# CAR CHF PROJECT PROPOSAL : ACF 16 Cover page VERSION 1 - ENG



Requesting organization *	Action Contre la Faim		Acronym	ACF				
Allocation type *	Special Allocation n3 2014							
Project title *	Strengthening both quality and				ted by the conflict in			
OPS code	CAF-14/H/63488	the Prefecture of Ker	mo, Central African R	epublic.	94 8		for the selection to the original selection	
CHF project code							sector, please indicate the ties for each cluster/sector	
Primary cluster *	Nutrition		Sub cluster					l
Cluster (2)			Sub cluster (2)					l
Cluster (3)			Sub cluster (3)					j
Cluster (4)			Sub cluster (4)					]
Project Duration *	4 months							
Planned start date	1st November 2014		Planned end date *	28 Febr	uary 2015		% <b>*</b> %	
Project summary *	Contribute to reduce the morb	idity and mortality asso		cute malnutrition ar	nd the 3 major killing d	iseases of childre	n under 5 years old	1
(Max 2000 characters)	(malaria, diarrhoea & acute res Sibut and on 3 axis (Damara-Si Metto-Ngoumbele-Sibut Centro	piratory tract infection but, Sibut Dekoa, Sibut	s) among children ur :-Grimari) in the Ken	der 5 in 1 Therapeut o Region, Central Af	tic Feeding Center (TF) rican Republic. The lis	C) in Sibut, 6 Out	Therapeutic Patient (OTP) in	
Project beneficiaries *		Men	Women	Boys		Total		
	Beneficiary summary	310	310	6895	7064	14585	l	
	Total beneficiaries include the following Host communities	ing 295	30	6550	6711	13857		
	IDP	15			353	728 0	1	
	Refugees					0	4	
Indirect beneficiaries				Catchment population	means all the popula	illages in Sibut an tion of Sibut Sub	d Ngoumbele areas, it Prefecture ( 52 257 persons) work on 10 villages (5 083	
			•					
Link with the allocation strategy * (Max 2000 characters)	Targeted Kemo prefecture is w which are priority intervention		ion area. The project	objective is focus or	treatment of Severe	Acute Malnutritic	n with health components	
	-31					10202	1	
Total project budget	866,000.00	us\$		Contribution requested from	373,00	0.00	Jus\$	
Sub-grants to	Partner	Partner type	Budget US\$	CHF *	Other funding secured	for the project?	Υ	(Y/N
implementing partners				-	Fonds propres ACF		US\$ 117,000.00	1
					Total property			1
							117,000.00	1
	Total		0.0	_		Total	117,000.00	ו ר
In-country organization focal point contact details	Name Chloé SCHM	MITT	20	-	Country Director		-	1
	Tel. 00 236 72 7	0 09 64	]	Email	cdm@cf.missions-ac	f.org		1
HQ focal point contact details*	Name Alexandre L	E CUZIAT		Title	Regional Operations	Director		j
V. (an)	Tel. 00 33 1 70 8	84 70 08	]	Emai	alecuziat@actioncon	trelafaim.org		]
							1	
Comments on cover page (Max 4000 characters)								

## AR CHF PROJECT PROPOSAL: ACF 16



1. Humanitarian context 📲 Between December 2012 and December 2013, the Kemo region was occupied by non-official armed groups with no exchange or trade during this period. Nowadays, even if the armed conflicts argely reduced, the population is still in extreme vulnerability and the health care system is very weak

in Kemo region, during the conflict, part of the health structures was closed and health staffs fled, thus access to health services was very problematic during this period.

In Kemo from december 2012 to Mid 2013, 25% of health structures were totaly closed. According to the cluster in April 2014, at national level 42% were closed or damaged. Added to that, information collected from Kemo health autorities show that at the present time, only 17 on 32 health structures (which is 53%) are opened. Today, even if the security situation is still volatile, health facilities have reopened and most of the health-care workers came back.

The access to the health services is limited, the situation should continue to be degraded because of: (i) a reduction of access to food (period of welding), and (ii) an increasing in the cases of paludism-first cause of morbidity and mortality in children of less than Syears.

The latest national nutritional and mortality survey held by UNICEF (SMART) in June 2012, indicates that Global Acute Malnutrition (GAM) is below the emergency threshold (7,8%), but the Severa The latest national nutritional and mortality survey rised by United States (1997) in the state of the Acute Mainutrition (SAM) almost reach it (1,8%, emergency threshold at 2,0%). Thus, this survey also prevailed poor care practices: indeed, only 38,2% of infants have been breastfed within on hour after the birth and 36,8% of infants under 6 months benefit from exclusive breastfeeding. The Kemo region had the highest SAM rate of the country with 2, 0% [1,3-3,0 95% CI], and an under-five mortality rate of 1.35/10000/day (SMART survey. June 2012).

### 2. Needs assesment 💶 (Max 3500 characters)

According to the assessment done by ACF in October 2013 based on SMART methodology and activities implemented since June 2014, the sanitary situation is critical. Health structures in the Kemo region have a very limited capacity to provide an adequate treatment of Severe Acute Malnutrition: the skills of health staff are insufficient, shortage of therapeutic feeding products or drugs (systematic treatment and specific complications). Then, the vaccination cover against measles is low 63,7% (60,3 – 67,2). Malaria is known as a public health problem, and is the major cause of death within children under-5.

Regarding the under nutrition, the SAM rate is alarming (1, 9% closed to the emergency threshold ) and the GAM rate is estimated at 7, 4%. Then, children between 6-24 months negaring me under nutrition, the same rate is alarming to 372 codes to the energetic vines into a large related to recent armed conflict lead to the degradation of mother-child bond and bring to inadequate child care practices (only 38,2% of infants have been breastfeed within one hour of birth and 36,8% of infants under 6 months benefit from exclusive breastfeeding). These results highlights that children fall very quickly into severe state of acute under-nutrition.

There is no new assessment available, as SMART 2014 results are still pending. Our nutrition program shows the following: average of new admissions in OTP (UNTA) during 5 months (From juncto mid of october) = 60 new admissions per month. FOR ITP (UNT) we have average of 15 new admissions per month.

## 3. Grant Request Justification

Taking into consideration this information, ACF decided to deploy mobile team in Kemo region in order to support district health authorities regarding treatment of severe acute malnutrition. The current proposal objective is to address the high levels of malnutrition and corresponding vulnerabilities through integrated approach. Nutrition component will be addressed on service provision through screening, referral and treatment of severe acutely malnourished under 5 boys and girls in collaboration with health structures. ACF will also promote child-care practices with

focus on IYCF and will provide a support to caretakers/children
There has been no support from other health actors since May 2013 (MSF has been working in Sibut hospital in 2012 - until May 2013) and there is no other nutrition actor operational in Ken Prefecture at the present time.

4. Description of Beneficiaries TOTAL: 14 585 direct beneficiaries

- 80% of children under 5 screened at least once a month, being 13 959, Among these 13 959 children under 5, 800 severely acute malnourished under 5 will be admitted in TFP (TFC+OTP), 3100 children under 5 treated against malaria, 2100 children under-5 years treated for diarrhea and 1200 Children under-5 years treated for acute respiratory tract infections

- 576 caretakers will benefit from care practice sessions,

30 Community Volunteers (CV) identified and trained,

20 health staffs trained on detection and management of severe acute malnutrition

The separation host population/IDPs is done according to CMP figures revision which is still on process.

5.Complementarity	2

(Max 2000 characters)



Overall project objective (Max 1000 characters)

Contribute to reduce the morbidity and mortality associated with severe acute malnutrition and the 3 major killing diseases of children under 5 years old (malaria, diarrhoea & acute respiratory tract infections) among children under 5 in Kemo Region, Central African Republic

For multi-cluster projects, please fill out one Logical Framework for each cluster

Cluster objectives	Strategic Response Plan (SRP) objectives	Perc of activities
Ensure access to life-saving treatment of acute mainutrition for at least 60% of vulnerable populations (girls and boys under five years, pregnant and lactating women) at both health Centre and IDP camp level	Provide life-saving humanitarian, multi-sectoral packages to internally displaced persons (IDPs) and host communities, migrants, and returning persons	70%
Prevent the deterioration in nutritional status of at least 80% of vulnerable populations (girls and boys and pregnant and lactating women in IDP camps and host communities) through blanket feeding, promotion and support to appropriate infant and young child feeding in emergencies, integration of WASH activities into nutrition programming and micronutrient		30%

(Max 4000 characters)

The project will do severe acute malnutrition screening within the targeted communities. Furthermore, the care practices component will focus on Infant Youg Children Feeding and promotion of good care practices

Early detection and referral of under-5 severely malnourished cases are effective within community and health facilities

Output 1.1 \*

children under-5 are screened at least once a month within community

SAM cases referred by volunteers arrived at the health facilities SAM cases referred and arrived at health centre are admitted in therapeutic programme

Assumptions - Risks - Mitigation Output 1.1

- No unpredicted and violent security incidents in the targeted areas
   No major disease outbreaks (epidemics) occurs
- Community volunteers are available for training and willing to engage in the program

Activity 1.1.1

Diagnosis of existing network and identification of community volunteers (CV)

Activity 1.1.2

Training and supervision of community volunteers (CV) on malnutrition and its causes, screening and referral

Activity 1.1.3

Equipment of CV in material for screening and referral

Indicators for Output 1.1

	to discover description		Mid cycle b	eneficiaries		Mid cycle		End Cycle be	eneficiaries		End cycle
	Indicator description	Men	Women	Boys	Girls	Iviid cycle	Men	Women	Boys	Girls	End Cych
Indicator 1.1.1	% of children under-5 are screened at least	Γ							80	80	8
	once a month within community	Means of	verification					-	2007		
		ACF Activit	monthly rep ty report ata collected			US.			-		
Indicator 1.1.2	% of SAM cases referred by volunteers						-		80	80	6
	arrived at the health facilities	Means of	verification	10 201							
		ACF Activit									
Indicator 1.1.3	% of the SAM cases referred and arrived at	1							49	51	7
marcator 2.2.5	health centre are admitted in therapeutic	Means of	verification								-
	programme	ACF Activit									

(Max 1000 characters)

The 3 major killing diseases and Severe Acute Malnutrition (as per the national protocol) of children under 5 years old (malaria, diarrhea & Acute respiratory tract infections) are appropriately treated for free in the targeted health centers.

Assumptions - Risks - Mitigation Output 1.2

- No unpredicted and violent security incidents in the targeted areas
   Beneficiaries have access to health facilities
- No major disease outbreaks (epidemics) occurs
- No unique undersection of the report of the report of the programme and activities
   No supply interruption of therapeutic products and essential drugs at Unicef and health structures levels.

Activity 1.2.1

Mobilization and training of health staffs on detection and treatment of SAM as per national protocol

Activity 1.2.2 \*

Support to the management of SAM in 6 OTP and 1 TFC and supply of therapeutic products and essential drugs for systematic treatment and management of complications (TFC)

Activity 1.2,3

Health facilities small rehabilitation according to the needs (latrine, incinerator, ...)

Activity 1.2.4

Supplying the Health facilities with tests to detect malaria and with antimalarial drugs, and training on monitoring tools

Activity 1.2.5

Supplying health facilities with treatment against diarrhea, respiratory tract infections and with training on monitoring tools

LogicalFramework - 1/2 CAR CHF ACF 16-Nut Kemo

CAR CHE PROJECT PI Logical framework VERSION 1 - ENG	ROPUSAL : A	JF 16		Temmen fumanitarian fund
			Mid cycle beneficiaries Mid cycle End Cycle beneficiaries	
Indicators for Output 1.2		Indicator description	Men Women Boys Girls Mid cycle Citi Cycle Beneficiaries  Men Women Boys Girls Men Women Boys Girls	rls End cycle
	Indicator 1.2.1	TFP indicators of performance (Sphere standard): Cured rate > 75%	Means of verification 75 Statistical monthly report ACF TFP Database	75 75
		TTD. John of adams to the page	ACF Activity report	10 10
	Indicator 1.2.2	TFP indicators of performance (Sphere standard) : Death rate < 10%	Means of verification Statistical monthly report ACF TFP Database ACF Activity report	10
	Indicator 1.2.3	TFP indicators of performance (Sphere standard) : Defaulter rate < 15%	Means of verification Statistical monthly report ACF TFP Database ACF Activity report	15 15
	Indicator 1.2.4	Nb children under-5 treated for malaria	Means of verification Statistical monthly report ACF TFP Database	1581 3100
	Indicator 1.2.5	Nb Children under-5 years treated for diarrhea	ACF Activity report    1029	1071 2100
	Indicator 1.2.6	Nb Children under-5 years treated for acute respiratory tract infections	ACF Activity report  S88  Means of verification  ACF TFP Database	612 1200
	Indicator 1.2.7		ACF Activity report  Means of verification	
Output 1.3 *	L	NO 90 1 180	upported within therapeutic feeding programmes (OTP/TFC).	
	Beneficiaries have a     No major disease ou	Mitigation Output 1.3  violent security incidents in the targeted area ccess to health facilities threaks (epidemics) occurs nd staff are motivated and involved in the prop		
Activity 1.3.1 *	Training of health staf	fs in OTP/TFC on child care practices		
Activity 1.3.2 *	Organization of breas	tfeeding and care practices sessions with caret	sker/child couples within TFP	
Indicators for Output 1.3		Indicator description	Mid cycle beneficiaries         Mid cycle         End Cycle beneficiaries           Men         Women         Boys         Girls         Mid cycle         Men         Women         Boys         Gi	End cycle
	Indicator 1.3.1	Nb of caretakers that will benefit from care practice sessions (80 % of caretakers' children in TFC and 70% of caretakers' children in OTP sites)	Means of verification ACF monthly report Care practices registers Results of evaluations (at the beginning and the end of the project)	576
	Indicator 1.3.2	% of targeted women improve their knowledge about breastfeeding and care practices	Means of verification ACF monthly report Care practices registers Results of evaluations (at the beginning and the end of the project)	70
	Indicator 1.3.3	% of caretaker/child couples within TFC take part in care practices strengthening activities	Means of verification  ACF monthly report  Care practices registers  Results of evaluations (at the beginning and the end of the project)	[03

## CAR CHF PROJECT PROPOSAL : ACF 16 Work plan VERSION 1 - ENG



Project workplan for activities defined in the Logical framework	Please enter 'Y' for th	e period the ac	tivity will	be carr	ried ou	t								
	Activity description (Month)	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1	Diagnosisofexistingnetworkandidentificationofcommunityvolu	2014											Υ	γ
		2015	Y	γ										
Activity 1.1.2	Training and supervision of community volunteers (CV) on	2014											Y	γ
		2015	Y	γ										
Activity 1.1.3	Equipment of CV in material for screening and referral	2014											Υ	Y
		2015	Y	Υ										
Activity 1.2.1	Mobilization and training of health staffs on detection and	2014											Υ	Y
		2015	Y	Y										
Activity 1.2.2	Support to the management of SAM in 6 OTP and 1 TFC and	2014											Y	Y
		2015	Y	γ										
Activity 1.2.3	Health facilities small rehabilitation according to the needs	2014											γ	Υ
		2015	Y	Υ										
Activity 1.2.4	Supplying the Health facilities with tests to detect malaria and	2014											Υ	Y
-		2015	Y	Υ										
Activity 1.2.5	Supplying health facilities with treatment against diarrhea,	2014											Υ	Y
		2015	Y	Υ										
Activity 1.3.1	Training of health staffs in OTP/TFC on child care practices	2014											Υ	Υ
		2015	Υ	Υ										-
Activity 1.3.2	Organization of breastfeeding and care practices sessions with	2014											Υ	Y
		2015	Y	Y										

## CAR CHE PROJECT PROPOSAL: ACF 16



### Implementation plan \*III (Max 3000 characters)

All the activities will be planned and implemented in close collaboration with health authorities as well as community (community leaders and key people). Joint supervisions will be realised, with the Nutrition Focal Point, or the head of health prefecture

Administrative and local authorities of the area will be regularly kept informed by ACF on the progress of projects activities and their implementation through monthly and / or quarterly reports, shared with the different authorities in charge.

At national level, the Community Health Direction (CHD) is the key partner of ACF for the implementation of nutritional activities. Frequent meetings will be organised to share about SAM management activities supported by ACF and progressions or issues met in order to elaborate shared recommendations.

ACF is currently an active member of the various clusters at the national level (Nutrition and health, WASH, Food Security etc.) and regularly attends meetings and contribute to the coordination work through the cluster approach.

Max 3000 characters)

Monitoring & reporting plan \* The whole activities will be monitored by the program manager and his/her team, who will daily go on the field within the nutritional units (TFC/OTP) or the community.

ACF possesses a wide range of monitoring tools for tracking program implementation, involving different levels of management (from Technical Advisers at capital level to Program Managers at field level). The following tools will be used to monitor the progress and performance of this project:

- Weekly progress reports: indicating objectives planned for the week and degree of achievement, main constraints, problems encountered and solutions identified.

- Monthly Activity Progress Reports: providing information on activities performed and number of beneficiaries reached within the month (a detailed technical database is prepared on monthly bases on beneficiaries register and cards). Thus, the quality of the nutritional programme is done through monitoring performance indicators, recommended by the national protocol and the SPHERE standards. - Field Monitoring Visits: the program manager is present on the field and supervises and monitors the progress of the activities on a daily basis. The coordination team visits the field to monitor and evaluate the progress.

A coverage survey SQUEAC will be carried on by ACF, which will allow assessing the evolution of the nutritional and sanitarian situation within areas concerned by the project.

## CAR CHF PROJECT PROPOSAL : ACF 16



NOTE: Please ensure that you don't exceed the max character count, else the text will be truncated while uploading to the system

Cross cutting issues

Coordination with other organizations in project

Organization	Activity
UNICEF	Therapeutic nutritionnal products + drugs donation to cure the SAM children
NRC	Shelter, Education, Food Security, WASH, Protection
NRC JUPEDEC	Protection
Caritas	Food Security, Health, Education, Shelter, Peacebuilding
Save the Children	Child protection

**Environment marker of** the project \* 🔣

N/S Not Specified

## populations

max 2000 characters)

Accountability to affected ACF is working in Kemo Prefecture since several months, regarding nutrition activities, ACF is working in strong partnership to local health authorities (Direction Régional sanitaire, hospital director, etc). Health staffs have been involved in the design of the project and show the willing to maintain nutrition program.

ACF agents (relais communautaires) are daily in contact with local population and beneficialries to sensitize about nutrition an health and explain ACF's program. This allow beneficiaries to express themselves and provide feedback.

The head of project is using this information in his monthly reports (quantitative and qualitative).

Gender marker of the project 🌃

### Outline how the project supports the gender theme \*

ACF will integrate the gender approach at each step of the project, for direct and indirect beneficiaries, as well as its employed staff members. Women will be clearly involved in the programme and will benefit from this approach. A deliberate gender balance will be sought within community activities. Community leaders will be encouraged to identify equal number of men and women as Community Volunteers (CVs).

max 1500 characters)

ACF program team is also gender-sensitive to ensure that access to women and girls during the action is gained and their voices are mainstreamed in the implementation of the programme

All data collected during this action, including databases of beneficiaries, will be sex-disaggregated to evaluate the reach and impacts on all genders, and send a signal that ACF cares for all groups without exception.

## Activities that support th

gender theme (Y/N)

ne A	tivity 1.1.1	Diagnosisofexistingnetworkandidentification of community volunteers (CV)	N
A	tivity 1.1.2	Training and supervision of community volunteers (CV) on malnutrition and its causes, screening and referral	N
A	tivity 1.1.3	Equipment of CV in material for screening and referral	N
A	tivity 1.2.1	Mobilization and training of health staffs on detection and treatment of SAM as per national protocol	N
A	tivity 1.2.2	Support to the management of SAM in 6 OTP and 1 TFC and supply of therapeutic products and essential drugs for systematic	N
A	tivity 1.2.3	Health facilities small rehabilitation according to the needs (latrine, incinerator,)	Υ
A	tivity 1.2.4	Supplying the Health facilities with tests to detect malaria and with antimalarial drugs, and training on monitoring tools	N
A	tivity 1.2.5	Supplying health facilities with treatment against diarrhea, respiratory tract infections and with training on monitoring tools	N
A	tivity 1.3.1	Training of health staffs in OTP/TFC on child care practices	N
A	tivity 1.3.2	Organization of breastfeeding and care practices sessions with caretaker/child couples within TFP	Y

Safety and security max 1500 characters)

ACF is doing a continuous analysis of the security situation through internal and external network / information collection and sharing. A risk analysis is done and updated as necessary in order to define the right security set up to ensure the staff safety and security. Security means (such as communication means) are available to reduce staff vulnerability to identified risk. Security rules are clearly communicated and must be always respected.

Access \* max 1000 characters) ACF was implenting food security and wash program in 2013 when the situation was more volatile than 2014. Furthermore, ACF is implementing activities in 2014 (RRM + Nutrition) which allow the organisaton to have a good acceptance among the local population and authorities. In case of security issues with armed militia in the area, ACF is willing to negociate the humanitarian space by explaining humanitarian mandate and principles.

Otherinfo - 1/1 CAR CHF ACF 16\_Nut Kemo



igel ISION I	I-ENG												
aff and	Other Personnel Costs (please them/expert of staff committants and other personner to be	seconded dise	e thy by the	ergaleoneert in	n partner for project	ong Arriso (20)	MH).	- 700	TOWN TO				
ode	Budget Line Description	Direct (D),	Quantity	Unit Cost	Duration	% Cost	Total Cost			Quarter Budg	et Details		
		Support (5)						Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter
					(per month, per day or lump sum)								
.1	Responsable Programme Nutrition  The unit cost is calculated according to our AST Superists Average Cost policy. This is an inverse of all costs related to an excess.			lary and field cod	a (housing, per diem, food, et	te l	30,844	20,563	10,281	0	0	.01_	
.2	Consultant SQUEAC	D	1	7711	1.5	100%	11,567	11,567		0	0	0	
.3	Coordinateur terrain Sibut	5	1	7711	4	50%	15,422	15,422		0	0	ol	
4	Logisticien administrateur Sibut	5	1	7711	. 4	50%	15,422	15,422		0	0	0	
.s	Logisticien approvisionnement Bangui	5	1	7711	4	25%	7,711	7,711	-	0	0	0	
.6	Responsable de département Logistique	s	1	7711	4	25%	2,711	7,711		0	0	0	
	Directour Pays	5	1	7711	4	25%	7,711	7,711		0	0	0	
.1	Mesureur	D	8	4 333			11,552	11,552		0	0	o	
в.			2				4,240	2,827	1,413		0		
.9	Superviseur UNTA	D	-								- 100		-20
10	Superviseur UNT	i D	1				2,120	1,413	707		0		
11	IDE UNT	D	3	530	4	100%	6,360	4,240	2,120				
17	Medecin UNT	0	1	749	4	100%	2,996	1,997	999	0	0	0	
13	Charge des pratiques de soins	D	2	440	4	100%	3,520	2,347	1,173	0	0	0	200
14	Remuneration Reco	D	30	21	4	100%	2,520	1,680	840	0	0	0	
15	Enqueteur SQUEAC	[ D	8	440	1	100%	3,520	2,347	1,173	0	0	0	_
	Superviseur SQUEAC	T 0	2	530	1	100%	1,060	1,060		0	0	0	
16	Point focal Nutrition SQUEAC	р	1 1			100%	150	150		0	0	o	
17		-				_							18
18	Assistant Admin RH Sibut	1 5	1				2,448			0	11.00		
19	Assistant Log Sibut	1 5	1 1				2,448	2,448		0			
20	Chauffeur Sibut	5	3	440	4	100%	3,520	3,520		<u> </u>	0	0	_
21	Gardiens Sibut	S	T 6	796	4	100%	7,104	7,104		0	0	0	
22	Fernme de ménage Sibut	5	] 1	310	4	100%	1,240	1,240		0	0	0	
	Sub Total	Ι					151,186	132,479	18,707	0	0	0	
oplies	Commodities, Materials /please stem/e illnect and induct f costs of communication to be pur-	himed imdex	he propert	in liding as	esconted transportation	on freight s	rorage and distribu	con costs)		Y HE	election.	-0.00	
de	Budget Line Description		Quantity	Unit Cost	Duration	% Cost	Total Cost	Quarter 1	Quarter 2	Quarter Budg Quarter 3		Quarter 5	Quart
					(per month, per day								
1	Médicaments	D	1	18732	or lump sum)	100%	18,732	12,488	6,244	0	0	0	
2	Please see details attached on sheet "Budget Details"  Activities SMPS	D	1	2470		100%	2,470	1,647	823	0	0	0	
-	Please use details ettached an shoot "Budget Details"  Activités screenig	П	1	2661	1	100%	2,661	1,774	887	0	0	0	_
.3	Please see details arrached on sheer "Burden Detaits"  Muteriael UNT/UNTA	l 0	1	19829	1	100%	19,829	13,219	6,610	0	0	0	_
A	Picese see details attached on sheet "Budget Details"	D	I 1				2,807	1,871	936		0		
.5	Matériel Nutrition / SMPS Please see datable attached on sheet "Budget Deta4s"												
.6	Réhabilitation UNT/UNTA Picese per detark attached un shert "Budget Details"	D					5,234	3,489		377	100		
.7	Apput équipe cadre Pleace see détaits etteched on short "Buden Desais"	D	1	3885	1	100%	3,885	2,590	1,295				1000
.8	Primes staff préfecture sanitaire Pleace ses details attached on éheri "Ruspel Details"	D		11765	1	100%	11,765	7,843	3,922	0	0	0	-
.9	Forfaits admissions UNY/UNFA Please see details attached on when "Budget Details"	D	1	3815	1	100%	3,815	2,543	1,272	ol	0	0	_
10	Enquête SQUEAC	D	I1	10227	1	100%	10,227	6,818	3,409	0	0	_ 0	_
11	Please see delaits attached on sheet "Budget Details" Formation	D	1	6427	1	100%	6,427	4,285	2,142	0	0	0	
_	Please sec details attached on shert "hadger Details"  Transport médicaments	D	I1	4239	1	100%	4,239	2,826	1,413	0	0	0	
12	R a international transport  Dédouanement médicaments	b	1		1	100%	4,000	2,667	1,333	[ 0]	0	0	_
13	It is international transport	-		4000		1 1							
	Sub Total	-	_				92,091	61,394	30,697	0	U	0	
uipme de	ent priorie atomics sorts of non-communities to be pure harved under the pricess).  Budget Line Description		Quantity	Unit Cost	Duration	% Cost	Total Cost			Quarter Budg			-
				The same	(per month, per day			Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quart
	110			1334	or lump sum)		3,708	3,708		0	0	0	
.1	Achat ordinateur portable	5	1 3										
2	Achat imprimentes	1 5	1 7							0			
.3	Maintenance et achat matériel informatique	5		96	4					HO177 10			
.4	Achat téléphonie satellite	5	ىــــــــــــــــــــــــــــــــــــــ	1099	1	100%	1,099	1,099		0	0	0	_
5	Achat téléphonie mobile	s	10	63	i	100%	630	630		0	0	0	-
.6	Achat et maintenance kit infra et VSAT	] s	1 1	2060	1	100%	2,060	2,060		0	0	0	
.7	Achat batteries kit energie	5		8239	1	100%	8,239	8,239		0	_ 0	0	_
	Transport international	5	Т ,	2120			2,120	2,120		0	. 0	0	<b>1</b> 5
.8	Dédouanement	s		277	200		2,000			1 0			
9	It is improved transport			2000									
	Sub Total	1	_				19,810	19,682	128	0	0	0	
ntras de	tual Services (illegan his suncts and services in the conting (estimates fine project)  Budget Line Description		Quantity	Unit Cost	Duration	% Cost	Total Cost			Quarter Budg			
			Name of		(per month, per day	1000		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quart
					or lump sum)							0	
1.1			_				0						
	Sub Total	1					0	0		0	0	0	
avel /	dease stems tracel (cists of stall, consultants and other personnel for project madement it.	ONL)	Disselle	Unit Cost	Duration	% Cost	Total Cost	A STATE OF THE PARTY OF THE PAR		Quarter Budg	get Details	-	
ode	Budget Line Description		squantity	unint Cost		1000	Total Cost	Quarter 1				Quarter 5	Quart
					(per month, per day or lump sum)								-
5.1	Essence pour voiture 4X4 programme  Ream 360 Lef fiel per 4 whichs dang 4 months 11 of feet - 879 CFA	D		691		100%	11,056	7,371	3,685	0	0	0	
											0	0	

ct C	osts				or Marie Control								
	Sub Total Direct Costs						342,595	266,770	75,825	0	0	o	348,
-	Sub Total					1	10,464	7,184	3,280	0	0	0	10
9	This around is a furry sum to purchase I shot for the Igom.					100/8							
	Visibilité	1 5	1 1			100%	756	504	252	0	o	0	
5	Frais de communication et frais téléphones satellites	s	1	34	4	100%	136	91	45	0	0	o	
,	Frais de communication et frais téléphones portables	5	1	42	4	100%	168	112	56	0	0	0	
6	Frais de communication BGAN S ibut	5	1	310	2	100%	620	620			ol_		
5	Frais de communication internet VSAT Sibut	5	1	310	4	100%	1,240	827	413	0	0	0	
4	Fournitures de bureau Sibut	1 5	I 1	523	4	100%	2,092	1,395	697	0	0	0	
3	Equipment of intendance du bureau Sibut	5	1	419	4	100%	1,676	1,117	559	0	0	o	
	Charges et assurance du bureau Sibut	5	1	316	4	100%	1,264	843	421	0	0	0	
ij,	Location, construction et réhabilitation du bureau Sibut	S	1	628	4	100%	7,517	1,675	837	0	0	0	
					or lump sum)								
					(per month, per day			Quarter 1	Quarter 2	Quarter 3	Quarter 4 C	Quarter 5 Q	uarter
le l	Operating and Other Direct Costs (	at direct costs for pro	Quantity	Unit Cost	Duration	% Cost	Total Cost		Q	oarter Budge	t Details		
_	<u> </u>						01	- 0	01	0	- 0	- 10	
1	Sub Total					-	ol	0	ol	ol	0	01	
					or lump sum)		0	0	0	0	0	0	
				-	(per month, per day			Quartet 1	Comment 2	quarter 3	Quarter 4	guarter'S   Q	unrier
de	Budget Line Description		Quantity	Unit Cost	Duration	% Cost	Total Cost	Quarter 1		uarter Budge	ot Details Quarter 4 C		
nsfer	rs and Grants to Counterparts (please for from feet and sub-grants to project in please	eting partners)		Albert II	200 2740					C. C. Carrier	350000		
	Sub Total						69,044	46,031	23,013	0	0	0	6
6	Location de camions programme Alump sum of 4 traps for 200 000 CEA pack.	D	1	628	4	100%	2,512	1,675	837	0	0	. 0	
5	Assurances pour camions programme 11 000 CIA per month and per truck	l D	11	69	1	100%	69	46	23	0	0	0	
4	Maintenance, réparations et pièces détachées pour camions programme Arount 300 000 CFA as a large sun for truck quira pare.	D	1	*************	1	100%	523	349	174	0	o	0	
3	Around 3401, of fuel as a lump will for the whole project										7,430		
	Around 1 000 000 CFA for 4 cars during 4 months.  Essence pour camilions programme	I D	1 1	628	1	100%	628	419	209	o	o	o	-

Indirect Costs				West Name			
Indirect Programme Support Cost PSC Rate (Insert percentage, not to exceed 7 percent)							
PSC Amount							24,4
			and the same	Quarter Budg	get Details		
	Quarterly Budget Details for PSC Amount	Quarter I	Quarter 2	Quarter 3	Querter 4	Quarter 5	Quarter Tot
	PSC Amount	18,677	5,309	0	0	0	18,6
Total CHF Costs		10,077	3,303				37

# CAR CHF PROJECT PROPOSAL : ACF 16 Locations VERSION 1 - ENG



Prefecture	Sous Prefecture	Percentage of budget
Kemo	Sibut	

List of Activities	Beneficiaries summary					
	Men	Women	Boys	Girls	Total	

CAR CHF ACF 16\_Nut Kemo

Locations - 1/1

## CAR CHF PROJECT PROPOSAL: ACF 16

Humanitarian Coordinator Approval VERSION 1 - ENG



## Décision de la Coordonnatrice Humanitaire

Approuvé pour un budget total de :

373 000 USD

**Mme Claire Bourgeois Coordonnatrice Humanitaire** 

Date

## CAR CHF PROJECT PROPOSAL : ACF 16

UNDP Signature VERSION 1 - ENG



Examen de l'Agent Administratif
Programme en conformité avec les dispositions des memorandums d'accord entre les Nations Unies
Agent administratif  Nom et titre
Signature
Date
Examen de l'Agent de gestion (Seulement pour les projets des ONGs)
Programme en conformité avec les dispositions de l'accord de partenariat avec l'agent de gestion pour
Agent de gestion  Nom et titre  Abouba Car Louy Briting Discour Paus  Signature  Signature  Date