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



	0.94	ization submitting t	ie proposai)					
	Relief Inte	ernational		20				
(B) Type of Organization* (C) Project Title*		ency International NGC y support for Pediatric and N		International				
For standard allocations, please use the	Lillergene	y support for rediatric and r	naternity departire	sins in Gaikayo 1401ti	гтоэрнаг.			
CAP title.								
(D) CAP Project Code (E) CAP Project Ranking				r Emergency Reservosals during Standar		tside of CAP		
(F) CHF Funding Window*	Е	mergency Reserve	Required for proj	oosais duling Standai	u Allocations			
(G) CAP Budget	\$			total amount request				
(I) Amount Request* (I) Project Duration*	\$	480,421.48 6 months		unt in budget, must n months for proposals				
(J) Primary Cluster*		Health	140 longer than o	monais for proposak	s to the Emergenc	y IXOSOIVO		
(K) Secondary Cluster			Only indicate a	secondary cluster	for multi-cluster	projects		
(L) Beneficiaries			Men	Women	Total			
Direct project beneficiaries. Specify target population		Total beneficiaries	0		2133			
disaggregated by number, and	Total bon	eficiaries include the follo		2133	2133			
gender. If desired more detailed information can be entered about	TOTAL DELL	Children under 5		I				
types of beneficiaries. For	Droano		3413	5119	8532			
information on population in HE		int and Lactating Women	0	2133	2133			
and AFLC see FSNAU website (http://www.fsnau.org)		nally Displaced People	0	0	0			
(Http://www.rsnau.org)	Peop	le in Host Communities	0	0	0			
(M) Location	Pagions	Awdal Banadir	Bay	Gedo □L Juba	☐M Juba	Mudug	Sanaag	Togdheer
Precise locations should be listed on separate tab	Regions	□Bakool □Bari	Galgaduud	☐Hiraan ☐L Shab	elle M Shabell		Sool	☐W Galbeed
(N) Implementing Partners	1					Budget:	\$	-
(List name, acronym and budget)	3					Budget: Budget:	\$	
	<u>4</u> 5	-		-		Budget:	\$	-
	6					Budget: Budget:	\$	
	7					Budget:	\$	-
	9					Budget: Budget:	\$	-
	10					Budget:	\$	
					Total Remaining	Budget: Budget:	\$	480.421
Focal Point and Details - Provide of		gency and Cluster focal poin	for the project (na	ame, email, phone).				
(O) Agency focal point for project:	rtano	Pierre Bry			Title	Regional and So +254 71093209	omalia country Dire	ector
	Email* Address	pierre.bry@ri.org			Phone*	+254 / 1093209	8	
describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	In the cer and seco elsewhen referral Ic individual Hospital f Until Aug MSF direc operating adequate to 1,706 / Galkayo I	ntral region of Mudug (Pundary services. The hosp e in Puntland. The hospit coation for the entire Muds, including more than 75 for primary and secondar ust 2013, Galkayo North ctly managed three depa costs, staffing, logistics, ly provide for its people, i NAVICH Hospital.	ntland), Galkayi oltal receives an al has an immeug population, e, 000 internally dy healthcare sei when the seight of the seigh	o North Hospital is influx of referrals a diate catchment po stimated at 750,00 displaced persons, vices. anaged by MSF Be spital (pediatrics, a cocks. Given the fra o Galkayo North Ho al deliveries, and as main open with min	and patients from pulation of 372, 40 on individuals. Mapproximately 9 ligium. Until their maternity, and stigile status of Soissptial was critical sisted 470 mothers.	South Centrological South Centrological South Centrological South Communication of abilization cemalia, where al: In the 2012 lers to deliver the Ministry	al Somalia, Sos s and serves a o a high proporely on the Gal programs in Sinter), and sup the governme 2 alone, MSF if through CEm	maliland, and s the central trition of vulnerable kayo North somalia in August, ported basic it is unable to folland attended OC services at volunteer
proposed project locations. List any baseline data. If necessary, attach a table with information for each location. (maximum 1500 characters) *	staff, lack critical ho attendance CEMOC: the stabili RI intends Mudug re populatio Through years and	rrom staff, services have Ic of adequate manageme spital departments of pere could not be supporter and general surgical servization center. Is to provide targeted, crititigion of Puntland. The hon of 200,000 people; include the proposed intervention of 2,133 pregnant and lact	int oversight, an diatrics, maternid by the current inces in the hospital, which hauding 40,000 ar n, RI will provide ating women.	d overwhelming inf ly, and stabilization resources without tital, but no agency kayo North hospital d been supported b e children under 5 e services and supp	lux of caseloads are approximate urgent external s is supporting cri in order to addrn by MSF until Aug years, and 8,000 ort to 10,665 pe	Average dai ely 120 per de upport: curre ical departmi ess urgent he ust 2013, has pregnant an eople, these in	ly consultation ay. This overwheatly, only WHI ents of pediatr ealth and nutrit a an estimated d lactating wor nclude 8,532 c	s from the three helming D is attending to cs, maternity, and on needs in catchment men.
that your organization is currently implementing to address these needs (maximum 1500 characters)	emergene (Mogadisi OFDA, C (including and capa The RIT draws fro Somalilar experience EPHS, ar gained ac	en implementing health: cy needs among vulneral hu), Lower Shebelle (Afg HF, and internal funds. R nutrition programs), con city-building, and support eam is an experienced a m RI's current staff mem dover the last 5 years. T ex working in the health a do cross-cutting issues su coptance in the commun ming quickly, securely, ar in the commun ming quickly, securely, ar ming quickly, securely, ar in the commun ming quickly, securely, are in the commun ming quickly, securely, ar in the commun ming quickly, securely, are in the commun ming min	ole populations. ooye) and Mudt I health prograr municable dise to the relevant and responsive te bers who have le he team leader and nutrition sect ch as gender m itties they work,	RI has been runnir ig (Galkayo and Ja is include manage ase prevention and Ministry of Health. earn with excellent I been jointly working — Health/Nutrition ors in Somalia. The ainstreaming, conf allowing them to fe	ng and/or suppor riban districts) re ment of PHCs, of d treatment, repr ocal knowledge g in the target loc Program Coordi e entire team is t lict resolution, ai	egions for over operation of in oductive heal The propose attions of Sounator—has a rained on RI's and capacity-b	nealth facilities er two years, w n- and out-patie th services, he ed staffing plar et Central, Pu combined 10 s policies and uilding. All teal	in Banadir th funding from ant services alth staff support I for this project ntland, and ears of Code of Conduct, n members have

(A) Objective*	To increase access to life-saving primary and secondary health care services for mothers and children in Mudug region of							
(B) Outcome 1*	Reduced maternal and child mort	pidities and mortalities among mothers and child	ren in Mudug region.					
(C) Activity 1.1*	Provide essential medical supplies	s to support primary and secondary health care :	services for 8,532 children un	der five and 2,133				
(D) Activity 1.2	Provide routine immunization to 8	,532 (5,119 girls and 3,413 boys) children under	5 and 2,133 pregnant mothe	rs through pediatric				
(E) Activity 1.3	Provide Basic emergency obstetri	c and newborn care to 2,133 pregnant women a	nd 1,600 newborn babies at I	Maternity section in				
(F) Indicator 1.1*	Health	Number of health facilities supported	Target*	1				
(G) Indicator 1.2	Health	Number of pregnant women and children under	r five years immu Target	10655				
(H) Indicator 1.3	Health		Target					
(I) Outcome 2	Increase the capacity and product	tivity of health care providers to deliver the critica	I primary and secondary heal	thcare services				
(J) Activity 2.1	Training of health workers on EPI,	, IMCI, BEmONC and clinical guidelines. 11 Nur	ses, 5 Auxiliary nurses, 9 Mid	wives, 4 Auxiliary				
(K) Activity 2.2	Support for the overall health facil	lity management provided to regional health auth	nority through the provision of	support for coordin				
(L) Activity 2.3								
(M) Indicator 2.1	Health	Number of health workers trained in common it	Inesses, integrate Target	41				
(N) Indicator 2.2	Health	Number of coordination meetings and emerger	ncy response mis: Target	6				
(O) Indicator 2.3	Health		Target					
(P) Outcome 3								
(Q) Activity 3.1								
(R) Activity 3.2								
(S) Activity 3.3								
(T) Indicator 3.1	Health		Target	1				
(U) Indicator 3.2			Target					
(V) Indicator 3.3			Target					
(W) Implementation Plan*								
Describe how you plan to								
implement these activities								
(maximum 1500 characters)								

MONITORING AND EVALUA* (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)*										
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used to adapt the project implementation strategy.										
implementation strategy.										
(maximum 1500 characters) *										
(B) Work Plan		Timeframe								
Must be in line with the log frame.		Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 mon								
Mark "X" to indicate the period	Activity	Week 1-4	Week 5-8	Week 9-12	Week 13-16 W	leek 17-20 We	ek 20-24			
activity will be carried out	1.1*	X	ļ			_				
	1.2	X	ļ							
	1.3	X	ļ			_				
<u> </u>	2.1	X								
<u> </u>	2.2	Х	V							
<u> </u>	2.3		X							
<u> </u>	3.1		X							
<u> </u>	3.2 3.3		^	V						
OTHER INFORMATION (to be (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 1 WHO 2 MOH 3 Merlin 4 5 6 7 8	Organization 1 WHO 2 MOH 3 Merlin 4 5 6 7 8 9			Activity Provide CEmONC and General surgical services in the hospital Provides General management of the hospital Provide TB treament services in the hospital					
(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	Outline how the project supports the selected Cross-Cutting Themes.				Write activity number(s) from section 4 that supports Cross- Cutting theme.				
	Gender Capacity Building	Yes	relier internation	na s'experience in	rumand cleany indicat	es uiat women are				
	Capacity Building	1	1				-			