

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)

(A) Organization*	SWISSO - Kalmo																														
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO																														
(C) Project Title*	Emergency Integrated Primary Healthcare Services for IDPs and Host Communities in Bay Region																														
(D) CAP Project Code	SOM-12/H/48205	Not required for Emergency Reserve proposals outside of CAP																													
(E) CAP Project Ranking	High	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*	\$ 345,376.00	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	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total beneficiaries</td> <td>43218</td> <td>44982</td> <td>88200</td> </tr> <tr> <td colspan="4">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>21000</td> <td>21000</td> <td>42000</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>18900</td> <td>18900</td> </tr> <tr> <td>Women of Child-Bearing Age</td> <td>0</td> <td>48300</td> <td>48300</td> </tr> <tr> <td>Internally Displaced People/Returnees</td> <td>46200</td> <td>46200</td> <td>92400</td> </tr> </tbody> </table>				Men	Women	Total	Total beneficiaries	43218	44982	88200	Total beneficiaries include the following:				Children under 5	21000	21000	42000	Pregnant and Lactating Women	0	18900	18900	Women of Child-Bearing Age	0	48300	48300	Internally Displaced People/Returnees	46200	46200	92400
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(M) Location	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"/> Salgadood <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																														
(N) Implementing Partners (List name, acronym and budget)	<table border="1"> <thead> <tr> <th></th> <th>Budget:</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$ -</td></tr> <tr><td>2</td><td>\$ -</td></tr> <tr><td>3</td><td>\$ -</td></tr> <tr><td>4</td><td>\$ -</td></tr> <tr><td>5</td><td>\$ -</td></tr> <tr><td>6</td><td>\$ -</td></tr> <tr><td>7</td><td>\$ -</td></tr> <tr><td>8</td><td>\$ -</td></tr> <tr><td>9</td><td>\$ -</td></tr> <tr><td>10</td><td>\$ -</td></tr> <tr><td>Total</td><td>\$ -</td></tr> <tr><td>Remaining</td><td>\$ 345,376</td></tr> </tbody> </table>				Budget:	1	\$ -	2	\$ -	3	\$ -	4	\$ -	5	\$ -	6	\$ -	7	\$ -	8	\$ -	9	\$ -	10	\$ -	Total	\$ -	Remaining	\$ 345,376		
	Budget:																														
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<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>																															
(O) Agency focal point for project:	Name* Dr Abdi Hersi	Title Regional director																													
	Email* hersi1959@yahoo.co.uk	Phone* 0722777455																													
	Address KAWI Complex, Woodlands Road, Hurlingham, P.O. Box, 573-00610 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>Somalia has been suffering from civil conflicts, droughts, flooding and humanitarian crisis for more than 20 years. The scars of the recent Famine in 2011 in many regions in South Somalia are still visible. In addition of that the recent fighting between Alshabab and the government forces in the region has aggravated the situation. As a result of those factors, the number of IDPs from villages to the main towns has been increasing. However, the number of people in crisis in Somalia has reduced by 16 per cent, from 2.51 million to 2.12 million (FSNAU and FEWSNET). Although the latest reports shows some improvements of the people in crises in some regions in Somalia, about a third of the Somali population (including 1.36 million IDPs) still remaining in a critical situation. As the number of people in crises will rise to 2.12 million in the next 6 month, lifesaving humanitarian assistance is crucial to protect the human suffering. SWISSO – Kalmo has been implementing health and nutrition projects for more than 17 years in South Somalia. During this period, SWISSO Kalmo has undertaken a number of needs assessments which revealed urgent needs for scaling up for health care delivery in the area supported by SWISSO Kalmo. From its current programming, SWISSO has learnt vital lessons and identified the following crucial gaps in basic health service delivery in the area of operation: Poor access to and low utilization of health services; Absence of a local health authority to monitor and supervise the delivery of health services; Low immunization coverage in the target area; Lower number of Primary Health Care facilities and poor skills of health staff working in the few available facilities; Underlying Health System Weaknesses; Rising number of IDPs; Poor Nutrition situation; and poor communicable disease control such as malaria, AWD, ARI and measles among others. In Bay regions where SWISSO Kalmo has health facilities, there is high number IDPs from villages into main towns. In these areas the majority of the population lacks access to basic health care services including EPI, family planning, ANC, micronutrient supplementation and clean and safe delivery services. Currently, SWISSO Kalmo has 3 fixed health facilities and 2 EPI/mobile clinics in Bay region. In this project, SWISSO Kalmo is planning to increase the number of health facilities (MCH/OPD, HPs, Mobile clinics) in Bay region. In this project, SWISSO Kalmo will establish 2 new MCHs/OPDs, 3 HPs and 6 mobile clinics.</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>The health situation in Bay region reflects the critical situation of most of South Central Somalia where the delivery of health services has been deeply affected by the long crisis and the insecurity in the zone. Baidoa is one of the main big towns in SCZ which are recently liberated from Alshabab, but the security in the town is still problematic. Due to the insecurity in the region, the majority of communities living in the surrounding villages have been displaced into Baidoa town, thus increasing the number of IDPs in Baidoa town. The IDP camps will be the most vulnerable community, women and children are most vulnerable as they are at risk of getting diseases, malnutrition and GBV. In Bay region where SWISSO Kalmo is implementing health and nutrition, the main health problems experienced during our presence are the maternal and neonatal health, which remain precarious mostly because 80% of the deliveries are still attended by unskilled staff. Among the target population of SWISSO in Bay region (i.e. 210000), an estimated 8400 pregnant women (calculated by 4% of the target population) is expected to deliver in one year. Of these 8400 expected delivering women, 500 to 1500 will need cEMOC with availability of Caesarian section. In addition, the target area has a high incidence rate of communicable diseases whose transmission is facilitated by the mass movement of the IDPs, the scarcity of safe water, the poor sanitation, the poor nutrition and the lack of access to health services. Acute respiratory infection, Malaria and other communicable diseases continue to affect communities in the region due to lack of knowledge on the prevention of these diseases and treatment of diseases. Morbidity reports from SWISSO supported health facilities indicate a high burden of communicable diseases affecting the population living in the project areas. During 2011 and 2012, the sentinel sites for EWARS in Bay region recorded several outbreaks of Acute Watery Diarrhea (AWD) including cholera. There have been also vaccine preventable diseases outbreaks experienced in the region including measles and whooping cough. In one year (from September 2011 to September 2012), about 18079 patients were treated in SWISSO Health centers in Bay region. Of which 8839 were &lt; 5 children (4021 boys and 4818 girls). Of those 18079 patients registered in SWISSO health centers, 487 were men. In the same period, 4,332 &lt;1 children were immunized (1821 boys and 2511 girls); and 8068 women were immunized. In this project SWISSO Kalmo is planning to expand its health activities and increase the immunization coverage for &lt;5 children and WCBA.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>In this project SWISSO Kalmo will support 8 fixed health centers (5 MCHs and 3 HPs) and 6 mobile clinics in Bay regions. The MCHs and mobile clinics provide ante-natal and post-natal care, micro nutrient supplementation, nutrition screening of children U5 years, immunization, treatment of common diseases, and health education. In this project, SWISSO Kalmo collaborates with UNICEF which supports the MCHs/HPs with essential drugs and micro nutrients, cold chain and vaccine supplies, feeding utensils, IEC materials, technical supervision and training of the staff. However, UNICEF supplies are only for mother and children less than 5 years, so SWISSO Kalmo will provide some extra drugs and medical supplies to support the outpatient clients as well as well as outreach clinics. In this project, SWISSO will reach 210,000 beneficiaries. SWISSO-Kalmo will support 53 health staff working EPI, mother's health, treatment of common diseases and outbreak prevention and control. SWISSO Kalmo will also support 75 CHWs and Mobilizers. Capacity building of local health staffs is one of the main priorities for SWISSO Kalmo in order to provide quality health care to the community. In Bay region, 68 female VCHWs were trained for the proper management of Diarrhea, Pneumonia and Malaria; 25 MCH staffs (15 female and 10 male) were trained for mother and child health including EPI; 12 health staffs (7 female and 5 male) were trained for surveillance and communicable disease control. SWISO Kalmo will train more staffs; 25 more staff (10 female and 15 male) is planning to train in this project. Each health facility (MCH/HP/OPD) is operational 6 days per week, while Friday is off day. In this project about 8400 infants will be immunized; more than 42,000 under 5 children will be treated; 18,900 pregnant and lactating mothers will be supported. SWISSO will establish 3 mobile clinics which will support the IDP camps and remote villages where we do not have fixed facility. SWISSO will support the prevention and treatment of common diseases, train community mobilizers to increase community awareness campaign, epidemic preparedness plan and response, Dewarming and vitamin A distribution. ANC/PNC for pregnant and lactating mothers will be strengthened in all MCHs through staff training, provision of adequate medical supplies to all health facilities.</p>

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

<b>(A) Objective*</b>	increase access to health care services to vulnerable communities (IDPs and host) in Bay region		
<b>(B) Outcome 1*</b>	Improved access to primary health care services for vulnerable boys, girls, pregnant/lactating mothers and WCBA in Bay region.		
(C) Activity 1.1*	25 health workers (15 male 10 female) will be trained for the diagnosis and treatment of common diseases, EPI procedures and ma		
(D) Activity 1.2	Provide routine and campaign immunization to children < 5 and Women of child bearing age (WCBA)		
(E) Activity 1.3	60 community health workers and mobilizers (50 female and 10 male) will be trained for communicable disease control and sanitat		
(F) Indicator 1.1*	Health	Number of health workers trained on common illnesses and/or ir	<b>Target*</b> 25
(G) Indicator 1.2	Health	<5 children (15,000) and women of child bearing age (40,250) in	<b>Target</b> 55,250
(H) Indicator 1.3	Health	Community health workers and mobilizers trained	<b>Target</b> 60
<b>(I) Outcome 2</b>	Maternal and child morbidity and mortality reduced through provision of ANC/PNC, immunization and prevention of communicable d		
(J) Activity 2.1	Provision of antenatal and post-natal care to pregnant and lactating mothers		
(K) Activity 2.2	Education and promotion to use of clean delivery kits among community members		
(L) Activity 2.3	Rehabilitation of 3 MCHs in Bay region (Baidoa, Gofgadudow and Awdinle)		
(M) Indicator 2.1	Health	Number of consultations per clinician per day by Health facility	<b>Target</b> 30
(N) Indicator 2.2	Health	Number of community members promoted to use clean delivery	<b>Target</b> 3000
(O) Indicator 2.3	Health	Number of health facilities rehabilitated	<b>Target</b> 3
<b>(P) Outcome 3</b>	Prevention and control of communicable diseases improved		
(Q) Activity 3.1	Integrated Disease Surveillance and Response will be expanded and maintained in all health facilities		
(R) Activity 3.2	Treatment and control of communicable diseases		
(S) Activity 3.3	Staff training for disease surveillance and health information system		
(T) Indicator 3.1	Health	Number of health facilities supported	<b>Target</b> 8
(U) Indicator 3.2	Health	Number and percentage of suspected outbreaks reported	<b>Target</b> 100%
(V) Indicator 3.3	Health	Number of staff trained for surveillance and health information s	<b>Target</b> 15
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>SWISSO -Kalmo, in collaboration with local communities and IDP committees, will implement this project directly. SWISSO-Kalmo will strengthen the capacity of local health workers through regular training as well as on the job training. In this project, SWISSO Kalmo will support 8 health facilities (5 MCHs/OPDs, and 3 health posts); SWISSO will establish 6 mobile clinics to reach people in the remote area in Bay region. SWISSO-Kalmo has technical staff in the field who will provide continuous support supervision and provide on the job training to field staff (85 staff in total). SWISSO will ensure that health workers are able to treat patients, understand prevention methods for pregnant women and under 5 children. In this project, the existent referral system will be improved through the capacity building of local health workers (nurses, midwives and Auxiliaries) as well as CHWs and through strong collaboration with health partners working in the area. SWISSO will provide transportation facilities for those of patients who are very sick and need inpatient care. SWISSO will collaborate with UNICEF, WHO and UNFPA for essential medical supplies and vaccines. Social mobilization and community participation will form part of the implementation strategy for achieving program success. In this project, 60 community mobilizers will be trained for the proper mobilization of the local community. SWISSO will collaborate and coordinate with humanitarian agencies working in the field. To strengthen the referral system and provide quality health care services to the community, SWISSO will rehabilitate 3 health centers in Bay region by providing toilets, water containers, windows, fences and paintings.</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) \*

SWISSO has a field based team who monitors the implementation of the project against the agreed work plan and set targets on a day today basis. SWISSO has a technical team based in Nairobi and Zurich who will monitor the project on a daily basis, review the implementation plans weekly and analyses programme financial data on a monthly basis. A detailed project implementation plan will be developed before the start of the project activities. A Technical person (field health coordinator) will implement the project and he/she will be responsible the overall health activities in the area of operation. Monitoring tools used will include supervision checklists for MCH/OPD clinics. Reporting tools used will include monthly reports (EPI, morbidity, safe motherhood, and outbreaks based on UNICEF and WHO format). All health facilities work 6 days per week, while Friday is off day. Weekly reports are entered in SWISSO data base. Weekly reports are compiled and submitted to UNICEF on monthly basis. In addition to the regular weekly and monthly reports, overall quarterly financial and narrative project reports will be provided to UNOCHA

(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* 25 health workers (15 m	X					
1.2 Provide routine and carn	X					
1.3 60 community health wo	X					
2.1 Provision of antenatal ar	X					
2.2 Education and promotio	X					
2.3 Rehabilitation of 3 MCHs	X					
3.1 Integrated Disease Surv	X					
3.2 Treatment and control o	X					
3.3 Staff training for disease	X					

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

(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

Organization	Activity
1 UNICEF, WHO, WFP	Staff training, quality control, provision of essential medicine and equipments and
2	
3	
4	
5	
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7	
8	
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10	

(B) Cross-Cutting Themes  
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note

Cross-Cutting Themes (Yes/No)	Outline how the project supports the selected Cross-Cutting Themes.	Write activity number(s) from section 4 that supports Cross-Cutting theme.
Gender	Yes	The overall proposed project activities are specifically targeting to women and
Capacity Building		