

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>	United Nations Population Fund			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> UN Agency			
<b>(C) Project Title*</b>	Emergency response to pregnancy and child birth complication in IDP settlements in 3 regions of Banadir, Lower Shabelle and Middle Shabelle of Somalia			
<b>(D) CAP Project Code</b>	SOM-12/H/48265	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 1 (Mar 2012)			
<b>(G) CAP Budget</b>	Must be equal to total amount requested in current CAP			
<b>(H) Amount Request*</b>	\$ 843,598.00	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>	Protection			
<b>(L) Beneficiaries</b>	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> )			
		Men	Women	Total
	Total beneficiaries	200	33872	34072
	Total beneficiaries include the following:			
	Internally Displaced People/Returnees	200	300	500
	Pregnant and Lactating Women	0	33626	33626
	Promoters, Caretakers, committee mem	200	300	500
	Staff (own or partner staff, authorities)	16	46	62
<b>(M) Location</b>	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"/> 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"/> Salgadood <input type="checkbox"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed		
<b>(N) Implementing Partners</b>	(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:	\$ 843,598
<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*	Dr Sama Hassan	Title	Programme Manager
	Email*	shassani@unfpa.org	Phone*	0733581002
	Address	UN Complex Nairobi Kenya		

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

<b>(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *</b>	<p>The three regions of Banadir, Lower Shabelle and Middle Shabelle are now considered to be worse affected in-terms of number of internally displaced persons due to drought and famine. The three regions are currently hosting an estimated 731,000 internally displaced persons (UNHCR Jan2012) The estimated number of women in reproductive age is around 168,130 and pregnancies of around 29,240.</p> <p>The IDP settlements in the three regions are more than 50, with 19MCH and 12 hospitals in the regions. The women are in dire need of immediate maternal health interventions. Emergency response to delivery and child birth complication are under met in the target areas, all kind of birth attendant including midwives and doctors are not equipped with required equipment, supplies, skill and knowledge to save the lives of mothers, furthermore the internally displaced person are many and put pressure on the existing health facilities or are far to be reached by the needy mothers, therefore this project will establish an approach to improve access of pregnant women to safe delivery and emergency response to complications of delivery and childbirth</p>
<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) *</b>	<p>UNFPA had deployed a full-time 3 humanitarian response assistants, one based in Mogadishu, one in Nairobi and one in Galkayo and one reproductive health consultant under the supervision of the head of south central sub-office who is directly managing humanitarian response programme of south central.</p> <p>11 midwives were trained on basic emergency obstetric care training supported by UNFPA and all are available to perform the role of tutors</p> <p>2 local obstetricians in agreement with Women and Health Alliance (WAHA), is an international NGO who has a global agreement with UNFPA on Reproductive health and currently based in Mogadishu will train 22 general doctors to handle pregnancy and child birth complications in the regions and to supervise midwives and maternity waiting homes</p> <p>UNFPA had contracted an international NOG, women and health alliance (WAHA) to conduct a post basic training of 25 nurses on midwifery course for one year which will contribute to produce skill birth attendants in the target regions</p>
<b>(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)</b>	<ol style="list-style-type: none"> <li>1. Provision of emergency reproductive health KITS to health facilities</li> <li>2. provision of clean delivery kits to pregnant women</li> <li>3. Provision of improved dignity kits to women in IDPs settlements, includes nutritional component</li> <li>4. Training of midwives on Emergency obstetric care, referral of complicated pregnancies &amp; information</li> <li>5. Training of Reproductive health coordinators and senior health professionals on Management of RH projects and minimum initial service package.</li> <li>6. Fistula management and end fistula campaign activities</li> <li>7. Reproductive health coordination</li> <li>8. Post basic training of midwives which expected to start in April 2012</li> </ol>

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

<b>(A) Objective*</b>	To reduce the first and the second delay of complicated pregnancies and child birth		
<b>(B) Outcome 1*</b>	Improve knowledge, skills and practices of women, men, girls & boys and civil society among IDPs to support referral of complicated pregnancies		
(C) Activity 1.1*	Conduct rapid need assessment to identify training needs of community members including women, men, boys and girls		
(D) Activity 1.2	Training of community groups 200 women, 200 men, 100 girls and boys		
(E) Activity 1.3	Training of health promoters in IDP settlements, 30 women and 30 girls on referral guidelines to assist in identify women who need care		
(F) Indicator 1.1*	Health		<b>Target*</b> 20
(G) Indicator 1.2	Health	number of Community groups trained	<b>Target</b>
(H) Indicator 1.3	Health	number of health promoters trained	<b>Target</b>
<b>(I) Outcome 2</b>	Maintain and scale up quality basic delivery care for complicated pregnancies and child birth among IDPs settlements		
(J) Activity 2.1	Establishment of 15 maternity waiting homes in the vicinity of a functioning basic delivery facility and accessible to IDP location		
(K) Activity 2.2	Procurement and distribution of RH emergency kits and basic supplies to maternity homes, MCH centers and hospitals		
(L) Activity 2.3	Training of Health providers including 30 midwives on safe delivery, 12 doctors on clinical procedures on treatment of pregnancy complications		
(M) Indicator 2.1	Health		<b>Target</b> 15
(N) Indicator 2.2	Health	list of RH kits received by health facilities and MWH	<b>Target</b>
(O) Indicator 2.3	Health	Number of trained health providers	<b>Target</b>
<b>(P) Outcome 3</b>			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1			<b>Target</b>
(U) Indicator 3.2			<b>Target</b>
(V) Indicator 3.3			<b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>PHASE 1 : Rapid need assessment will be conducted in the first month to identify the training needs of community members including women, men, girls, boys among the target 20 IDPs settlements in the three target regions. The assessment will address the gaps in knowledge and practices of different IDPs groups specifically women, men, girls and boys and will be carried by implementing NGOs. UNFPA Galkayo staff will provide direct technical support for the implementing partner in terms of revising assessment tools and also provide oversight of the process. UNFPA staff will also directly supervise the part of the assessment related to where and how to establish the maternity homes. The assessment results will be used to develop the training programme and training needs.</p> <p>PHASE 2 :</p> <p>1. Training of health promoters will be carried by the LINGOs assisted with RH consultant hired by UNFPA through WAHA</p> <p>2. Establishment of waiting maternity homes will be carried by an NGO with the support of UNFPA directly with the involvement of community leaders and local committees and the selected midwives. Each home will be managed by at least 1 midwives assisted by 3 health promoters 24H /7 days a week</p> <p>3. Provision of equipment and supplies to maternity homes, 4MCH centers and the 4 hospitals. This activity is expected to start early as the first part of procuring kits is directly by UNFPA CO while the distribution will continue till the last quarter.</p> <p>4. Training of 30 midwives on clean safe delivery, post abortion care and emergency obstetric care</p> <p>UNFPA had hired an RH consultant who will be working directly in providing technical assistance to NGOs involved in the project</p> <p>A number of UNFPA staff will provide technical support throughout the implementation period.</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) \*

Monitoring will be carried out regularly (monthly and quarterly) at different implementation levels at the IDP sites where maternity waiting homes will be established. Activities will be monitored monthly against implementation plan to ensure planned activities are done.  
Bi monthly follow-up meetings will also be held with partners to discuss project progress and any need for modification of strategies.  
UNFPA reproductive health staff will be working with NGOs in the field to oversee the implementation.  
The contracted NGOs have monitoring system and tools and will complete a monthly report to UNFPA office  
A senior nurse/midwife based in Nairobi will make field visit to monitor trainings and reproductive health outreach package implementation

(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* Conduct rapid need assessment	X					
1.2 Training of community health workers		X	X			
1.3 Training of health promoters		X	X			
2.1 Establishment of 15 maternity waiting homes	X	X	X	X	X	
2.2 Procurement and distribution of commodities	X	X				
2.3 Training of Health providers	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 UNFPA/MOGADISHU OFFICE	Provision of emergency reproductive health KITS to health facilities
2 WAHA INTERNATIONAL	Training of midwives on Emergency obstetric care, referral of complicated pregnancies
3 WAHA INTERNATIONAL	Fistula management and end fistula campaign activities
4 MOH/WAHA	Reproductive health coordination
5 MOH/WAHA	Post basic training of midwives
6 UNFPA	Training of Reproductive health coordinators and senior health professionals on
7 COCO/OSPAD/WOCCA/SWISOKALMO	Provision of improved dignity kits to women in IDPs settlements, includes nutrition
8 WAHA /OSPAD/SWISOKALMO	Support to basic and comprehensive emergency obstetric care services
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	Status of women in the target community is highly influenced by social and
Capacity Building		