

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*	Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO		
(C) Project Title*	Strengthening access to primary health care services in Lower Shabelle Region		
For standard allocations, please use the CAP title.			
(D) CAP Project Code	SOM-11/H/40059	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 (Feb 2011)		
(G) CAP Budget	518394	Must be equal to total amount requested in current CAP	
(H) Amount Request*	331869.00	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	7 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
	150640	225960	376600
Total beneficiaries include the following:			
	Children under 5	30128	45192
	Pregnant and Lactating Women	0	30128
	Women of Child-Bearing Age	0	86618
	Other	92267	92267
		184534	
(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"/> 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	
(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:	\$ 331,869

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*	Mr Fabio Gigantino	Title	Regional coordinator
	Email*	kenya@cosvnairobi.org	Phone*	0738681081
	Address	Plot 47, Rhapsa Road, House 2- Westland, 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) *	Lower Shabelle is facing a severe and increasingly acute drought which is indeed exacerbating an already dire humanitarian situation whereas civil insecurity, political instability and confrontations between armed groups continue to drive human rights abuses, violence, killings, and population displacement. The population remains in a state of Acute Food and Livelihood Crisis and Humanitarian Emergency, currently made worse by severe drought. Infant, child and maternal mortality rates are among the highest in the country. Diarrhoeal disease-related dehydration, respiratory infections and malaria are the main killers of infants and young children, together accounting for more than half of all child deaths. Neonatal tetanus and other birth-related problems contribute significantly to infant mortality, while measles and its complications result in widespread illness and numerous child deaths when outbreaks occur. Susceptibility to measles is compounded by poor nutritional status, and transmission is rapid in crowded living conditions such as congested urban/peri-urban areas and camps for displaced people. (UNICEF Somalia Health -2010). High levels
(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 health situation in the area reflects the critical situation of most of South Central Somalia where the delivery of health services has been deeply affected by the long crisis. IDPs are among the most vulnerable groups since the displacement has disrupted their access to social services. Main health problems are the maternal and neonatal health, which remain precarious since 80% of the deliveries are still attended by unskilled staff. In addition, the region has a high incidence rate of communicable diseases whose transmission is facilitated by the mass movement of the IDPs, the scarcity of safe water, poor sanitation and lack of access to health services. Morbidity reports from COSV supported health facilities indicate a high burden of communicable diseases affecting the target population. During 2009 and 2010, the EWARS recorded several outbreaks of Acute Watery Diarrhoea (AWD) including cholera. In 2010, COSV PHC reports from 13 primary health care facilities (MCHs) in Lower Shabelle indicated high number of morbidity with 95,358 patients registered in one year. Respiratory tract infections, Anemia, Intestinal parasites and acute watery
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	COSV is currently supporting 13 MCHs and 9 HPs in Lower Shabelle namely in the districts of Merka, Qoryoley, Kurtunwarey, Awdhegle, Afgoie, Brava and Sabale. The MCHs provide ante-natal and post-natal care, micro-nutrient supplementation, IPT and PMTCT, growth monitoring and nutrition screening of children U5 years, immunization, treatment of common diseases, and health education/hygiene promotion. With support from UNICEF, COSV is providing the MCHs with essential drugs and micro-nutrients, cold chain and vaccine supplies, feeding utensils, IEC materials, technical supervision and training of the staff. Health activities being implemented target 348,560 direct beneficiaries. For EPI activities, COSV supports the immunization of children of under one year of age and population based activities like Child Health Days (CHD). Moreover, COSV promotes the prevention and treatment of common diseases, community awareness campaigns, epidemic preparedness plans and response, deworming and vitamin A distribution. For Safe motherhood, COSV supports Antenatal and postnatal care activities in all MCHs through provision of medical

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To increase access to primary health care services for drought affected communities and IDPs in Lower Shabelle	
(B) Outcome 1*	Access to primary health care services in Lower Shabelle improved	
(C) Activity 1.1*	Training of 34 health care providers on case definition, rational use of essential drugs and basic EMOC.	
(D) Activity 1.2	Registration and vaccination of Under-1 year children and women of child bearing age (15-49 years) for EPI in the catchment population	
(E) Activity 1.3	Rehabilitation of 17 health facilities (13 MCHs and 4 Health Posts) in 7 drought affected districts, 2 of which are densely populated by IDPs	
(F) Indicator 1.1*	Health	Number of health workers trained in common illnesses, integrated Target* 34
(G) Indicator 1.2	Health	Number of children and women of child bearing age registered an Target
(H) Indicator 1.3	Health	Number of health facilities fully functional Target
(I) Outcome 2	Prevention and control of communicable diseases improved in collaboration with the WHO	
(J) Activity 2.1	Continuous monitoring of EWARS in all the active sentinel sites in Lower Shabelle.	
(K) Activity 2.2	Training of 25 Health workers in the sentinel sites on Integrated Disease Surveillance	
(L) Activity 2.3	Proper collection and labelling of suspected samples to be submitted to the WHO	
(M) Indicator 2.1	Health	Case Fatality Rate (CFR) for acute watery diarrhoea (AWD) less than Target 25
(N) Indicator 2.2	Health	Number of Health workers trained on Integrated Disease Surveillance Target
(O) Indicator 2.3	Health	Number of suspected samples collected and submitted to the WHO Target
(P) Outcome 3		
(Q) Activity 3.1		
(R) Activity 3.2		
(S) Activity 3.3		
(T) Indicator 3.1		Target
(U) Indicator 3.2		Target
(V) Indicator 3.3		Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>COSV will implement the project directly while working closely with District Health Management Boards (DHMBs) and Village Health Committees (VHCs). Two health workers from each of the 17 target facilities (13 MCHs and 4 HP) will be selected to attend 3 days training on case definition, rational use of essential drugs and basic EMOC. The training will be facilitated by PHC Supervisors and will aim at strengthening the capacity of health workers in treatment and prevention of communicable diseases, vaccination of under-1 year children and women of child bearing age. Immunization activities will be carried out in line with WHO guidelines and protocols. Unfavorable weather conditions compounded with the prolonged civil conflict have affected the status of the buildings of the target health facilities. Rehabilitation works entailing painting of the walls and repair of windows, doors and roofings will be therefore implemented in the 13 target MCHs and 4 HPs by a qualified construction company selected through a tender process. In</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) *

Under guidance and in continuous contact with the Programme Coordinator based in Nairobi, COSV PHC Coordinator in Merka town is responsible for the overall management and monitoring of the project, including supplies and staff management. MCH Supervisors will monitor the activities in the health facilities and report to the PHC Coordinator on a weekly basis. Data on morbidity, immunization, Safe motherhood from the 17 targeted facilities will be recorded, compiled and entered into a proper database. Implementation plans will be reviewed on a weekly basis while programme and financial data analyzed on a monthly basis. Any deviation will be addressed immediately. COSV will produce a monthly report on the progress of the project and share it with other stakeholders.

(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* Training of 34 health care	X					
1.2 Registration and vaccination	X	X	X	X		
1.3 Rehabilitation of 17 health	X		X	X		
2.1 Continuous monitoring of	X	X	X	X		
2.2 Training of 25 Health workers	X					
2.3 Proper collection and lab	X	X	X	X		
3.1 0						
3.2 0						
3.3 0						

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 World Health Organization (WHO)	Integrated Disease Surveillance and Response (IDSR)
2	
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	The main beneficiaries in this project are pregnant/lactating mothers and under 5
Capacity Building		