

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*	African Rescue Committee		
(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*	PHC provision for vulnerable IDPs and host communities at Kismayo, Afmadow, Dholeby and Kulbio MCH Centres and their catchments in Lower Juba Region		
(D) CAP Project Code	SOM-11/H/40001	Not required for Emergency Reserve proposals outside of CAP	
(E) CAP Project Ranking	Medium	Required for proposals during Standard Allocations	
(F) CHF Funding Window*	Standard Allocation 2 (Feb 2011)		
(G) CAP Budget	607869	Must be equal to total amount requested in current CAP	
(H) Amount Request*	199992.00	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	10 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
	33280	49920	83200
	Total beneficiaries include the following:		
	Internally Displaced People	4800	7200
	People in HE and/or AFLC	14400	21600
	People in Host Communities	14080	21120
		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"/> L. Juba <input type="checkbox"/> M. Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakooll <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: \$ 199,992
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*	Abdi Raghe	Title
	Email*	abdi.raghe@afrec.org, john.warjohi@afrec.org	Executive Director
	Address	P.O. Box 70629-00400, Nairobi	Phone*
			+254 722 617626

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 pastoral, riverine, urban and IDP communities of the Lower Juba region have suffered multiple shocks such as insecurity, recurrent droughts and seasonal floods. Due to poor basic services, the impact on the health situation is adverse. Majority of the population cannot reach the few health facilities whereas the few clinics that exist lack essential supplies. The number of health care workers is not only insufficient but also not adequately trained. Thus, the minority population that can access these services is often poorly treated. Originally meant to serve only small populations in the vicinity and to complement other bigger hospitals, these clinics must now serve bigger catchment areas with large populations for whom they are the only service providers. The most prevalent cases include diarrhea, malaria, RTI, whooping cough, anemia, STIs, skin infections, typhoid, intestinal parasites and bilharzia. The AFREC-run facilities have recorded 30% increase in cases during the past 3 months (AFREC morbidity reports, Dec 2010-Feb 2011). This is partly attributed to reduced access to food and safe water and eroded people's resilience to cope. Further, only sub
(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) *	Kismayo, Afmadow and Badhaadhe Districts in Lower Juba have a combined total population of 256,641. The population faces a pressing need of access to basic health care. In an effort to address the dire health situation, AFREC runs Kismayo, Afmadow, Dholeby and Kulbio (Badade) MCH centres, each with an OPD and outreach component serving more than 100,000 people comprising of IDPs and host populations. With up to 54,000 people being in AFLC/HE and rates of malnutrition at 30.7% GAM and 7.8% SAM (FSNAU Post Deyr Assessment) there is a rising burden on health services while no corresponding upgrade of facilities, training of staff or provision of supplies. AFREC contributes health staff salaries in an attempt to fill the gap but has no capacity to maintain the required number. No other organization provides health care services in the target catchment areas (AFREC and partners joint assessment, Feb 2011). Women and children under 5 are the most affected. Lactating and pregnant women need quality maternal care. Boys and girls require better coverage of immunization and management of childhood diseases. In general the
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	AFREC is implementing the project "Providing Access to Primary Health Care" designed to support existing health service provision at Kismayo, Afmadow, Dholeby and Kokani MCH centres. The project is supported by UNICEF. An additional MCH centre in Kulbio, Badhaadhe starts operations in 2011 Improved access to safe water, hygiene and sanitation for vulnerable communities in Afmadow and Jilib Districts of Lower and Middle Juba that targets 39,000 and involves rehabilitation of 10 existing wells; construction of 20 new wells, provision of 220 latrine slabs and promotion of good hygiene and sanitation. School Environment and Education Development for Somalia (SEEDS) project involves installation of water tanks, construction of

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Provide gender sensitive and improved preventive and curative PHC services to vulnerable IDPs and hosts populations in Lower Jub		
(B) Outcome 1*	83,200 people of whom 60% are females and 40% are males have improved access to curative services		
(C) Activity 1.1*	Provide medical supplies including drugs and equipment appropriate to all ages and gender to the 4 facilities		
(D) Activity 1.2	Provide early detection and timely treatment services to women, girls, men and boys in the 4 catchment areas		
(E) Activity 1.3			
(F) Indicator 1.1*	Health	Provision of PHC services within 2 km radius of IDP settlements w	Target* 83200
(G) Indicator 1.2	Health	Number of consultations per clinician per day per administration u	Target
(H) Indicator 1.3			Target
(I) Outcome 2	Appropriate knowledge, attitude and practices on childcare, hygiene and maternal nutrition improved		
(J) Activity 2.1	Provide comprehensive ANC and PNC services to women and children		
(K) Activity 2.2	Promote childcare and breast feeding best practices through health education to women and men		
(L) Activity 2.3			
(M) Indicator 2.1	Health	At least 1 health facility with functional comprehensive emergency	Target 1
(N) Indicator 2.2	Health	Number of health education campaigns conducted	Target
(O) Indicator 2.3			Target
(P) Outcome 3	Health providers of whom more than 50% are women have better skills on prevention, control and treatment skills		
(Q) Activity 3.1	Train 40 health staff and CHWs comprised of 60% women and 40% men on surveillance, prevention and management of common illn		
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Health		Target 40
(U) Indicator 3.2	Health		Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	Community mobilization in all the target villages will precede all the other activities in order to seek continuous community involvement and cultivate deep ownership that is key to the success of the project. The involvement of the community especially through community project committees will be sought at all the stages of project implementation. Project inputs including medical and other supplies will be procured locally and in Kenya where necessary. Other supplies will be provided by UNICEF through the existing support arrangements with AFREC. The support arrangements cover the various MCH centres. Each Health facility will have an OPD and outreach components for health services provision. This is where the bulk of the medical supplies are needed. Outreach campaigns will be conducted for one day every week to reach the villages that have no easy access to health facilities. In total, the 4 catchment areas have 45 villages to be covered. The project will also make use of special forums such as Child Health Days which		

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) *

Project staff based in Kismayo, Afmadow, Doble and Badhaadhe offices from where all project sites will be easily reached will monitor project activities in line with the indicators outlined. In addition, a senior officer will visit the project sites to ensure that the inputs, work schedule and agreed actions move according to the project plan and budget requirements. Project data will be collected progressively on weekly basis and used to generate mid-term and end of project reports to be shared with the donor. Observations, focus group discussions and individual interviews will be used to gather more information for monitoring and evaluation purposes. Photographs will be a key element of monitoring and reporting and will be shared alongside the other reports. Key indicators that will be monitored include number of people accessing primary health care services, number of facilities rehabilitated and receiving medical supplies, number of reported outbreak cases investigated and responded to in a timely manner and number of staff and CHWs trained in surveillance, prevention and management of cases among others. Corrective measures will be carried out if any deviation from the operations is noted. Lessons learnt will be documented to improve future activities of similar nature.

(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* Provide medical supplies	X					
1.2 Provide early detection a	X	X	X	X	X	X
1.3 Provide comprehensive	X	X	X	X	X	X
2.1 Promote childcare and b	X	X	X	X	X	X
2.2 Train 40 health staff and		X				
2.3 0						
3.1 Train 40 health staff and CHWs comprised of 60% women and 40% men on surveillance, prevention and management of common illnesses						
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	SAWA	The organization has an OPD located in Afmadow town. The two co-ordinate on di
2	MSF-H	The agency runs a hospital in Marerey, Jilib district. All the AFREC-run MCH centr
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	Different needs of women, girls, men & boys were analyzed prior to developing
Capacity Building		