

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*	Humanitarian Initiative Just Relief Aid Organization			
(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*	Strengthening the delivery and provision of emergency life saving health services to IDPs, urban poor and vulnerable host communities of Lafole and neighbourhood areas of Lower Shabelle and Banadir hospital of Somalia.			
(D) CAP Project Code	SOM-11/H/40063	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	666624	Must be equal to total amount requested in current CAP		
(H) Amount Request*	100000	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	Water, Sanitation and Hygiene	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	41655	65345	107000
	Total beneficiaries include the following:			
	Children under 18	17572	16270	33842
	Internally Displaced People	20655	17345	38000
	People in Host Communities	21000	8000	29000
	Urban Poor	2400	4200	6600
(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"/> Bakooll <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		Budget:	\$ -
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ -
		Remaining	Budget:	\$ 100,000
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*	Mohamed Dahir Fidow	Title	Managing Director.
	Email*	m.dahir@hijrasomalia.or.ke	Phone*	+254721840280
	Address	P.O. BOX 19686 00100 Nairobi- Kalsion towers 7th floor. SE wing.		

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) *	Due to decades of long civil war in L. Shebelle and Banadir regions, the region is characterized by nascent public health systems and community-based health service delivery is inadequate. There is lack of education on appropriate treatments and thus people self-medicate or use unqualified practitioners. Many essential health products are missing. Recurring droughts and hyper-inflation have contributed to reduced households' incomes, hence ability to pay for their own health. The situation is very unstable. Continued fighting in Mogadishu means that increased in IDP's in the already overcrowded camps along the Afgoye corridor. WHO statistics show that women have 1 in 10 life-time risk of dying due to pregnancy and childbirth-related causes. 1 in 6 children < 5 years is acutely malnourished. Access to routine health services is severely limited which almost exclusively relies on NGOs for delivery. They are hampered by low number of health personnel often with limited capacity and skills, poor infrastructure and insufficient number of health facilities. Violence underscores the challenges facing the health workforce. Banadir hospital, largest
(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) *	HIJRA reports show of the total 679 women who delivered in Lafole area in the last 6 months, only 115 were attended to by skilled TBAs or qualified mid wives i.e. 17%. 85% of IDPs stated that GBV cases have increased. 90 % of IDPs cited heavy workloads associated with women's triple responsibilities for reproduction, production and socialization yet they provide majority of treatment to sick. Most decisions are made by men. Only targeting women is insufficient for ensuring improved access to health services. Survey of 12-29 Dec(see attached report) show-2 weeks period prevalence of acute respiratory infection was 19%, diarrhoea 23% and fever 21%. 58.1% of mothers recognized fast or rapid breathing as a sign of illness needing treatment. 56% recognized diarrhoea. High fever was cited by 68% of all surveyed mothers as danger sign needing treatment. 35.6% of household had mosquito net in the home. 88% said they gave birth at home; 4% delivered at public hospital, 8% at private hospital. 17.7% of respondents could show their children's vaccination card. 50% responded positively on HIV/ AIDS prevention. Most common source of information is village health
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	HIJRA supports Banadir hospital cholera treatment centre & paediatric wards in provision of health education, sewerage and toilets renovation, supplied 100 cholera beds&100 mattresses, 150 drip stands, essential drugs, diagnostic equipment, waste disposal, equipment and water supply. Has developed too contingency plan for AWD/Cholera outbreak emergency. Increased access to emergency obstetric and neonatal care health services to reduce mortality and morbidity rates in Lafoole and outreach to Ris and Jaran. Complicated cases are referred to Mogadishu. 5000 LLITN have been supplied to poor expectant mothers and their children Ensured access to quality prevention and control of communicable diseases program in L. Shebelle through Daryeel OPD that are gender sensitive, sustainable, full community participation, coordinated and equal access to all through outreach services to remote villages in the area.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To increase access to emergency health services amongst the IDPs and host population, targeting a total of 31,000 Individuals through		
(B) Outcome 1*	Improved access to quality lifesaving health services in Lafoole and its neighbourhood (Ris, Jaran and Garbis) and Banadir regions of		
(C) Activity 1.1*	Support and scale up provision of EmONC, Reproductive Health and Child care services at Daryeel and Banadir MCHs and establish		
(D) Activity 1.2	Ensure MCHs in the project adhere to WHO standard treatment protocols and Essential Package of Health Services at all times through		
(E) Activity 1.3	Reorganisation of the various sections and services of Daryeel OPD centre aiming at quality delivery of health services by supplying a		
(F) Indicator 1.1*	Health	Number of consultations per clinician per day by administrative un	Target* 50
(G) Indicator 1.2	Health	Implementation of EPHS service delivery package training for 10	Target
(H) Indicator 1.3	Health	Provision of Inter agency health kit, diarrheal disease kits.	Target
(I) Outcome 2	2,400 people sensitized about utilisation of reproductive health services, 75% of whom are women. Local health structures are appropr		
(J) Activity 2.1	Health workers, all of them women, trained on BCC activities for EMoNC, IMCI, communicable diseases and trauma prevention and of		
(K) Activity 2.2	Organise and facilitate 20 health education sessions to increase awareness of reproductive health and safe motherhood of which arou		
(L) Activity 2.3	Conduct standalone educational sessions with men and boys on sexual/ reproductive health, men to men violence/ anger managemen		
(M) Indicator 2.1	Health	Number of health workers trained in common illnesses, integrated	Target 15
(N) Indicator 2.2	Health	Number of BCC and awareness sessions conducted.	Target
(O) Indicator 2.3	Health	Number of BCC and awareness sessions conducted.	Target
(P) Outcome 3	Strengthen mechanisms for health response in Lafoole and Banadir areas with health cluster partners and other health projects with re		
(Q) Activity 3.1	Referring, accompanying and follow-up by medical staff of 100% women with obstetric complications to Banadir hospital and Mogadi		
(R) Activity 3.2	Conduct disease surveillance by collection of data and analysis to establish disease trends and detect outbreaks and undertake remed		
(S) Activity 3.3	Undertake rumour investigation and alerts within 96 hours in the areas of operation.		
(T) Indicator 3.1	Health		Target 1600
(U) Indicator 3.2	Health	Surveillance reporting and emergency response to outbreaks (%)	Target
(V) Indicator 3.3	Health	Improved rumour verification and testing of suspected samples at	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	Two Medical Assistants, 5 nurses, 5 mid wives and 1 project coordinator will be engaged 100% to oversee the project implementation. Essential drugs supply and medical supplies for Daryeel MCH, 2 mobile outreach teams which are composed of 2 nurses and 1 mid wife, and Banadir hospital MCH will be provided as per need. Facilitation of health education sessions on reproductive health and safe motherhood with 80% women will be improved for quality standards. Disposable clean delivery kits will be availed to birth attendants in project areas. Women with serious obstetric complications will be referred to Banadir and SOS hospitals by hiring of cars/ambulances, accompanied by health staff and followed up on regular basis. Stand-alone group educational sessions will be conducted on HIV prevention, men to men violence/anger management, GBV, fatherhood and maternal issues, child health care to		

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) *

Health information systems and structures are already in place. There are central birth, death registers, integrated disease surveillance registers at each health facility. Mortality data will include information on age and sex of the diseased and the cause, date and location of death for follow-up. Evaluation will be done after initial 6 months and end of the project period to determine the appropriateness of the project and how effectively it was implemented, achievements of the programme both intended and unintended, and factors affecting access and coverage of services. Evaluation will be used to follow trends in the health status and establish health care priorities, detect and respond to epidemics, evaluate project effectiveness, coverage and quality of services delivered and ensure that resources are targeted to areas of greatest needs. Interim evaluation as per the Gantt chart, job descriptions, job aid, staff work plans will assist in identifying solutions to problems detected by routine monitoring. Health facilities mapping and project information will be done and shared with health cluster. MCH staff will be performing under the supervision of qualified medical assistant and assisted by nurses and mid wives.

(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* Support and scale up pro	X	X	X	X	X	X
1.2 Ensure MCHs in the proj	X	X	X	X	X	X
1.3 Reorganisation of the va	X	X	X	X	X	X
2.1 Health workers, all of the	X	X	X	X	X	X
2.2 Organise and facilitate 2	X	X	X	X	X	X
2.3 Conduct standalone edu	X	X	X	X	X	X
3.1 Referring, accompanying	X	X	X	X	X	X
3.2 Conduct disease surveill	X	X	X	X	X	X
3.3 Undertake rumour invest	X	X	X	X	X	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 WASH cluster members/partners- UNICEF	HIJRA has a number of WASH interventions in the project area, member of the W
2 Health cluster members/partners in Somalia	ensure gender is mainstreamed (was part of HIJRA contribution to the health cluster)
3 Nutrition cluster cluster- eg. DRC, ICF, B...	HIJRA will work closely with nutrition clusters in terms of health education to care
4 protection cluster/members eg.UNHCR.	HIJRA will closely liaise with protection clusters in the field especially in terms of G
5	
6	
7	
8	
9	
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	This project has seriously taken a note that women and girls are at increased risk.
Capacity Building		