

For 'new-line' in text fields press [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*	RELIEF INTERNATIONAL-UK (RI)			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO			
(C) Project Title*	Integrated Health Program: Reducing morbidity and mortality of women of childbearing age and children under five in Mudug Region (IHP) <small>Please use a precise and informative title that accurately reflects the project.</small>			
(D) CAP Project Code	29162/6971	Not required for Emergency Reserve proposals outside of CAP.		
(E) CAP Project Ranking	Low	Required for proposals during Standard Allocations.		
(F) CHF Funding Window*	Standard Allocation 1 (July 2010)			
(G) CAP Budget	\$ 469,656.00	Must be equal to total amount requested in current CAP.		
(H) Amount Request*	\$ 243,853.00	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 <small>Only indicate a secondary cluster for multi-cluster projects.</small>			
(L) Beneficiaries	Total*	Men	Women	Children under 18
	53,020	13,410	28,410	11,200
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	People in AFLC	Indicate group name	Indicate group name
	16,824	23,119		
(M) Location	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 checked="" type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Galmuduu <input type="checkbox"/> Hiraa <input type="checkbox"/> L. Shabelle <input type="checkbox"/> M. Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W. Galbeed		
	1 Ministry of Health	Budget:	\$	-
(N) Implementing Partners (List name, acronym and 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: *	Randhir Singh	Title:	Regional Program Advisor & Country Director Somalia
	Email: *	randhir@ri.org	Phone: *	254 (0)710 932 098
	Address:	East Africa Regional Office, Unit 5, L.R. 1/833, Lenana Road, 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.*	The needs in Mudug region are critical in health as a result of constant displacement and insufficient services that are greatly impacting vulnerable populations (children under five and pregnant and lactating women). Approximately 64 percent of the population is classified as in need of urgent humanitarian assistance. Maternal Mortality Rate (MMR) is estimated at 1,000 deaths per 100,000 live births. In late 2009 and early 2010 there was a spike in displacement throughout the region, largely due to the intensification of conflict between Ahlu Sunna wal Jama'a (ASWJ) and Al Shabab. Mudug region is home to upward of 65,000 IDPs, including recent and ongoing displacement due to drought and routine clashes between the two groups. The resultant impact on the health of the population from displacement is significant. WHO reported that the current Acute Watery Diarrhoea (AWD) trends significantly increased in the region, compared to the seasonal trends in AWD outbreaks in previous years. Given heightened insecurity and limited access in Mudug, IDP communities are vulnerable to communicable disease from poor water and sanitation systems in displacement areas and disrupted case management by health providers. This includes breaks in case management reporting due to poor health information systems. Therefore, sporadic outbreaks affecting larger geographical areas may soon be experienced if basic
(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.*	RI CONDUCTED AN ASSESSMENT IN MUDUG REGION IN MAY 2010. The following key findings outline the health gaps in the region. Mudug has fifteen MCHs and one hospital. Apart from three health facilities, all local clinics are run by the MOH. All MOH facilities lack basic equipments and drugs to provide primary curative and preventive services especially in reproductive health. As a result over 95% of deliveries are managed at home via the assistance of Traditional Birth Attendants (TBAs) who lack clean supplies, knowledge of complications management, and preventive pre and post natal care skills. TBAs lack critical awareness in recognition of complications to ascertain the need for referrals to clinics or hospital. While referrals are also unsupported due to gaps in supplies and training. In visiting the Bur Saleh MCH the RI assessment team assessed nurses turning away reproductive health referrals due to lack of basic supplies (beds, gloves, clean delivery kits). Nurses and midwives have not received technical updates for the last two years via MOH. In IDP camps and remote villages where mother-child health services are not available, there is need to provide mobile outreach services for primary care and to facilitate referrals to central clinics for emergency cases. To address this humanitarian situation, RI plans to implement an Integrated Health Program (IHP) in Galkayo (IDP, Host Community), Galdogob, Buur
(C) List and describe the activities that your organization is currently implementing to address these needs.	Since establishing initial operations in Somalia in 2006, Relief International – United Kingdom (RI) has been implementing WASH, Nutrition, Food Security, Livelihoods, and Education sector programming across the whole of Puntland state and in Galmudug and Galmudug regions in South Central zone. In Mudug region specifically, the proposed program will link with RI's ongoing interventions in Nutrition, Food Security, Livelihoods, and Education. Through current nutrition activities, RI has an established link with the Ministry of Health, and partners with village committees who are part of the advocacy and sustainability framework to educate and mobilize community members to seek health and nutrition services. Since May 2009 and with support from UNHCR, RI has been implementing the Protection Through Economic Empowerment (PECEM), which provides emergency food security and livelihoods support (e.g. livestock, small business grants, capacity building trainings) for 5,000 IDP households, and pathways to care for victims of human rights abuses. In consortium with ADRA Somalia, RI is implementing a 36 month education program which will increase participation in formal and non-formal quality basic education with particular focus on women and girls. RI will build on the aforementioned interventions in Mudug region to provide a holistic response to the emergency affecting drought and conflict affected populations.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To increase access to primary health services, including integrated reproductive health, and strengthen Health Information Systems in target Mudug locations, to Sphere standards.		
(B) Outcome 1*	3 functioning Primary Health Care (PHC) facilities have capacity to treat up to 15,000 beneficiaries each.		
(C) Activity 1.1*	Rehabilitate and equip 3 PHC facilities of Bacadweyn, Jariiban and Buur Salah		
(D) Activity 1.2	Consistent supply of essential drugs and supplies and formation facility committees to initiate cost recovery/User fee system to cater for		
(E) Activity 1.3			
(F) Indicator 1.1*	Health	HEALTH - At least 1 health facility with functional comprehensive	Target:*
			45,000
(G) Indicator 1.2	Health	Health facility utilization rates are between 0.8 – 1.0 per person per	Target: 100%
(H) Indicator 1.3	please select		Target:
(I) Outcome 2	45 health providers (20 Galkayo, 15 Galdogob and 10 Jariiban) and 6 midwives (Bacadweyn, Buur Salah and Jariiban) have increased skills		
(J) Activity 2.1	Train 45 health providers in RI-supported primary health facilities to improve diagnoses, evaluation, and case management skills.		
(K) Activity 2.2	Train 6 midwives in clean delivery, complications education for recognition, early detection, and management.		
(L) Activity 2.3			
(M) Indicator 2.1	Health	HEALTH - Number of health workers trained in common illnesses, Target:	60
	Health	Number pregnant women utilizing RI's safe motherhood services / Target:	7500 (4,000 Galkayo, 1500

(O) Indicator 2.3	Health	Target:
(P) Outcome 3	53,020 individuals, including pregnant women and children under five, have increased access to health services and are effectively treated for target illnesses by type.	
(Q) Activity 3.1	Establish pre-natal, delivery, ante-natal, and EmOC services at 3 facilities.	
(R) Activity 3.2	Establish and operate 2 mobile health units(3 Villages surrounding Galdogob and 3surrounding Jariiban)equipped with requisite essential medicines and supplies to ensure	
(S) Activity 3.3	Train 30 Community Health Workers to each deliver 10 community education campaigns (30 campaigns total).	
(T) Indicator 3.1	Health	HEALTH - Number of consultations per clinician per day by administrative unit Target: 53,030
(U) Indicator 3.2	Health	Number and percent of total affected population, pregnant women Target: 80%
(V) Indicator 3.3	Health	Number of community members who have received targeted health Target: 6,000
(W) Implementation Plan* Describe how you plan to implement these activities	The proposed action will be implemented directly by RI and not through local partners. The action addresses the Health Cluster objectives and is in line with RI's project sheets for the Somalia 2010 Consolidated Appeal. RI will fully coordinate with the Health Cluster, UNICEF, WHO, Ministry of Health and local administrations. RI will continue to participate in cluster meetings at the field and Nairobi levels. RI proposes to establish / extend partnerships with UNICEF to ensure in-kind support for essential supplies, drugs, equipments and materials provided at the sites. To note, RI holds active agreements with UNICEF under nutrition and wash sectors and currently implements in Puntland state in coordination with donor, peer, and government agencies.	

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. *	<p>Monitoring will occur via weekly reporting analysis conducted and compiled from sector coordinators and program management staff for review at the Nairobi Regional and United Kingdom Headquarters Offices. Monthly reporting directly measures performance and coverage indicators against SPHERE standards, and also for progress to plan. Weekly and monthly reporting is compiled for routine progress reports to donors with sufficient information on perceived challenges and solutions. Workplan monitoring / updates will be focused on noting necessary contingencies or changes as necessary, with explanation provided in accompanying progress report narratives.</p> <p>RI will evaluate results achieved through measuring achievements against baseline data compiled through RI's baseline assessment, UNICEF, and government data. Pre- and post-project KAP surveys will be conducted for training activities to measure impact and uptake of education. All relevant data, lessons learned, and best practices will be regularly shared with stakeholders through the clusters and government ministries and used for course correction.</p>
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(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* Facility needs assessment	x						
1.2 Supply procurement	x	x	x	x	x	x	
1.3 Pre Kap: Health Staff Tra	x		x		x		
2.1 Post Kap						x	
2.2 Static/Mobile ServicesEs	x	x	x	x	x	x	
2.3 Establish HIS	x	x	x	x	x	x	
3.1 Services Launch	x						
3.2 CHW Integration & Ed C	x	x	x	x	x	x	
3.3 Monitoring	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	1	Organization	Activity
	2	SRCS/IFRC	EPI, Integrated Reproductive Health, Health education services into EPI
	3	MERLIN	Nutrition/TB. Support in referral
	4	Care	Support one Health Post together with local NGO.
	5	PMWDO	Support to MHCs
	6	MOH	Mudug Regional Hospital, MCH in Galkayo
	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	RI maintains gender balance in all proposed activities. Community leaders will	2.1, 2.2, 2.3, 3.3
	Capacity Building	Yes	RI supports and increases the capacity of local ministries, non-state actors, and	2.1, 2.2, 2.3, 3.3