

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)

<b>(A) Organization*</b>	Muslim Aid		
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO		
<b>(C) Project Title*</b> <small>For standard allocations, please use the CAP title.</small>	Improve Health Services through Primary Health Care in Banadir, Lower Shabelle, Lower Jubba, and Hiran,		
<b>(D) CAP Project Code</b>	SOM-11/H/39956	Not required for Emergency Reserve proposals outside of CAP	
<b>(E) CAP Project Ranking</b>	High	Required for proposals during Standard Allocations	
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Feb 2011)		
<b>(G) CAP Budget</b>	1304712	Must be equal to total amount requested in current CAP	
<b>(H) Amount Request*</b>	299200.00	Equals total amount in budget, must not exceed CAP Budget	
<b>(I) Project Duration*</b>	12 months	No longer than 6 months for proposals to the Emergency Reserve	
<b>(J) Primary Cluster*</b>	Health		
<b>(K) Secondary Cluster</b>	Only indicate a secondary cluster for multi-cluster projects		
<b>(L) Beneficiaries</b> <small>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 (<a href="http://www.fsnau.org">http://www.fsnau.org</a>)</small>		<b>Men</b>	<b>Women</b>
	<b>Total beneficiaries</b>	206654	286246
	Total beneficiaries include the following:		
	<b>Children under 5</b>	30245	39020
	<b>People in Host Communities</b>	75360	94234
	<b>Internally Displaced People</b>	50370	78630
	<b>Pastoralists</b>	20000	31000
<b>(M) Location</b> <small>Precise locations should be listed on separate tab</small>	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	
<b>(N) Implementing Partners</b> <small>(List name, acronym and budget)</small>	1	Budget:	\$ -
	2	Budget:	\$ -
	3	Budget:	\$ -
	4	Budget:	\$ -
	5	Budget:	\$ -
	6	Budget:	\$ -
	7	Budget:	\$ -
	8	Budget:	\$ -
	9	Budget:	\$ -
	10	Budget:	\$ -
		<b>Total</b> Budget:	\$ -
		<b>Remaining</b> Budget:	\$ 299,200
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>			
<b>(O) Agency focal point for project:</b>	Name*	Ahmed A Muhummed	Title country Director
	Email*	ahmed.abdi@muslimaid.org	Phone* 252 61 5422542
	Address	Madina Road, next to Ex-British Embassy, Hamarjajab District, Mogadishu Somalia	

### 3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)

<b>(A)</b> Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	Over the last years, the lives of millions of people in Somalia had been negatively affected by civil war, especially in the South-Central zone. Mogadishu, the capital city is the worst hit area, and millions of men, women and children have been displaced due to continuous fighting and due to recent severe droughts in Jubas, Shabelles and several other regions of the country. The drought affected pastoralists are moving in the outskirts of Mogadishu. Since December 2010, UNHCR estimates that 66, 900 were displaced within the country, including 41, 280 of them due to drought. Some 14, 100 people have been displaced from Mogadishu and 8, 500 have fled the city. There is poor availability and quality of essential health care (including, maternal, neo-natal and child health care) and shortage of life-saving interventions for both primary and secondary health care. Low immunization rates, high levels of malnutrition, disease outbreaks and high incidence of communicable diseases are aggravating public health risks. Malnutrition among lactating women also contributes to low levels of breast milk which in turn impacts on the immune status of
<b>(B)</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) *	In January 2011 Muslim Aid carried out an extensive Participatory Needs Assessment (PNA) in three zones. The community described health as their first priority (annex-1). Muslim Aid (MA) proposal addresses vast needs of emergency health services which have been prioritized by IDPs and other affected communities. The project targets these emergency and essential health needs in South and Central regions with main focus on drought affected and IDP populations. Health facilities in these areas lack basic equipments and drugs to provide primary curative and preventive services, especially reproductive health and MCH services. As a result over 95% of deliveries are managed at home via the assistance of Traditional Birth Attendants (TBAs) who lack clean supplies, knowledge of complications management, and preventive pre and post natal care skills. The assessment team observed that nurses are carrying out reproductive health case referrals due to lack of basic supplies (beds, gloves, clean delivery kits). Nurses and midwives have not received technical refreshers for the last few years. In IDP camps and remote villages where mother-
<b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	Muslim Aid has been working with target communities in Mogadishu-Banadir, Jubas and Shabelle regions for nearly 15 years. Muslim Aid is currently implementing health & nutrition program in the area, but this will last few months only and the continuation of such services is very essential for the IDPs and host communities whose health needs depends upon the services provided by Muslim Aid and partners. Muslim Aid in collaboration with some of the UN agencies namely, WHO, UNICEF and UNFPA has carried out a series of health interventions for IDPs in the Afgoye and Balcaad corridors and in Mogadishu through OPDs, OTPs and MCH Centers. They provide essential health services, EPI and nutrition to mothers, lactating and pregnant women, and children under 5 who are moderately malnourished, sick and immuno-compromised. Muslim Aid is proposing to continue these services for one more year. There are 40 health professionals of Muslim Aid plus other support staff with necessary capacity. In line with overall coordinated response, Muslim Aid, in particular, will provide health services to conflict and drought affected populations and IDPs

#### 4. LOGICAL FRAMEWORK (to be completed by organization)

<b>(A) Objective*</b>	Provision of emergency health service	
<b>(B) Outcome 1*</b>	Access to life saving Emergency health and Primary Health Care Services to drought affected and Internally Displaced People (IDPs).	
(C) Activity 1.1*	Provide emergency and essential health services to internally displaced people and host communities through MCHs centers.	
(D) Activity 1.2	Conduct continuous surveillance and reporting of emergencies in all active sentinel sites in the target areas for integrated disease surveillance.	
(E) Activity 1.3	Promote health education and awareness for communicable disease prevention and support to Child Health Days (CHDs) and inter-clinical referrals.	
(F) Indicator 1.1*	Health	Provision of PHC services within 2 km radius of IDP settlements v <b>Target*</b>
(G) Indicator 1.2	Health	timely response to disease outbreaks and submission of Surveillance <b>Target</b>
(H) Indicator 1.3	Health	Implementation of health education and disease prevention activities <b>Target</b>
<b>(I) Outcome 2</b>	Promote Skilled Birth Attendance (SBA) at MCH centres, including provision of Basic Emergency Obstetric and Neo-natal Care (BEmONC) services.	
(J) Activity 2.1	Registration of child bearing age and pregnant women for pre-natal, natal and post-natal services as appropriate and support to encourage SBA.	
(K) Activity 2.2	Provide treatment of minor illness and provision of BEmONC services with timely referral of complicated cases in order to avoid "Three Ds".	
(L) Activity 2.3	Provision of comprehensive health, nutrition and hygiene package for women, newborns and children to promote improved health outcomes.	
(M) Indicator 2.1	Health	Provision of PHC services within 2 km radius of IDP settlements v <b>Target</b> Increased skilled birth attendants
(N) Indicator 2.2	Health	Provision of MNCH and BEmONC package in target areas. <b>Target</b>
(O) Indicator 2.3	Health	Provision of comprehensive health nutrition and hygiene services <b>Target</b>
<b>(P) Outcome 3</b>	Capacity building of staff with competency-based training, supportive supervision and result oriented monitoring and evaluation activities.	
(Q) Activity 3.1	Develop and implement competency-based, pre-service, in-service and refresher training courses for the facility based MCH/HP staff.	
(R) Activity 3.2	Develop and implement a comprehensive programme of supportive supervision and reporting for health staff.	
(S) Activity 3.3	Regular reporting to health cluster on lessons learned, feedback incorporated in the planning cycle and speed of implementation on EPHS.	
(T) Indicator 3.1	Health	Provision of PHC services within 2 km radius of IDP settlements v <b>Target</b> 100% existing and new health facilities
(U) Indicator 3.2	Health	Package and schedule of supportive supervision programme and <b>Target</b>
(V) Indicator 3.3	Health	Improved planning and reporting to health cluster for the implementation of EPHS <b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	The project will build on increasing coverage of the Core Programs of the EPHS provided by qualified personnel, the proper and efficient use of HMIS, use of the standard salary scales, adoption of essential drug list and the institutionalization of manuals and protocols for the treatment of most common diseases. Muslim Aid's Health Coordinator will supervise the implementation. The project will use the following approaches: 1. Curative services for common minor illnesses will be provided at the MCH/OPD clinics and village HPs, complemented by regular health education given at all health facilities and at the community level; 2. To improved maternal health, MA will focus on enhancing comprehensive antenatal care, clean and safe deliveries, vaccination of mothers and children, and supplementation of vitamin A and iron. 3. Immunization services will be provided among pregnant women and children under five at the MCH/OPD. 4. Health education will be carried out at the MCH/OPD and at village level by EPHS teams and CHWs.	

**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) \*

Monitoring and evaluation will be implemented during all phases of the project. MA will implement all activities through its field staff and will be in charge of retrieving data and reports from the field. Health Coordinator will conduct regular monthly visits to all project sites. The Health Coordinator will keep the cluster updated on coordination with health authorities and community, security, administrative and logistics issues. Monitoring officer, having a health monitoring background, would be responsible for monthly monitoring (or based on needs), and visit all project areas where activities are implemented. Monthly internal Monitoring Reports will be generated from patients' registers, Referral logbooks, Daily OPD attendance book, Way bills, Delivery records, and Medicines stock register, Epidemic Reports, and ISDR reports. A monthly HMIS report will be formulated in each health facility based on the evaluation of the documents mentioned above; this will include the problems faced and whether the monthly objectives were met. Health Coordinator will be responsible to collect, consolidate and analyze these reports. Monthly meetings with community health committees (CHC) will be held to discuss ways of improving standards of health facilities and services. Monitoring of patients' referrals through evaluation of referral logbooks, vouchers and referral vehicle Logbooks will be done in order to continuously improve the referral system.

(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* Provide emergency and	X	X	X	X	X	X
1.2 Conduct continuous surv	X		X		X	
1.3 Promote health education		X		X		X
2.1 Registration of child bear	X	X	X	X	X	X
2.2 Provide treatment of min	X	X	X	X	X	X
2.3 Provision of comprehens	X	X	X	X	X	X
3.1 Develop and implement	X		X		X	
3.2 Develop and implement	X		X		X	
3.3 Regular reporting to heal		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 UNICEF	Primary education, in lower Shabelle and Banadir Muslim Aid is implementing a pr WHO is a part of this project as they provided drug supplies, equipment and traini In the areas of this project Muslim Aid is implementing TB program where Global f Muslim Aid is implementing a nutrition program with the support of WFP specially i With the support of UNICEF Muslim Aid is implementing nutrition program [OTP/S
2 WHO	
3 WHO & GF	
4 WFP	
5 UNICEF	
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	The project underscores and addresses the importance of health seeking	
Capacity Building		