

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*	United Nations Children's Fund				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> UN Agency				
(C) Project Title*	Provision of maternal and child health services through delivery of essential medicines, medical supplies, equipment to health facilities; capacity building of health workers; and establishment of community based care by female CHWs				
(D) CAP Project Code	SOM-11/H/40034	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 (Feb 2011)				
(G) CAP Budget	6439336	Must be equal to total amount requested in current CAP			
(H) Amount Request*	735561.50	Equals total amount in budget, must not exceed CAP Budget			
(I) Project Duration*	9 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	861500	1461500	2323000	
	Total beneficiaries include the following:				
		0	0	0	
		0	0	0	
(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"/> L. 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"/> L. 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	1.CISP	Budget:	\$	75,000
	2	2.COSV	Budget:	\$	100,000
	3	3.GTZ	Budget:	\$	90,000
	4	4.Galmudug Primary Health Consortium	Budget:	\$	100,000
	5		Budget:	\$	-
	6		Budget:	\$	-
	7		Budget:	\$	-
	8		Budget:	\$	-
	9		Budget:	\$	-
	10		Budget:	\$	-
			Total	Budget:	\$
		Remaining	Budget:	\$	370,562

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*	John Agbor	Title	Chief, Health
	Email*	jagbor@unicef.org	Phone*	0702121174
	Address	UNICEF USSC, 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) *	The current drought in conjunction with the continued conflict and displacements particularly in the south and central zones has had a debilitating effect on the social services and health outcomes of vulnerable communities. Poor sanitation, weakened immune systems and high levels of malnutrition have further increased the risk of communicable diseases cholera, diarrhoea, acute respiratory tract infections and measles. Women and children, the displaced and people in drought affected areas are the most affected by the poor coverage and quality of essential health care (including maternal, neonatal and child care). It is thus crucial to ensure the maintenance of health facilities in these areas - drought and IDP - to secure essential medicines and medical supplies in these facilities for the provision of quality primary health care including community based management of common illnesses (CCM)
(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) *	Recent assessments in these areas shows a marked increase in number of consultations at MCH centres (CISP assessment in Galmudug), increased deaths - Dinsor assessment - 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 diarrhea, malaria and pneumonia. Health facilities are becoming overstretched, and will therefore easily run out of their stock of life-saving medical supplies. Displacement of drought victims is aggravating chances of disease spreading to other areas, thereby enhancing the likelihood of multiple epidemics. Outreach services such as medical camps, mobile clinics and support to community-based Primary Healthcare services will serve the needs of host and displaced populations which are gathering around urban centres to get access to basic human needs. As children and pregnant and lactating women are considered to be the most vulnerable, increased health needs continue to emphasize interventions for child
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	UNICEF is currently supporting management of MCH in these locations through partners. UNICEF provides essential drugs, training and supervision to the facilities. UNICEF will provide and support health services at the district and community level through MCHs and health posts by providing essential supplies and services. UNICEF will also provide integrated outreach health services for women and children in remote areas, through integrated community case management (CCM). This strategy delivers life-saving interventions for common neonatal and childhood illnesses such as diarrhoea and pneumonia where access to facility-based services is low and will increase resilience of communities to cope with crisis and prevent related displacement. The CCM initiative will be complemented with outreach interventions where the target population is hard to reach (including conflict-affected and displaced) and where other gaps have been identified.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Provide access to quality life-saving health care services and emergency assistance		
(B) Outcome 1*	Increased access/utilisation to appropriate preventive and curative primary health care services with a focus on women and children		
(C) Activity 1.1*	Provision of essential drugs, renewable (kits) and management tools to MCH and Health Posts, including supervision		
(D) Activity 1.2	Provision of primary health care services through health facilities as well as mobile and outreach services with a focus on maternal and		
(E) Activity 1.3	Integrated RH/PHC trainings of 42 health workers at health facility and community level		
(F) Indicator 1.1*	Health	Provision of PHC services within 2 km radius of IDP settlements	v Target* 18
(G) Indicator 1.2	Health	Measles vaccination coverage rate	Target
(H) Indicator 1.3	Health	Number of health workers trained	Target
(I) Outcome 2	Prevention and treatment of common diseases at community level		
(J) Activity 2.1	Training of 200 community health workers on CCM		
(K) Activity 2.2	Provision of essential drugs, and management tools, including supervision at community level health facilities		
(L) Activity 2.3	Provision of community case management of common diseases by CHW		
(M) Indicator 2.1	Health	Number of health workers trained in common illnesses, integrated	Target 200
(N) Indicator 2.2	Health	Availability of essential drugs for CCM	Target
(O) Indicator 2.3	Health	proportion of children with diarrhoea treated with SRO at home	Target
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1			Target
(U) Indicator 3.2			Target
(V) Indicator 3.3			Target
(W) Implementation Plan*	Activities will be implemented in collaboration with national and International NGOs and CBOs and will be carried out between March and December 2011. Implementing partners will provide services in line with the general Essential Package of Health Services (EPHS) to MCH centres (18) and health posts as well as in communities. Eight training sessions will be held for existing community health workers (preferably females) who will be trained to assess, classify and treat childhood diseases such as malaria, pneumonia, and diarrheal malnutrition. Each CHW will take care of approximately 500-700 population. Selected CHWs will be linked with nearest MCH centre, to receive monthly supplies, submit reports and get supportive supervision; this will strengthen the local supply chain as well as community linkages. Community based HMIS will be established. Health facilities will receive supplies from UNICEF on quarterly basis		
Describe how you plan to implement these activities (maximum 1500 characters)			

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) *

UNICEF staff will monitor maternal and child health services provided by MCH centres where access is possible; it will use the services of trusted organizations (such as national NGOs, CBOs and community leaders of the community) for additional monitoring where access is a constraint. UNICEF will continue with third party monitoring using independent monitors in CSZ. UNICEF collects and analyzes monthly reports with age and gender segregated PHC services data from all MCH centres. Efforts will be made to collect gender based disease specific data.

(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 month					
	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
1.1* Provision of essential dru	X	X	X	X	X	
1.2 Provison of primary heal	X	X	X		X	
1.3 Integrated RH/PHC train	X	X				
2.1 Training of 200 commun	X	X				
2.2 Provision of essential dru	X	X	X	X	X	X
2.3 Provision of community c	X	X	X	X	X	X
3.1 0						
3.2 0						
3.3 0						

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 All health actors in all 3 zones	Participation in all zonal and national cluster coordination meetings
2	
3	
4	
5	
6	
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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	Many of the primary health centre staff and community health workers are
Capacity Building		





