

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*	CESVI		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title*	Ensure access to quality emergency health services in rural areas of South Mudug		
(D) CAP Project Code	29028/5128	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	\$ 430,080.00	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 248,775.00	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	8 months	No longer than 6 months for proposals to the Emergency Reserve.	
(J) Primary Cluster*	Health		
(K) Secondary Cluster	please select	Only indicate a secondary cluster for multi-cluster projects.	
(L) Beneficiaries	Total*	Men	Women
	16200	5400	6250
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	People in AFLC	Children U 5
			1900
(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"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> L. Shabelle <input type="checkbox"/> M. Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W. Galbeed	
	1		Budget: -
(N) Implementing Partners	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: *	Murithi Gatumo	Title: PM
	Email: *	murithigatumo@cesvioverseas.org	Phone: * 254736313321/ 25290247180
	Address:	Cesvi Office Nairobi - Peponi Rd, Peponi Gardens, Peponi Town Houses	

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.*	<p>CESVI is supporting three health facilities of Docol, Galinsor and Bandiradley in South Mudug since Nov 2009. The rest of the area has no running health facilities, lacks quality medicines and skilled medical staff except in the three facilities under CESVI support. CESVI has actively been working with local population and has established 3 community health committees (CHC) to oversee running of health facilities and form the linkage between the organization, health facilities and the local community. Patients rely only on private chemists who may provide unspecific or poor quality drugs when available. Traditional Birth Assistants are not able to assist or refer complicated deliveries to main hospital in Galkayo, this presents a high maternal mortality rate. Antenatal care is not provided. "Simple" illness may prove fatal especially for children in this area since no assistance is provided to the South Mudug population. Very limited portions of the population has the ability to get to the closest hospitals due to unavailability of transportation and long distances; as a result, patients often reach hospitals and other health facilities in critical conditions. Epidemic profiles are not available and no preventive behaviour or activities are held by these communities; also in addition, in case of outbreaks, the slow flow of information may delay humanitarian response.</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.*	<p>CESVI has trained 7 Health workers who are nurses and 12 TBAs in April 2010 in Galkayo. The nurses were assigned to run the 3 health facilities, they are offering OPD, antenatal services and referral services. TBAs have been trained to identify high risk pregnancies and support community referral system to the main hospital in Galkayo. The area lacks support of community health workers trained to offer community health awareness creation services such as health education, community sensitizations and support in health campaigns. Women of child bearing age do not get any vaccinations. Mothers with obstetrical emergencies require transport services to the main hospital. Health facilities require regular supply of medicines and equipment, payment of salaries and running costs. Refresher trainings for nurses have been factored since their capacity to offer quality health care services is limited. 1 midwife is attached to each health facility to offer delivery services, they are supported by 9 TBAs from the community. Each facility has a functional community health committee that oversees running of the facility, they were trained by CESVI. Communities will need to be sensitized in order to understand community referral system as its a new concept. Community health workers once identified will be trained in their new responsibilities.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>CESVI has rehabilitated 3 health facilities of Docol, Galinsor and Bandiradley, provided equipment for the 3 facilities such as furniture and medical equipment of beds, delivery beds and examination coaches. Medicines and other pharmaceuticals are provided on regular basis for running of 3 OPDs and MCH. Emergency kits for acute watery diarrhoea and delivery kits are also provided. 7 nurses and 12 TBAs have been trained. Two ambulances (on going project - through CHF contribution a third ambulance will be added to the referral system, as explained in Implementation Plan) provide transport for patients requiring emergency services to the health facilities and to the main hospital in Galkayo. CESVI supports running of the health facilities through payments of salaries for nurses, midwives, guards and cleaners including water, stationery and cleaning materials.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	to provide health care assistance in favor of populations in South Mudug		
(B) Outcome 1*	to provide emergency health services for women and children in rural areas of South Mudug		
(C) Activity 1.1*	emergency medical and medical supplies provided to health facilities		
(D) Activity 1.2	Provide Outpatient department services to South Mudug people		
(E) Activity 1.3	provision of emergency referral services		
(F) Indicator 1.1*	Health	emergency medical and medical supplies provided	Target:* 3
(G) Indicator 1.2	Health	Number of consultations per clinician per day by administrative un	Target: 35
(H) Indicator 1.3	Health	no. of patients with access to daily emergency referral services	Target: 5
(I) Outcome 2	to create and monitor a community based prevention system for communicable diseases in South Mudug		
(J) Activity 2.1	Provision of 2 refresher trainings for Health Staff		
(K) Activity 2.2	Provision of 9 health education and hygiene promotion campaigns		
(L) Activity 2.3	Provision of 2 trainings for CHW (new)		
(M) Indicator 2.1	Health	HEALTH - Number of health workers trained in common illnesses,	Target: 7
(N) Indicator 2.2	Health	no. of education and hygiene promotion campaigns	Target: 9
(O) Indicator 2.3	Health	no. of CHW trained on health promotion and education	Target: 50
(P) Outcome 3	to strengthen coordination and referral system between ongoing emergency health programmes in South Mudug		

(R) Activity 3.2	Setting up of transport provision for a community driven referral system to and from health facilities and Galkayo MSF Holland hospital		
(T) Indicator 3.1	Health	no. of ambulances working for referral system	Target: 3
(U) Indicator 3.2	Health	no. of referral patients to MSF Hospital	Target: 5/day
(W) Implementation Plan* Describe how you plan to implement these activities	<p>Much lessons have been learned from the current and on going activities. The current activities lack a component of awareness creation among communities being served. Discussions with local leaders and women groups if any will be held to explore ways of raising community awareness for education and hygiene promotion campaigns. Campaigns will focus on raising awareness within the community on promoting safe deliveries at health facilities as women prefer delivering at home with a consequence of facing many health risks. The community will identify volunteers who will be trained as community health workers and take responsibility of creating awareness within their communities. CESVI has rehabilitated and equipped three health facilities. The facilities are offering outpatient and MCH services free of charge. Medicines were procured in Nairobi and shipped by cargo plane to Galkayo airport. A similar procedure of procurement of medicines will be adopted. The community health workers will also be responsible for sensitizing communities on emergency referral system. The level of training and competence for majority of health staff in the facilities is such that they will require several refresher trainings in order to build their skills and boost their competence. One training has been given in April and continuous assessments has shown the need for more focused trainings on child care, drug use and monitoring. Two ambulances are in operation and since February 2010, a third ambulance will be introduced to cope with the rising demand and fill gaps for provision of emergency health services within the larger catchment areas of health facilities. A community driven referral system will be set up in the communities where a third ambulance will be introduced. Each ambulance has a phone number pasted on the vehicle, it is the emergency call centre number. Health workers were trained for 10 days by a hired consultant trainer in Galkayo. Community health workers will be trained to offer health education and health promotion campaigns in the communities.</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.	<p>Monitoring and evaluation will be implemented during all phases of the project. CESVI will implement directly, through its own staff, all the activities through its field office opened in Galkayo and will be in charge of retrieving data and reports from the field. All data and reports collected will be forwarded to Nairobi Office.</p> <p>The expatriate Project Manager has his duty station in Galkayo with monthly visits to Nairobi as long as security environment remain stable. The expatriate PM is able to reach rural areas during their field visits. A team of field officer and a monitoring officer are present in the field office each of them will with specific monitoring duties. The field Officer keeps the project manager updated on local authorities and community communications, security, administrative and logistics issues; the Monitoring officer, with a medical profile, are in charge of monitoring by-monthly (or based on needs) visits in all areas where activities are implemented and assess/report medical issues.</p> <p>Monthly internal Monitoring Reports are generated from the following documents:</p> <ul style="list-style-type: none"> - Patients and prescriptions registers - Referral logbooks - Daily HC attendance book and salaries Receipts - Way bill, Delivery Bill and Medicines stock register - ESWAR Epidemic Reports - Internal Reports - Voucher and referral vehicle Logbooks <p>A monthly activity report will be formulated in each health facility based on the evaluation of the documents mentioned above; this will include the problems faced and whether the monthly objectives were met. The information retrieved will be shared with WHO and others health cluster participants and these data will be public. The Project Manager and Monitoring Officer will be in charge to promote, collect, consolidate and analyze these reports.</p> <p>Monthly meeting with community health committees (CHC) & Traditional Birth Assistants will be (TBAs) held to discuss ways of improving demand of the health facilities and how to improve the service provided. The Liaison Officer and Monitoring Officer will be in charge to promote and facilitate these meeting; they will subsequently share information with the Project Manager.</p> <p>Monitoring of patients' path and referral procedures through evaluation of referral logbooks, Voucher and referral vehicle Logbooks: this in order to continuously improve the referral system.</p>
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(B) Work Plan Must be in line with the log frame	Activity	Timeframe						Please note instructions
		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	
	ensure the adequate supply of essential emergency medicine and medical supply in 1.1* HCs	X		X				
	1.2 OPD services		X	X	X			
	providing emergency 1.3 referral services		X	X	X			
	2.1 staff medical trainings for HC		X			X		
	2 health education and hygiene promotion 2.2 campaigns		X	X	X			
	2.3 CHW training		X		X			
	coordination and information sharing with other organization and 3.1 health cluster	X	X	X	X			
	set up and transport provision for a community driven referral system to and 3.2 from HCs and hospital		X	X	X			
	implementation of patient's path and referral procedures for maternal reproductive neonatal and child 3.3 health care	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	Organization	Activity		
	1 MSF 2 IRC 3 Mercy Corps 4 5 6 7 8 9 10	Referral to their hospital for obstetrical emergencies and and other medical and su provision of piped water to health facilities provision of piped water to health facilities		
(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)		Write activity number(s) from section 4 that supports Cross-Cutting theme.	
	Gender	Yes	training of CHW and HC staff will be focused on upholding women's health, TBAs will be trained to referral system procedures	2.1;2.2
	Capacity Building	Yes	community health workers to be trained will be women	2.1;2.2