

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>	INTEROSOS			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <b>International NGO</b>			
<b>(C) Project Title*</b> <small>For standard allocations, please use the CAP title.</small>	Emergency health support to the populations living in the districts of Jowhar and Balad (Middle Shabelle Region).			
<b>(D) CAP Project Code</b>	SOM-12/H/48236	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>	\$ 462,674.00	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>	Health	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</b>
	<b>Total beneficiaries</b>	40248	48301	88549
<b>Total beneficiaries include the following:</b>				
	<b>Children under 5</b>	10052	12062	22114
	<b>Pregnant and Lactating Women</b>	0	4222	4222
	<b>People in HE and/or AFLC</b>	38668	45569	84237
	<b>Staff (own or partner staff, authorities)</b>	40	50	90
<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"/> 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"/> 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:	\$ 462,674
<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*	Luca Saraceno	Title	Health and Nutrition Coordinator
	Email*	health.somalia@intersos.org	Phone*	+254739409422
	Address	Sports Road, House 17, 00200 Westlands, Nairobi		

**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) *	The health situation in the SCZ of Somalia and in particular in the Middle Shabelle Region remains critical, with a high prevalence of diarrheic and respiratory diseases, a high rate of infectious diseases (measles in particular) and a steadily increasing number of cases of injuries, likely to be associated with the unstable security situation (armed groups clashes) and displacement of population from areas with heavier fights. In particular, among U5 patients admitted to Jowhar Regional Hospital, AWD and pneumonia have been the most prevalent diseases, with a peak during the Gu season (see Graph 1), whereas among patients aged >5 years the cases of AWD and injuries (including armed clashes associated injuries) are the ones that represented the majority of admission during 2011 (see Graph 2). At outpatients level, the majority of cases referred have been injuries and malaria cases (for patients aged >5 years, see graph 3) and injuries and AWD cases for U5 patients (see graph 4). Moreover, the health condition of the population living in the area has stopped improving since December 2011, when, following the ban of several UN agencies for SCZ, local authorities have imposed a stop to the mobile outreach activities in the Middle Shabelle Region. This has resulted in a weakened primary health system, which INTERSOS intends to re-strengthen through a new strategic approach involving the set up of a solid network of health posts in lieu of the mobile clinics no longer operative.
<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) *	During the year 2011, Jowhar Regional Hospital has played a pivotal role in the referral system in the Middle Shabelle region, thanks to a solid network of nutrition-integrated mobile clinics and health posts/ MCHs covering 117 villages in the region. The increased rate of patients accessing the OPD department of Jowhar Hospital (see Graph 5), in addition to the steady decrease of the overall inpatients mortality (see Graph 6 and 7) are indications of the efficacy of the strengthened referral system, which allowed the detection of diseases at an early stage, before hospital admission may be required. This improved situation has however worsened since November 2011 when, following the ban of many UN agencies from SCZ, local authorities have prohibited INTERSOS to continue mobile clinics interventions in the area. This caused an immediate detrimental effect in the primary healthcare referral system, reducing the number of patients referred to Jowhar Hospital OPD (see graph 5, Nov – Dec). INTEROSOS intends to address the current gaps with a new strategic approach, in which the network of present and planned health posts will be strengthened by a continuous provision of essential drugs and by a daily presence of well trained health personnel. These facilities, placed in densely populated areas, will ensure access to the populations living in nearby villages (5 km radius) and may be used also as static OTP services, integrating both nutrition and health lifesaving approaches.
<b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	The only non-private modern health services in the districts of Jowhar and Balad (Middle Shabelle Region) are those currently provided by Intersos, through the 2 health centers of Hawadley and Warsheik and through the only secondary healthcare center in the entire region of Middle Shabelle; Jowhar Regional Hospital. Jowhar hospital has always represented the only referral modern secondary healthcare facility for the entire region and a fundamental epidemiological surveillance site, thanks to a strong clinical capacity (4 medical doctors, 94 beds, three wards and a fully equipped O.T.) and a solid network of mobile and fixed primary healthcare facilities. Having been serving the local population for 17 years, INTERSOS' primary health centers and the Regional Hospital are attuned to local needs and are embedded in the local community. Within the Jowhar Hospital, Intersos supports a TB diagnosis and treatment center and a stabilization center for severely malnourished children. Until the month of Nov/ Dec 2011, Intersos has implemented mobile clinics integrated with mobile OTP interventions in the districts of Jowhar and Balad. These interventions scaled up quickly targeting initially 20 riverine villages in early 2011 and reaching eventually 117 villages in late 2011. However, the local authorities' opposition towards mobile outreach activities has had a serious impact on this primary healthcare system, which may be substituted by a stronger static health posts network.

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

<b>(A) Objective*</b>	To ensure equitable access to quality integrated primary health services to famine affected, internally displaced and conflict affected		
<b>(B) Outcome 1*</b>	Improved access to quality life-saving primary health care services and emergency assistance, for women and men, girls and boys		
(C) Activity 1.1*	9 primary healthcare facilities (3 MCHs and 6 Health Posts) are supported through constant provision of lifesaving and essential dru		
(D) Activity 1.2	Female and male nursing staff of 10 primary healthcare facilities (3 MCHs and 6 Health Posts) are trained/ retrained in fundamental		
(E) Activity 1.3	10 primary healthcare facilities (3 MCHs and 6 Health Posts) located in densely populated, easily accessible areas of Middle Shabe		
(F) Indicator 1.1*	Health	Number of health facilities supported	<b>Target*</b> 9
(G) Indicator 1.2	Health	Number of primary female and male staff of healthcare facilities	<b>Target</b>
(H) Indicator 1.3	Health	Number of U5 children and PLW living in the sites where the MC	<b>Target</b>
<b>(I) Outcome 2</b>	Strengthening of the outreach primary healthcare system through the rehabilitation of 1 additional health post in an under-served area		
(J) Activity 2.1	45 CHWs (5 CHW (2 men, 3 women) per primary healthcare facility) are trained on management of common illness, integrated ma		
(K) Activity 2.2	Immediate lifesaving services are provided to the population living at 5 Km radius from each primary healthcare facility and patients		
(L) Activity 2.3	1 additional Health Post is rehabilitated in the village of War Ciise, located in an densely populated and yet under-served area of Jow		
(M) Indicator 2.1	Health		<b>Target</b> 45
(N) Indicator 2.2	Health	Number of U5 children and PLW living in villages distant 5 radius	<b>Target</b>
(O) Indicator 2.3	Health	Rehabilitation up of 1 additional health post in the village of War	<b>Target</b>
<b>(P) Outcome 3</b>	Strengthening of the follow up system and of the referral system for both health and nutrition interventions to the appropriate second		
(Q) Activity 3.1	The access to emergency secondary surgical and medical healthcare for women and men, girls and boys living in rural and urban		
(R) Activity 3.2	The follow up of patients at MCH/ Health posts is improved with the usage of already developed referral cards and follow up tools (s		
(S) Activity 3.3	The follow up of patients, the referral system and an integrated epidemiological surveillance system are coordinated at Jowhar Hos		
(T) Indicator 3.1	Health	Number of consultations per clinician per day by Health facility	<b>Target</b> 50
(U) Indicator 3.2	Health	Percentage of U1 children and PLW accessing the MCHs/ Health	<b>Target</b>
(V) Indicator 3.3	Health	Frequency of the updates transmitted from field level to Nairobi C	<b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	To implement the activities of the 1st outcome, INTERSOS will deliver training to the Health Posts staff. Monthly training on the job and plenary sessions will be delivered by the MDs of Jowhar Hospital. Intersos will provide lifesaving drugs to the primary health facilities, which will act also as static OTP services, hence obtaining a maximum lifesaving health-nutrition integrated service. A senior Head Nurse will coordinate locally each facility. To implement the activities of the 2nd outcome, the network of Health Posts will be strengthened through the rehabilitation of the HP in War Ciise and in lieu of the mobile clinics (not currently implementable due to local authorities opposition), 45 CHW will be deployed in villages surrounding (5 Km radius) each HP/ MCH. In order to transport the most severe cases to secondary care facilities, a weekly ambulance services will connect the HPs/ Static OTPs with the secondary level of care; i.e. Hospital or Stabilization Center (differently from mobile clinics, this will be a point to point connection). To implement activities of the 3rd outcome, the referral system will be monitored using already developed tools (attached) and will be integrated by a follow up system at healthcare facility level (already developed) and by an epidemiological surveillance system; all will be coordinated by a M&E officer in the field who will report directly to the Health Coordinator.		

**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) \*

Intersos has a long experience in managing health projects in SCZ and has developed a strong system for ensuring an effective remote management. The program will be managed at field level by a PM, who will be supervised by a HC, based in Nairobi. They will provide with different degrees of responsibility supervision to the field staff. A M&E officer will constantly monitor staff (including MDs) performances and ensure the implementation of the referral/ follow up/ epidemiological surveillance systems. Database managers at Hospital level will regularly update the systems and transmit the data to the Nairobi Office. A Database Manager at Nairobi level will make sure that the information received from the health program will be merged with the one received from the nutrition program and other SMART surveys in order to better monitor the efficacy of the integrated approach proposed by INTERSOS and to maximize the evidence base on which the future programs will rely upon. Monitoring of health activities will take place through regular supervision visits performed by the PM to the project site and through regular remote communication with the Health Posts HN. Beneficiary accountability is an important part of Intersos system to monitor quality and will be developed according to the needs of the community, with particular involvement of women and girls. Other regular reporting mechanisms will include transmission of digital photos in confirmation of the activities being performed.

(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* 9 primary healthcare fac	X	X	X	X	X	X
1.2 Female and male nursin	X	X	X	X	X	X
1.3 10 primary healthcare fa	X	X	X	X	X	X
2.1 45 CHWs (5 CHW (2 ma	X	X	X	X	X	X
2.2 Immediate lifesaving ser	X	X	X	X	X	X
2.3 1 additional Health Post	X	X	X	X	X	X
3.1 The access to emergent	X	X	X	X	X	X
3.2 The follow up of patien	X	X	X	X	X	X
3.3 The follow up of patien	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	INTERSOS	Management of Jowhar Regional Hospital
2	INTERSOS	Management of Jowhar Regional Stabilization Center
3	INTERSOS	Management of Jowhar Regional TB treatment Center
4	INTERSOS	Implementation of OTP static services (providing also EPI) at MCH/ Health Posts
5	INTERSOS	Set up of Nutrition ambulance service connecting the static OTP services with the
6	INTERSOS	Rehabilitation of 2 latrines and 1 shallow well in close proximity of each Health P
7	INTERSOS	Delivery of IYCF and best nutrition practices messages to PLW accessing OTP-i
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	Gender is mainstreamed throughout the project; data are disaggregated by sex.
Capacity Building		