

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>	Development Initiative Access Link		
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO		
<b>(C) Project Title*</b> <small>For standard allocations, please use the CAP title.</small>	Provision and support of primary health care in Kismayo General Hospital MCH and Abdale Birole MCH serving urban and peri-urban population.		
<b>(D) CAP Project Code</b>	SOM-11/H/40022	Not required for Emergency Reserve proposals outside of CAP	
<b>(E) CAP Project Ranking</b>	High	Required for proposals during Standard Allocations	
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Feb 2011)		
<b>(G) CAP Budget</b>	388100	Must be equal to total amount requested in current CAP	
<b>(H) Amount Request*</b>	119650.00	Equals total amount in budget, must not exceed CAP Budget	
<b>(I) Project Duration*</b>	6 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 (http://www.fsnau.org)</small>		<b>Men</b>	<b>Women</b>
	<b>Total beneficiaries</b>	39500	90000
	Total beneficiaries include the following:		
	<b>Pregnant and Lactating Women</b>	0	4500
	<b>Children under 5</b>	9000	9000
	<b>People in Host Communities</b>	10000	10000
	<b>Urban Poor</b>	20500	27000
<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"/> L 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"/> L 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: \$ 119,650
<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>	Name*	Abdinassir Mohamud Sheikh	Title
	Email*	address:zabib90@hotmail.com, dial.org@hotmail.com	Phone*
	Address	71305-00622 Nairobi	

### 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) *	Kismayo Town and District peri-urban areas of Lower Juba Region with an estimated population of 90,000 people facing a health provision crisis due to delapidated health delivery system. Much of the health services provision largely remains with expensive and unaffordable private practitioners and clinics. But both the public and private facilities face huge challenges including poor and inadequate health facilities and are often manned by unqualified health staff. The situation is worsened by the part closure and reduced operations of Kismayo General Hospital, which is the only public hospital offering free medical services. Its reduced operations has forced many to seek health services in the private medical facilities, which is beyond the reach of the vulnerable population groups consisting of urban poor living in the 5 quarters of Kismayo Town, as well as 24,000 IDPs living in 24 major IDP camps within the Town. The health provision crisis also extends to the vulnerable pastoralist and riverine populations living in the western and Riverine settlements Kismayo District respectively. Currently as a result of the decline of Kismayo General Hospitals
<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) *	The vulnerable groups include urban poor and IDPs Groups with an average daily income of between US \$0.5-3 and cannot raise the average US \$0.7 and US \$1.5 for basic consultation and drugs purchase respectively for prevalent common ailments in the private health facilities. Kismayo General Hospital, the only public health facility with basic health infrastructure has seen its capacity reduced to only 2 of the previous 14 Departments operational i.e (the hospital theatre and MCH clinic). With minor support, the hospital has the potential to ease access in the provision of health services. Past conflicts and lack of local capacity in health services delivery has also adversely affected community driven health provision that used to be supported from the hospital which needs to be reinstated. These includes support to provision of MCH services, OPD and revival of the Community Hygiene Committees and training of Community Health Workers to improve access to health. There is also need to ensure community sensitization and reactivate structures to contain and manage disease outbreaks especially Cholera and Acute Watery Diarrhoea
<b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	DIAL has been implementing a capacity building project (Nutritional Programme Training capacity building project) targeting 150 nutritional staff working in 30 organizations including health delivery facilities in the 3 Regions of Lower Juba, Bay and Bakool, Lower Shabelle in Southern Somalia. DIAL through the project has trained 4 health staff from Kismayo General Hospital and initiated partnership with the hospital to restore required complimentary health services. The organization has been in the forefront in the fight against Acute Water Diarrhoea (AWD) by training the Hospital Health staff and community groups on public health promotion. The organization has had various consultation with Kismayu General Hospital Management with regard to enlarging the current engagement to fill in the gap in health provision.

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

<b>(A) Objective*</b>	Strengthen and Support the Provision of Primary Health Care through an improved quality health care delivery system to serve 90,000	
<b>(B) Outcome 1*</b>	Provision of quality basic health care as per Essential Package of Health Services (EPHS) for 90,000 People through 2 MCHs, 2 health posts	
(C) Activity 1.1*	Implement comprehensive primary health care package for ante-natal, natal and post-natal services and new born and child care services	
(D) Activity 1.2	Upgrading the health facility infrastructure to increase access and coverage for health consultation to drought affected population sufficiently	
(E) Activity 1.3	Provide regular support to disease surveillance system and respond to outbreaks with the necessary mitigation measures	
(F) Indicator 1.1*	Health	Provision of PHC services within 2 km radius of IDP settlements v <b>Target*</b> 22500
(G) Indicator 1.2	Health	Number of consultations per clinician per day per MCH <b>Target</b>
(H) Indicator 1.3	Health	Percentage of outbreaks identified and responded to within 96 hours <b>Target</b>
<b>(I) Outcome 2</b>	Scheduled mobile health services established and providing health care, treatment and referral services	
(J) Activity 2.1	Improved coverage and immediate support of all AWD victims through mobile outreach services to reduce the case fatality rate in cases of acute watery diarrhoea	
(K) Activity 2.2	Provide appropriate referrals and linkages for complicated medical and obstetric conditions to tertiary healthcare facilities for appropriate management	
(L) Activity 2.3		
(M) Indicator 2.1	Health	Case Fatality Rate (CFR) for acute watery diarrhoea (AWD) less than <b>Target</b> 100%
(N) Indicator 2.2	Health	Referred cases with complicated medical and obstetric conditions <b>Target</b>
(O) Indicator 2.3		<b>Target</b>
<b>(P) Outcome 3</b>	Training of core MCH staff, CHWs, and skilled birth attendants, on the provision of quality PHC services and awareness of pregnant and lactating women	
(Q) Activity 3.1	Undertake two (2) PHC training workshops (5-days each) for 18 core health staff working in the 2 MCHs.	
(R) Activity 3.2	Undertake a 5-day basic primary health care (PHC) training workshop for selected 15 community health workers.	
(S) Activity 3.3	Undertake a 3-Days awareness workshop on Safe motherhood and sensitization sessions on optimal child care, health education and awareness	
(T) Indicator 3.1	Health	<b>Target</b> 18
(U) Indicator 3.2	Health	Number of health workers trained in common illnesses, integrated <b>Target</b>
(V) Indicator 3.3	Health	Pregnant and lactating women (PLW) sensitised <b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>The project will target existing 2 MCHs and 2 Health posts to deliver quality primary health care (PHC) services that will include maternal and child Health provision within Kismayu Town and District. DIAL will train a team of 18 core health MCH staff (5 MCH clinicians, 5 qualified nurses, 4 auxiliary nurses, 2 laboratory technicians, 1 disease surveillance officer and 1 roving medical Doctor) and 15 community health workers who will be stationed at the Kismayo General Hospital MCH and Abdale Birole and 2 Health Posts (located in Abdi Dhore and Canjeel). The CHWs will also support the mobile outreach services as well as be in charge at the health posts.</p> <p>Minor refitting of the existing delapidated 2 MCHs will be done to upgrade them to required standards for patient consultation and treatment. However, no such renovations will be required for the 2 HPs. DIAL will support the hired Doctor to conduct 2 quality</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) \*

DIAL will utilize the existing health information system (HIS) to report, analyse trends including reduction in child mortality rate and communicable diseases such as acute watery diarrhea. The HIS reporting to be undertaken on monthly basis will collate returns from the supported health facilities (i.e.2 MCHs and 2 HPs). This will form the feedback mechanism designed to ensure the attainment of the project objectives in line with the Somalia CAP 2011 health cluster objectives. DIAL project coordinator with the support of the project officer will monitor and supervise the staff and other project activities using field visits, project records and developed monthly workplans to allow for effective management of the projects resources, both personnel and supplies. Client satisfaction and feedback will be collated to gauge the quality of service provided. Data and information from continuous diseases surveillance including outbreaks will be analysed and shared with health cluster partners to effective responses. and monitoring. Proper essential drugs procurement system and an inventory on project supplies and consumerbles will be put in place to ensure the utilization and restocking. DIAL as an active health cluster partner will contribute and share the project related activities including challenges encountered and achievements encountered with the health cluster meetings and forums both in Nairobi and in the filed.

**(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					
	Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
1.1* Implement comprehensive	X	X	X	X	X	X
1.2 Upgrading the health fac	X	X	X	X	X	X
1.3 Provide regular support t	X	X	X	X	X	X
2.1 Improved coverage and	X	X	X	X	X	X
2.2 Provide appropriate refer	X	X	X	X	X	X
2.3 Undertake two (2) PHC t	X					
3.1 Undertake a 5-day basic	X					
3.2 Undertake a 3-Days awa	X					
3.3 Undertake a 3-Days awareness workshop on Safe motherhood and sensitization sessions on optimal child care, health education and p						

**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 DIAL	Training of Nutritional Programming staff for Nutritional and Health Training Both organization are involved in the Provision of Health Services in Kismayu.DIAL will coordinate with WHO in disease surveillance, reporting and support of Va
2 Muslim Aid and AFREC	
3 WHO	
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	The project put the health access improvement for women including 9,000	
Capacity Building		