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*

CHF SOMALIA

Project Document

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

(A) Organization*	United Nations Office for Project Services			
(B) Type of Organization*	☐ UN Agency ☐ International NGO ☐ Local NGO UN Agency			
(C) Project Title* For standard allocations, please use the CAP title.	Emergency intervention in support of health service delivery in Somalia			
(D) CAP Project Code	SOM-11/H/39886	Not required for Emergency Reserve proposals outside of CAP		
(E) CAP Project Ranking	Medium	Required for proposals during Standard Allocations		
(F) CHF Funding Window*	Standard Allocation 2 (Feb 2011)			
(G) CAP Budget	3410103	Must be equal to total amount requested in current CAP		
(H) Amount Request*	398793.00	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	3 months	No longer than 6 months for proposals to the Emergency Reserve		
(J) Primary Cluster*	Health			
(K) Secondary Cluster		Only indicate a secondary cluster for multi-cluster projects		

(L) Beneficiaries 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 (http://www.fsnau.org)		Men	Women	Total	
	Total beneficiaries	984836	946215	1931051	
	Total beneficiaries include the following:				
	Children under 5	167422	160857	167422	
	Internally Displaced People	135849	130521	266370	
	People in Host Communities	849987	815694	1665681	
		0	0	0	

(M) Location Precise locations should be listed on separate tab	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	1.COOPI	Budget:	$ 63,722
	2	2.COSV	Budget:	$ 119,008
	3	3.CISP	Budget:	$ 83,696
	4	4.Intersos	Budget:	$ 66,459
	5		Budget:	$ -
	6		Budget:	$ -
	7		Budget:	$ -
	8		Budget:	$ -
	9		Budget:	$ -
	10		Budget:	$ -
		Total Budget:		$ 332,885
		Remaining Budget:		$ 65,908

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

(O) Agency focal point for project:	Name*	Renato Correggia	Title	Project Manager
	Email*	RenatoC@unops.org	Phone*	0724 317 973
	Address			

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. (maximum 1500 characters) *	The health needs in the areas of intervention reflect the prevailing situation in Somalia with infectious diseases, casualties, malnutrition, child and maternal conditions being the most common causes of admission and consultation. The project aims to respond to the present humanitarian crisis by providing support to 8 hospitals for the delivery of primary and secondary health services, including management of acute malnutrition. The ongoing fighting between AMISOM/TFG and Al-Shababa in several parts of the country has lead to an increased number of casualties and admissions in hospitals. The intervention targets 8 hospitals, which represent one fourth of the public secondary health services operating in Somalia, with a catchment population of almost 1.5 million people. The proposed intervention is a continuation of the support provided by UNOPS in 2010 with funds from the Italian Cooperation. The overall cost for 2011 is estimated at 3.4 million USD. The funds secured so far amount to 1.4 million USD, which allows the support of
(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) *	The hospitals targeted for support cater for the health needs of the host communities and IDPs living in the areas of intervention (estimated to be approximately 14% of the total beneficiaries). All of the hospitals are located in Central-South. According to the FSNAU "Estimation of Population in Crisis, Jan – Jul 2011", a total of 525.000 in AFLC and 220.000 in HE live in the regions where the hospitals are located. The hospitals have a total of 555 beds. Six of the hospitals have functional surgical facilities and can provide life-saving health care and emergency assistance, including trauma/ emergency surgery and emergency obstetric care (Cluster Objective 1). All the hospitals are providing primary and secondary health care (Cluster Objective 2). In 2010, the eight hospitals admitted a total of 11,791 patients, conducted 102,614 OPD consultations, 2,123 deliveries and performed 865 major surgical operations. A total of 1,913 cases (1,551 under 5) were screened at OPD for malnutrition and 623 cases (558) were admitted for nutritional rehabilitation. See attachment for major statistics by hospital.
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	UNOPS provides grants to COOPI, COSV, CISP and INTERSOS to ensure the effective running of the selected hospitals (currently operational) and the delivery of primary and secondary health services in line with the EPHS guidelines. Hospitals receive funds to cover the recurrent costs incurred in their daily operations (salaries and incentives of local staff, purchase of consumables and running costs). The intervention further aims at improving the quality of services provided by fostering the implementation of standard clinical and managerial guidelines and protocols. Each hospital is providing monthly and quarterly narrative and financial reports (see M&E section). Drawing from its experience as the Local Fund Agent for the GFATM projects in Azerbaijan, China, India, Kosovo, Macedonia, Mongolia, Serbia and Tunisia, UNOPS is responsible for the management of the grants, provision of technical assistance, overall coordination of the intervention and analysis of financial and project results.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Ensure access to quality life-saving health care services and emergency assistance		
(B) Outcome 1*	8 Hospitals will deliver on 24/7 basis: Trauma/ emergency/ elective surgical services; Comprehensive emergency obstetric/ newborn c		
(C) Activity 1.1*	Provision of financial support to the hospitals: staff salaries, drugs and consumables, running costs		
(D) Activity 1.2	Development/ implementation of clinical and managerial standards and guidelines		
(E) Activity 1.3	Monthly monitoring meetings, quarterly reports, monitoring visits to hospitals		
(F) Indicator 1.1*	Health	At least 1 health facility with functional comprehensive emergency **Target***	8
(G) Indicator 1.2	Health	Standard clinical protocols used in the supported facilities **Target**	
(H) Indicator 1.3	Health	Monthly monitoring meetings conducted, monthly/ quarterly report **Target**	
(I) Outcome 2			
(J) Activity 2.1			
(K) Activity 2.2			
(L) Activity 2.3			
(M) Indicator 2.1	Health	**Target**	
(N) Indicator 2.2	Health	**Target**	
(O) Indicator 2.3		**Target**	
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1		**Target**	
(U) Indicator 3.2		**Target**	
(V) Indicator 3.3		**Target**	
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	The present proposal represents an integration to an ongoing project, started in January 2010, in support of functioning hospitals (Baidoa, Boroma, Brava, Burao, Bossaso, Dusamareeb, Eldere, Garowe, Harardere, Jowhar, Merka, Qoryoley) run by International NGOs. Proposals were received and discussed with each NGO and eventually modified to ensure an harmonization in terms of activities to be conducted, financial support and monitoring tools. Each hospital receives support in terms of salaries and incentives for local staff, supply of drugs and consumable materials, running costs (utilities, fuel and communication) and transportation. Hospitals are already operational. Clinical and managerial staff is delivering the expected services. NGOs have the managerial staff in place.		

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) *

Monthly meetings will be conducted with the NGOs to monitor progress and identify constraints. Each hospital will provide a standard quarterly activity and financial report on the status of implementation of their intervention. UNOPS will review such reports and the supporting documents to assess the status of the project and to ensure that the expenses are in line with the agreed budgets. Each hospital is further providing a copy of the standard monthly HMIS reporting form, with morbidity and service data, which are analysed to assess the respective performance. Feedback is provided on monthly basis. Periodic monitoring missions on site will be conducted by UNOPS Project Manager where security allows.

UNOPS has extensive experience implementing projects and managing grants in highly insecure and complex environments including Afghanistan and Iraq which require a strong and effective remote management M&E strategy. The Somalia grant management benefits from global lessons learned in remote projects management; a comprehensive Grant Fund Management policy with effective guidelines is applied to strengthen this project's transparency. In addition the four partner agencies selected to implement the project were identified based on: (i) their technical capacity; (ii) local acceptance; (iii) and strong M&E tools.

(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	**Week 1-4**	**Week 5-8**	**Week 9-12**	**Week 13-16**	**Week 17-20**	**Week 20-24**
1.1*	Provision of financial sup	X	X	X			
1.2	Development/ implement	X	X	X			
1.3	Monthly monitoring meet	X	X	X			
2.1	0						
2.2	0						
2.3	0						
3.1	0						
3.2	0						
3.3	0						

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	UNICEF (GF)	Support to hospitals recurrent costs
2	WHO	Provision of quality emergency obstetric care (EmOC) including comprehensive Er
3	WHO	Extension of emergency health care and life-saving services, including emergency
4	UNFPA - WHO	Emergency preparedness and response to pregnancy and child birth complications
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	By providing services addressing gender specific health needs. Collecting and	612
Capacity Building			