

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 checked="" type="checkbox"/> International NGO			
(C) Project Title*	Provision of Basic Health care Services to reduce avoidable morbidity and mortality among secondary displaced and newly displaced populations in IDP settings in Wadajir, Daynile, Dharkeynley and Hodan districts of Mogadishu.			
(D) CAP Project Code	SOM-12/H/48425	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*	\$ 249,495.68	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
	16700	25256	41956	
	Total beneficiaries include the following:			
	Children under 5	33584	50604	84188
	Internally Displaced People	0	0	0
	Internally Displaced People	0	0	0
		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"/> Salgadood <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:	\$ 249,496
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*	Fabio Gigantino	Title	Country Director
	Email*	kenya@cosvnairobi.org	Phone*	+254738681081
	Address	Plot 47 - Rhapsa Road , House 2 - Westlands, 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>On 15 February Somali government forces and their African Union allies launched an offensive on the Afgooye Corridor near Mogadishu to flush out Al-Shabaab fighters. The Corridor is home to the biggest concentration of IDPs in Somalia, with an estimated 400,000 people living in shanty dwellings. The shelling of the town forced thousands IDPs who had sought refuge in Afgoye since 2007 to flee back to Mogadishu, fearing for their lives. Others moved to other districts in Lower Shabelle. The military operations aimed at expulsion of Al Shabaab from areas in the South, is expected to intensify in the coming months. The number of displaced persons will continue to increase. Since February a total of 40,000 people were displaced to and within Mogadishu. The number of IDPs in Mogadishu continues to rise despite the poor living conditions in the camps. Limited access to water and sanitation facilities, overcrowding and high malnutrition rates continue to expose the population to epidemic-prone and communicable diseases and result in death. Malnutrition and disease will give rise to likely scenarios of increased risk of disease outbreaks due to upcoming rains, endemic infectious diseases, hepatitis E, dengue hemorrhagic fever, tuberculosis and acute watery diarrhoea (AWD) due to increased transmission in these situations (overcrowding, lack of proper sanitation and the likelihood of excessive rains pose a higher risk of AWD outbreak during the upcoming peak AWD transmission periods of March to June). On the other hand, Shigella represents a big threat in over-crowded IDP camps due to poor sanitary conditions and it is resistant to standard antibiotics. The rainy season will also increase malaria transmission and morbidity and mortality will increase in a second peak in January and February 2012. Cholera remains endemic in both Lower Shabelle and Banadir Regions. In 2011 alone, nine minor outbreaks were confirmed in Mogadishu (Banadir region), the Afgooye Corridor; Awdheghe and Wanlaweyne districts (Lower Shabelle region). Population influx into urban areas especially Mogadishu, the rise of informal settlements, poor access to safe drinking water and poor sanitation increase the risks of transmission and major outbreaks.</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>On the basis of the latest health bulletin released in February by WHO and UNOCHA, health stakeholders in South Central Somalia reported a total of 676 suspected cases of AWD, with 52 deaths. Of these, 382 cases (57 per cent of the total) were reported in Banadir. Malaria cases in the Southern and Central regions reached 1,030 confirmed cases including 393 children under five, while 341 cases of measles were reported, including 272 children under five. Lower Shabelle accounted for 33 per cent of all measles cases. Health partners also reported 196 casualties from weapons-related injuries which were treated in four hospitals in Mogadishu, with 13 cases (7 per cent) affecting children under five. In Primary Health care facilities supported by COSV in Lower Shabelle and Mogadishu, high number of suspected cholera cases have been reported especially from Merka hospital. Other cases were suspected measles, Acute respiratory infections and confirmed malaria cases. In the last semester of 2011 and first trimester of 2012, 17 MCHs supported by COSV in Lower Shabelle reported a total of 117,803 consultations (<5yrs 52,400, >5yrs 65,403). Deaths recorded were 1,816 (<5yrs 889 and >5yrs 927). In Banadir Region, a total of 57836 (Under 5 and PLW) consultations were made from July 2011 to January 2012 in the 3 MCHs of Waberi, Hamarjajab, Hamarweyne supported by COSV in Mogadishu.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>In Somalia, COSV is currently engaged in the promotion and implementation of Emergency Health, Nutrition, Education, Shelter and WASH programmes targeting IDPs and host communities in the war-torn and severely food insecure Regions of Lower Shabelle and Gedo as well as the Somali Capital, Mogadishu. The Health Programme in Somalia is comprised of three components: - Strengthening childcare services, - Safe motherhood, and - Child immunization. Access, utilization and the quality of essential health services are enhanced through support to a number of PHC and Hospital facilities offering a minimum package of health care. Providing basic health care services is complemented by supporting the development of local capacities, namely continuous training of health care personnel. On the other side, the Nutrition programme encompasses: - Management of acute malnutrition - Improving Feeding Practices, and - Selective Feeding. Health and Nutrition sectoral programmes are then integrated with WASH interventions (a.g. Hygiene Promotion and improved access to water supply and sanitation facilities in health posts, schools and IDP settlements) as well as Shelter- NFIs projects (a.g. distribution of Emergency Assistance Packages to newly displaced populations and provision of transitional shelter to displaced households in stabilised settlements). Under funding from the Italian Cooperation, COSV has been supporting 3 MCHs in the districts of Hamarweyne, Hamarjajab, Waberi of Mogadishu as well as Banadir Hospital with support from the GF HIV and HSS. The 3 MCHs supported in Mogadishu provides 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. Under funding from UNICEF, COSV has been providing the MCHs supported in Lower Shabelle 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 a total of 348,560 direct beneficiaries. Under the EPI programme, 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. In order to enhance Safe motherhood, COSV supports Antenatal and postnatal care activities in all MCHs through provision of medical supplies, training of midwives and TBAs. The referral system between PHC facilities (MCH/HP) and Hospitals has been strengthened in both Banadir and Lower Shabelle Regions. The aim is to ensure pregnant mothers have full access to comprehensive EmOC in order to reduce high maternal and infant mortality rates. With a view of providing lifesaving AWD/cholera prevention and preparedness in high risk areas in Banadir and Lower Shabelle, COSV has strategically pre-positioned supplies for AWD in various strategic locations in the target area. Ongoing preparedness activities include monitoring of the number of reported AWD cases from the supported health facilities in Banadir and Lower Shabelle.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To ensure equitable access to life saving health care services in order to reduce avoidable morbidity and mortality among secondary		
(B) Outcome 1*	Community based service delivery provided through community based approach and outreach mobile clinics in IDP settings in Wadajir, Daynile, Dharkeynley and Hodan districts		
(C) Activity 1.1*	Establishment of 6 mobile clinics - Recruitment of 1 nurse, 1 Auxiliary and 2 community health workers (1 male and 1 female) for each		
(D) Activity 1.2	Training of 6 nurses and 6 auxiliaries on basic obstetric care, referral of complicated obstetrical cases to the MCHs		
(E) Activity 1.3	Conducting routine Immunization, Health education, treatment of minor illnesses in the target IDP settings in Wadajir, Daynile, Dharkeynley and Hodan districts		
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 6
(G) Indicator 1.2	Health	Number of Nurses and auxiliaries (male and Female) trained on	Target
(H) Indicator 1.3	Health	Total number of the IDPs provided with basic health care service	Target
(I) Outcome 2	Medical referrals and transfer of patients from the target IDP settings are facilitated and enhanced by the established mobile clinics		
(J) Activity 2.1	Referral of complicated cases to Key health facilities serving secondary displaced and newly displaced populations in Wadajir, Daynile, Dharkeynley and Hodan districts		
(K) Activity 2.2			
(L) Activity 2.3			
(M) Indicator 2.1	Health	Number of health facilities supported	Target 4
(N) Indicator 2.2			Target
(O) Indicator 2.3			Target
(P) Outcome 3	Preparedness and prevention of cholera/AWD outbreak enhanced in IDP settings in Wadajir, Daynile, Dharkeynley and Hodan districts		
(Q) Activity 3.1	Training of 12 CHWs on integrated disease surveillance, reporting system by use of CSR forms and dissemination of data		
(R) Activity 3.2	Provision of ORS, zinc and de-worming tablets for treatment of AWD/Malaria and ARI cases to the 6 mobile clinics established in IDP settings		
(S) Activity 3.3	Referral of suspected AWD/Cholera cases to the CTC run by ARC in Hodan District		
(T) Indicator 3.1	Health	Number of health workers trained on common illnesses and/or ARI	Target 12
(U) Indicator 3.2	Health	Number of days stock-out of ORS, zinc, de-worming tablets	Target
(V) Indicator 3.3	Health	Number of suspected AWD/Cholera cases to the CTC run by ARC	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>The project will adopt an inter-cluster strategy. With a view of enhancing delivery of life saving community-based Health care services, 6 mobile clinics (each comprising 1 Nurse, 1 Auxiliary and 2 CHWs) will be established in IDP settings in Wadajir, Daynile, Dharkeynley and Hodan districts of Mogadishu for the prevention (including immunization), early detection and treatment of common diseases among children under 5yrs, pregnant and lactating women and elderly. Vaccination of under-1 year children and women of child bearing age will be carried out in line with WHO guidelines and protocols under the EPI program. Prior to commencement of outreach activities, 6 nurses and 6 auxiliaries will be trained on basic obstetric care and referral of complicated obstetrical cases to the MCHs. Training will have a duration of 3 days and will be held by a facilitators under the guidance of the Activity Field Programme Coordinator.</p> <p>In order to enhance provision of clinical medical services, Maternal and Child health services and reproductive health, referral systems for complicated health matters will be strengthened in key health facilities serving the target IDP settlements. Moreover, in light with the upcoming rains and the possible AWD/cholera outbreaks in highly populated and AWD prone areas in Benadir, AWD/cholera case management will be enhanced through provision by the 6 mobile clinics of ORS, zinc, de-worming tablets for treatment of AWD to patients in the target IDP settings. Finally, with a view of strengthening communicable disease rumor verification and outbreak surveillance systems, 12 CHW will be trained on integrated disease surveillance, reporting system by using CSR forms and dissemination of data. Training will have a duration of 2 days and will be held by one facilitators under the guidance of the Activity Field Programme Coordinator.</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 the overall guidance and leadership of the Activity Field Programme Coordinator (a Health Specialist based in Mogadishu), a Mobile clinics supervisor will assist in monitoring the implementation of the project in the target IDP camps on a weekly basis. Outpatients records will be recorded in the morbidity registers and Children eligible for immunization will be immunized and issued with Child health cards and recorded in the EPI Registers. All cases for referral will be issued with a referral form and copy of the same left for records with the mobile team. Health Data collected and analyzed by the Activity Field Programme Coordinator will cover all consultations and immunizations conducted in the target IDP settings and will be compiled into a database to be submitted to the reporting unit in Nairobi Office on a monthly basis. Communicable disease surveillance and response (CSR) reports will be shared with all the relevant stakeholders on a regular basis. In particular, COSV Regional office will submit Communicable disease surveillance and response (CSR) reports to WHO on a weekly basis and Interim and Final project reports to UN-OCHA. Monthly Morbidity and EPI reports will be shared with UNICEF. In order to ensure the most effective monitoring, COSV has put the following mechanisms in place, in addition to the regular reporting systems: - Periodic monitoring exercises (monthly meetings by the Activity Field Programme Coordinator with the Mobile clinics Supervisors, twice monthly meetings with members from the 6 mobile clinics) will allow the opportunity to address management and monitoring issues; - Information related to indicators in the logical framework will be collected by the Activity Field Programme Coordinator at regular stages during project implementation. Progress in relation to these indicators will be presented in monthly, interim and final reports - Regular support and supervision by e-mail and telephone at the Regional Level; - Monthly financial monitoring against disbursement plan by the Project Accountant and the Regional Administrator; Other monitoring events include planned visits to target sites, discussions, meetings, and consultations with relevant local stakeholders; stakeholder meetings, and feedback meetings. COSV Programme Coordinator as the focal point will lead the field team in analysing program data. Equal participation of women and men from the target community will be ensured in evaluation and review of project results. Together with people of concern, COSV will develop monitoring and evaluation tools that specifically look at the impact of the programme on beneficiaries' vulnerability, including in the design of questionnaires that examine and measure the appropriateness and effectiveness of the Health care Services provided. The results, disaggregated by age and sex, and reporting on the different views of women and men will be shared with the Cluster members. The Programme Coordinator based in Nairobi will be responsible for ensuring that the program is coordinated and implemented in accordance with activities, timetable, and budget set in the programme document. The Nairobi based Programme Coordinator will also provide technical support to project implementation and representation and coordination of the project at the Nairobi level.

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* Establishment of 6 mobile clinics	X					
1.2 Training of 6 nurses and health workers	X					
1.3 Conducting routine immunizations	X	X	X	X	X	X
2.1 Referral of complicated cases	X	X	X	X	X	X
2.2 Training of 12 CHWs on mobile clinics	X					
2.3 Provision of ORS, zinc and de-worming tablets	X	X	X	X	X	X
3.1 Referral of suspected AWD/Cholera cases to the CTC run by ARC in Hodan District	X	X	X	X	X	X
3.2 Provision of ORS, zinc and de-worming tablets for treatment of AWD/Malaria and ARI cases to the 6 mobile clinics established in Mogadishu						
3.3 Referral of suspected AWD/Cholera cases to the CTC run by ARC in Hodan District						

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other activities in project area	Organization	Activity
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	1 COSV - Italian Co-operation	Integrated Health and WASH Emergency programme in IDP settlements and areas of concern Providing integrated HIV prevention, treatment, care and support (IPTCS) to vulnerable populations Cholera Treatment services in Hodan district
	2 COSV - UNICEF/GF HIV	
	3 ARC	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

(B) Cross-Cutting Themes	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.
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note	Gender	Yes	In previous and current initiatives, COSV has mainstreamed key protection
	Capacity Building		