

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*	American Refugee Committee			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO			
(C) Project Title*	Providing Primary Health Care and Secondary Care to IDPs and Host Communities in Mogadishu			
<small>For standard allocations, please use the CAP title.</small>				
(D) CAP Project Code	SOM-12/H/48420	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 1 (Mar 2012)			
(G) CAP Budget		Must be equal to total amount requested in current CAP		
(H) Amount Request*	\$ 484,133.89	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	12 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
	40460	38874	79334	
	Total beneficiaries include the following:			
	Children under 5	13024	12514	25538
	Pregnant and Lactating Women	0	5108	5108
	Women of Child-Bearing Age	0	29369	29369
		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"/> Salgadood <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:	\$ 484,134
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*	Adan Adar	Title	Somalia Country Director
	Email*	adana@archq.org	Phone*	+252618538864
	Address	P.O. box 39696-00623-Parklands, 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) *	<p>According to the FSNAU, the near failure of two rainy seasons led to a devastating drought that further affected a population whose livelihoods and coping mechanisms were already weakened because of the prolonged conflict and displacement. Somalia continues to suffer from the impact caused by the famine long after it ended. Drought conditions have exacerbated a complex emergency that has remained ongoing since 1991. This was especially true for Mogadishu as the situation continued to deteriorate as the conflict assailed causing increased insecurity effecting humanitarian operations and limiting access to vulnerable populations.</p> <p>According to the most recent UNHCR report on IDP population tracking, Mogadishu received approximately 37,000 IDPs from within its districts and parts of South Central. In a recent offensive by AMISOM/TFG on Al Shabaab, 22,000 IDPs were displaced from Afgooye, 2,000 IDPs were from Baydhaba and 8,000 displaced were expelled from public buildings for re-occupation by the government. These displacements coupled with new arrivals from Afgooye and Baydhaba makes the displacement situation in Mogadishu appalling.</p> <p>The resident population of Mogadishu is equally vulnerable as a result of the effects of the ongoing conflict. With high levels of malnutrition and a high vulnerability to disease, the population, especially children is experiencing the worst humanitarian situation.</p> <p>To respond to the dire humanitarian crisis described above, ARC will provide immediate assistance to the IDP populations residing in IDP settlements as well as host populations in the Banadir region under the project described herein.</p>
(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) *	<p>Due to overcrowding, lack of proper sanitation and upcoming rainy season, there is a high risk of AWD outbreak during the upcoming peak AWD transmission periods of March to June, 2012. From January to early September 2011, 6,072 cases of acute watery diarrhoea/cholera have been reported in Banadir Hospital alone. Of the 675 cases reported for September 2011, 79% or 409 occurred in children under 5 years of age. WHO expects the number of AWD/cholera cases to increase as a result of the continued influx of IDPs and the onset of rains in Mogadishu and other parts of Somalia.</p> <p>According to the latest FSNAU nutrition analysis technical report (March 9, 2012), the nutrition situation in Mogadishu is very critical with a GAM rate of 21.1% (17.1-25.8), and a SAM rate of 5.6% (3.5-8.6) based on the December 2011 survey. These findings are comparable to those of the October 2011 survey in which the GAM rate was 15-20% with a SAM rate of 6.4% (4.5-9.0), and therefore depicts a continuing concerning situation.</p> <p>In response to the drought, ARC conducted multiple rapid assessments covering health, WASH, nutrition, livelihoods, and NFIs beginning in July 2011 and has maintained its main office in Mogadishu with national and international staff based in the field monitoring the situation first hand. ARC selected these interventions in consultation with the Transnational Federal Government's (TFG's) National Disaster Management Agency (NDMA) and UN representatives in Mogadishu and WHO representatives in Nairobi and will collaborate with existing local actors, the Mayor of Mogadishu, community leaders, and other local stakeholders, to strengthen their capacities and skills, while utilizing local knowledge and increasing community-ownership and leadership.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>ARC has been supporting Benadir Hospital since July 2011. This is the main hospital in Mogadishu which provides child and maternal care and MCH services. ARC periodically deploys volunteer doctors and nurses of Somali origin from the US and Canada to work at this hospital to fill the existing gaps in training, health care providers and actual consultation in the IPD, OPD and clinic. ARC completed the construction of two blocks of six latrines each in this hospital and provided 100 children's beds and other essential supplies to the pediatric ward. ARC also funded the repair of 200 existing hospital beds that have been out of use for quite many years due to poor condition. A Child-friendly Space (CFS) was established in the hospital to provide a back-up parental child care support for sick children and their accompanying siblings.</p> <p>ARC has been implementing a cholera/AWD program in 10 districts within the Banadir region since November 2011, using CHF funding. Under this fund the project has achieved a number of milestones; provision of drugs and medical supplies, recruitment and training of health staff, provision of preventive and curative health care services in a timely manner and health education to the IDP populations in selected IDP sites.</p> <p>ARC assembled three mobile teams to provide Oral Rehydration Solution (ORS) treatment for AWD and also provide basic primary health care services. The three teams continue to provide these services in three locations at any given day for 6 days a week (18 sites per week). The hygienists who are part of the mobile health teams provide preventive health and hygiene education. Three health and hygiene education sessions are conducted in three IDP sites at any given day for six days a week (18 sessions per week).</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To reduce morbidity and mortality among drought and conflict affected internally displaced persons (IDPs) in settlements in Mogadishu.		
(B) Outcome 1*	Preventive and curative health services for the management of disease outbreaks is strengthened.		
(C) Activity 1.1*	Provision of health care, management and treatment of communicable diseases, especially acute watery diarrhea and cholera through health centers and mobile outreach clinics.		
(D) Activity 1.2	Strengthening the capacity of health workers (nurses, auxiliary nurses, hygiene promoters and CHWs) trained on prevention, detection and treatment of acute watery diarrhea and cholera.		
(E) Activity 1.3	Pre-positioning of diarrheal disease kits (DDK) and Interagency Emergency Drug kits (IEDK) (gift in kind from WHO and UNICEF) at health centers and mobile outreach clinics.		
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 5
(G) Indicator 1.2	Health	Number of health workers trained on prevention, detection and treatment of acute watery diarrhea and cholera	Target
(H) Indicator 1.3	Health	Number of diarrheal disease kits (DDK) and Interagency Emergency Drug kits (IEDK) available at health centers and mobile outreach clinics	Target
(I) Outcome 2	Improved access to quality maternal, newborn and child health services		
(J) Activity 2.1	Conduct static and outreach immunization through health center and mobile clinics.		
(K) Activity 2.2	Routine drugs and medical supplies distribution through health center and mobile outreach clinics to improve access to health care services.		
(L) Activity 2.3	Training of medical staff on Integrated Management of Childhood Illnesses (IMCI)		
(M) Indicator 2.1	Health	Number of children below five years and women of child-bearing age attending health services	Target 6000
(N) Indicator 2.2	Health	Number of pregnant women attending at least two comprehensive antenatal care visits	Target
(O) Indicator 2.3	Health	Number of medical staff (nurses, auxiliary nurses, pharmacists and midwives) trained on IMCI	Target
(P) Outcome 3	Families in camps and surrounding communities sensitized around the prevention of cholera.		
(Q) Activity 3.1	Training of CHWs on community outreach and awareness raising		
(R) Activity 3.2	Distribution of IEC materials in target camps and communities.		
(S) Activity 3.3	Community awareness campaigns/sessions and messaging on prevention and care seeking behaviors		
(T) Indicator 3.1	Health	Number of health workers trained on common illnesses and/or cholera prevention	Target 8
(U) Indicator 3.2	Health	Number of IEC material distributed	Target
(V) Indicator 3.3	Health	Number of community awareness campaigns/sessions on prevention and care seeking behaviors	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>ARC will conduct health activities including EPI through routine and outreach immunization services, routine distribution of drugs and medical supplies to health centers and mobile outreach clinics to provide preventative and curative health care through outpatient services for childhood illnesses and sexual and reproductive health services, using the IMCI strategy and training health providers on IMCI. Acute diarrhea cases will be treated with ORS through 5 ORPs and severe cases with complications will be referred to ARC supported CTC in Hodan for further treatment. Four Mobile clinics operating in 2 districts (Hodan and Dharckenley) and other districts as gaps arise will be linked to health center (Xamarweyne district) and CTC and provide services to informal IDP settlements in and around Mogadishu. ARC will provide direct operational support for all facilities and mobile clinics, including the procurement and supply of drugs, recruitment and training of health staff, and provision of preventive and curative health care services. To be in line with Essential Package of Health Services (EPHS) recommendations, each mobile team will be composed of 2 auxiliary nurses, 1 hygienist and 2 CHWs, from existing staff currently working for a health project funded by CHF. The proposed number of mobile clinic staff slightly exceeds the EPHS recommended number to address the unique context of Mogadishu and the long hours (12 hours) ORPs have to be open. The Health staff working in the health center will be composed of 2 qualified nurses, 1 qualified midwife, 1 auxiliary nurse, 1 auxiliary midwife, and 1 pharmacist.</p> <p>All medical staff will be trained (1 initial training and 1 refresher training) in Integrated Management of Childhood illnesses (IMCI) according to their level of provision. CHWs will also be trained (1 initial training, 1 refresher training) on community outreach and awareness raising. Prevention activities will include the distribution of IEC messages and supplies such as ORS by Community Health Workers (CHWs) assigned to the 4 ORPs. Messages will address preventive and care-seeking behavior. Control methods will be based on WHO's trainings for health workers.</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) *

ARC's system of data management and review enables it to document the effects of its framework and interventions. In turn, ARC is able to make evidence-based decisions about program design and operations. In regard to PHC activities and indicators, ARC will use standard monitoring and evaluation tools from WHO protocols and SPHERE standards. ARC will have a field-based team to monitor the implementation of the project against the agreed work plan and set targets on a day-to-day basis. The Mogadishu based health team will monitor the project on a daily basis using management and M&E Tools, review the implementation plans weekly and analyze program financial data on a monthly basis. ARC health department in Minnesota will also provide regular technical support. ARC will produce a monthly report on the progress of the project, which it will share with stakeholders.

All health workers will be trained to fill out standard medical registers capturing the health consultations, treatment, referral and deaths. Reports will be feed into the Early Warning and Response Network System to identify potential outbreaks. These reports will then be provided to the Health Coordinator who will then report this data to all partners for inclusion in the Situation Reports. Together with representatives of the NDMA, ARC's health coordinator will undertake regular monitoring visits to the camp sites and health facilities to monitor work and provide technical and managerial support. From these visits s/he will compile a weekly report to be shared with all partners detailing progress, challenges and needed support.

(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 health care	X	X	X	X	X	X
1.2 Strengthening the capacity		X				
1.3 Pre-positioning of diarrhoea	X		X			X
2.1 Conduct static and outreach	X	X	X	X	X	X
2.2 Routine drugs and medical supplies	X	X	X	X	X	X
2.3 Training of medical staff	X				X	
3.1 Training of CHWs on community health	X				X	
3.2 Distribution of IEC materials	X			X		X
3.3 Community awareness campaigns	X			X		X

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 UNICEF	We will collaborate with UNICEF regarding all nutrition supplies.
2 WHO	With support from WHO, ARC is planning to manage a Cholera Treatment Centre.
3 MSF France	MSF-F is planning to support and upgrade a health center in Mogadishu to run a health center.
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 Gender Equality. The project will take the needs of women and girls into	
Capacity Building		