

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)

(A) Organization*	World Health Organization				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> UN Agency				
(C) Project Title*	Extension of emergency health care and life-saving services, including emergency surgical procedures with focus on Bay, Bakool, Lower Juba, Gedo and Hirán regions of Somalia, including conflict affected communities.				
(D) CAP Project Code	SOM-12/H/48302	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 (Oct 2012)				
(G) CAP Budget		Must be equal to total amount requested in current CAP			
(H) Amount Request*	\$ 901,620.00	Equals total amount in budget, must not exceed CAP Budget			
(I) Project Duration*	12 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	60144	79252	139396	
	Total beneficiaries include the following:				
	Pregnant and Lactating Women	0	6856	6856	
		0	0	0	
	0	0	0		
	0	0	0		
(M) Location 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"/> Galgaduud <input type="checkbox"/> Hirán <input type="checkbox"/> 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	1. AVRO	Budget:	\$ 24,000	
	2	2. Muslim Aid	Budget:	\$ 24,000	
	3	3. SAMA	Budget:	\$ 24,000	
	4	4. HURA	Budget:	\$ 24,000	
	5	5. CISP	Budget:	\$ 24,000	
	6	6. COSV	Budget:	\$ 24,000	
	7		Budget:	\$ -	
	8		Budget:	\$ -	
	9		Budget:	\$ -	
	10		Budget:	\$ -	
		Total	Budget:	\$ 144,000	
	Remaining	Budget:	\$ 757,620		
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 Omar Saleh	Title	EHA Coordinator	
	Email*	Saleho@nto.emro.who.int	Phone*	+254736661111	
	Address	WHO Somalia, Warwick Center, 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. (maximum 1500 characters) *	<p>While the number of people in crisis across Somalia has reduced by 16%, from 2.51 million to 2.12 million, according to FSNAU and FEWSNET, insecurity and conflict prevail in South Central Somalia. The analysis of WHO data of 2011/12 identified the rural population of Raskamboni (Lower Jubba) and Dolow (Gedo), and urban population in Kismaayo (Lower Jubba), Waajid and Xudur (Bakool), Belet Weyne (Hiraan) and Baidoa (Bay) as being in most need for emergency health services.</p> <p>Fighting in May and June 2012 lead to displacement of 52,000 people in South Central Somalia. As at August 2012, a total of 1.36 million people are displaced within Somalia. Women are in the majority among the IDP populations (e.g. women lead households) and are one of the most vulnerable groups with particular needs such as emergency obstetric care and other emergency surgical interventions. Generally, the displaced often have less access to basic services such as health care and may be more likely to be affected by fighting and resulting injuries.</p> <p>The fighting in Kismaayo since early September 2012 has left an estimated 12,000 people displaced. Reports by UNHCR confirm that civilians, including women and children, are pulled into the conflict, and have been restricted in movement, in some instances, when trying to evade the areas under attack. On 28 September alone, WHO partners reported 55 injured, and 12 deaths in one hospital; deaths on site are unknown.</p>
(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) *	<p>Overall, a large number of injuries have fatal outcomes due to very few ambulance services available and delays in referral and lack of secondary health services. WHO will have to continue supporting partners in referral services as a provider of last resort. In addition, medical facilities are not equipped appropriately and health workers are not skilled to perform emergency surgical procedures. WHO has been and will continue supporting the health facilities with emergency medical supplies, and deploying medical doctors and essential medical staff to provide emergency surgeries in the supported facilities.</p> <p>The planned number of operations is based on data from the same hospitals in 2011/12, and WHO anticipates these numbers to be similar in the coming 12 months.</p> <p>The particular medical needs of pregnant and lactating women in Somalia are not sufficiently met and lead to high maternal mortality due to obstetric conditions. Medical doctors, female midwives and nurses with special training to address the health needs of women are to be recruited.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>In Kismaayo, WHO has prepositioned medical supplies incl. IEHK serving a population of 15,000 for 2 months, kits for 100 blood transfusions and treatment of 1,000 cases of AWD, which can serve the population until November 2012.</p> <p>WHO has been supporting facilities with equipment to strengthen referral systems. In 2011, almost 600 patients were referred from 19 reporting health facilities for CEmOC.</p> <p>Two field hospitals for initial emergency response were established and later scaled up to permanent facilities. Another 2 hospitals were equipped for emergency surgery. The 4 hospitals serve as referral facilities for the respective regions, and are supported by WHO with urgently needed medical equipment and supplies.</p> <p>WHO recruited 8 national and 6 international doctors to directly deliver health services, provide on-the-job training of medical staff, and to identify and analyze gaps in health service provision. Currently, these doctors are deployed in Dhobley, Galkayo South and North, Raskamboni, Baidoa and Dolow. One of the doctors per hospital provides fistula repair operations and other medical interventions related to women's health needs (e.g. GBV, health education), and trains colleagues from throughout South/ Central Somalia in these surgical procedures.</p> <p>WHO trains approximately 140 health workers per year on surgical procedures and CEmOC on on-the-job training. As part of this capacity building effort, over 100 patients per month received life-saving operations.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Provide life-saving emergency health services to vulnerable and newly accessible populations in South Central Somalia		
(B) Outcome 1*	emergency health services provided in selected hospitals, and mobile services and referral for remote populations		
(C) Activity 1.1*	support a secondary hospital in each region (Bay, Bakool, Lower Jubba, Gedo, Hiraaan) with technical assistance, training of staff and		
(D) Activity 1.2	conduct emergency surgical procedures in selected hospitals in Kismaayo, Dolow, Belet Weyne, Xudur, Waajid, Raskamboni and B		
(E) Activity 1.3	scale up referral services and mobile clinics through implementing partners		
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 6
(G) Indicator 1.2	Health	number of surgeries conducted in at least 7 health facilities	Target
(H) Indicator 1.3	Health	number of referrals	Target
(I) Outcome 2			
(J) Activity 2.1			
(K) Activity 2.2			
(L) Activity 2.3			
(M) Indicator 2.1			Target
(N) Indicator 2.2			Target
(O) Indicator 2.3			Target
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1			Target
(U) Indicator 3.2			Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>WHO is directly delivering medical services and technical assistance to partners, as well as on the job training to hospital staff. Technical assistance entails that WHO seconds medical doctors to field and selected other hospitals, supports field staff and partners in planning and management of activities, provides on-the-job training and direct service delivery through WHO doctors and technical staff. In order to provide emergency surgery services, WHO has deployed medical doctors, including obstetricians and anesthesiologists, in all supported field and referral hospitals. The hospitals in Dolow, Baidoa and Xudur are also equipped/linked with blood transfusion facilities which allow for safe complex surgical procedures. As population in remote and hard-to-reach areas have limited access to health facilities, this project also entails mobile and referral services which provide on-the-spot care, for example for women with obstetric complications and injured people. Cases that require secondary care, such as emergency surgery, are then referred to the supported hospitals. These services are currently provided by 6 WHO partners (listed in the cover information of this proposal), and WHO is planning to continue supporting these partners through this project. Through this wide-range medical service from mobile outreach, through referral, to secondary care including emergency surgery and obstetric care, WHO with its partners is able to reach not only the estimated more than 170,000 direct beneficiaries per year but serves over 800,000 people who have access to the services provided under this project.</p> <p>The planned number of operations is based on data from the same hospitals in 2011/12, and WHO anticipates these numbers to be similar in the coming 12 months. WHO will continue through this project to support the hospitals in Xudur, Kismaayo, Waajid, Baidoa, Beletweyne and Dolow, and will expand similar activities in newly accessible areas and locations where need arises, e.g. due to conflict or natural disaster.</p> <p>In order to manage and mitigate possible programmatic and financial risks, WHO conducts auditing, field visits, regular reporting from the field and to all stakeholders, triangulating information, prepositioning of medical supplies, and monitoring and evaluation activities.</p>		

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) *

- weekly reports from health facilities and partners (WHO has deployed medical doctors managing the supported hospitals. These qualified doctors supervise the operations and ensure the quality of surgical procedures in the facilities, as well as the consistence of the reporting to Nairobi)
 - monthly monitoring visits to health facilities
 - weekly highlights published by WHO (based on reports from field staff, including the doctors deployed in field and referral hospitals)
 - contribution to monthly highlights (e.g. health cluster bulletin)

(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* support a secondary hos	X	X	X	X	X	X
1.2 conduct emergency surg	X	X	X	X	X	X
1.3 scale up referral service	X	X	X	X	X	X
2.1 0						
2.2 0						
2.3 0						
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 AVRO	referral and mobile clinic services
	2 Muslim Aid	implementation of medical services including surgery and CEmOC, referral and
	3 SAMA	implementation of CEmOC services and referral
	4 HIJRA	implementation of CEmOC services and referral
	5 CISP	implementation of medical services including surgery and CEmOC, referral and
	6 COSV	implementation of medical services including surgery and CEmOC, referral and
	7 health cluster	WHO regularly reports on activities to the health cluster
	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	the selection of doctors and nurses to implement emergency medical services
	Capacity Building		