

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

**Project Document**

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

<b>(A) Organization*</b>	United Nations Children's Fund			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> UN Agency			
<b>(C) Project Title*</b> <small>For standard allocations, please use the CAP title.</small>	Provision of life saving quality primary health services to reduce death and disability targeting children and women through health facilities and community based care			
<b>(D) CAP Project Code</b>	SOM-12/H/48391	Not required for Emergency Reserve proposals outside of CAP		
<b>(E) CAP Project Ranking</b>	High	Required for proposals during Standard Allocations		
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Oct 2012)			
<b>(G) CAP Budget</b>		Must be equal to total amount requested in current CAP		
<b>(H) Amount Request*</b>	\$ 817,480.00	Equals total amount in budget, must not exceed CAP Budget		
<b>(I) Project Duration*</b>	12 months	No longer than 6 months for proposals to the Emergency Reserve		
<b>(J) Primary Cluster*</b>	Health			
<b>(K) Secondary Cluster</b>		Only indicate a secondary cluster for multi-cluster projects		
<b>(L) Beneficiaries</b> <small>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)</small>		<b>Men</b>	<b>Women</b>	<b>Total</b>
	<b>Total beneficiaries</b>	199878	309276	509154
	<b>Total beneficiaries include the following:</b>			
	<b>Children under 5</b>	164979	158509	323488
	<b>Women of Child-Bearing Age</b>	0	115868	115868
	<b>Internally Displaced People</b>	34899	34899	69798
		0	0	0
<b>(M) Location</b> <small>Precise locations should be listed on separate tab</small>	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"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed			
<b>(N) Implementing Partners</b> <small>(List name, acronym and budget)</small>	1	1. UNICEF implementing partners	Budget:	\$ 400,000
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		<b>Total</b>	Budget:	\$ 400,000
		<b>Remaining</b>	Budget:	\$ 417,480
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>				
<b>(O) Agency focal point for project:</b>	Name*	John Agbor	Title	Chief of Health
	Email*	jagbor@unicef.org	Phone*	7628543
	Address	Block Q, UNON Compound, Ggiri		

**3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)**

<b>(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *</b>	<p>Somalia has worst health indicators coupled with weak health system, insecurity and droughts. Women, adolescent girls and children are disproportionately affected largely due to the pervasive gender inequities that occur across all of Somalia's three zones which negatively affect women's right to health. In 2012, Somalia has seen measles outbreaks due to low immunity and population movements. FSNAU have issued a recent alert calling on the humanitarian community to scale up assistance to address unusually high needs in the SCZ regions, as well as along the coastline of the Central and Northern zones. UNICEF works to improve access, availability and quality of maternal, neonatal and child health services; strengthening awareness of the positive health benefits of certain traditional practices, through the provision of operational costs, supplies and equipment to 90% of health facilities and at community level in Somalia. Without UNICEF support, the majority of health facilities would not be able to extend services to their communities. Therefore, UNICEF's continuous support of health facilities in these areas is crucial to ensure the provision of quality maternal and child health care services including community based management of common illnesses and an increased community acceptance to immunization services. By increasing access to life-saving services, UNICEF is making Somali communities less vulnerable in the face of these kinds of emergencies through its strategies.</p> <p>With this grant, UNICEF will be working in Awdal, Bakool, Bay, Galgaduud, Gedo, Hiraaan, Middle Juba, Middle Shabelle, Mudug and W. Galbeed.</p>
<b>(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) *</b>	<p>The humanitarian situation in Somalia is still critical with over 2.51 million people remaining in crisis and unable to fully meet their basic needs without assistance. Mortality and malnutrition rates in Somalia have improved but remain among the highest in the world. An estimated 323,000 children are acutely malnourished, representing 22% of all under-five children. The latest data from FSNAU on the April to June 2012 Gu rains showed that the humanitarian situation will likely deteriorate further before recovery is possible.</p> <p>Since the end of the famine declaration, 7,903 cases of suspected cholera and 3,880 cases of suspected measles have been reported in Central and Southern Somalia (CSZ). An increasing number of suspected cholera cases have continued to be reported from various districts of CSZ as well as from Puntland. Recent HMIS data show a marked increase in the number of consultations at MCH centres and increased communicable diseases including diarrhoea, measles and acute respiratory tract infections. There is an urgent need to strengthen the response capacity of the MCH centres in these locations as well as increase the capacity for community case management of diarrhoea, malaria and pneumonia. As children and pregnant and lactating women are considered to be the most vulnerable, increased health needs continue to emphasize interventions for child survival, reproductive health, and the care of pregnant women and newborns.*</p>
<b>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</b>	<p>UNICEF is supporting primary health care based on EPHS criteria through 319 health facilities (185 in CSZ, 56 in NEZ and 78 in NWZ) by provision of operational costs, essential drugs, vaccines, basic equipment and training. UNICEF also undertakes twice-yearly Child Health Days (CHDs) along with WHO to provide a package of life-saving interventions including immunizations because routine immunization rates remain low. In addition to support to health facilities, UNICEF has also started community based activities through integrated Community Case Management (ICCM) by female village health workers on treatment of common neonatal and childhood illnesses such as diarrhoea, pneumonia, acute malnutrition, malaria, and maternal, new born care at household level in particular where access to facility-based services is low. There is evidence that shows male children are more likely to be taken to MCH than girls where they receive treatment. Advocacy to address this imbalance is required within communities.</p>

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

<b>(A) Objective*</b>	Provide access to quality life-saving health care services and emergency assistance		
<b>(B) Outcome 1*</b>	Increased access to/utilization of appropriate preventive and curative primary health care services based on EPHS criteria of child a		
(C) Activity 1.1*	Integrated Reproductive Health/Primary Health Care trainings (IMNCI, maternal health and newborn essential care) of 200 health w		
(D) Activity 1.2	Provision of primary health care services (EPHS criteria) through health facilities as well as mobile and outreach services with a focu		
(E) Activity 1.3			
(F) Indicator 1.1*	Health	Number of health workers trained on common illnesses and/or ir	<b>Target*</b> 200
(G) Indicator 1.2	Health	Number of U5 children received health services through health f	<b>Target</b>
(H) Indicator 1.3			<b>Target</b>
<b>(I) Outcome 2</b>	Development of community resilience through provision of equitable integrated health, nutrition and hygiene services to children U5		
(J) Activity 2.1	Training of 200 community health workers on integrated Community Case Management (iCCM) on pneumonia, diarrhoea, malaria and		
(K) Activity 2.2	Provision of community case management of common diseases for U5 children by VHW (preferably females)		
(L) Activity 2.3			
(M) Indicator 2.1	Health	Number of health workers trained on common illnesses and/or ir	<b>Target</b> 100
(N) Indicator 2.2	Health	Number of U5 children treated for diarrhoea at community level	<b>Target</b>
(O) Indicator 2.3			<b>Target</b>
<b>(P) Outcome 3</b>	Host and IDP communities have improved awareness and demand for essential quality maternal and child health services, including		
(Q) Activity 3.1	Social mobilization activities among women and men to increase community acceptance for vaccination		
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Health	Number of children below five years and women of child-bearing	<b>Target</b> 415868
(U) Indicator 3.2	Health	targeted children <5 years of age vaccinated against measles	<b>Target</b>
(V) Indicator 3.3			<b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	UNICEF implements activities through its implementing partners (international and national NGOs as well as institutes) through project cooperation agreements. This proposal will cover implementation cost of service deliveries in 120 health facilities in Awdal, Bakool, Bay, Galgadud, Gedo, Hiraan, Middle Juba, Middle Shabelle, Mudug and W. Galbeed through UNICEF implementing partners. UNICEF shares all information with the health cluster and is an active member of the health sector coordination mechanisms and thereby does its utmost to ensure complementarity rather than duplication. Support to health facilities through provision of operation grants will be done throughout the implementation periods while the training will be done in the first semester. For iCCM, there is clear demarcation of geographical areas for implementation between WHO and UNICEF and current funding will finish in Dec 2012. UNICEF is also implementing GAVI-HSS project with WHO in 15 facilities in SCZ, 80% in Benadir region. Under GAVI-HSS, UNICEF role is only provision of supplies to these facilities. JHNP covers only 9 regions in whole somalia and prioritize are being set by MOHs and still under inception phase. Current major concentration is on leadership and governance.		

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

<p>(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) *</p>	<p>UNICEF staff will monitor maternal and child health services provided by MCHs where access is possible jointly with implementing partners, particularly in Northern zones. UNICEF will continue third party monitoring using independent monitors in CSZ. UNICEF collects and analyzes monthly reports with age and gender disaggregated PHC services data from all MCH centres through HMIS, however efforts will be made to collect gender based disease specific data. In addition zonal quarterly meetings will be held with all partners to review progress against agreed indicators. A data collection system for community case management is currently being rolled out.</p> <p>RiskManagement                  1. Sudden shrinking of access and/or uncertainty on access causes imbalance in the scope of the programme and impedes delivery                  Medium/High                  -UNICEF has field presence in several locations in the Somalia and liaises closely with local authorities and communities to ensure access. UNICEF will carefully test access in newly opened area to determine feasibility of operations, and engage in roll-out of activities once sufficient assurances are available that programme delivery can be effectively ensured.</p> <p>2. Operations unintentionally contribute to conflict dynamics.                  Low                  -UNICEF use conflict-sensitive approaches to programming and ensures programmes are driven by a commitment to equity to reach the most vulnerable across different communities.                  -Close liaison with different local authorities and parties will ensure programme is well appropriated and priorities are well understood by counterparts on the ground.</p> <p>3. Diversion of aid/Taxation.                  Low/Medium                  -Given the unique context in Somalia, UNICEF has contracted a third party monitoring firm to assess delivery of programme and prevent diversion. Based on field reports from third party monitors, partners are assessed, and if diversion is observed, partnerships are terminated.                  -Through close liaison with local authorities UNICEF have clearly outlined its neutral and impartial humanitarian mandate. □</p> <p>4. Beneficiary, staff and assets security risks                  Medium/ High                  -Conflict-sensitive approaches to programming will help UNICEF ensure programme delivery does not undermine beneficiary</p>
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<p>(B) Work Plan                  Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<b>Timeframe</b>						
	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months						
	<b>Activity</b>	<b>Month 1-2</b>	<b>Month 3-4</b>	<b>Month 5-6</b>	<b>Month 7-8</b>	<b>Month 9-10</b>	<b>Month 11-12</b>
	1.1* Integrated Reproductive	X	X	X	X	X	X
	1.2 Provision of primary health	X	X	X	X	X	X
	1.3 Training of 200 community health workers	X	X	X	X	X	X
	2.1 Provision of community health services	X	X	X	X	X	X
	2.2 Social mobilization activities	X	X	X	X	X	X
	2.3 0						
	3.1 Social mobilization activities among women and men to increase community acceptance for vaccination						
3.2 0							
3.3 0							

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

<p>(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</p>	<p>Organization</p> <p>1 WHO</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>Activity</p> <p>WHO and UNICEF are active members of the Somalia Support Secretariat and</p>
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<p>(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</p>	<p>Cross-Cutting Themes (Yes/No)</p> <p>Gender Yes</p> <p>Capacity Building</p>	<p>Outline how the project supports the selected Cross-Cutting Themes.</p> <p>Many of the primary health centre staff and community health workers are</p>	<p>Write activity number(s) from section 4 that supports Cross-Cutting theme.</p>
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