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'



4 COVER (to be completed to			d					
(A) Organization*	by organization submitting the proposal) Comitato di Coordinamento delle Organizzazione per il Servizio Volontario							
(B) Type of Organization*	UN Agency International NGO Local NGO International NGO							
(C) Project Title*	Provision of Basic Health care Services to reduce avoidable morbidity and mortality among secondary displaced and newly displaced populations							
For standard allocations, please use the CAP title.	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	011	High	Required for prop	oosals during Standa	rd Allocations			
(F) CHF Funding Window* (G) CAP Budget	Standar	rd Allocation 1 (Mar 2012)	Must be equal to	total amount reques	ted in current CAF			
(H) Amount Request*	\$	249,495.6	Equals total amo	unt in budget, must r	ot exceed CAP B	udget		
(I) Project Duration*		12 months	No longer than 6	months for proposal	s to the Emergeno	y Reserve		
(J) Primary Cluster* (K) Secondary Cluster		Health	Only indicate a	secondary cluster	for multi-cluster	projects		
(L) Beneficiaries						projecto		
Direct project beneficiaries.		Total basefieles	Men	Women	Total			
Specify target population disaggregated by number, and		Total beneficiaries	16700	25256	41956			
gender. If desired more detailed	Total ber	neficiaries include the fo	llowing:	ı	1			
information can be entered about types of beneficiaries. For		Children under 5	33584	50604	84188			
information on population in HE	Inter	rnally Displaced People	0	0	0			
and AFLC see FSNAU website	Inter	nally Displaced People	0	0	0			
(http://www.fsnau.org)			0	0	0			
(M) Location		Awdal Banadir	_Bay [Gedo □L Juba	M Juba	Mudug	Sanaag	Togdheer
Precise locations should be listed	Regions	BakoolBari	Galgaduud	HiraanL Shai			Sool	☐W Galbeed
on separate tab (N) Implementing Partners	1					Budget:	\$	-
(List name, acronym and budget)	2					Budget: Budget:	\$	-
	4					Budget:	\$	
	5					Budget:	\$	
	6 7					Budget: Budget:	\$	
	- 8					Budget:	\$	
	9 10					Budget: Budget:	\$	
	-10				Tota		\$	-
Food Boint and Dataila Bredde	detelle en e		lat for the analysis	Ub	Remaining	Budget:	\$	249,496
(O) Agency focal point for project:		Fabio Gigantino	int for the project (na	ime, emaii, phone).	Title	Country Director		
	Email*	kenya@cosvnairobi.org			Phone*	+254738681081		
	Address	Plot 47, Rhapta Road, Hou	se 2 - Westlands,Nairo	bi				
3. BACKGROUND AND NEED								
(A) Describe the project rationale		ebruary Somali governr						
based on identified issues, describe the humanitarian								
			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 refugi					
	Afgoye since 2007 to flee back to Mogadishu, fearing for their lives. Others moved to other districts in Lower Shabelle. The mil							
situation in the area, and list groups consulted. (maximum	operation	ns aimed at expulsion o	o Mogadishu, fear Al Shabaab from	ing for their lives. (areas in the South	Others moved to n, is expected to	other districts intensify in the	in Lower Shall coming mont	belle. The military hs. The number
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(A) Objective*	o be completed by organization) 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 Wad								
(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 e							
(D) Activity 1.2		Stabilismine of 6 nurses and 6 auxiliaries on basic obstetric care, referral of complicated obstetrical cases to the MCHs							
(E) Activity 1.3			the target IDP settings in Wadajir, Daynile, Dhark						
(F) Indicator 1.1*		Number of health facilities supported	Target* 6						
(G) Indicator 1.2		Number of Nurses and auxiliaries (male and Fe	male) trained on Target						
(H) Indicator 1.3		Total number of the IDPs provided with basic he							
(I) Outcome 2			and enhanced by the established mobile clinics						
(J) Activity 2.1			and newly displaced populations in Wadajir, Dayr						
(K) Activity 2.2		<u> </u>							
(L) Activity 2.3									
(M) Indicator 2.1	Health I	Number of health facilities supported	Target 4						
(N) Indicator 2.2			Target						
(O) Indicator 2.3			Target						
(P) Outcome 3	Preparedness and prevention of ch	olera/AWD outbreak enhanced in in IDP setting	s in Wadajir, Daynile, Dharkeynley and Hodan dis						
(Q) Activity 3.1		disease surveillance, reporting system by use of							
(R) Activity 3.2	Provision of ORS, zinc and de-worr	ming tablets for treatment of AWD/Malaria and	ARI cases to the 6 mobile clinics established in M						
(S) Activity 3.3	Referral of suspected AWD/Choler	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	Ilnesses and/or ir Target 12						
(U) Indicator 3.2	Health	Number of days stock-out of ORS, zinc, de-wor	ming tablets Target						
(V) Indicator 3.3	Health	Number of suspected AWD/Cholera cases to the	e CTC run by AF Target						
(W) Implementation Plan*	The project will adopt an inter-clust	ter strategy. With a view of enhancing delivery o	f life saving community-based Health care						
Describe how you plan to			be established in IDP settings in Wadajir, Daynile,						
implement these activities		Dharkeynley and Hodan districts of Mogadishu for the prevention (including immunization), early detection and treatment of							
(maximum 1500 characters)	common diseases among children	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 auxiliaires 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.								
	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 strengthned 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							
		ce systems, 12 CHW will be trained on integrat							
	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 Progra		•						

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.). Als describe how findings will be used to adapt the project implementation strategy. (maximum 1500 characters) *

Inder the averall 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 Supervisiors, twice monthly meetings with (monthly meetings by the Activity Field Programme Coordinator with the Mobile clinics Supervisions, twice monthly meetings with members from the 6 mobile clinics) will allow the opportunity to address management and monitor 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 feedback with relevant local stakeholders; stakeholder meetings, and feedback entigies. COSY 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 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.

(B) Work Plan	Timeframe							
Must be in line with the log frame.		Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months						
Mark "X" to indicate the period	Activity	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12	
activity will be carried out	1.1* Establishment of 6 mobil	X						
	1.2 Training of 6 nurses and	X						
	1.3 Conducting routine Imm	X	X	Х	X	X	X	
	2.1 Referral of complicated		X	Х	X	X	Х	
	2.2 Training of 12 CHWs on	X						
	2.3 Provision of ORS, zinc a	X	X	X	X	X	X	
	3.1 Referral of suspected A\		X	Х	X	X	X	
	3.2 Provision of ORS, zinc a	Provision of ORS, zinc and de-worming tablets for treatment of AWD/Malaria and ARI cases to the 6 mobile clinics establis						
	3.3 Referral of suspected AWD/Cholera cases to the CTC run by ARC in Hodan District							

6	6. OTHER INFORMATION (to be completed by organization)								
Т	(A) Coordination with other		Organization		Activity				
	activites in project area	1	COSV - Italian Co-opera	tion	Integrated Health and WASH Emergency programme in IDP settlements and an				
	List any other activities by your or	2	COSV - UNICEF/GF HIV	/	Providing integrated HIV prevention, treatment, care and support (IPTCS) to vuln				
	any other organizations, in	3	ARC		Cholera Treatment services in Hodan district				
	particular those in the same	4	i e						
	cluster, and describe how you	5	1						
	will coordinate your proposed	6	;						
	activities with them	7	1						
		8	:						
		9	1						
_		10							
					1				
	(B) Cross-Cutting Themes					Write activity			
	Please indicate if the project				0	number(s) from			
	supports a Cross-Cutting		Cross-Cutting Themes	(Yes/No)	Outline how the project supports the selected Cross-Cutting	section 4 that			
	theme(s) and briefly describe		-		Themes.	supports Cross-			
	how. Refer to Cross-Cutting					Cutting theme.			
	respective guidance note		01	Yes	In previous and current initiatives, COSV has mainstreamed key protection	_			
П			Gender	168	in previous and current initiatives, CO3V has mainstreamed key protection	+			
			Capacity Building						