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	y organi	zation su	bmitting th	ne proposal)							
(A) Organization*				luppo dei Popoli							
(B) Type of Organization*	UN Ag		International NO		international rec						
(C) Project Title*	Support of Somalia	f Primary Hea	alth Care Service	es at MCH-level in the Emergency-Affected Areas of Galgaduud and South Mudug Region of Central							
For standard allocations, please use the CAP title.	Sullialia										
(D) CAP Project Code		SOM-11/H/4	0067	Not required fo	r Emergency F	eser	ve proposals ou	tside of CAP			
(E) CAP Project Ranking		High		Not required for Emergency Reserve proposals outside of CAP Required for proposals during Standard Allocations							
(F) CHF Funding Window*	Standa	rd Allocation	2 (Feb 2011)								
(G) CAP Budget		508357			Must be equal to total amount requested in current CAP						
(H) Amount Request*		262925.0		Equals total amount in budget, must not exceed CAP Budget No longer than 6 months for proposals to the Emergency Reserve							
(I) Project Duration*		12 month	is .	No longer than 6	months for prop	osais	to the Emergency	y Reserve			
(J) Primary Cluster* (K) Secondary Cluster		Health		Only indicate a	eocondan/ cli	ctor f	or multi-cluster	projects			
(L) Beneficiaries				Offiny indicate a	Secondary Cit	3101 1	or mani-craster	Diojects			
Direct project beneficiaries. Specify				Men	Women		Total]			
target population disaggregated by		Total benefici	iaries	96000	1	04000	200000				
number, and gender. If desired	Total her	neficiaries in	oclude the follo								
more detailed information can be	Total beneficiaries include the following: Children under 5 40000 40000 40000										
entered about types of		Children und	iei 5	19000	21000		40000	4			
beneficiaries. For information on population in HE and AFLC see	L			0	0 0		0]			
FSNAU website				0 0		0]		l		
(http://www.fsnau.org)								1			
				0	0		0				
(M) Location	Regions	Awdal	Banadir	Bay	Gedo	L Jub		☐ Mudug	Sanaag	Togdheer	
Precise locations should be listed on separate tab	Regions	Bakool	Bari	Galgaduud	Hiraan	L Sha	belle M Shabe	elle Nugaal	Sool	W Galbeed	
(N) Implementing Partners	1							Budget:	\$		
(List name, acronym and budget)	2							Budget:	\$	-	
	3							Budget: Budget:	\$	-	
	5							Budget:	\$	-	
	6						Budget:	\$	-		
	7 8						Budget: Budget:	\$	-		
	9							Budget:	\$	-	
	10							Budget:	\$	-	
							Total Remaining	Budget:	\$	- 262,925	
Focal Point and Details - Provide de	tails on age	ncy and Clust	ter focal point fo	or the project (name	e. email. phone).		Kemaning	Buuget.	ų.	202,925	
(O) Agency focal point for project:	Name*	Rosaia Ruber			,,		Title	Somalia Country	Coordinator		
	Email*	coord@cisp-r	nairobi.org				Phone*	+254 20 272677	2/3		
	Address	Theta Lane, o	off Lenana Road,	Nairobi							
3. BACKGROUND AND NEED: (A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	pastoralists, are under lethal risk of starvation and/or of outbreak of water borne disease due to the ongoing drought. Because of the failure of the Gu and Deyr seasons of rainfalls in 2010, preceded by low and infrequent rainfalls in 2008 and 2009, most parts of South Mudug and Galgaduud regions face harsh drought that threatens the lives of the communities. The drought has severely affected the main sources of livelihoods in the region which are mainly livestock and agriculture, leading to constant food shortages and substantial loss of livestock. As per CISP rapid assessment, in South Mudug alone, an estimated 6,000 households (around 36,000 individuals most of them children and women) are directly affected by drought. Drought-stricken communities in the area have poor access to food, health services or drinking water. Moreover, increase in food prices as well as poor diet diversity has impacted levels of malnutrition in the area with a SAM rate of 12.8% and a GAM rate of 1.5%; pregnant and lactating women as well										
and needs in the proposed project locations. List any baseline data. If necessary, attach a table with information for each location. (maximum 1500 characters) * (C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	and it rec Description Populatic Populatic Populatic Hobyo di Dhusama Cabudwa Currently - Trainin - Payme - Supply - Supply - Monito - Survei	services provide health support to almost 200,000 people. Moreover, due to the ongoing drought the need is even more imperative and it requires immediate action. The following table shows the magnitude of the problem: Description: N. of people Population in South Mudug region: 212,452 Population in Galagaduud region: 330,057 Hobyo district (South Mudug): 67,000 Dhusamareeb (Galgaduud): 91,000 Cabudwaak district (Galgaduud): 41.000 Currently CISP is supporting the 9 MCHs in South Mudug and Galgaduud region through the following activities: Training of the health staff Payment of incentives Supply of limited quantities of drugs Supply of some basic equipment Monitoring and supervision of the health staff Surveillance of the health situation in the area covered by the 9 MCHs									
	- Technical assistance to the staff and the District Health Boards - Coordination with all the Partners at local and Nairobi level										

	(to be completed by organization)

										
(A) Objective*	Provision of PHC and drought health emergency services in 9 MCHs (Hobyo, Budbud, Bitaale, Ceelgula, Xerale, Xananburo, Ceel Dh									
(B) Outcome 1*	Improved accessibility to PHC services, particularly for women, children and drought-affected population, in the 9 MCHs									
(C) Activity 1.1*	Supply of essential drugs (main	Supply of essential drugs (mainly adressed to women, children and drought-displaced population), basic medical equipment (e.g., BEI								
(D) Activity 1.2	Provision of incentives to the he	Provision of incentives to the health staff of the 9 MCHs (maintaining the employment of at least 30% of female staff) to ensure adequ								
(E) Activity 1.3	Basic rehabilitation and equipping	Basic rehabilitation and equipping of 9 MCHs to improve access to adequate service facilities for affected population.								
(F) Indicator 1.1*	Health	At least 1 health facility with functional comprehensive emergency Target* 9								
(G) Indicator 1.2	Health	Number health staff working in the 9 MCHs Target								
(H) Indicator 1.3	Health	Number of health facilities able to deliver PHC services Target								
(I) Outcome 2	Increased and improved Preven	ntion and treatment of outbreaks of communicable diseases through strengthening of the capacity and								
(J) Activity 2.1	Refresher training of midwives,	Refresher training of midwives, nurses and aux. nurses on Emergency Obstetric Care (EmOC)								
(K) Activity 2.2	Refresher training of midwives,	Refresher training of midwives, nurses and aux. nurses on Integrated Management of Childhood Illness (IMCI) with attention to drougl								
(L) Activity 2.3										
(M) Indicator 2.1	Health	Number of health workers trained in common illnesses, integrated Target 27								
(N) Indicator 2.2	Health	Number of health workers trained on intergerated management of Target								
(O) Indicator 2.3		Target								
(P) Outcome 3	HWs and community awareness	HWs and community awareness on management of drought-related health emergency increased								
(Q) Activity 3.1	Training of midwives, nurses, ar	Training of midwives, nurses, and aux. nurses, on Integrated Diseases Surveillance and Reporting (IDSR)								
(R) Activity 3.2	Training of midwives, nurses, au	Training of midwives, nurses, aux nurses and Community Health Workers (50% women) on AWD case detection and management								
(S) Activity 3.3										
(T) Indicator 3.1	Health	Target 27								
(U) Indicator 3.2	Health	Number of Community Health Workers, midwives, nurses and au Target								
(V) Indicator 3.3		Target								
(W) Implementation Plan*	The project activities will be implemented/supervised by:									
Describe how you plan to	- 1 Project Manager permanently based in Somalia (with regular missions to CISP HQ in Nairobi for updating and coordination									
implement these activities	purpose)									
(maximum 1500 characters)		Coordinator based in CISP HQ in Nairobi (share)								
	Project finance and logistics as	Project finance and logistics as well as officers will support implementation. Coordination office resouces in Galkayo and Nairobi will								
	be available to ensure smooth implementation and reporting.									

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) *

CISP will monitor the project through its permanent field staff and offices in Dhusamareeb (Galgaduud) and Galkayo South (South Mudug), as well as through the coordination office in Nairobi through remote management methodology, developed taking into consideration the specific security constraints;

- The Program Managers (PM) based in the project sites will be responsible of direct implementation of the activities. On a monthly base a detailed report will be prepared including an update of baseline data, information on the evolution of potential beneficiary numbers, photo documentation, GIS data, financial and admininstrative data following CISP management system.

- Field Health Coordinator, based in CISP Field offices, will regularly monitor the project sites and, in collaboration with the District Health Boards (DHBs), supervise implementation of the activities, ensure quality control, the regular collection of baseline data and regularly update the CISP Health Coordinator in Nairobi. The Field Coordination will produce a detailed quarterly report of the project implementation.

- Administration/logistic support staff based in Nairobi, with field missions when security situation allows, will ensure overall

(B) Work Plan
Must be in line with the log frame.
Mark "X" to indicate the period
activity will be carried out

	Timeframe							
	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months							
Activity	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12		
1.1* Supply of essential drugs								
1.2 Provision of incentives to	X	X	X	X	X	X		
1.3 Basic rehabilitation and e		X	X					
2.1 Refresher training of mid	X			X				
2.2 Refresher training of mid	X			Х				
2.3 Training of midwives, nu		X			X			
3.1 Training of midwives, nu		X			X			
3.2 Training of midwives, nu	rses, aux nurse	s and Communit	y Health Worke	rs (50% womer	n) on AWD cas	e detection and manager		
3.3 0								

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other	Or	rganization		Activity	
activites in project area		ISP		WASH activities in Hobyo and Dhusamareeb where CISP-Healt	h is supporting a to
List any other activities by your or	2				
any other organizations, in	3				
particular those in the same cluster,	4				
and describe how you will	5				
coordinate your proposed activities	6				
with them	,				
	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	Cr	ross-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	Considering that the project is focused on MCHs the beneficiaries of the activities	S
		Capacity Building			