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'

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	WHO	
(B) Type of Organization*	☑ UN Agency ☐ International NGO ☐ Local NGO	
(C) Project Title* Please use a precise and informative title that accurately reflects the project.	Reducing maternal and neonatal deaths and disabilities through provision of quality emergency obstetric care (CemOC) and essential reproductive health (RH) services including obstetric complications in six priority regions of Somalia focusing on conflict-affected population	
(D) CAP Project Code	SOM-10/H/29147/R	Not required for Emergency Reserve proposals outside of CAP.
(E) CAP Project Ranking	High	Required for proposals during Standard Allocations.
(F) CHF Funding Window*	Standard Allocation 1 (July 2010)	
(G) CAP Budget	$ 953,370.00	Must be equal to total amount requested in current CAP.
(H) Amount Request*	$ 671,849.79	Equals total amount in budget. Grey cells are completed automatically.
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve.
(J) Primary Cluster*	Health	
(K) Secondary Cluster	please select	Only indicate a secondary cluster for multi-cluster projects.

(L) Beneficiaries Direct project beneficiaries. Specify target population disaggregated by number.	**Total***	Men	Women	Pregnant IDPs
	1,270,312		1,270,312	22,080
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	People in AFLC	Women of child bearing age including IDPs	Pregnant woman
			508,214	25,410

(M) Location Region(s) and District(s) only, precise locations should be annexed	Regions									
		☐ Awdal	☑ Banadir	☑ Bay	☐ Gedo	☑ L Juba	☐ M Juba	☑ Mudug	☐ Sanaag	☐ Togdheer
		☐ Bakool	☐ Bari	☑ Galgaduud	☐ Hiraan	☑ L Shabelle	☐ M Shabelle	☐ Nugaal	☐ Sool	☐ W Galbeed

(N) Implementing Partners (List name, acronym and budget)			
1		Budget:	$ -
2		Budget:	$ -
3		Budget:	$ -

(O) Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).

Agency focal point for project:				
	Name: *	Dr Omar Sale - WHO	Title:	EHA Coordinator
	Email: *	saleho@nbo.emro.who.int	Phone: *	+254 732661133
	Address:	WHO Somalia Office in Nairobi, Warwick Centre, Gigiri, Nairobi, Kenya		

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

(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted.*	Mothers in Somalia suffer from alarming levels of death and disease. The estimated maternal mortality ratio is very high (1044-1400 /100 000 live births). Mothers die due to lack of access to emergency obstetric care for timely treatment of the main complications of childbirth: haemorrhage, obstructed labour, eclampsia and infection. The gravity of the situation is revealed when one considers that a woman has a one in 10 chance of dying due to pregnancy or childbirth in the course of her life. Perinatal mortality is estimated at 81; neonatal deaths are believed to account for more than half of these. The high Perinatal mortality in Somalia is mainly due to suboptimal pregnancy and birth care and conditions, resulting in low birth weight, premature births and birth injuries. 2009 has brought about new and pressing needs particularly in South Central Somalia where displacement and unrest have further disrupted health services, displacing communities and restricted access to the already limited maternal health services.
(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.*	The low availability of health services, as well as their weak capacity where they do exist, is compounding the precarious health situation which results from conflict, natural disasters and resource constraints. Skilled care during pregnancy and at birth is scarce. Only 9% of births in Somalia are attended by skilled health personnel. Only a quarter of pregnant women attends antenatal care, but only 7% complete the four recommended antenatal visits. Access to comprehensive emergency obstetric care (CEmOC) is poor, as shown by a caesarean rate of 0.5% (minimum recommended level is 5%) and only 11% coverage of major obstetric emergencies (minimum recommended level is 100%). International standards demand 5 functioning EmOCs (including 1 CEmOC (comprehensive emergency obstetric care) per 500 000. The current level for Somalia is only 0.8 BEmOCs (basic emergency obstetric care) per 500 000. The quality of antenatal care, birth care and postnatal care is suboptimal for many reasons, not least the lack of qualified health staff. The present pool of health staff for maternal and newborn health services is small, poorly trained and in dire need of additional training to update practical skills.
(C) List and describe the activities that your organization is currently implementing to address these needs.	In light of the pressing needs in maternal health, developing a strategy that is specific to the context of Somalia was crucial. In 2009, UNFPA and WHO came together with UNICEF and DfID to develop a reproductive health strategy for Somalia based on a comprehensive situation analysis. The strategy was developed after extensive consultations with partners, including health authorities, and will serve as the framework for both humanitarian and more developmental activities to the improve reproductive health situation in Somalia. Last year WHO provided support to reproductive health through the provision of essential medicines and supplies and support for service delivery in IDP settlements in South Central Somalia. In 2008, WHO trained 170 health professionals in Lower Shabelle in safe delivery and various aspects of EmOC, and 70 midwives in infection control. In 2010, WHO provided on-the-job training to 33 clinical staff, including 9 physicians, 11 nurses and 13 midwives, at Banadir Hospital in Mogadishu on trauma management and emergency obstetric care. The training was aimed at reducing the avoidable number of maternal and children's deaths and illnesses among Somali conflict affected population and IDPs especially those who are

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Improve access to and availability of CEmOC and skilled birth attendance and other essential RH services for displaced and host population in the six regions of Somalia in light of very high rates of maternal mortality (1,400 per 100,000 live births) WHO statistics (MICS2006). Current WHO/UNFPA/UNICEF and ADD standards demand 5 functioning EmOC (including 1 comprehensive EMoC) per 500 000 population			
(B) Outcome 1*	Improved access to and availability of life-saving EmOC and skilled birth attendance and other reproductive health services in the 6 regions included for conflict-affected communities through at least 1 functioning EmOC facility per region			
(C) Activity 1.1*	Extend basic EmOC services in 7 MCH centres (Fanole MCH - Muslim Aid UK, Hirale MCH - CISP, Labaatan jirow MCH - SAMA, Hamar Jabjab MCH - WARDI, Qoryoley MCH - COSV, Hijra Daryel MCH - Hijra, Galinsor MCH - CESVI) and one HP (Nasria HP - SAF Somalia).			
(D) Activity 1.2	Providing basic medical equipment for comprehensive EmOC in 3 hospitals (Banadir Hosp - MoH, Baidoa Hosp - COOPI & Dhusamareeb Maternity Hosp - CISP) and implementing EmOC and obstetric complications in 3 hospitals (the same hospitals).			
(E) Activity 1.3	Procurement of essential supplies			
(F) Indicator 1.1*	Health	At least 1 health facility with functional basic emergency obstetric	**Target:***	7
(G) Indicator 1.2	Health	At least 3 hospitals are provided with basic medical equipment	**Target:**	3
(H) Indicator 1.3	Health	No of kits obtained and distributed	**Target:**	5 IEHKs
(I) Outcome 2	Reduced maternal morbidity and mortality among internally displaced and host communities through improved accessibility and utilisation of quality RH services for the treatment and management of complications during childbirth and pregnancy			
(J) Activity 2.1	Establish EmOC referral mechanism to support outreach services to IDPs, communities and other vulnerable groups			
(K) Activity 2.2	Build capacity of EmOC service providers (doctors, nurses, midwives, etc.) through technical support and training. This will include doctors and health workers in six priority regions of Somalia.			
(L) Activity 2.3				
(M) Indicator 2.1	Health	EMOC referral mechanism established in 7 MCHs	**Target:**	7 MCHs
(N) Indicator 2.2	Health	Number of health workers trained in common illnesses, integrate	**Target:**	70

(O) Indicator 2.3	please select	**Target:**
(P) Outcome 3		
(Q) Activity 3.1		
(R) Activity 3.2		
(S) Activity 3.3		
(T) Indicator 3.1	please select	**Target:**
(U) Indicator 3.2	please select	**Target:**
(V) Indicator 3.3	please select	**Target:**
(W) Implementation Plan* Describe how you plan to implement these activities	WHO will conduct capacity-building of health workers and community health workers in safe delivery techniques including aseptic and hygienic measures. WHO will conduct on-the-job training in CEmOC including caesarean section to extend the availability of this life-saving intervention. Health partners will deliver training in basic EmOC in the identified 7 MCHs. WHO will further provide basic medical equipment and supplies to comprehensive EmOC in 3 hospitals and management of obstetric complications.	

5. MONITORING AND EVALUATION (to be completed by organization)

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. *	Once the project is approved, a detailed implementation plan and M&E framework/plan with above indicators will be developed. WHO will be monitoring the implementation of the proposed activities throughout the project period and will liaise closely with health partners involved. The WHO - EHA office will monitor the project on a daily basis, review the implementation plans weekly and analyse programme financial data on a monthly basis. The proposed programme will be a results-based intervention and indicators (refer to the logical framework for indicators) will be regularly (monthly) collected, tracked and analyzed in a timely manner. Any deviation will be addressed immediately. Depending on the security situation monitoring missions will be conducted during the project period.

(B) Work Plan
Must be in line with the log frame

	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*	Extend basic EmOC services in 7 MCH	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXXX
1.2	Providing basic medical equipment and supplies for comprehensive EmOC in 3 hospitals and implementing EmOC	XXXXXXXXXX	XXXXXXXXXX				
1.3	Procurement of essentia	XXXXXXXXXX	XXXXXXXXXX				
2.1	Establish EmOC referral system to support outreach servic			XXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXXX
2.2	Build capacity of EmOC service providers (doctors, nurses, midwives, etc.) through technical support and	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX			
2.3							
3.1							
3.2							
3.3							

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other activites 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	Local health authorities, NGOs	Coordination with 4 local NGOs (SAMA, SAF, Hijra and WARDI), 4 international
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 focussing on women and girls in IDP settlements, host communities and other vulnerable groups including preventing gender-based violence	1.1, 1.2, 2.1, 2.2
Capacity Building	Yes	The project wil be supporting training of health workers in EmOC including for life-saving interventions and skilled birth attendance	1.1, 1.2, 2.1, 2.2