

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>   | Horn of Africa Organization for Protection of Environment and Improvement of Livelihoods  |   |           |                              |
| <b>(B) Type of Organization*</b>   | <input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO |   |           |                              |
| <b>(C) Project Title*</b><br><small>For standard allocations, please use the CAP title.</small>  | Reviving of Balanbale MCH with medicines, medical tools and nutritional supplies  |   |           |                              |
| <b>(D) CAP Project Code</b>  | SOM-11/H/40050  | Not required for Emergency Reserve proposals outside of CAP   |           |                              |
| <b>(E) CAP Project Ranking</b>   | Medium  | Required for proposals during Standard Allocations  |           |                              |
| <b>(F) CHF Funding Window*</b>   | Standard Allocation 2 (Feb 2011)  |   |           |                              |
| <b>(G) CAP Budget</b>  | 180050  | Must be equal to total amount requested in current CAP  |           |                              |
| <b>(H) Amount Request*</b>   | 57737.00  | Equals total amount in budget, must not exceed CAP Budget   |           |                              |
| <b>(I) Project Duration*</b>   | 6 months  | No longer than 6 months for proposals to the Emergency Reserve  |           |                              |
| <b>(J) Primary Cluster*</b>  | Health  |   |           |                              |
| <b>(K) Secondary Cluster</b>   | Nutrition   | Only indicate a secondary cluster for multi-cluster projects  |           |                              |
| <b>(L) Beneficiaries</b><br><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> |   | Men   | Women     | Total                        |
|  | <b>Total beneficiaries</b>  | 3874  | 7544      | 11418                        |
|  | <b>Total beneficiaries include the following:</b>   |   |           |                              |
|  | <b>Children under 5</b>   | 3874  | 4000      | 7874                         |
|  |   | 0   | 0         | 0                            |
|  | 0   | 0   | 0         |                              |
|  | 0   | 0   | 0         |                              |
| <b>(M) Location</b><br><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<br><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><br><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:   | \$ 57,737 |                              |
| <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*   | Mohamed Jama Aden   | Title     | Field Coordinator            |
|  | Email*  | hopelsom@yahoo.com  | Phone*    | +254720109426, +252615656561 |
|  | Address   | Head Office: Abudwak town in Galgaduud region of Central Somalia, Branch Offices: Balanbale, Dhusamareeb, Guriel and Galkayo.   |           |                              |

### 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) *                                  | Balanbale MCH was established in 2005. Since then, HOPEL, Diaspora and local community have been supporting it. The MCH used to be in a rental house but has now been given a room by the Administration of Balanbale Hospital. It has no enough Medical supplies, tools and equipment in order to meet its role of providing quality health services. The MCH receives irregular medical supplies from UNICEF in the last 3 years, the latest medical supplies received by the MCH was in December 2010, and this was mainly immunization and MCH health kits. Although without a valid PCA now but HOPEL and UNICEF had advance discussions and are currently working towards having a PCA aimed at regular support for the MCH, and that is the reason we are requesting for one month medical supply cash assistance to keep the MCH going while we wait for HOPEL to finalise agreement with UNICEF. Therefore UNICEF will cover subsequent medical supplies.<br>The MCH will serve a target population of 11418 composed of 7874 U5 children - 4,000 girls and 3,874 boys - (20% of the total population of the district).   |
| <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) * | Balanbale district has more than twenty locations besides this there are also three IDP camps in the town which host people who fled from Mogadishu, Balatweyne, Dhusamareeb and other parts of Galgaduud region where conflict is relatively high. These IDPs preferred the relative stability in Balanbale town which is controlled by the Ahlusunna Waljama. a total population of 39,370 women, men and children under five years in Balanbale and its immediate villages which are supposed to be served by the Balanbale MCH do not get proper health care due to insufficient provision of medicines and nutrition supply. there also exists lack of necessary medical tools and inadequacy in the number of trained staffs hence the MCH only provides a meager services for the large number of mothers and children and other patients seeking medical help in the district.   |
| <b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)   | In respond to the current crises of emergency humanitarian that mother and child and other vulnerable groups of the people in Balanbale district of Galgaduud region and its more than twenty satellite villages have been experiencing, HOPEL in cooperation with the local community/authority, Community Diaspora and FAO has been implementing various projects on health, WASH and Livelihoods in the district since 2004 to reduce the level of the mortality and morbidity in the area. HOPEL is currently undertaking various health awareness campaigns in the community which are accompanied by mobile clinics which are meant to reach both simi-urban and rural communities outside Balanbale town to reduce and prevent any outbreak in the area due to the high level of malnutrition, food and water shortages as the result of 2010 dyr season failure. This initiative has been jointly sponsored by the Diaspora community, HOPEL and the local authority. HOPEL is very much familiar with the dire and urgent doubling needs of project site. HOPEL is critically alrming and indeed raising the urgent need which demands emergency intervention to safe the lifes of many |

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

|  |  |   |
|--|--|---|
| <b>(A) Objective*</b>  | To increase mother and child accessibility to quality life-saving health care services in Balanbale town MCH, to enhance the capacity of   |   |
| <b>(B) Outcome 1*</b>  | There will be adequate and essential medicines and medical equipment as well as improving the nutrition status among more than 23  |   |
| (C) Activity 1.1*  | Provide ante-natal (ANC) and post-natal health care services to pregnant and lactating Mothers   |   |
| (D) Activity 1.2   | Provision of Primary Health Care Services for Mothers and children (i.e.immunization, treating of diseases and breastfeeding counsel   |   |
| (E) Activity 1.3   | Provision of medical supplies as well as medical consultations and treatment services to mothers and children U5.  |   |
| (F) Indicator 1.1*   | Health   | Provision of PHC services within 2 km radius of IDP settlements v <b>Target*</b> 3544 |
| (G) Indicator 1.2  | Health   | The number of mothers and children received primary Health Care <b>Target</b>         |
| (H) Indicator 1.3  | Health   | Number of consultations offered by clinician per day in the MCH <b>Target</b>         |
| <b>(I) Outcome 2</b>   | Enhanced Capacity building and Training for the MCH health staff and improved Quality of Primary healthcare service delivery   |   |
| (J) Activity 2.1   | 16 Balanbale MCH health personnel (6 males;1 clinician,1 axulliray nurse and 4 CHWs) and 10 females (1 qualified nurse,2 mid wives   |   |
| (K) Activity 2.2   | Community Trainings on primary health care awareness (100 male,200 female) for changing socio-cultural taboos that are barriers to   |   |
| (L) Activity 2.3   |  |   |
| (M) Indicator 2.1  | Health   | Number of health workers trained in common illnesses, integrated <b>Target</b> 16     |
| (N) Indicator 2.2  | Health   | The number of community stakeholders from Balanbale and imm <b>Target</b>             |
| (O) Indicator 2.3  |  | <b>Target</b>   |
| <b>(P) Outcome 3</b>   | Enhanced Public Health and Improved Sanitation and Hygiene Practices among the target population   |   |
| (Q) Activity 3.1   | Hygiene and Sanitation awareness and community mobilization campaigns will be carried out by the CHWs staffs for behavioral chan   |   |
| (R) Activity 3.2   |  |   |
| (S) Activity 3.3   |  |   |
| (T) Indicator 3.1  | Health   | <b>Target</b> 11418   |
| (U) Indicator 3.2  |  | <b>Target</b>   |
| (V) Indicator 3.3  |  | <b>Target</b>   |
| <b>(W) Implementation Plan*</b><br>Describe how you plan to implement these activities (maximum 1500 characters) | <p>The past and the present HOPEL health projects in Balanbale district in Galgadud region gave the organization enough lessons and experience for the future up-coming interventions.</p> <p>HOPEL will create discussions with the indigenous community groups particularly community gatekeepers, women and youth groups, ethnic minority groups if any, spiritual groups, and the local authority for effective and sustainable community participation in the entire project implementation. HOPEL will also embark on sanitation and hygiene promotion as well as mobilization and awareness campaigns on good health practices/behaviours in the community all these activities will be carried out by 10 CHWs and 10 Community mobilizers (these hygiene &amp; sanitation promotions, mobilization and awareness campaigns will be done through using loud speakers and public gathering in the public places). This community participation and awareness campaigns will give</p> |   |

**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) \*

HOPEL has a sub-office in Balanbale district and staff based in the Project area will play a significant role in project monitoring. HOPEL will make monitoring an integral part of all the project activities right from the beginning. The monitoring will be done in partnership with local authorities and the community health committees. Periodic progress reports (weekly and monthly, as shall be agreed upon) shall be submitted to UN-OCHA in the course of the implementation period. The project staff in conjunction with local authorities will undertake daily and weekly monitoring of the project activities. They will meet regularly to discuss the progress and achievements of the project plans against the set targets, noting accomplishments and gaps, and proposing follow-up activities where necessary. Internal reports will be prepared and submitted by HOPEL project manager to the HOPEL Deputy Director, the Deputy Director will report to the Executive Director, where the Executive Director will report to both OCHA/CHF secretariat and HOPEL board of Directors. This will provide updates on achievements, challenges and plans for the upcoming month. A final Program and Financial report will be submitted at the end of the project period. HOPEL will be committed to share its activities with the health Cluster and the OCHA field staff as well as prepare health quarterly reporting and share necessary information and inputs with the Health cluster 3W matrix. Balanbale local administration and local elders will also be given an opportunity of a free hand to carry out visits and follow ups on the project activities in the district.

**(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 |          |           |            |            |            |
|  | Week 1-4   | Week 5-8 | Week 9-12 | Week 13-16 | Week 17-20 | Week 20-24 |
| 1.1* Provide ante-natal (ANC)  | X  | X        | X         | X          | X          | X          |
| 1.2 Provision of Primary Health  | X  | X        | X         | X          | X          | X          |
| 1.3 Provision of medical supplies  | X  | X        | X         | X          | X          | X          |
| 2.1 16 Balanbale MCH health  | X  |          |           |            |            |            |
| 2.2 Community Trainings on   | X  |          |           |            |            |            |
| 2.3 Hygiene and Sanitation   | X  | X        |           |            |            |            |
| 3.1 Hygiene and Sanitation awareness and community mobilization campaigns will be carried out by the CHWs staffs for behavioral change |  |          |           |            |            |            |
| 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 UNICEF     | UNICEF will provide Emergency medical supplies to the MCH. UNICEF has been |
| 2            |  |
| 3            |  |
| 4            |  |
| 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   | * The project will be targeting to a total population of 11418 of mothers and |
| Capacity Building             |   |   |