

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>	Comitato Internazionale per lo Sviluppo dei Popoli			
<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>	Strengthening and improving Primary Health Care services, epidemic diseases prevention and treatment for vulnerable men and women in Galgaduud and Mudug Regions			
<b>(D) CAP Project Code</b>	SOM-12/H/48488	Not required for Emergency Reserve proposals outside of CAP		
<b>(E) CAP Project Ranking</b>	Low	Required for proposals during Standard Allocations		
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Oct 2012)			
<b>(G) CAP Budget</b>	\$ -	Must be equal to total amount requested in current CAP		
<b>(H) Amount Request*</b>	\$ 400,000.00	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>	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>	11885	65370	77255
<b>Total beneficiaries include the following:</b>				
	<b>Children under 5</b>	23771	35656	59427
	<b>Pregnant and Lactating Women</b>	0	47542	47542
	<b>Internally Displaced People</b>	11885	17628	29713
		0	0	0
<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:	\$ 400,000
<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>	<b>Name*</b>	Rosaia Ruberto	<b>Title</b>	Somalia country coordinator
	<b>Email*</b>	ruberto@cisp-nairobi.org	<b>Phone*</b>	+254723992436
	<b>Address</b>	Lenana Road , Off Theta lane.		

**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) *	FSNAU Report Sept 2012 illustrates a serious situation in terms of health in Somalia. In South Mudug and Galgaduud coastal areas health needs are high as a result of constant displacement, communicable diseases outbreaks and insufficient services. Approximately 64 % of the population are in need of urgent humanitarian assistance. In early 2012 there was a spike in displacement throughout the region, largely due to armed conflicts. South Mudug and Galgaduud regions are home to up to 25,000 IDPs. According to Health Cluster Bulletin July 2012, Acute Watery Diarrhea trends have increased in these regions compared to the seasonal trends of previous years. Information from the local authorities indicates that approximately 6,000 families (around 36000 individuals, 4320 girls and 2880 boys <5, 7200 PLW and 21600 men) have recently settled in Eldere and Harardere district coming from neighbouring districts of Galharedi and Adale. The existing health facilities (9 MCH'S in Hobyo, Eldere and Harardere districts and 2 hospitals), already suffering of lack of supplies and resources, are currently only partially supported by UNICEF. Previous CHF-PHC ended, ending UNOPS) and will be unable to meet the increased demands. In line with the priorities stated in the CHF standard allocation document 26 sept 2012, the proposal envisages lifesaving health interventions aimed at reducing mortality and morbidity rates in pastoral areas of coastal Deeh, Mudug and Galgaduud.
<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) *	Minimum staff is present in targeted health facilities: Eldere, Durdur, Huladur, Wahwein, Harardere town, Jowle, Dabagalo, Bitaale and Budbud MCHs and Eldere and Harardere Hospitals. District Health Boards and Community Health Committees are on board and local communities have been involved on key health issues. During the consultative meeting between CISP and the district boards of Eldere, Harardere and Hobyo districts (September 2012) gaps were identified in PHC and BEmOC/CEmOC services. Insufficient drug supplies, lack of supervision and management by the local authorities, poor referral network systems for pregnant mothers requiring secondary level facilities, low immunization coverage, limited basic and comprehensive emergency obstetric care and minimal outreach activities carried out in many rural and nomadic settlements were among the major gaps recognized having unfavorable impact on children under five, pregnant and lactating women. The need to provide sustainable energy (solar) for 2 remote MCHs (Budbud and Bitaale) was identified as urgent. In the first 7 months of 2012, 10 MCHs, including the 9 proposed under this action, recorded 42,668 consultations <5 + 42,337 >5 (M&F) and 1,724 deliveries. 304 deliveries, cesarean included, were performed at hospitals. EPI is not running in Hobyo district, nutrition screening is partially integrated in the health facilities. There is need to continue implementing PHC and EmOC services and support referral and CEmOC in order to guarantee save-living services to children and pregnant and lactating women in the targeted areas.
<b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	This project seeks to address the identified needs by providing outpatient consultation, integrated management of childhood illnesses, immunization, maternal health services, CEmOC and health education. CISP is currently supporting the implementation of OPC, EPI and BEmOC in 7 MCHs in Eldere and Harardere districts.

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

<b>(A) Objective*</b>	Provide access to essential health services for children <5 and pregnant/lactating women.		
<b>(B) Outcome 1*</b>	Improved access to quality life-saving health care services and emergency assistance to a total of 124,797 people (65370 women and 59427 children)		
(C) Activity 1.1*	Provision of primary health care services at 9 MCHs in line with EPHS		
(D) Activity 1.2	Support to DHBs for provision of incentives at health facilities staff (nurses, midwives, auxiliary nurses, hospital director, pharmacist, etc.)		
(E) Activity 1.3	Supply and distribution of emergency drugs and consumables to 9 MCHs		
(F) Indicator 1.1*	Health	Number of consultations per clinician per day by Health facility	<b>Target*</b> 35
(G) Indicator 1.2	Health	Number of health workers (60% women) receiving incentives	<b>Target</b> 97
(H) Indicator 1.3	Health	Number of health facilities without monthly stock out of drugs and consumables	<b>Target</b> 9
<b>(I) Outcome 2</b>	Improved capacity of DHB/CHC/Local health authority and health workers on AWD preparedness and response (60% women)		
(J) Activity 2.1	Capacity building for DHB/CHC on AWD preparedness & Response		
(K) Activity 2.2	Conduct quarterly review meetings, training for Galmudug MOH staffs on HMIS Management and conduct joint monitoring and supervision		
(L) Activity 2.3	Refresher training for nurses, midwives and CHW on AWD management and response		
(M) Indicator 2.1	Health	Number of health workers trained on common illnesses and/or injuries	<b>Target</b> 41
(N) Indicator 2.2	Health	Number of Galmudug MoH staffs trained on HMIS management	<b>Target</b> 31
(O) Indicator 2.3	Health	Number nurses, midwives and CHWs (60% women) trained on AWD management	<b>Target</b> 90
<b>(P) Outcome 3</b>	Improved access to basic and comprehensive emergency obstetric care (women)		
(Q) Activity 3.1	Supply of drugs and medical consumables and replacement of old dilapidated OT equipments in CEmOC referral centres		
(R) Activity 3.2	Rehabilitation of 2 Basic Emergency Obstetric Care Centers		
(S) Activity 3.3	Installation of sustainable lighting system (solar) in the rehabilitated MCHs		
(T) Indicator 3.1	Health	Number of health facilities supported	<b>Target</b> 2
(U) Indicator 3.2	Health	Number of Basic Emergency obstetric care centers rehabilitated	<b>Target</b> 2
(V) Indicator 3.3	Health	Number of Basic emergency obstetric care centers installed with solar panel	<b>Target</b> 2
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>This project will be implemented in 11 Health facilities actively involving the local health authorities and communities. The management will be done by a project manager, supported by an officer and some support staff. The manager will coordinate the activities, provide updates, communication and finalize reports to the donor. The officer will closely work with DHBs human resources facilitating the liaison between health facilities staff and communities, UN agencies and NGO operating this regions. At MCHs level nurses will be the direct focal points for the implementation of activities. At hospital level this role will be played by 1 hospital director (Harardere) and 1 Head nurse (Eldere). One health facility supervisor and one HMIS data collector/District will directly work with CISP staff to implement the activities. Community Health Committees (CHC) will guarantee that MCHs are open and functioning and Health workers provide services. Joint supervision and on the job training (CISP technical staff, DHB and CHC) will be regularly carried out. Rehabilitation works (2 MCHs) will be supervised by CISP engineer. The installation of solar panel (2 MCHs) will be undertaken by a specialized technician. Purchases of drugs, consumables and medical/non medical equipment will directly involve management and finance/logistic staff. The technical adviser will liaise with UNICEF to ensure UNICEF provide EPI supplies to the Health facility level and will be responsible to manage the trainings. Together with the management staff, the HMIS data collectors and supervisors he will actively participate to the Quarterly review meetings when security allows.</p>		

**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) \*

Monitoring will occur via weekly reporting conducted by DHB supervisors and project officer at field level and shared for analysis/feedback with technical staff at Nairobi level. Monthly reporting, measuring performances and coverage indicators is shared for routine progress reports to donors with sufficient information on perceived challenges and solutions. Work plan monitoring/updates will focus on tracking necessary contingencies or changes, with explanation provided in narratives. Regular peer supervision will be conducted by CISP's staff together with DHBs, CHCs and partners, including on the job training. This strategy, together with a strengthened communication system if needed (phone calls, skype) is also considered a mitigation measure in case of lack of physical access by CISP and/or financial constraints. Adequate tools will be used for supervision and regular update on the progress. If security allows, periodic visits to the sites will be conducted by the technical adviser or the program manager. Monitoring tools will include regular quarterly update of CISP's website. CISP will evaluate results by measuring achievements against data compiled in CISP's data base. All relevant data, lessons learned and best practices will be regularly shared with stakeholders through the clusters, community review meetings and local MOH. Additionally, CISP will share with the CHF monthly reports, including primary data and pictures.

(B) Work Plan  
Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

Activity	Timeframe					
	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
1.1* Provision of primary health services	X	X	X	X	X	X
1.2 Support to DHBs for program management	X	X	X	X	X	X
1.3 Supply and distribution of medicines and medical supplies	X	X	X	X	X	X
2.1 Capacity building for DHBs		X				
2.2 Conduct quarterly review	X	X		X		X
2.3 Refresher training for nurses			X			
3.1 Supply of drugs and medical supplies	X	X	X	X	X	X
3.2 Rehabilitation of 2 Basic Health Units			X	X		
3.3 Installation of sustainable water supply systems			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 MSF Holland	MSF H is currently managing the only hospital in Galkayo, CISP has already established a partnership with MSF H for the management of the hospital. Submission of weekly and/or other periodic reports, coordination in outbreak response, etc.
2 WHO	
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	50% of the targeted beneficiaries will be women
Capacity Building		