

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*	Action Contre la Faim		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO		
(C) Project Title* <small>For standard allocations, please use the CAP title.</small>	Emergency primary health care interventions for conflict-affected population in Wajid (Bakool) and Mogadishu-Hodan		
(D) CAP Project Code	SOM-11/H/39902	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 2 (Feb 2011)		
(G) CAP Budget	440000	Must be equal to total amount requested in current CAP	
(H) Amount Request*	100000.00	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	8 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 <small>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)</small>		Men	Women
	Total beneficiaries	8650	13247
	Total beneficiaries include the following:		
	Children under 5	8650	17300
	Pregnant and Lactating Women	0	4597
		0	0
		0	0
(M) Location <small>Precise locations should be listed on separate tab</small>	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"/> Bakool <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 <small>(List name, acronym and budget)</small>	1	Budget:	\$ -
	2	Budget:	\$ -
	3	Budget:	\$ -
	4	Budget:	\$ -
	5	Budget:	\$ -
	6	Budget:	\$ -
	7	Budget:	\$ -
	8	Budget:	\$ -
	9	Budget:	\$ -
	10	Budget:	\$ -
	Total	Budget:	\$ -
	Remaining	Budget:	\$ 100,000
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*	Jens Oppermann	Title Country Director
	Email*	hom@so.missions-acf.org	Phone* +254 722 515 382
	Address	Box 39900-00623 Nairobi, Kenya	

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) *	According to OCHA weekly and monthly reports, the provision of primary health services remains a challenge in Benadir and Bakool regions due to humanitarian access restrictions, including suspension of humanitarian agencies. Life threatening gaps continues to widen between essential and life saving health services coverage are compounded by inadequate access to safe water and sanitation, increasingly eroded livelihoods, and mass displacement. The increasing frequency of communicable disease outbreaks, rising rates of severe acute malnutrition, low immunization rates, and other serious health risks for vulnerable groups, particularly women and children, are symptomatic of the poor coverage and quality of essential health care (including maternal, neonatal and child care), and shortages of life saving medicines and trauma supplies. Majority of the medical facilities are overcrowded with insufficient safe water, poor hygiene and sanitation leading to a high risk of communicable disease outbreaks and an increase in avoidable death and disease. This project targets women and children < 5 years as they presenting most vulnerable population.
(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) *	With the expulsion of humanitarian actors, the access to primary health care diminished for the communities in Bakool and specifically in Wajid where there are no primary health services (MCH, OPD and EPI) available at all. The lack of primary health care services, combined with the failed Deyr rains, puts the community of Wajid in a precarious situation. ACF implemented a nutrition rapid assessment in Wajid (June 2010). The assessment showed the proportion of children reported to have been sick during the 2-week period prior to the assessment was 37%, with ARI being the major cause of illness affecting 12% of the sick children, diarrhoea (10%), skin infections (7%) and malaria (6%). An ACF drought assessment conducted end of December 2010 revealed that the majority of the pastoral rural population has no or
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	In Bakool region, ACF has been developing projects since 2003, in the sectors of nutrition, food security and water and sanitation. These interventions were reinforced during a crisis period in 2006 with the opening of a Therapeutic Feeding Centre (TFC), emergency water trucking, seed distributions and a blanket high-energy food (BP5) distribution, in order to respond the drought emergency. In 2011, ACF still continues to treat severely acute malnourished children with its therapeutic feeding centres. In addition to the Nutrition Programme and the proposed health project, ACF will start water trucking in March 2011 in the most vulnerable areas in Wajid. Through its therapeutic feeding programme ACF reached 6,549 beneficiaries suffering from severe acute malnutrition in 2010. In Benadir Region, ACF is present in Mogadishu since 1995. Currently ACF is implementing projects in Water and Sanitation, Nutrition

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To ensure access to primary health care services for women and children in Wajid and Hodan	
(B) Outcome 1*	4597 pregnant and lactating women have access to Mother-Child Health Clinics	
(C) Activity 1.1*	Provision of Antenatal and post-natal care for pregnant and lactating women, including micro-nutrients supplementation and provision	
(D) Activity 1.2	Running of One (1) EPI centre in Wajid and Mogadishu providing adequate TT (Tetanus) immunization for pregnant women	
(E) Activity 1.3	Training women attending the MCH on Safe delivery, IYCF and care practices through provision of health promotion sessions	
(F) Indicator 1.1*	Health	Number of consultations per clinician per day by administrative un Target* 20
(G) Indicator 1.2	Health	Number of pregnant women adequately immunized against tetanu Target
(H) Indicator 1.3	Health	Number of women attending the health promotion sessions Target
(I) Outcome 2	17300 children under five years have access to Extended Programme Immunization (EPI) services and treatment for diseases	
(J) Activity 2.1	Running of One (1) Outpatient Department (OPD) for under-5 children in Mogadishu and Wajid, including outreach services in Wajid	
(K) Activity 2.2	Running of One (1) EPI Centre in Mogadishu and Wajid, providing adequate immunization according to the immunization calendar	
(L) Activity 2.3	Conducting health and hygiene promotion sessions for beneficiaries attending the Outpatient Services	
(M) Indicator 2.1	Health	Number of consultations per clinician per day by administrative un Target 75
(N) Indicator 2.2	Health	Number of children under-5 receiving immunization Target
(O) Indicator 2.3	Health	Number of health and hygiene promotion sessions conducted Target
(P) Outcome 3	19 health staff are trained in diagnosis and treatment of common illnesses, integrated management of childhood illnesses and surveillance	
(Q) Activity 3.1	Conducting 1 theoretical and on the job training for the newly recruited staff in Wajid and 1 refresher training for medical staff in Mogad	
(R) Activity 3.2		
(S) Activity 3.3		
(T) Indicator 3.1	Health	Target 19
(U) Indicator 3.2		Target
(V) Indicator 3.3		Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>The proposed primary health care project in Wajid is a 'new' project. An appropriate site for the proposed services will be identified in consultation with community representatives and local authorities. A dedicated Medical team will be recruited and trained.</p> <p>Communities will be sensitized through the ongoing activities in Nutrition and Water and Sanitation. ACF values a strong link between the therapeutic feeding programme, water and sanitation and the health programme. Through the use of developed robust remote monitoring tools coupled with its long history in the area, ACF will enhance transparency in its implementation and minimize the risks faced to an acceptable level.</p> <p>The health staff will receive training during the project period with the focus on understanding and use of medical protocols and</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) *

Medical officers, based in Wajid and Mogadishu, will be directly responsible for daily monitoring and follow-up of activities, with the support of the technical coordinator based in Nairobi. To improve the remote control of activities, daily phone contacts will be made between the field and coordination team in Nairobi to monitor activities progress. In addition meetings between the medical team and the coordination team will take place regularly via video conference in order to continuously increase the quality of the project. Weekly and Monthly reports, including narrative, statistics and photos will be sent by the field team for capitalization and analysis.

A weekly meeting between the different ACF sectors (Water and Sanitation and support), led by the Base Officer will be implemented. The purpose of these weekly meetings is to share information, ensure linkages between the different sectors, and identify gaps, challenges and solutions in order to enhance the implementation of the project activities.

The medical team is supervised by a Medical Officer (Medical Doctor in Mogadishu) or a Medical Supervisor (Clinical Officer in Wajid). Each facility will have additional technical staff namely: 1 Midwife and 1 Nurse. Additionally there is non technical staff available in each health facility: Auxiliary Nurses, screeners, registrar, vaccinator, Health educator and cleaner.

(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* Provision of Antenatal and	X	X	X	X		
1.2 Running of One (1) EPI	X	X	X	X		
1.3 Training women attendin	X	X	X	X		
2.1 Running of One (1) Outp	X	X	X	X		
2.2 Running of One (1) EPI	X	X	X	X		
2.3 Conducting health and h	X	X	X	X		
3.1 Conducting 1 theoretical	X	X	X	X		
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 ACF International	Emergency Nutrition and WASH activities in Mogadishu and Wajid
2 Oxfam Novib/SAACID	Emergency Nutrition Activities in Mogadishu
3 UNICEF/WHO	Provision of medical supplies
4 OCHA	Coordination Services
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	This project is targeting pregnant and lactating women as well as boys and girls
Capacity Building		