

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*	Health Support for IDPs and Vulnerable Host Populations in Lower Juba.			
(D) CAP Project Code	SOM-12/H/48320	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*	\$ 477,378.00	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	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
	9000	18000	27000	
	Total beneficiaries include the following:			
	Children under 18	12000	21000	33000
	Women of Child-Bearing Age	0	5000	5000
	Other	9000	13000	22000
		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"/> Galgaduud <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:	\$ 477,378
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*	John Wanjohi	Title	Program Manager
	Email*	john.wanjohi@afrec.org, abdi.raghe@afrec.org	Phone*	0722 719776
	Address	P.O. Box 70629-00400, 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) *	Recurrent droughts, conflict, inflation, and disease outbreaks constitute the complex emergency faced by the Juba population. With this comes heavy deterioration of standards of living for all livelihood groups with all major indicators in the region remaining poor for a long time. According to a joint drought assessment led by AFREC (April 2011), only 17% of the population has access to health facilities. Seasonal disease outbreaks are common; for example, in January 2012, 143 and 80 cases of watery diarrhea and measles were reported at the Kismayo and Dholey MCHs, and 88% of the cases were children under 5 years (AFREC Monthly Morbidity Surveillance, January 2012). High malnutrition rates, which are worsened by lack of access to healthcare services in turn predisposes people to common illnesses. Apart from Kismayo town, there are no other health facilities in the other five target areas. The 6 AFREC-run facilities, initially designed to meet the health needs of the residents of much smaller areas at the time are now serving 5 times more than the planned number due to influx of IDPs. As the population lost assets, reduced food intake and lacked access to basic services, they became more susceptible to diseases but the number and capacity of facilities has not increased. New and expanded facilities are needed to meet this demand as the structures are worn out and the waiting bays are overcrowded. The health crisis in general affects all equally, but some particular aspects such as poor access to safe motherhood, low EPI coverage and response to common childhood diseases are taking a heavy toll on pregnant/lactating women and boys and girls under 5 years. In effect, the existing MCH centres are the only option for mothers who are in dire need of antenatal, obstetric and post natal services and children under 5 years requiring better coverage of EPI and control of childhood diseases. Support for the localized and easier to reach health care services will save lives and greatly boost people's engagement in productive activities. To address these challenges, this project is proposed after consultations with health workers, community leaders, the Health Cluster and agencies working in the same areas.
(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) *	Access to quality health services has become increasingly difficult in the targeted areas and the population has very little capacity to address their health care needs. The magnitude of the prevailing dire situation is underscored by FSNAU/FEWSNET assessment showing that in Lower and Middle Juba, a total of 238,000 people are classified in AFLC/HE (FSNAU Presentation Deyr 2011/12). Inadequate and irregular medical supplies, poorly qualified staff and unsustainable funding of the health sector are the key factors undermining the delivery of quality health services. Currently, qualified staff serve 20 times more people than the number they would comfortably serve as per the standards. The few qualified staff available must work long hours and with minimum required medical supplies. Access to quality health care has been further hampered by absence of referral hospitals or private health service providers in the region. The few individuals who can afford or are forced to look for better health care have to take the long journey to MSF-H hospital at Marerey in Jilib district covering a 200km distance. Even the 6 existing AFREC-run health facilities are hard to access for residents in the remote villages and therefore many cases of illness and other associated health problems are not attended to, leading to high mortalities, hence the need for outreach programs. The increasing demand has undermined AFREC's capacity and there is a need to hire and retain more qualified staff for fixed facilities and outreach. As a local agency whose access and coverage has remained relatively good, AFREC has recently started direct procurement and delivery of supplies to the sites to ensure continuity of services. Support to procure drugs directly and hire health staff will play an increasing role as the gap in health service delivery widens following a ban on a number of international agencies by the local authority. In sum, to improve the quality of AFREC's MCH/OPDs, the following are needed: expanded and rehabilitated health care facilities, expanded and targeted care (especially for pregnant women and children), staff training, and community health education.
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	AFREC is currently involved in the following projects in the proposed project region: 1) Providing Access to Primary Health Care, which is designed to support existing health service provision at Kismayo MCH/OPD, Afmadow MCH, Dholey MCH, Kokani MCH and Kulbio MCH supported by UNICEF. Recently, the organization started a new MCH in Ras Kamboni 2) Emergency Health Support for Disaster-affected IDPs and Host Populations in Lower Juba supporting health provision in Kismayo and Afmadow supported by CHF/ER. The project period expires in May 2012. This proposed project is intended to take over support for health activities from the CHF funded project which expires by May. At the same time, it complements the UNICEF funded project. In this regard, the budget support sought addresses the gaps in UNICEF support arrangement and is more in line with the expiring CHF budget. Without this support, the expiring project will leave a huge gap in health service provision.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Ensure that people in HE and IDPs in Lower Juba region have improved and equal access to quality primary health care services.		
(B) Outcome 1*	60,000 People in HE and IDPs/returnees, of whom at least 80% are women and girls and boys under five have improved access to		
(C) Activity 1.1*	Rehabilitate and expand 5 health facilities to ensure adequate space, quality and gender appropriate services.		
(D) Activity 1.2	Supply quality essential drugs and equipment for health facilities, health posts and outreach.		
(E) Activity 1.3	Recruit/retain qualified gender balanced staff to diagnose and treat common illnesses at 11 primary health units, 6 health centers at		
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 6
(G) Indicator 1.2	Health	Number of people provided with primary healthcare services	Target
(H) Indicator 1.3	Health		Target
(I) Outcome 2	High maternal and child morbidity and mortality related illnesses reduced through early identification, timely diagnoses and treatment		
(J) Activity 2.1	Provide antenatal and postnatal and immunization services to estimated 12,000 under five children and 3,800 pregnant/lactating women		
(K) Activity 2.2	Provide targeted and specialized medical treatment in response to nutritional complications, GBV and trauma		
(L) Activity 2.3	Carry out integrated health education to ensure that target women, girls and children receive good knowledge and consciousness on		
(M) Indicator 2.1	Health	Number of children below five years and women of child-bearing	Target 3800
(N) Indicator 2.2	Health	Number of people receiving specialized treatment	Target
(O) Indicator 2.3	Health		Target
(P) Outcome 3	Health provider's capacity to deliver quality health services strengthened		
(Q) Activity 3.1	Train 100 MCH staff, TBAs and CHWs including 70 women and 30 men on prevention, integrated case management and health awareness		
(R) Activity 3.2	Promote health awareness among patients attending health facility and at community level focusing on community-based prevention		
(S) Activity 3.3			
(T) Indicator 3.1	Health	Number of health workers trained on common illnesses and/or integrated management	Target 100
(U) Indicator 3.2	Health	Number of people reached with education on integrated management	Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>Project staff recruited by AFREC will implement the project in partnership with Community Project Committees whose members will comprise IDPs and the host populations. The activities will be implemented both at the health facility and community levels including in IDP camps. Fixed sites will be the 6 MCH centres which will be supported by 8 Health Posts. The other 50 sites will be mobile sites to be reached through outreach. Rehabilitation and expansion of healthy facilities (fixed sites) will be undertaken by individuals/firms contracted through competitive bidding. Likewise, essential supplies and equipment for the facilities will be procured in line with AFREC's Tendering and Procurement Policies that emphasize timely delivery, quality and fair price. Healthcare services will be provided at the 5 health facilities by the medical staff based at the facility while outreach services will be provided through mobile health units. Likewise, health education on health risks, childcare practices and hygiene will be undertaken both at the facility and community levels by the health staff and Community Health Workers (CHWs). Training of health staff, Community Health Workers and Traditional Birth Attendants will be conducted at the health facilities. AFREC has 20 years of humanitarian experience in this region and has successfully implemented several similar projects.</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) *

A detailed activity plan forming the basis of project monitoring will be developed. The project manager will have overall responsibility for monitoring progress and generating mid-term and end of project reports. Community involvement will be provided for in the monitoring process. At the beginning of the project, communities will be informed of the project inputs and expected outputs. They will then form community project committees, which will become the community project monitoring organ. A senior member of AFREC management will visit the project areas at least twice during the period and will make observations, talk to beneficiaries and refer to health records in a bid to track progress of the project activities. Indicators that will be measured to gauge the progress of the project include: the number of health facilities supported; the number of people provided with primary healthcare services; the number of children below 5 years and women of child bearing age immunized/vaccinated against vaccine preventable diseases; the number of people provided with specialized medical treatment for nutritional complications, GBV and trauma cases; the number of MCH staff, CHWs and TBAs trained on integrated management of childhood diseases, surveillance and emergency preparedness for communicable diseases and the number of people reached through health education campaigns. A suggestion box placed at the fixed sites (MCH centres) will be used not only to gather suggestions but also complaints from beneficiaries. Project co-ordinator based in the field will share IDSR, AWD, Epidemiology, morbidity, RH tool and HMIS reports with UNICEF, WHO and other relevant stakeholders on a weekly/monthly basis. In addition, AFREC Program Manager will prepare and submit mid-term and final reports to the CHF Secretariat.

(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* Rehabilitate and expand	X	X				
1.2 Supply quality essential	X	X				
1.3 Recruit/retain qualified	X					
2.1 Provide antenatal and	X	X	X	X		
2.2 Provide targeted and sp	X	X	X	X		
2.3 Carry out integrated hea	X	X	X	X		
3.1 Train 100 MCH staff, TB	X					
3.2 Promote health awarene	X	X	X	X		
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 SRCS	The organization operates health facilities in Kismayo and Badhadhe districts. Hd
2 MSF-H	The organization runs a hospital in Marerrey, Jilib in Middle Juba. Though the hos
3	
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(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	Rehabilitation of health services has the sole aim of making the MCH centres
Capacity Building		