

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)

(A) Organization*	Cooperazione E Sviluppo - CESVI			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO			
(C) Project Title*	Ensuring access to quality OPD/emergency health services in Belet Weyne Hospital			
(D) CAP Project Code	SOM-12/E/4801/R/5128	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 2 (Oct 2012)			
(G) CAP Budget	\$ -	Must be equal to total amount requested in current CAP		
(H) Amount Request*	\$ 380,944.00	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	12 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)			
	Total beneficiaries	Men	Women	Total
		4158	5742	9900
	Total beneficiaries include the following:			
	Children under 5	0	0	0
	Pregnant and Lactating Women	0	0	0
	Internally Displaced People	0	0	0
	Other (Select)			0
(M) Location	Precise locations should be listed on separate tab 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			
(N) Implementing Partners	(List name, acronym and budget)			
	1		Budget:	\$ -
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ -
		Remaining	Budget:	\$ 380,944
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*	Massimiliano Palma	Title	East Africa Regional Representative
	Email*	palma@cesviovseas.org	Phone*	+254726058299
	Address	P.O. Box 72587 - 00200, Nairobi		

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) *	<p>After the defeat of Al Shaabab and their withdrawal from the town, the security situation has considerably improved in Belet Weyne. The new President of Somalia, Mr. Hassan Sheik Mohamud, recently visited BW to have official talks with pro-SNG officials, ENDF commanders and traditional leaders (NSP) and no major incidents occurred. Heavy floods took place in Belet Weyne at the end of September (27 - 28), with 188 ml of rain fallen overnight. An estimated of 17850 household have been affected by the floods and forced to move out of town. The four villages (Hawl Wadaaq, Koshin, Hawo Tako and Buundo Weyn) around BW were heavily hit by the floods. Humanitarian actors have intervened through water trucking, NFIs, hygiene kits distribution and setting up of two health posts in Celjale settlement. As it is assumed that the short rains (deyr) have just started, there is a high risk of further floods. MSF CH has confirmed they will vacate the hospital in town at end of December 2012: this decision will definitely create big gaps in terms of the provision of quality health services. CESVI, operational in BW since 2009 through its local partner GEELO, has already started consultation with MSF CH staff, who did confirm the need of a new health partner as soon as possible. CESVI is in contact with the Humanitarian Coordinator in Hiran, Mr. Kenadid Mumin, and with all the local authorities.</p>
(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) *	<p>The closure of the Hospital announced by MSF CH, by the end of the year, is going to heavily affect the population of BW; this health facility had almost 18000 patients during 2011, 23% of them were hospitalized. After December, thousand of people (mostly women and children, around 70%) will not have any access to quality health care. CESVI and MSF had consultation on the way forward and it came out very clearly the need of setting up at least a MCH/OPD within the Hospital compound; by doing so, CESVI will have also access to the 3 months emergency drug stock, which will be left by MSF at the end of the year. The intervention is just temporary and CESVI will not take over running of the hospital but rather cover gaps in health service provision through OPD/emergency department and will hand over department to a new actor once identified that will be responsible for the entire structure; CESVI is well aware of other health partners in BW and in favor of creating a health consortium in charge of the hospital management; in any case this process, run by the Somalia Health Cluster, will take some months, at the moment the priority is ensuring the access to health services for the population in BW, especially to women and girls. In the first half of 2012, 899 women attended first ANC consultation, 286 received also follow up on ANC consultations; 291 deliveries were registered during the first 6 months of 2012 and 69 abortion cases.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>Activities already in place:</p> <ul style="list-style-type: none"> - delivery of MCH/OPD services to BW town population - referral system to MSF CH Hospital - awareness campaigns on basic hygiene and health education, focused on women & girls - mobile clinic services to MVPs (women, girls, boys, elders, people with disabilities) and IDPs around town - sharing health data with partners, UNICEF WHO

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Providing access to quality OPD/emergency health care to women, children and men in Belet Weyne		
(B) Outcome 1*	At least 18000 Beneficiaries in the targeted area have access to health services through assisted OPD/Emergency department		
(C) Activity 1.1*	Delivery of OPD/Emergency health services to women, children and men in Belet Weyne (anticipated at least 18000 beneficiaries)		
(D) Activity 1.2	provision of 4 trainings to OPD/Emergency department staff (14 staff, at least 8 are women) on emergency health services and to C		
(E) Activity 1.3	6 awareness campaigns on health education and hygiene promotion (including provision of hygiene kits to women) carried out in the		
(F) Indicator 1.1*	Health	Number of consultations per clinician per day by Health facility	Target* 50
(G) Indicator 1.2	Health	no. of staff receiving trainings	Target 44
(H) Indicator 1.3	Health	no of participants to awareness campaigns	Target 3000
(I) Outcome 2			
(J) Activity 2.1			
(K) Activity 2.2			
(L) Activity 2.3			
(M) Indicator 2.1			Target 0
(N) Indicator 2.2			Target 0
(O) Indicator 2.3			Target 0
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1			Target 0
(U) Indicator 3.2			Target 0
(V) Indicator 3.3			Target 0
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	Activity: Setting up and running of above department within the MSF hospital compound – Cesvi staff will conduct assessment of existing facilities and develop setup workplan. To include: a) community involvement, b) purchase of necessary equipment , c) selection & induction of staff, and training d) establishment of procedures; Activity: Delivery of OPD/emergency services to 18,000 women, children and men in Belet Weyne and health and hygiene awareness, provision of hygiene kits to women . This is a 3 layered structure 1. Hospital management committee (HMC), day to day issues management; 2. Regional Health Committee (RHC) is the primary link between the community and the hospital. Cesvi will assure direct community involvement in major hospital decisions. 3. Ugas. (dominant clan): CESVI met with Ugas representative and has his support in project implementation & ideas for community involvement. Risk Mitigation: 1. Continuation of existing community structures will support interaction with the community and minimize disruption between them and the new implementing partners. This will reduce risk of poor community involvement in the hospital and also of negative feedback following change in providers; 2.CESVI will be directly implementing the projects thanks to an improved access in the area; CESVI CD and Support officer will be travelling to BW for monitoring mission on a monthly basis (according to flight availability) 3. CESVI already seeking co-funding donors.		

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 and evaluation will be implemented during all phases of the project. CESVI doctor already travelled to the hospital to meet main actors and stakeholders; He will monitor the activities on daily basis, be in charge of retrieving data and reports from the field and will report to Programme Support Officer (PSO). Doctor will travel to Cesvi Country office (Mogadishu) on a monthly basis to update and inform the PSO and CD on the progress and status of project implementation. A MCH data base, already functional, will be updated on regular basis. Utilization of drugs up to the beneficiary level will also be captured in the database with the assistance of a project logistics officer. The PSO and CD will make monthly field visit to Hiran as long as the security environment remains stable and flights are available. During his monthly visits to Hiran, they will hold meetings with the staff, local authorities and partners to collect information and verify the progress of the project implementation. The doctor will be in charge of verifying the following tools: - Patients and prescriptions registers - Referral logbooks - Way bill, Delivery Bill and Medicines stock register; the monthly activity report this will include the problems faced and whether the monthly objectives were met. The information retrieved will be shared with UNOCHA, UNICEF and WHO and the other health cluster partners. These data will be public.

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

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*	X					
1.2	X					
1.3		X				
2.1		X				
2.2		X				
2.3			X			
3.1			X			
3.2				X		
3.3				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 GEELO	Health and WASH
2 MSF CH	Coordination and Referral System
3 Save the Children	Coordination
4 IMC	Coordination & Implementation
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 aims to target 8 women on primary health care (part of them will be
Capacity Building		