For 'new-line' in text fields pres [ALT] and [ENTER] keys on keyboard (do not insert spaces to create line shift)

<u>Please do not change the format of the form</u> (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		ization o							
(A) Organization*			luppo - CESV						
(B) Type of Organization*	☐ UN Ag		International NG		GO Internationa	INGO			
(C) Project Title*					ces in Belet Weyne H				
For standard allocations, please use the	_								
CAP title.	200	M 40/F (4004	1 ID IE 100						
(D) CAP Project Code	SO	M-12/E/4801	1/R/5128		r Emergency Rese		itside of CAP		
(E) CAP Project Ranking (F) CHF Funding Window*	Standa	High rd Allocation	2 (Oct 2012)	Required for pro	posals during Standa	rd Allocations			
(G) CAP Budget	\$	IU Allocation	- (OCI 2012)	Must be equal to	total amount reques	ed in current CAP			
(H) Amount Request*	\$		380,944.00		unt in budget, must r				
(I) Project Duration*		12 month	hs	No longer than 6	months for proposal	s to the Emergeno	y Reserve		
(J) Primary Cluster*		Health		_					
(K) Secondary Cluster				Only indicate a	secondary cluster	for multi-cluster	projects		
(L) Beneficiaries Direct project beneficiaries.				Men	Women	Total			
Specify target population	Total beneficiaries			4158		9900			
disaggregated by number, and					5/42	9900			
gender. If desired more detailed	Total ber		nclude the foll	lowing:			•		
information can be entered about		Children un	der 5	0	0	0			
types of beneficiaries. For	Pregna	ant and Lacta	iting Women	0	0	0			
information on population in HE and AFLC see FSNAU website	Inter	rnally Displac	ed People						
(http://www.fsnau.org)	- Inter			0	0	0			l
		Other (Sele				0			
(M) Location	Declar	Awdal	Banadir	□Bay	☐Gedo ☐L Juba	M Juba	Mudug	Sanaag	Togdheer
Precise locations should be listed on separate tab	Regions	Bakool	Bari	Galgaduud	☐Hiraan ☐L Sha	oelle M Shabel	le Nugaal	Sool	
(N) Implementing Partners	1						Budget:	\$	-
(List name, acronym and budget)	2						Budget:	\$	
, , ,	3 4						Budget:	\$	
	5						Budget: Budget:	S	
	6						Budget:	\$	
	- 7 8						Budget:	\$	-
	9						Budget: Budget:	\$	
	10						Budget:	\$	-
							Budget:	\$	
Focal Point and Potails - Brould	dotallo an e	agency and C	luctor food nois	at for the project /p	ome email about	Remaining	Budget:	\$	380,944
Focal Point and Details - Provide (O) Agency focal point for project:	details on a	agency and C Massimiliano	luster focal poir	nt for the project (n	ame, email, phone).	Remaining		sional Representa	
Focal Point and Details - Provide (0) Agency focal point for project:	Name*	Massimiliano palma@cesv	Palma rioverseas.org		ame, email, phone).			ional Representa	
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Focal Point and Details - Provide (O) Agency focal point for project:	Name* Email*	Massimiliano palma@cesv	Palma rioverseas.org		ame, email, phone).	Title	East Africa Reg	ional Representa	
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) Objective*	Providing access to quality	OPD/emergency health care to women, children and men in Be	elet Weyne							
(B) Outcome 1*		At least 18000 Beneficiaries in the targeted area have access to health services through assisted OPD/Emergency department								
(C) Activity 1.1*		Delivery of OPD/Emergency health services to women, children and men in Belet Weyne (anticipated at least 18000 beneficiaries)								
(D) Activity 1.2	provision of 4 trainings to O	provision of 4 trainings to OPD/Emergency department staff (14 staff, at least 8 are women) on emergency health services and to C								
(E) Activity 1.3	6 awareness campaigns on health education and hygiene promotion (including provision of hygiene kits to women) carried out in the									
(F) Indicator 1.1*	Health	Number of consultations per clinician per day by Health	facility Target*	50						
(G) Indicator 1.2	Health	no. of staff receiving trainings	Target	44						
(H) Indicator 1.3	Health	no of participants to awareness campaigns	Target	3000						
(I) Outcome 2										
(J) Activity 2.1										
(K) Activity 2.2										
(L) Activity 2.3										
(M) Indicator 2.1			Target	0						
(N) Indicator 2.2			Target	0						
(O) Indicator 2.3			Target	0						
(P) Outcome 3										
(Q) Activity 3.1										
(R) Activity 3.2										
(S) Activity 3.3										
(T) Indicator 3.1			Target	0						
(U) Indicator 3.2			Target	0						
(V) Indicator 3.3			Target	0						
W) Implementation Plan* bescribe how you plan to implement these activities maximum 1500 characters)	existing facilities and develotion selection & induction of staf women, children and men i layered structure 1. Hospital (RHC) is the primary link be hospital decisions. 3. Ugas. ideas for community involve community and minimize di involvement in the hospital a projects thanks to an impro	ning of above department within the MSF hospital compound – po setup workplan. To include: a) community involvement, b) put, and training d) establishment of procedures; Activity: Delivery n Belet Weyne and heatth and hygiene awareness, provision of management committee (HMC), day to day issues managemetween the community and the hospital. Cesvi will assure direct (dominant clan): CESVI met with Ugas representative and has sement. Risk Mitigation: 1. Continuation of existing community str surption between them and the new implementing partners. I and also of negative feedback following change in providers; 2. ved access in the area; CESVI CD and Support officer will be tro flight a valiability) 3. CESVI already seeking co-funding donor.	irchase of necessary of OPD/emergency of PD/emergency of flygiene kits to won ent; 2. Regional Heacommunity involver his support in project uctures will support is will reduce risk of CESVI will be direct ravelling to BW for m	requipment, c) services to 18,000 nen. This is a 3 lith Committee tent in major at implementation & interaction with the poor community y implementing the						

MONITORING AND EVALUATION (to be completed by organization) MION (to be completed by organization) Monitoring and evaluation will be implemented during all phases of the project. CESVI doctor already travelled to the hospital to meet main actors and stakeholders; He will monitor the activities on daily basis, be in charge of retrieving data and reports from the field and will report to Programme Support Officer (PSO). Doctor will travel to Cesw Country office (Mogadishu) on a monthly basis to update and inform the PSO and CD on the progress and status of project implementation. After the All to the saisting of a project logistics officer. The PSO and CD will make monthly field visit to Hiran as long as the security environment remains stable and flights are available. During his monthly visits to Hiran, they will hold meetings with the staff, local authorities and partners to collect information and verify the progress of the project implementation. The doctor will be in charge of such that the following basis. Patients and progress and status of the project implementation. The doctor will be in charge of such that the following basis. Patients and progressions are projected by the project implementation. The doctor will be in charge of such that the following basis. Patients and progressions are projected by the project implementation. The doctor will be in charge of (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 verifying the following tools: Patients and prescriptions registers - Referral logbooks - Way bill, Delivery Bill and Medicines stock register; the monthly activity report this will include the problems faced and whether the monthly objectives were met. The information retrieved will be shared with UNOCHA, UNICEF and WHO and the other health cluster partners. These data will be used to adapt the project oublic. implementation strategy. (maximum 1500 characters) (B) Work Plan Timeframe Must be in line with the log frame Mark "X" to indicate the period activity will be carried out 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 Activity 1.1 6. OTHER INFORMATION (to be completed by organization) (A) Coordination with other Organiz 1 GEELO activites in project area List any other activities by your or any other organizations, in lealth and WASH 2 MSF CH Coordination and Referral System 3 Save the Children 4 IMC 5 Coordination & Implementation particular those in the same cluster, and describe how you will coordinate your proposed activities with them (B) Cross-Cutting Themes Write activity number(s) from Please indicate if the project supports a Cross-Cutting Outline how the project supports the selected Cross-Cutting Themes. Cross-Cutting Themes (Yes/No) section 4 that supports Cross-Cutting theme. theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note The project aims to target 8 women on primary health care (part of them will be Gender Yes Capacity Building