

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*	SomaliAid			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO			
(C) Project Title*	To increase access to primary health care services (Out-patient department, antenatal care and deliveries) to vulnerable groups amongst the communities in Jilib District of Middle Juba.			
(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*	\$	150,000.00	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	20089	20089	40178
Total beneficiaries include the following:				
	Pregnant and Lactating Women	0	600	600
	Children under 5	4911	4911	9822
	Women of Child-Bearing Age	0	17389	17389
	Staff (own or partner staff, authorities)	7	8	15
(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"/> Saalgaduud <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	none	Budget:	\$ -
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ -
		Remaining	Budget:	\$ 150,000
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*	Ahmed Muhumed	Title	Executive director
	Email*	ahmed@somaliaid.net	Phone*	+254 717 667 204
	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) *	According to WHO 2012, Somalia health service provision is weak with one physician per about 25 000 and a Nurse/midwife per 9 000 people. Health facilities are in poor conditions, with shortage of human resources, essential medicines, medical equipments and laboratories supplies. Supporting and maintaining health services, as well as building the capacity of healthcare providers in newly accessible areas is essential to save the lives of thousands of vulnerable people such as women, children and the elderly. Maternal and child morbidity and mortality are unacceptably and one of the key contributing factors is the low access to quality health services, especially in remote insecure areas. One out of five children dies before seeing their fifth birthday. Furthermore, one out of twelve women dies due to pregnancy related causes. The lack of adequate pre-natal and maternal care, coupled with a high fertility rate of 6.3 put women at high recurrent risk. Obstetric hemorrhages and hypertension during pregnancy are the leading direct causes of maternal death. In Middle Juba, particularly Jilib district access constraints remained significant. All health Facilities in Jilib district ceased operation on 14th August 2013 when MSF announced closure of its operations. DOH/Health Cluster committee have approached Somali Aid to fill the gaps and provide health service . Jilib district and its catchment areas including Marerey and surrounding Riverine villages are still under control
(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) *	Population of Middle Juba and the entire Jilib District have limited access to healthcare due to insecurity and the control by the armed grouped. This inaccessibility was worsened by the withdrawal of the only organization (MSF) in the District in Mid August. Before its withdrawal, MSF was treating over 6000 OPD (Out-patient department) cases per month, 200 IPD admissions, 650 ANC consultations and 80-100 deliveries. It also provided TB treatment nutritional, obstetric surgery and routine EPI vaccination. Considering this critical need to provide essential healthcare, the project will give particular attention to women, children and the elderly who are usually the most affected. The project is also aimed at fill health gap and ensure minimum provision of healthcare in the District.
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	Somali Aid has undertaken a number of primary health care assistance to the needy population in the country since its inception and funded by number of reputable donors both internally and externally with resultant impact such as WHO, OXFAM, FAO, etc. Currently there are number of project undergoing such as nutritional care in lower Juba funded by SIDA through Oxfam, the only leprosy program in Somalia funded by WHO/ world Concern in Middle Juba and livelihood programmes in Gedo region.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To enhance access to primary health care services by vulnerable population of Jilib district.		
(B) Outcome 1*	Improved access to health care services for a total of 9822 children, 20089 women and 20089 men based in Jilib District of Middle		
(C) Activity 1.1*	Provision of primary healthcare through support to out-patient department and Antenatal care services for a total of 50,000 people		
(D) Activity 1.2	Provision of referral services to 1818 severely ill patients i.e women with complicated obstetric cases, acute traumas, other acute		
(E) Activity 1.3	Provision of basic Obstetric and neonatal (BeMoNc) services to 600 pregnant women(in pre-natal and post-natal period) and car		
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 1
(G) Indicator 1.2	Health	Expected number of consultation per clinician per day	Target 53
(H) Indicator 1.3	Health	Expected number of deliveries per month	Target 100
(I) Outcome 2	Improve knowledge and practices through capacity building of health staff and community awareness to the population in Jilib.		
(J) Activity 2.1	Train 19 Community health workers (60% are women) and dissemination of repacked information education and communication		
(K) Activity 2.2	Train staff on treatment guidelines, communicable diseases management such as malaria, Measles, Polio, acute watery diarrhoea		
(L) Activity 2.3	Train midwives (4) on safe delivery, post abortion care, emergency obstetric and neonatal care for 5 days, then 2 monthly continuo		
(M) Indicator 2.1	Health	Number of health workers trained in common illnesses, integrate	Target 19
(N) Indicator 2.2	Health	Number of IEC materials disseminated	Target 1000
(O) Indicator 2.3	Health	number of midwives trained on basic obstetric and neonatal car	Target 4
(P) Outcome 3	Mechanisms for the prevention, control of outbreaks and early warning systems and response established.		
(Q) Activity 3.1			
(R) Activity 3.2	Acute watery diarrhoea/Cholera awareness creation specially during Cholera peak months-March/April and September/October		
(S) Activity 3.3	Timely and regular reporting of epidemics of malaria, acute watery diarrhoea, measles and suspected polio to WHO and health clu		
(T) Indicator 3.1	Health		Target 0
(U) Indicator 3.2	Health	Number of awareness sessions conducted on epidemic diseases:	Target 2
(V) Indicator 3.3	Health	Proportion (100%) of reported surveillance system in Jilib Distric	Target 100
(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>	Timeframe						
	Activity	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months					
		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</p> <p>1 WHO 2 Zamzam foundation 3 Health cluster 4 5 6 7 8 9 10</p>	<p>Activity</p> <p>information sharing contribute to monthly health cluster Bulletin collaboration X</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: 30%;">Cross-Cutting Themes (Yes/No)</td> <td style="width: 30%;">Outline how the project supports the selected Cross-Cutting Themes.</td> <td style="width: 40%;">Write activity number(s) from section 4 that supports Cross-Cutting theme.</td> </tr> <tr> <td>Gender</td> <td>Yes</td> <td>The project has seriously mainstreamed gender from the conception.</td> </tr> <tr> <td>Capacity Building</td> <td></td> <td></td> </tr> </table>		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 project has seriously mainstreamed gender from the conception.	Capacity Building		
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