, auxiliaries. Topics: hospital human resource and administrative management, care of the patients, lab techniques including hematology, biochemistry, bacteriology and microbiology, health education, hygiene)</p> <p>5. Establishment and follow up of methods and procedures for a referral system</p>	<p>1. Health services and health care quality of 2 Regional Hospitals (Boroma and Burao) improved</p> <p>2. 12 (six per region) selected urban/peripheral health facilities improved and a referral system with the Regional Hospitals established</p> <p>3. Capacity of Regional Health Board (RHB), District Health Board (DHB) and health administration improved</p>	The health and administrative staff employed by the MoHL in two hospitals and twelve MCHs in Awdal and Togdheer Regions, approximately 270 people, out of which at least half are women. The Regional Health Board and the District Health Board members, out of which at least 40% are women.	1. Ministry of Health of Somaliland	\$1,128,505

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
DIAL							
DEVELOPMENT INITIATIVE ACCESS LINK SOM-09/H(1460) [HIV][Gnd][CB] SOM_H_1 SOM_H_2 Supports UNTP: No	Primary and Secondary Health Care support for Badhaadhe District	1. Improve maternal and child care services among the IDPs and vulnerable population groups through supportive primary health strategies/facilities 2. Train health personnel in health management and hygiene promotion 3. Improve coordination and response to health requirements during the current humanitarian crisis	1. Support establishment of an MCH in Kolbiyow Town to help access Maternal and Child care services to vulnerable population including IDPs and vulnerable groups within the border areas 2. The project will also set up 2 health posts in two major pastoralist settlements and set up a mobile clinic for accessing over 27 major settlements within the District. The project will train 54 Community Health Workers (CHW) including 27 TBAs and conduct Community Health Awareness Training (CHAT) for 27 Hygiene workers 3. Increase disease surveillance and response capacity within the context of the current humanitarian crisis 4. Carry out preventive activities through adoption of sound sanitation and hygiene practices to reduce water-related diseases 5. Trainings (over one year period) covering topics such as primary health care, safe delivery and aseptic measures, health education and hygiene	1. Increase maternal and child health care access including vaccination 2. Increase in hygiene knowledge and reduction of water borne diseases contributed to, Health Education skills imparted and the health status of the targeted IDPs and vulnerable target beneficiaries increased	20,000 people; 5,500 IDPs, 2,000 children, 9,000 men, 11,000 women.		\$230,000
IMC							
INTERNATIONAL MEDICAL CORPS SOM-09/H(1461) [CB] SOM_H_1 Supports UNTP: No	Safe motherhood programme in Huddur, Rabdure and Elberde districts, Bakool Region	1. Improve the capacity of the MCH facilities in Elberde and Rabdure to offer basic emergency care and upgrade existing basic EOC in Huddur to a comprehensive EOC 2. Mobilise communities to establish functional and sustainable referral systems 3. Train and upgrade the knowledge of traditional birth attendants to perform safe deliveries using clean delivery kits, to recognise complications and to provide early referral to a health facility	1. Facility based assessment 2. Training of facility based staff and community based health workers (17 persons to be trained in total) 3. Upgrading of MCH infrastructure (repair and equipping of MCH) 4. Community empowerment targeting pregnant women and service providers	1. Improve capacity of the MCH facilities to provide emergency obstetric care 2. Individual families and communities are able to make informed decisions and take appropriate action in responding to maternal health needs 3. Improve new born care	5,139 pregnant women in Rabdure, Elberde and Huddur.	1. Local authorities in Elberde, Rabdure and Huddur 2. MOH/TFG	\$450,000

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
InterSOS							
InterSOS SOM-09/H(1462) [HIV][Gnd][CB] SOM_H_1 SOM_H_2 SOM_H_3 Supports UNTP: No	Support to integrated rapid response health services in Middle Shabelle (Jowhar, Balad, Warsheik, Awadley, Mahaday districts) through mobile teams and field health centres	1. Contribute towards improving rapid access to adequate quality integrated primary and secondary health services in Middle Shabelle (with special attention to IDPs and rural communities) 2. Contribute to prevent and control communicable diseases (including cholera, TB, IST, measles, HIV) 3. Contribute to emergency preparedness planning through assessments and data collections	1. Upgrade and support to functioning of 4 health mobile teams 2. Support and upgrade of 3 health centres in Warsheik, Balad and Awadley and 1 Regional Hospital for increased and improved health service provision and rapid response 3. Strengthen health service network between Jowhar Regional Hospital, Field Health Centres and Health Mobile teams. 4. 3 trainings for a total of 45 health staff to rapidly respond to needs in terms of health services (including cholera, AWD, measles, IST, SGBV) 5. Supply of drugs, medical supplies and equipment for health centres, mobile team and emergency interventions. 6. Awareness raising events on available health services and Health and Hygiene education and promotion (including prevention of communicable diseases (incl. Measles, TB, HIV) 7. Regular data collection 8. Rumor verification and/or initiation of response within 96 hours of case reporting 9. Provision of immunisation programs (measles) and interventions	1. 4 rapid reaction health mobile teams upgraded and supported 2. 3 Health Centers (Warsheik, Balad and Awadley) and 1 Regional Hospital in Jowhar (MCH, OPD) upgraded (in terms of facilities and staff recruitment and capacity building) to allow increased assistance capacity and improved quality care delivery and access (OPD increased by 10%, assisted patients increased by 10%, BOR increased by 5%, MCH interventions increased by 10%, reproductive health services increased by 5%) 3. 6 Health and Hygiene Promotion Campaigns adopting PHAST, KAP and CHAST approaches carried out in targeted areas (including IDP camps, schools and rural communities) 4. Drugs distributed, immunisation programmes and life saving interventions provided in targeted areas 5. 45 health staff trained 6. Relevant data gathered (disaggregated by age and gender) in order to contribute to the development of a regional profile and to be included in WHO database	Approx. 10,000 IDPs, potential catchment population: 200,000.	1. Wocca - Women and Child Care Organisation (for awareness raising and health education activities)	\$700,000
IR							
Islamic Relief SOM-09/H(1463) [Gnd][CB] SOM_H_1 SOM_H_3 Supports UNTP: No	Provision of medical care services to the IDPs in Somalia	1. Improve availability and accessibility of health services to the IDP population in Afgooye Corridor and Mudug 2. Support Health Centres in Qoryole of Merka and Dhahar and Hingalol district of Eastern Sanaag	1. Capacity building programme for the community in order to strengthen their involvement and participation in health deliveries 2. 50 community health workers will be trained on emergency preparedness planning and implementation 3. Delivery of health services through mobile clinics 4. Supply of emergency kits, cholera treatment kits 5. Construction of garbage disposal kits 6. 30 community leaders and 10 community health committees will be trained on Health Education and Hygiene promotion with specific emphasis on prevention and treatment of epidemic disease 7. Establishment of health centres and strengthening of the existing ones with drugs and medical equipments 8. Recruitment and hiring of new additional health staff 9. Procurement of equipped ambulance	1. Availability of health support services to the vulnerable IDPs increased 2. Cases mortality rates reduced 3. New health centres established and in use 4. 20 Health Professional staffs trained and providing services to the people in need 5. 3 doctors, 4 nurses, 6 TBA hired 6. 3 ambulances procured	Approximately 5,000 HHs in Afgooye, 3,000 in Mudug, 5,000 in Hingalol and 2,000 in Dhahar.		\$444,150

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
MDM							
MEDICINS DU MONDE FRANCE SOM-09/H(1464) No cross cutting SOM_H_1 Supports UNTP: No	Access to primary health care for vulnerable populations in Bossaso, in particular women, migrants, IDPs, refugees and poor urban population	1. Access to primary health care for vulnerable populations in Bossaso, in particular women, migrants, IDPs, refugees and poor urban population	1. Establish three mobile clinics 2. Reinforcement of 4 existing MCH which cover the 19 IDP camps 3. Recruitment of medical staff 4. Purchasing drugs, equipments and medical supplies 5. Transportation for staff and supplies	1. Access to PHC reinforced for vulnerable populations in particular women, migrants, IDPs, refugees in Bossaso 2. Quality of PHC for vulnerable population, in particular women, migrants, IDPs, refugees improved in Bossaso 3. Quality of maternal and reproductive health services in Bossaso improved	Total: 136,000 population: 107,000 people from host communities, 20,000 IDPs and 9,000 migrants.	1. MDM will implement the project in coordination with all the stakeholders in health, the representatives of the community in Bossaso and the Mixed Migration Task Force	\$512,000
MEDICINS DU MONDE FRANCE SOM-09/H(1465) [CB] SOM_H_1 SOM_H_2 Supports UNTP: No	Reinforcement of primary health care, epidemic diseases prevention and treatment for the vulnerable population of Marka, in particular IDPs and women	1. Reinforce the primary health care for the vulnerable population of the district of Marka, in particular IDPs and women 2. Reinforce the capacity to prevent and treat epidemic diseases in the district of Marka	1. Reinforcement of 2 OPD/MCH within Marka town 2. Establishment and/or reinforcement of 3 health posts around Marka town 3. Reinforcement of the obstetric department in Marka district hospital (cesarien section and fistula operation) 4. Strengthen the epidemic surveillance system and immediate response in case of outbreak 5. Implementation of health education and hygiene promotion 6. Recruitment of medical staff 7. Training and capacity building to local actors (support to the Regional Health board - training 20 persons, several sessions: management, accounting, public health), to the Regional Health office (5 persons, monitoring, data collection), to LNGO (on health awarness, communication) 8. Purchasing drugs, equipment and medical supplies 9. Rehabilitation of building 10. Transportation for staff and supplies	1. Access to PHC for vulnerable populations of Marka district reinforced 2. Quality of PHC in the 3 health centres and the 3 health posts managed by MDM improved 3. Quality of maternal and reproductive health services in Marka district improved 4. Health and hygiene information and awareness raising improved among vulnerable populations 5. Treatment of epidemic type diseases improved	217 000 persons: 192, 000 inhabitants, 25 000 IDPs. Of whom children under five years: 32 000, women of childbearing age: 46,000.	1. MDM will implement the project in coordination with all the stakeholders in health and the representatives of the community in Marka district	\$1,315,000
Medair							
Medair SOM-09/H(1466) [CB] SOM_H_1 SOM_H_2 Supports UNTP: No	Integrated Emergency Health Program in Burao, Togdheer, Somaliland	1. Improve provision and access to quality essential curative, preventative and promotional health care services for vulnerable populations in and around Burao town	1. Training of health workers (10 TBAs and 5 EPI team members) and volunteers/health educators (20) 2. Active case finding and referral of pregnant women 3. Antenatal and postnatal care, including reproductive health education 4. Provision of EPI services through outreach activities 5. Health education and promotion activities 6. Capacity building of community committees (25 members) in supporting primary health care activities	1. Reproductive health services strengthened 2. Prevention of communicable diseases improved 3. Capacity, knowledge and good practices of community committees and communities increased and maintained	IDP, host, marginalised and drought affected populations in and around Burao town, Total number targeted: 7,956 (including 6,096 IDPs).		\$153,794

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
Medair SOM-09/H(1468) [CB] SOM_H_1 SOM_H_2 Supports UNTP: No	Integrated Emergency Preparedness and Rural Health Program in Middle Shabelle	1. Improve provision and access to quality essential curative, preventative and promotional health care services for IDP, host, marginalised and drought affected populations in Cadale district	1. Rehabilitation of 1 MCH and 9 health posts 2. Recruitment and training of health staff (12 MCH and health post staff, 10 TBAs, 4 EPI team members, 75 health educators/volunteers) 3. Provision of health equipment and supplies for health facilities. 4. Provision of EPI services (facility based and through outreach activities throughout the district) 5. Health education and promotion activities 6. ITN distribution 7. Capacity building of community committees (25 members) in supporting primary health care activities	1. Provision and access to health care services at PHU (health post) and medical centre (MCH) level improved 2. Reproductive health services and antenatal care at PHU and Medcial centre level strengthened 3. Disease control and prevention improved 4. Capacity, knowledge and good practises of local partners, health workers and communities improved and maintained	IDP, host, marginalised and drought affected populations in Cadale district total number targeted: 46,720 (including 7,000 IDPs)	1. SAACID	\$524,700
Merlin							
Merlin SOM-09/H(1467) [HIV][Gnd][CB] SOM_H_1 SOM_H_2 SOM_H_3 Supports UNTP: No	Emergency Health Care Provision for the vulnerable Population of Ceel Buur District, Galgaduud region, South Central Somalia	1. Provide essential support to health facilities in Ceel Buur to effectively undertake primary health services and help to improve access to secondary services 2. Strengthen disease surveillance and outbreak preparedness and response to control and prevent communicable diseases 3. Improve coordination with other health actors in the region and strengthen emergency response and preparedness	1. Strengthen MCH services 2. Communicable disease surveillance and control 3. Treatment of common illness, First Aid and care of critically ill and injured 4. Monitoring and support supervision 5. Capacity building for staff 6. Outreach programme for EPI 7. Development of referral mechanism to secondary health service 8. Logistics and medical supplies 9. Health and hygiene promotion sessions 10. Coordination and information sharing with other organisations	1. 94,000 people in the catchment area have access to the primary and secondary health services, including MCH services. 2. Maternal and child mortality and morbidity reduced 3. Over 50% coverage of immunization for children under 5 4. 50% of traditional healers, religious leaders and local elders sensitised and trained on disease prevention and early referral of sick patient 5. All the national staff in health facilities trained to provide basic health services and handle emergencies	Total: 94,000 population; 70,000 host population; and 24,000 IDPs; Children<5 host population:14,000; Children<5 IDPs:4000; Total Children<5:18,000.	1. UNICEF 2. WHO	\$399,360
Merlin SOM-09/H(1469) [HIV][Gnd][CB] SOM_H_1 SOM_H_2 SOM_H_3 Supports UNTP: No	Improving access to strengthened comprehensive primary health and referral services in Awdal region, Somaliland	1. Increase access, quality and utilisation of primary health as well as referral services to the remote communities of Awdal region 2. Strengthen disease surveillance, emergency preparedness and control of communicable diseases 3. Increase health awareness and community involvement in health promotion activities	1. Strengthen MCH services through rolling out EPHS (Essential Package of Health Services) in 4 MCH Centers and 8 Health Posts in Awdal region 2. Communicable disease surveillance and control 3. Capacity building of MoHL staff in PHC service delivery and management 4. Joint monitoring and support supervision with MoHL and other health partners 5. Strengthening Health Promotion and Community Health networks by training CHWs, Midwives and Village Health Boards at Health Post level 6. Development of referral mechanism to secondary health services 7. Logistics and medical supplies 8. Health and hygiene promotion sessions 9. Coordination and information sharing with other organisations 10. Training of 40 health workers on therapeutic feeding, communicable diseases control, emergency preparedness; and train 80 mothers on hygiene, breast feeding, etc. at community level	1. 38,000 people of Awdal region (Zeila and Harirad areas) have an access to quality primary health care services including maternal and child health 2. Communities in Awdal region have improved access to referral health services 3. Communities are sensitised, mobilised and participate in the process of health care delivery as well as health promotion	38,000 population of Awdal Region (Zeila and Harirad areas) bordering Djibouti in North West, Ethiopia (Deerdaba) in West and Red Sea	1. WHO 2. MoHL 3. UNICEF	\$328,330

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
Muslim Aid							
Muslim Aid SOM-09/H(1470) [HIV][Gnd][CB] SOM_H_1 Supports UNTP: No	Primary Health Care Facilities for Sanaag	1. Provide quality primary healthcare services to the people in Sanaag 2. Identify families with bad nutritional practices and educate them with special focus on children under 5	1. Establishing fixed primary care centres in three locations (including HIV/AIDS awareness sessions at visits of expecting mothers and general public) 2. Renovation of existing sites e.g. paint, cement, bricks, signs, etc.(including awareness and educational literature displayed in PHCs) 3. Recruitment of fixed medical staff for each site (with gender-balanced consideration of female applicants) 4. Training and capacity building for staff and community based organisations (all MA MCH/PHC workers; i.e. 20 midwives, nurses and social workers) 5. Roaming Doctor to cover all 3 sites (giving special attention to expecting mothers, women, girls and general population)	1. Accessible, affordable health care (open more than 2 hours a day) 2. Nutritional practices improved 3. MCH Unit, Early referral Unit, Nutrition Unit and GP facilities, all under one Health Centre	Primary beneficiaries: Mothers/Mothers to be/nursing mothers and children under 5. Secondary beneficiaries: general public and families of Sanaag.		\$127,600
PSF-CI							
Pharmaciens Sans Frontières - Comité International SOM-09/H(1471) [Gnd][CB] SOM_H_1 SOM_H_2 Supports UNTP: No	Health support and rehabilitation of the district hospital and the MCH of Gabiley - Somaliland	1. Ensure an affordable access to quality healthcare for the population of Gabiley district - Somaliland 2. Protect the health of mothers, new borns and children under five in the district of Gabiley 3. Prevent communicable diseases	1. Technical assistance to the hospital management team 2. Rehabilitation of the hospital and the MCH of Gabiley (including the construction of an incinerator for medical waste) 3. Equipment of both facilities according to needs 4. Procurement and supply of essential generic medicines and medical commodities 5. Training and capacity building (in hygiene, lab services, drug management and procurement, good diagnosis and perscription, etc.) for local pharmacist, administrative and medical staff (31 trainees) and den mother training (10 trainees) 6. Management tools: design and printing 7. Population education on prevention, health care and rational medicines use, targeting 15,000 population 8. Pharmaceutical products quality control 9. Payment incentives	1. Quality essential medicines and medical commodities are available for the population of Gabiley (150,000 people) 2. Covered health facilities are properly furnished with required equipment 3. Health staff of the hospital and MCH benefited from capacity building 4. Management in the hospital is reinforced	Population of Gabiley district: 150 000 people Personnel employed in the hospital of Gabiley: 25 people Personnel employed in the MCH of Gabiley: 6 people.	1. Local implementing partners 2. Health authorities	\$633,880

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
RI							
Relief International SOM-09/H(1472) [HIV][Gnd][CB] SOM_H_1 Supports UNTP: No	Mudug Maternal Health Initiative (2MHI): Reducing maternal morbidity and mortality through essential reproductive health services	1. Restore essential structural and functional capacities of health facilities 2. Increase reproductive health knowledge and improved sexual health behaviour	1. Reconstruct/rehabilitate and equip 8 health facilities 2. Re-establish post- and ante-natal care services at 8 health facilities 3. Train and equip 64 community midwives and 112 health facility staff in recognition and early referral of obstetric emergencies. 4. Establish a system of community outreach to promote key public health messages 5. Train 64 health visitors on key reproductive health messages, including birth spacing/contraception, safe sexual practices, early referral for obstetric complications 6. Establish health facility based training sessions for community members at 6 health facilities 7. Implement 8 reproductive health dissemination campaigns through IEC	1. Communities access essential reproductive health services 2. Beneficiaries make informed decisions based upon increased access to reproductive health knowledge 3. Beneficiaries limit their exposure to unsafe sexual practices improved knowledge on sexual health	Total number of direct beneficiaries: 120,000 urban and rural dwellers - almost exclusively women.	1. LNGO to be determined	\$597,397
Relief International SOM-09/H(1473) [HIV][Gnd][CB] SOM_H_1 Supports UNTP: No	Galkayo Hospital Rehabilitation (GAHOR): Phase I. Physical Rehabilitation. (Phase II foreseen for 2010)	1. Restore essential structural and functional capacities of Galkayo Hospital	1. Rehabilitation of Galkayo Hospital (maternity, pediatric, and medical wards, mortuary, garden, etc.) 2. Provision of independent access to safe water 3. Provision of independent access to alternative energy 4. Equip Galkayo Hospital with basic hospital equipment 5. Train 220 health and administrative staff in basic facility management	1. Communities access essential health services at Galkayo Hospital 2. Staff equipped with skills in basic facility management	Total number of direct beneficiaries: 250,000 urban and rural dwellers in the catchment area of this referral hospital.	1. Ministry of Health 2. Galkayo Municipality 3. LNGO to be determined 4. Galkayo Community Groups	\$479,740
SCUK							
Save the Children - UK SOM-09/H(1474) [HIV][Gnd][CB] SOM_H_1 SOM_H_2 SOM_H_3 Supports UNTP: No	Integrated health services support in Kakar	1. Ensure the delivery of a package of essential quality health care services in targetted region 2. Boost the community demand for health care services 3. Develop the capacity and motivation of health care providers for a quality service delivery	1. Rehabilitate 2CH (Health Centres), 14 Health posts and one referral hospital as per essential package of health care services (EPHS) standards 2. Supply essential drugs to the targeted health facilities as per EPHS standards 3. Provide essential standard equipment to the targeted health facilities 4. Train health professionals and health managers on proper case management and monitoring (90 CHWs; 100 auxiliary nurses; 30 laboratory technicians; 60 nurse/midwives; 60 regional health staff; 25 local NGO staff) 5. Establish and train Regional Health Boards (RHBs) and Community health committees (CHC) 6. Support refurbishing of 1 VCT centres in Qardo 7. Strengthen the capacity of regional health team in developing and implementing emergency preparedness and response plans	1. Population have access integrated primary health care services in Kakar	49,50 people of which approximately 50% are women and 58% children.	1. MoH 2. LNGOs 3. Regional health boards	\$971,685

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
Save the Children - UK SOM-09/H(1475) [HIV][Gnd][CB] SOM_H_1 SOM_H_2 SOM_H_3 Supports UNTP: No	Integrated Health services support project in Sool, Sanag and Sahil regions	1. Ensure the delivery of a package of essential quality health care services in targetted regions 2. Boost the community demand for health care services 3. Develop the capacity and motivation of health care providers for a quality service delivery	1. Rehabilitate 15 MCH (Health Centres) and 30 Health posts as per Essential package of health care services (EPHS) standards. 2. Supply essential drugs to the targeted health facilities as per EPHS standards 3. Provide essential standard equipments to the targeted health facilities 4. Train 365 health professionals and health managers on proper case mangment and monitoring (90 CHWs; 100 auxillary nurses; 30 lab technicians; 60 nurse/midwives; 60 regional health staff; 25 local NGOs staff) 5. Establish and train Regional Health Boards (RHBs) and Community health committees (CHC). 6. Support and rehabilitate 3 VCT centres (needs based) 7. Strengthen the capacity of regional health team in developing and implementing emergency preparedness and response plans	1. 90,000 population of Sool, Sanag and Sahil regions able to access quality health care services	Sool, 30,000, Sanag, 20,000 and Sahil 40,000 population would be able to access health care services. Almost 50% of which are women and 58% are children.	1. Ministry of Health 2. Regional health office 3. Local NGOs like HAVOYOKO 4. Regional Health Board (RHB) 5. Community health Committees (CHC)	\$789,943
UNFPA & WHO							
United Nations Population Fund & World Health Organization SOM-09/H(1476) [HIV][CB] SOM_H_2 Supports UNTP: No	Reducing HIV infection, improving universal precaution, reducing maternal deaths and disabilities in emergency obstetric care services through comprehensive blood safety in Somalia	1. Reduce HIV infection, improve universal precaution, reduce maternal deaths and disabilities in emergency obstetric care services through comprehensive blood safety in Somalia	1. Strengthen hospital infrastructure through establishment of blood screening units 2. Capacity building/training of 56 health care providers (doctors, nurses, laboratory technicians on blood safety) 3. Establish sustainable supplies of medical equipment, essential drugs/reagents and logistics mechanism 4. Conduct donor recruitment drive and Awareness Raising Campaigns on blood screening and support to blood screening units including development of IEC materials 5. Programme management, M and E and Technical Assistance	1. Quality of blood safety programme improved by ensuring the constant availability of blood screening supplies and reagents in all blood screening units in the country	Total: 180,000 population: 140,000 IDPs and 40,000 people from host communities: 95,000 females and 85,000 males.	1. WHO 2. Somali Red Crescent Society 3. IMC 4. COOPI	\$782,705

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
<p>United Nations Population Fund & World Health Organization SOM-09/H(1477) [HIV][Gnd][CB] SOM_H_1</p> <p>Supports UNTP: Yes - objective 4.4</p>	<p>Reducing maternal and neonatal deaths and disabilities through provision of quality Emergency Obstetric Care (EmOC) and essential Reproductive Health (RH) including ending obstetric fistula care services in Somalia</p>	<p>1. Improve access to and availability of EmOC and skilled birth attendance and other essential RH services for displaced and host population, especially women and other vulnerable groups in the three zones of Somalia.</p>	<p>1. Assessing health care facilities (MCH and Hospitals) 2. Improving health facility infrastructure, including provision of medical equipment and supplies for comprehensive EmOC in 10 hospitals and implementing EmOC and repairing of obstetric fistula in 5 hospitals 3. Establishing basic EmOC services in 10 MCH centres in selected sites or as alternative, establishment/transfer existing health facility to NDP (Normal delivery point) to provide BEmOC 4. Establishing sustainable EmOC referral system including transport and communication to reach out to IDPs and other vulnerable groups 5. Building capacity of service providers (doctors, nurses, midwives, etc.) through technical support and training, both in rural areas and urban areas 6. Establishing sustainable supplies of medical equipment, essential drugs/contraceptives and logistics mechanism including female and male hygiene kits 7. Routine testing of antenatal mothers to reduce Mother To Child Transmission of HIV - linking to Anti Retroviral Therapy Centres and Syndromic Case Management services for sexually transmitted infections 8. Fistula repair and advocacy campaigns 9. Raising community awareness and demand for access to and utilisation of quality EmOC services</p>	<p>1. Maternal morbidity and mortality reduced among internally displaced and host communities affected by conflict and other disasters through improved accessibility and utilisation of quality RH services for the treatment and management of complications during childbirth and pregnancy including identification of clients in need of HIV care support and Anti Retro-Viral therapy for eligible clients</p>	<p>Total: 180,000 population: 140,000 IDPs and 40,000 people from host communities: 95,000 females and 85,000 males.</p>	<p>1. Galkayo Medical Center 2. Islamic Relief 3. World Vision 4. MoH</p>	<p>\$1,796,326</p>
UNICEF & WHO							
<p>United Nations Children's Fund & World Health Organization SOM-09/H(1478) [HIV][Gnd][CB] SOM_H_1</p> <p>Supports UNTP: Yes - objective 4.4</p>	<p>Facility-based delivery of essential health care and life saving services to vulnerable population and host communities</p>	<p>1. Decrease morbidity and mortality in emergency situations by increasing delivery and improving utilisation of facility-based and essential health care services</p>	<p>1. Delivery of essential health care including routine immunisation through mobile clinics and strengthened fixed health facilities 2. Provision of emergency health kits, MCH kits, Health Post kits, EPI supplies, cholera treatment kits, oral rehydration salt (ORS) and other essential supplies 3. Training and capacity building of 40 health care workers and technical assistance and support to local and national authorities to respond to emergencies</p>	<p>1. Increase access/utilisation of appropriate preventive and curative primary health care to around 3 million people with a focus on women and children 2. Reduce excess mortality rates as a result of essential health care services made available in all affected areas 3. 250 Maternal and Child Health (MCH) facilities and 540 Health Posts supported throughout Somalia</p>	<p>3 million general population with access to basic primary health care services - at least 50% should be women and children.</p>	<p>1. UN agencies 2. INGOs; CBOs 3. Somali Red Crescent 4. Regional/ local authorities, such as MoH 5. local NGOs</p>	<p>\$7,597,920</p>

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
United Nations Children's Fund & World Health Organization SOM-09/H(1479) [Gnd][CB] SOM_H_1 Supports UNTP: No	Reaching Children under five years of age with high impact life saving services - Child Health Days (CHDs)	1. Reduce the number of children who die/suffer from life-threatening childhood diseases and hence improve child survival	1. Procurement and pre-positioning of vaccines and related supplies 2. Development, printing and distribution of management and monitoring tools 3. District level microplanning 4. Training of CHD teams (vaccinators, supervisors and health educators) 5. Social Mobilisation and community awareness on CHDs 6. Conduct CHDs as a population based scheduled service (rolling campaign) every six months throughout Somalia 7. Supervision and monitoring	1. Over 90% coverage of high impact and critical health service for children under 5 including immunisation (measles), de-worming and Vitamin A (Target is 1.5 million children) 2. Over 90% of children under five receive Oral Rehydration Salt (ORS - to prevent deaths from dehydration/diarrhoea) and their caregiver/s receive health/nutrition education with focus on hygiene and breastfeeding 3. Over 60% coverage of Tetaus Toxoid vaccination for childbearing age (CBA) women (target is 1 million women) 4. Over 90% of children under five nutritionally screened and referred as needed for emergency nutritional interventions	1.5 million children under five and 1 million women of childbearing age.	1. UN agencies 2. INGOs, CBOs 3. Somali Red Crescent 4. regional/ local authorities 5. local NGOs	\$12,590,958
United Nations Children's Fund & World Health Organization SOM-09/H(1482) [CB] SOM_H_2 Supports UNTP: No	Polio Eradication Initiative in Somalia 2009	1. Maintain polio free status of Somalia and to continue improving the vaccination status of all under 5 children	1. Procurement and transport of the antigen (budget estimation not included) 2. Recruitment of human resources approx. 13,000 persons per round 3. Meetings and training of approx. 13,000 vaccinators (in identification of AFP, methods of immunisation for polio, de-worming and vitamin A, etc.) including more than 1,000 supervisors (with additional training in monitoring and management skills) 4. Social mobilisation activities 5. Cold chain and equipment 6. Transportation	1. Conduct two rounds of Supplemental Immunisation Activities (SIAs) during the first half of 2009	All Children under 5 years of age.	1. TFG 2. MoHL Somaliland 3. MoH Puntland 4. international and national NGOs	\$923,350
UNOPS							
United Nations Office for Project Services SOM-09/H(1480) [HIV][Gnd][CB] SOM_H_1 Supports UNTP: Yes - objective 4.4	Rehabilitation of two hospitals in Central South Somalia	1. Increase access to primary and secondary health care through rehabilitation and development of hospitals	1. Assessment of health care facilities in each region 2. Second phase infrastructure rehabilitation of Forlanini (Banadir) and Wajid (Bakool) hospitals 3. Provide the hospitals with adequate supplies and equipment	1. Assessment of health care facilities in each region 2. Forlanini and Wajid hospitals will be fully rehabilitated and functional 3. Reduced morbidity and mortality rates resulting from increased access to secondary and primary health care	Populations of Banadir and Bakool regions	1. MoH 2. NGOs 3. Private Sector	\$3,167,200

Supporting Projects - Health

Project Code	Project Title	Objective	Main Activities	Key Outcome	Beneficiaries	Implementing Partners	Financial Requirements
WHO							
World Health Organization SOM-09/H(1484) [CB] SOM_H_3 Supports UNTP: No	Health Cluster Coordination and Emergency Preparedness in South Central Somalia	1. Improve health cluster coordination and emergency preparedness in South Central Somalia	1. Strengthen health coordination at the regional and Nairobi levels 2. Develop regional health emergency preparedness (contingency) plans 3. Train and capacity building of local and international health workers (120) 4. Stockpile of essential and emergency drugs, supplies and equipments 5. Provide technical assistance and support to local and international partners	1. Emergency preparedness plans developed and in place in six regions of South Central Somalia 2. Functional health cluster focal agencies in six region. 3. Drugs and medical supplies pre-positioned in 8 regions of South and Central Somalia	Population of South Central Somalia.	1. MoH 2. Health cluster partners 3. LNGOs	\$1,504,441
WHO & Merlin							
World Health Organization & Merlin SOM-09/H(1481) [CB] SOM_H_3 Supports UNTP: No	Health Cluster Coordination and Emergency Preparedness in Puntland	1. Improve health cluster coordination and emergency preparedness in Puntland	1. Strengthen health coordination at zonal level 2. Develop zonal emergency preparedness (contingency) plan 3. Training and capacity building of local and international health workers (30) 4. Stockpile of essential and emergency drugs, supplies and equipment. 5. Provide technical assistance and support to local and international partners	1. Emergency preparedness (contingency) plan developed for Puntland at zonal level 2. Functional cluster focal agency at zonal level 3. Supplies and emergency drugs pre-positioned in Garowe and Bosasso	Population of Puntland.	1. MoH 2. Health cluster partners 3. LNGOs	\$541,078
World Health Organization & Merlin SOM-09/H(1485) [CB] SOM_H_2 Supports UNTP: No	Establishment of Early Warning Alert and Response System (EWARS) for control of communicable diseases	1. Ensure timely detection, appropriate response and control of communicable disease outbreaks in Somalia 2. Strengthen the national capacities in disease surveillance and outbreak response	1. Building and implementing EWARS, including training and capacity building 2. Training of rapid investigation teams (150 trainees total) 3. Stockpile essential drugs, supplies and equipments for outbreak control 4. Strengthen outbreak preparedness and response, upgrading laboratory capacities and establishing specimen referral system	1. Effective EWARS system implemented and functioning in all areas of Somalia, resulting in the reduction of mortality and morbidity from communicable diseases	3.2 million	1. MoH 2. Health cluster partners 3. LNGOs	\$3,537,153
WHO & SCUUK							
World Health Organization & Save the Children - UK SOM-09/H(1483) [CB] SOM_H_3 Supports UNTP: No	Health Cluster Coordination and Emergency Preparedness in Somaliland	1. Improve health cluster coordination and emergency preparedness in Somaliland	1. Strengthen health coordination at zonal level 2. Develop zonal emergency preparedness(contingency) plan 3. Train and capacity building of local and international health workers (30) 4. Stockpie of essential and emergency drugs, supplies and equipment 5. Provide technical assistance and support to local and international partners	1. Emergency preparedness (contingency) plan developed for Somaliland at zonal level 2. Functional cluster focal agency at zonal level 3. Supplies and emergency drugs pre-positioned in Hargeisa, Boroma and Burco	Population of Somaliland.	1. MoH 2. Health cluster partners 3. LNGOs	\$405,831