

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'
Mandatory fields are marked with an asterisk

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	Development Initiatives Access Link				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO				
(C) Project Title*	Support for Primary Health Care Delivery in Kismayo District.				
(D) CAP Project Code	SOM-12/H/48496	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 1 (Mar 2012)				
(G) CAP Budget	Must be equal to total amount requested in current CAP				
(H) Amount Request*	\$ 533,853.00	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)		Men	Women	Total	
	Total beneficiaries	7500	22500	30000	
	Total beneficiaries include the following:				
	Women of Child-Bearing Age	0	22500	22500	
	Urban Poor	7500	0	7500	
Children under 18	5000	5000	10000		
	0	0	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:	\$ 533,853		
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*	Abdinasir Mohamud Sheikh	Title	Executive Director	
	Email*	abdinasir@diaf africa.org, dial.org@hotmail.com, abdullahidriye848@hotmail.com	Phone*	+254722-218388/254723-628649	
	Address	P. O. Box 16794-00100, 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) *	The humanitarian response strategy for 2012 as developed by the humanitarian country team (HCT) prioritizes immediate assistance to address excess mortality with support to life saving health activities being seen as crucial response. This is critical considering the high level of vulnerability of population in Lower Juba region particularly Kismayo District where 90,000 people or 38% of the population are classified as being in humanitarian emergency (HE) and are faced with health provision crisis. Since mid last year, DIAL has been addressing the health crisis by operationalizing an MCH/OPD within Kismayo hospital in Kismayo town. This has in significant ways helped availed much needed health services and helped reverse the negative health delivery trends prevailing prior to the intervention which included a dilapidated health delivery system and unaffordable access fees (charged by the predominant private practitioners) for the vulnerable majority urban poor and IDPs, a situation worsened by frequent disease outbreaks including acute water diarrhoea (AWD), malaria and measles especially affecting children under years and pregnant and lactating women (PLW). The emergence of AWD epidemic in June 2011 as confirmed by WHO and the huge population influx has overwhelmed the available health services putting extra burden and strain on health delivery by DIAL and other health providers. DIAL has since its first health intervention in Kismayo District (funded by CHF in 2011) strived to address the huge health challenges facing the highly vulnerable population who included a high number of IDPs residing in 24 IDP camps in Kismayo Town and newly famine-generated IDPs. Coupled with this is the lack of adequate and trained health staff for the 3 MCHs currently operated by DIAL within the District. As a response, DIAL plans to continue strengthening the provision of Primary Health Care (PHC) services in Kismayo through 3 MCHs and one (1) mobile services team as per the Phase 1 of the provisions of the Essential Package of Health Services (EPHS). Qualified & skilled health staff supported with the necessary training in quality health delivery will be put in place in addition to continued support for mobile health outreach team that will participate in the epidemics control activities within the District. The organization is also implementing a WASH project targeting the provision of water, sanitation facilities in form of gender friendly toilets and training of the health and nutrition staff within Kismayo General Hospital MCH/OPD and nutrition supportservices managed by DIAL within the District. This WASH component will be critical in enhancing health delivery outcomes for the vulnerable population groups targeted especially children under 5 years and pregnant and lactating women (PLW)
(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) *	Recent CHF funded efforts in supporting the provision of free health services for the highly vulnerable populations (mainly IDPs, destitute displaced pastoralist and urban poor groups) in Kismayo District in the past 2 years have ensured better access to health care for over 90,000 people currently categorized in Humanitarian Emergency. The past and current support extended through DIAL has gone into the rehabilitation of health infrastructure, provision of training on quality health delivery for the staff of the previous MCHs managed by DIAL, provision of quality drugs and medical supplies, and the emergency water, sanitation and hygiene support for the health facilities as well as the institution of a District-wide disease surveillance system. However these gains run the risk of being reversed as a result of continuing observed gaps due to gap in health services delivery and high rates of malnutrition among children under 5 years and PLW, a situation further worsened by the lack of public health measures to provide required community support to ensure the timely preventive and control measures in addressing recurrent water borne diseases. Other noted gaps are the lack of integrated approach knowledge among the current core health staff and community health workers providing required outreach health provision activities. DIAL supported health intervention component of disease surveillance and the emergency water, sanitation and hygiene support for health facilities and nutrition support centres been instrumental in the early detection and confirmation of AWD epidemic in July 2011 as well as the empowerment of broad containment measures addressing hygiene and water supply for the health facilities. The analyzed Integrated Disease Surveillance Reports for the period July 2011 to February 2012 indicate the emergency and prevalence of acute watery diarrhoea (AWD), measles and malaria cases in children U-5 years especially from the IDP and Urban poor groups residing in Kismayo District forming the high percentage of the confirmed caseload. The Alarming rates of suspected malaria estimated at 2,573 cases were reported in January 2012 in Lower and Middle Juba alone (Somalia Health Cluster Bulletin No. 55).
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	Since mid 2011, DIAL has been implementing emergency primary health care (PHC) intervention in Kismayo district. This intervention was aimed at strengthening and supporting improved quality health care delivery system to serve 90,000 drought affected vulnerable drought affected population groups within Kismayo District. These consisted of urban poor living in the 5 quarters of Kismayo Town including 24,000 IDPs living in 24 major IDP camps within the Town and the Juba riverine populations living in western settlements of Kismayo District, these includes 11,070 children and 4,428 Pregnant and lactating women (PLW). IDPs and people from Goshia area i.e. the Juba riverine belt, made the bulk of the visitors of the MCH/OPD since these groups are the most vulnerable within Kismayo District. The PHC intervention managed to provide quality basic health care as per Essential Package of Health Services (EPHS) for 90,000 People through 2 MCHs, 2 health posts and a mobile outreach Team. The intervention was timely in detection, treatment and containment of an acute watery diarrhoea which broke out in July 2011 (and confirmed by WHO as per protocol) within the required window period of 96 hours allowing for the permitted 1% Case Fatality for the urban and 2% for the rural areas, e.g. Influenza like illness (ILI) and suspected malaria were also treated with children below the age of 5 years forming a large percentage of the victims.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Support strengthened provision of primary health care and epidemic disease responses through an improved quality health care del	
(B) Outcome 1*	22,500 PLW and 10,000 Children under five years and 7,500 men from the vulnerable IDP and host population groups accessing	
(C) Activity 1.1*	Provide integrated management of childhood illnesses and ANC/PNC services from the 3 MCHs utilizing the services of the qualifie	
(D) Activity 1.2	Deploy mobile health outreach team in to provide monthly mobile health services to under-served rural settlements of Kismayo Dis	
(E) Activity 1.3	Procure essential medical and laboratory supplies for utilization within the supported 3 MCHs and 1 Mobile Health Uutreach Team f	
(F) Indicator 1.1*	Health	Number of health facilities supported Target* 3
(G) Indicator 1.2	Health	Mobile health outreach team avails provision of Integrated Health Target
(H) Indicator 1.3	Health	3 MCHS and 1 Mobile Health Outreach Team supplied with ess Target
(I) Outcome 2	16 MCH/health Post staff trained on Integrated Health delivery package supporting the delivery of quality health care.	
(J) Activity 2.1	Undertake integrated health delivery training workshops for 16 MCH health staff .	
(K) Activity 2.2	Support the delivery of integrated health responses to 32,500 children under 5 years and pregnant and lactating women (PLW) with	
(L) Activity 2.3		
(M) Indicator 2.1	Health	Number of health workers trained on common illnesses and/or ir Target 16
(N) Indicator 2.2	Health	Children under 5 years and pregnant and lactating women (PLW Target
(O) Indicator 2.3	Health	Target
(P) Outcome 3	Capacity to respond to emerging epidemics including acute watery diarrhea and cholera within Kismayo district developed and back	
(Q) Activity 3.1	Undertake with local health stakeholders the development of District Contingency Plan and support disease epidemic disease surve	
(R) Activity 3.2	Training of DIAL 16 MCH Health staff on WHO's planned facility-based health staff on epidemic control measures.	
(S) Activity 3.3	DIAL will liaise and coordinate closely with WHO for the required AWD buffer stock and facility based staff training on epidemics.	
(T) Indicator 3.1	Health	Number of health workers trained on common illnesses and/or ir Target 1
(U) Indicator 3.2	Health	DIAL Health Staff trained on facility-based epidemic control mea Target
(V) Indicator 3.3	Health	Monthly buffer stock available for utilization in treatment of epide Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>DIAL has been running the MCH/OPD in Kismayo General Hospital for more than a year and has acquired considerable capacity and also developed a working relationship with local community leadership structures. Since the MCHs are already in existence with the basic operating infrastructure, what is required is the continued operational support mainly staff salary and medical supplies. With regard to this DIAL will engage a health coordinator as the overall supervisor and in-charge of the 3 MCHs and Mobile Health Outreach Team. The health coordinator will be holder of post graduate qualifications in medical services or public health, and will have good understanding of primary health care interventions delivery in emergencies. In addition, DIAL will hire 3 registered nurses (1 per MCH) to man the MCHs under the overall supervision of a health coordinator. Under the qualified registered nurses will work 3 registered midwives (1 per MCH); 3 auxiliary nurses (1 per MCH) and 6 outreach health workers (attached to the mobile health outreach - working in the rural peripheries of the MCHs- 2/MCH). In total, there will be 16 health staff who will receive integrated health delivery trainings to support the delivery of quality health care within the fixed and mobile health care delivery envisaged. DIAL will competitively procure essential medical, laboratory supplies for utilization within the supported 3 MCHs and 1 mobile health outreach team. The operations of the mobile health outreach team will be enhanced in order to fully support health delivery and especially epidemics response in the rural periphery settlements of the district as well as being utilized for activities related to child Health days, breast feeding campaigns and in case of required epidemic control. Health education and awareness creation training for up to 200 Mothers/PLW will be held in order to sensitize them and create awareness on key health issues of public health interest. In responding effectively to epidemic disease threats the health intervention will access the planned WHO planned facility-based trainings on epidemic control to create the necessary capacity among its health staff. DIAL will also utilize the capacity created in disease surveillance component in collaboration and coordination with other health partners' e.g. WHO backed by an epidemic standing committee Kismayo District. DIAL will liaise with WHO Somalia to access required AWD contingency/buffer stock required for treatment within it Kismayo General Hospital MCH. In addition DIALs WASH intervention currently being implemented within Kismayo General Hospitals MCH/OPD and in the nutrition support services run by DIAL, will continue to be critical integrated components in supporting the implementation of AWD/Cholera Preparedness and response Plan as developed by the Health and WASH Clusters. The intervention will utilize the integrated disease surveillance reporting (IDSR) system standard reporting format to share analyzed returns with the Health Cluster and local health partners.</p>	

5. MONITORING AND EVALUATION (to be completed by organization)

<p>(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) *</p>	<p>DIAL through its project staff already on the ground in Kismayo district will develop monitoring approach that support the use of integrated disease surveillance reporting (IDSR) standard reporting system as utilized in Somalia to report on the delivery of health services. The IDSR will capture among others relevant health service delivery for the targeted population groups with disaggregated data indicating client details, diagnosed disease, and case fatality e.t.c for the 3 MCHs supported under this intervention. Monitoring of DIAL health support activities as designed under this intervention will be complemented by WHO Somalia which has staff presence in the District. Monitoring of the crucial inputs such as the required procurement of materials for rehabilitation as well as supplies and equipment required by the MCHs will be undertaken as per the implementation plan. The evaluation process for the health delivery services as supported will focus on both the process as it will on the outcomes and indicators as planned by the project, especially as it relates to reduction of child and mother mortality rates. In case of any epidemic outbreak, the intervention will be evaluated on its capacity to respond to epidemics in accordance with the required capacity for an effective response which involves detection, confirmation and response to epidemics within the specified 96 hours of their emergence. The M&E activity will also incorporate the planned District Contingency Plan for the control of epidemics within Kismayo District as planned and its readiness as a response tool in the control of epidemics.</p>																																																																																		
<p>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<table border="1"> <thead> <tr> <th rowspan="3">Activity</th> <th colspan="6">Timeframe</th> </tr> <tr> <th colspan="6">Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</th> </tr> <tr> <th>Month 1-2</th> <th>Month 3-4</th> <th>Month 5-6</th> <th>Month 7-8</th> <th>Month 9-10</th> <th>Month 11-12</th> </tr> </thead> <tbody> <tr> <td>1.1* Provide integrated mana</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>1.2 Deploy mobile health ou</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>1.3 Procure essential medic</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>2.1 Undertake integrated hea</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>2.2 Support the delivery of it</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>2.3 Undertake with local hea</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>3.1 Training of DIAL 16 MC</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>3.2 DIAL will liaise and coord</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>3.3 DIAL will liaise and coordinate closely with WHO for the required AWD buffer stock and facility based staff training on epidemics.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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* Provide integrated mana	X	X	X	X	X	X	1.2 Deploy mobile health ou	X	X	X	X	X	X	1.3 Procure essential medic	X	X	X	X	X	X	2.1 Undertake integrated hea	X	X	X	X	X	X	2.2 Support the delivery of it	X	X	X	X	X	X	2.3 Undertake with local hea	X	X	X	X	X	X	3.1 Training of DIAL 16 MC	X	X	X	X	X	X	3.2 DIAL will liaise and coord	X	X	X	X	X	X	3.3 DIAL will liaise and coordinate closely with WHO for the required AWD buffer stock and facility based staff training on epidemics.						
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6. OTHER INFORMATION (to be completed by organization)

<p>(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</p>	<table border="1"> <thead> <tr> <th>Organization</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1 Muslim Aid</td> <td>Manages an MCH within Kismayo Town. DIAL will ensure to coordinate with Mus</td> </tr> <tr> <td>2 AFREC</td> <td>Manages and MCH within Kismayo Town. DIAL will ensure to coordinate with AF</td> </tr> <tr> <td>3 WHO/Health cluster</td> <td>DIAL will work in close collaboration with the two in order to coordinate emerg</td> </tr> <tr> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td></td> </tr> </tbody> </table>	Organization	Activity	1 Muslim Aid	Manages an MCH within Kismayo Town. DIAL will ensure to coordinate with Mus	2 AFREC	Manages and MCH within Kismayo Town. DIAL will ensure to coordinate with AF	3 WHO/Health cluster	DIAL will work in close collaboration with the two in order to coordinate emerg	4		5		6		7		8		9		10	
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