

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*	Provision of primary and secondary emergency health care services to vulnerable communities in Bay region			
(D) CAP Project Code	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	Required for proposals during Standard Allocations			
(F) CHF Funding Window*	Emergency Reserve			
(G) CAP Budget	\$	-	Must be equal to total amount requested in current CAP	
(H) Amount Request*	\$	289,961.57	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	6 months No longer than 6 months for proposals to the Emergency Reserve			
(J) Primary Cluster*	Health			
(K) Secondary Cluster	Only indicate a secondary cluster for multi-cluster projects			
(L) Beneficiaries Direct project beneficiaries. Specify target population disaggregated by number, and gender. If desired more detailed information can be entered about types of beneficiaries. For information on population in HE and AFLC see FSNAU website (http://www.fsnau.org)		Men	Women	Total
	Total beneficiaries	4986	19944	24930
	Total beneficiaries include the following:			
	Children under 5	33240	33240	66480
	Pregnant and Lactating Women	0	12500	12500
Internally Displaced People/Returnees	3000	6000	9000	
Women of Child-Bearing Age	0	3430	3430	
(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"/> 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)	1	Budget:	\$	-
	2	Budget:	\$	-
	3	Budget:	\$	-
	4	Budget:	\$	-
	5	Budget:	\$	-
	6	Budget:	\$	-
	7	Budget:	\$	-
	8	Budget:	\$	-
	9	Budget:	\$	-
	10	Budget:	\$	-
		Total	Budget:	\$
		Remaining	Budget:	\$ 289,962
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 Abdi Hersi	Title	Regional Director
	Email*	abdi.hersi@swisso-kalmo.org	Phone*	072277455
	Address			

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) *	Somalia has been suffering from civil conflicts, droughts, flooding and humanitarian crisis for the last 22 years. Recent estimates from UN shows that almost one in five children die before reaching the age of five, and women run 1 in 14 lifetime risk of dying while giving birth (Somalia health profile 2012). SWISSO Kalmo (SK) has been implementing health, nutrition and livelihood projects for more than 17 years in SCZ. Recently, SK has done a needs assessment in Baidoa hospital (report is attached) showing crucial gaps in basic health service delivery which was worsened by pullout of MSF particularly in Dinsoor: Lack of proper management of childhood diseases, Poor access to and low utilization of health services; Low immunization coverage; Poor skills of health care workers and poor communicable disease control. In Bay region, SK has been running 3 Mother and Child Health (MCH) and 2 TB centers; SK has recently established an Emergency Maternal and Obstetric services in Baidoa hospital. In this project, SK is planning to integrate primary and secondary emergency health services aiming to improve mother and child health in the region. Baidoa hospital is the regional referral center that serves in three regions (Bay, Gedo and Bakool). An estimated 4.6 percent of the total population and 10 percent of children under 5 died in SCZ and Bay region is among the worst, with an estimated proportion of < 5 children who died estimated to be about 13 percent (FSNAU/FEWSNET May 2013).
(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) *	SK has been supporting 6 MCHs/OTPs; 4TB centers; 12 targeted Supplementing Feeding Program (TSFP) sites, 1Stabilization center (SC) in bay and L/Shabelle regions. SK has offices in Somalia, Kenya and Switzerland. SK targets children U5 and pregnant and Lactating Women (PLW) who are the most affected. Limited access to boys, girls and PLW to health and immunization sites, lack of involvement of boys, girls, women and men to health related resilience activities and promotion of boys, girls, men and women in community participation on health and hygiene promotion activities. Gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks will be integrated in the consultation, decision making and capacity development. The current health situation in the region remains critical, especially among the most vulnerable community in the population. The referral system in Baidoa is very poor; the few available health facilities cannot provide adequate health services. The situation is aggravated by the withdrawal of MSF from Dinsor hospital which was the main referral center in the region. In this project, SK is planning to facilitate the transportation of patients from Dinsor to Baidoa. The target area has a high incidence of communicable diseases whose transmission is facilitated by poor sanitation and the lack of access to health services. SK has done a needs assessment in Baidoa hospital (report is attached).
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	SK has recently started a Comprehensive emergency Maternity Obstetric Care (CeMOC) project in Baidoa hospital funded under the CHF standard allocation which has been supporting the maternity department and Operation Theater by providing emergency health care services to pregnant complicated cases including CS and other pregnant related conditions such as Eclampsia, treatment of common diseases as well as ANC/PNC activities. Renovation and provision of surgical equipment to Operation theater and Delivery unit were completed. As Baidoa hospital is one of the biggest hospital in Somalia, it needs more financial support in order to cover all the departments. SK has done needs assessment in the entire hospital which shows the gaps to be filled (see the assessment report). In Bay region, SK has also been running PHC activities (3MCHs), 2 TB centers and Malaria project. PHC activities are included provision of routine immunization to children under 5 and prevention and treatment of communicable diseases; educate community members on hygiene and prevention of epidemic diseases; support the integration of disease surveillance and response mechanisms; social mobilization and community participation and empowerment. In this project, SK will support Baidoa hospital pediatric and emergency departments and will carry out activities such as the provision of quality life saving emergency medical and surgical treatment; strengthen referral system between PHC facilities and the regional hospital.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To increase the access of emergency integrated primary and secondary health care services enhanced by strong referral systems in		
(B) Outcome 1*	Improved access to primary and secondary health care services at the pediatric department in Baidoa hospital through immunization		
(C) Activity 1.1*	provide routine immunization to 11080 children under 5 years of age (5540 boys and 5540 girls) and 12,614 WCBA		
(D) Activity 1.2	provision of adequate medical supplies to Baidoa hospital (both outpatient and inpatient departments)		
(E) Activity 1.3	Training of 30 health care workers (18 female and 12 male) on clinical management of childhood illnesses using IMCNI guideline. T		
(F) Indicator 1.1*	Health	Number of children below five years and women of child-bearing	Target* 23694
(G) Indicator 1.2	Health	mortality in inpatient pediatric department to be reduced by 50%	Target 50
(H) Indicator 1.3	Health	Number of health workers trained	Target 30
(I) Outcome 2	Improved access to high quality emergency life saving surgical and medical health care service for vulnerable community living in t		
(J) Activity 2.1	Provision of quality life saving emergency medical and surgical treatment to 7000 patients by establishing a triage emergency unit in		
(K) Activity 2.2	Strengthen referral system between Primary Health care facilities and the regional hospital, ensuring prompt emergency treatment t		
(L) Activity 2.3	renovation of emergency and pediatric departments		
(M) Indicator 2.1	Health	Number of consultations per clinician per day by Health facility	Target 40
(N) Indicator 2.2	Health	Number of patients receiving emergency treatment	Target 500
(O) Indicator 2.3	Health	Number of departments (emergency and Pediatric) in Baidoa ho	Target 2
(P) Outcome 3	Improved prevention and control of communicable diseases through the treatment, surveillance and capacity developments		
(Q) Activity 3.1	Train 15 health workers (9 female and 6 Male) will in the prevention, surveillance and treatment of communicable diseases. The tra		
(R) Activity 3.2	Establishment of integrated disease surveillance and response at the hospital, including Acute Flaccid Paralysis (AFP) detection		
(S) Activity 3.3	Treatment of communicable diseases		
(T) Indicator 3.1	Health	Number of health workers trained in common illnesses, integrate	Target 15
(U) Indicator 3.2	Health	Percentage of outbreak rumours investigated and responded wit	Target 90
(V) Indicator 3.3	Health	Number of patients treated	Target 22000
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)			

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>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<p>Timeframe Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</p>						
	Activity	Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
	1.1*	X					
	1.2	X					
	1.3	X					
	2.1	X					
	2.2	X					
	2.3	X					
	3.1	X					
	3.2	X					
	3.3	X					

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 1 Other Partners e.g SOS 2 INTERSO 3 NRC 4 WHO 5 UNICEF 6 ICRC 7 8 9 10</p>	<p>Activity Support in funding and share interim and final report Active member who participates in all meetings share reports and seats in the CRC hence involved in decision making process Technical assistance and guidance; collaborate in disease prevention and control Provision of supplies such as vaccines and LLINs; technical assistance Collaboration of emergencies and provision of supplies</p>						
<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>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Cross-Cutting Themes (Yes/No)</td> <td style="width: 50%;"></td> </tr> <tr> <td>Gender</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>Capacity Building</td> <td></td> </tr> </table>	Cross-Cutting Themes (Yes/No)		Gender	Yes	Capacity Building		<p>Outline how the project supports the selected Cross-Cutting Themes.</p> <p>The overall proposed project activities are specifically targeting women and</p>
Cross-Cutting Themes (Yes/No)								
Gender	Yes							
Capacity Building								
		<p>Write activity number(s) from section 4 that supports Cross-Cutting theme.</p>						