

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*	Relief International			
(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 Support to Dharkenley Health Centre			
(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*	\$	150,011.00	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	7404	11105	18509
	Total beneficiaries include the following:			
	Children under 5	925	1388	2313
	Pregnant and Lactating Women	0	740	740
	Internally Displaced People	4264	6397	10661
	People in Host Communities	2844	4264	7108
(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:	\$ 150,011
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*	Pierre Bry	Title	Country Director
	Email*	pierre.bry@ri.org	Phone*	0710932098
	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) *	<p>In August 2013, MSF pulled out of all supported health facilities in Somalia with immediate notice. In total, more than 1,500 MSF staff had provided a range of services, including free primary health care, malnutrition treatment, maternal health, surgery, epidemic response, immunization campaigns, water, and relief supplies across Somalia. In 2012 alone, MSF teams provided more than 624,000 medical consultations, admitted 41,100 patients to hospitals, cared for 30,090 malnourished children, vaccinated 58,620 people, and delivered 7,300 babies.</p> <p>The gap left in the wake of the MSF pullout constitutes humanitarian emergency, with tens of thousands of people in the catchment areas of MSF-operated and supported facilities with reduced or no access to essential primary health care services. In Mogadishu, at the Dharkenley primary health center, while a LINGO has sought to keep the clinic open to clients, services are effectively limited by the lack of adequate supplies, staffing, management oversight, and funding.</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>Dharkenly PHC: MSF handed over the Dharkenley primary health center in Mogadishu to local NGO, SORDO, in mid-August. However, SORDO immediately expressed to the health cluster the center's need for additional support, in terms of supplies, salaries, and technical/management oversight. SORDO is not currently able to provide for these needs and therefore the clinic is not providing needed services to the surrounding vulnerable community. This leaves a significant gap in provision of basic, emergency health services for the population, which will result in individuals having inadequate access to care or overwhelming other facilities in other parts of Mogadishu that are already struggling to ensure appropriate services for their catchment populations.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>RI has been implementing health and nutrition programming in Somalia, including in South Central, for several years, in order to address critical emergency needs among vulnerable populations. RI has been running and/or supporting primary health facilities in Banadir, Lower Shabelle (Algooye) and Mudug (Galkayo and Jareeban districts) regions for over two years, with funding from OFDA, CHF, and internal funds. RI health programs include management of PHCs, operation of in- and out-patient services (including nutrition programs), communicable disease prevention and treatment, reproductive health services, health staff support and capacity-building, and support to MoH staff. As part of strategic regional program expansion, RI is starting health activities in existing PHCs in Beletweyne district of Hiraaan region with newly committed support from OFDA.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To improve access to quality health care services and emergency assistance for women, children and men in the project areas (60%		
(B) Outcome 1*	Reduced obstetric complications, cost implication, and maternal deaths in the targeted health facilities.		
(C) Activity 1.1*	Provision of incentives for 1 midwife, 2 nurses, and 6 support staff in Dharkenley Health Center and Training of the technical staff (nu		
(D) Activity 1.2	provision of essential drugs, supplies, and equipment to enable services in order to provide of Basic emergency obstetric and		
(E) Activity 1.3			
(F) Indicator 1.1*	Health	Number of health workers trained in common illnesses, integrate	Target* 3
(G) Indicator 1.2	Health	Number of pregnant women supported	Target 740
(H) Indicator 1.3	Health		Target 0
(I) Outcome 2	Essential curative, preventive, and promotive services provided to 20,822 people in Dharkenley districts.		
(J) Activity 2.1	Provision of routine immunization services to over 2,314 children under five years and 740 pregnant women.		
(K) Activity 2.2	Routine health education and individual counseling on various health topics provided through both out-patient and in patient pediatri		
(L) Activity 2.3			
(M) Indicator 2.1	Health	Number of children below five years and women of child-bearing	Target 3054
(N) Indicator 2.2	Health	Number of health education sessions given at the health facilities	Target 6
(O) Indicator 2.3	Health		Target 0
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Health	Health	Target
(U) Indicator 3.2	Health		Target
(V) Indicator 3.3	Health		Target
(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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3">Activity</th> <th colspan="6">Timeframe</th> </tr> <tr> <th colspan="6">Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</th> </tr> <tr> <th>Week 1-4</th> <th>Week 5-8</th> <th>Week 9-12</th> <th>Week 13-16</th> <th>Week 17-20</th> <th>Week 20-24</th> </tr> </thead> <tbody> <tr> <td>1.1*</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.2</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.3</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.1</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.2</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.3</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.1</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.2</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.3</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Activity	Timeframe						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				
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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 SORDO (local Agency) 2 WARDI 3 4 5 6 7 8 9 10</p>	<p>Activity</p> <p>Has been supporting Dharkenley HC since the departure of MSF. However RI will support WARDI(national NGO) is a potential partner with MOH/UNICEF under the EPHS</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%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Cross-Cutting Themes</td> <td style="width: 10%;">(Yes/No)</td> <td style="width: 60%;">Outline how the project supports the selected Cross-Cutting Themes.</td> </tr> <tr> <td>Gender</td> <td>Yes</td> <td>Relief International's experience in Somalia clearly indicates that women are</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.	Gender	Yes	Relief International's experience in Somalia clearly indicates that women are	Capacity Building			<p>Write activity number(s) from section 4 that supports Cross-Cutting theme.</p>
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