For 'new-line' in text fields pres [ALT] and [ENTER] keys on keyboard (do not insert spaces to create line shift)

<u>Please do not change the format of the form</u> (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	organi	zation submitting t	he proposal)					
	INTERSO)S						
(B) Type of Organization*	UN Age			international				
(C) Project Title* For standard allocations, please use the CAP title.	Emergenc	y lifesaving health response	in support IDPs a	nd host communities	affected by flood a	and conflict in	Middle Shabelle	i.
(D) CAP Project Code (E) CAP Project Ranking				r Emergency Rese		tside of CAP		
(F) CHF Funding Window*		mergency Reserve						
(O) OAI Duuget	\$	484.966.80		total amount request unt in budget, must n		ıdant		
(H) Amount Request* (I) Project Duration*	ý.	6 months		months for proposals				
(J) Primary Cluster*		Health	Ů			,		
(K) Secondary Cluster	Water,	Sanitation and Hygiene	Only indicate a	secondary cluster	for multi-cluster	projects		
(L) Beneficiaries Direct project beneficiaries.			Men	Women	Total			
Specify target population		Total beneficiaries	23897		59737			
disaggregated by number, and	Total bon	eficiaries include the foll		30010	05707	<u>I</u>		
gender. Il desired more detailed	TOTAL DELL	Children under 5			l ·	l .		
information can be entered about types of beneficiaries. For			7960	11940	19900			
information on population in HE		nt and Lactating Women	0	0	8955			
and AFLC see FSNAU website	Inter	nally Displaced People	28258	42389	70647			
(http://www.fsnau.org)	Staff (own	or partner staff, authorities)	17	18	35			
(M) Location		Awdal Banadir	□Bay [Gedo L Juba	M Juba	Mudug	Sanaag	Togdheer
Precise locations should be listed on separate tab	Regions	BakoolBari	Galgaduud	Hiraan L Shab	oelle M Shabell	e Nugaal	Sool	☐W Galbeed
(N) Implementing Partners	1	ZAMZAM				Budget:	\$	69,700
(List name, acronym and budget)	2	SHARDO ORDO				Budget:	\$	39,500 39,500
	4	ORDO				Budget: Budget:	\$	39,500
	5 6					Budget:	\$	
	7					Budget: Budget:	\$	-
	8					Budget:	\$	
	9 10					Budget: Budget:	\$ \$	
					Total	Budget:	\$	148,700
Focal Point and Details - Provide d	datalla an a	general and Charter feed noin	t for the project (n	ama amail nhana)	Remaining	Budget:	\$	336,267
	Name*	Dr. Luca Saraceno	t for the project (na	ame, eman, prioriej.	Title	Health and Nutr	ition Coordinator	
	Email* Address	health.somalia@intersos.org			Phone*	+254 73940942	2	
based on identified issues, describe the humanitarian describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	Jowhar D that sever displaced greatly.A Novembe spread ar inundated drinkable making in malaria, p proposed primary h	YSIS (please adjust istrict is experiencing sevely impacted on the alre in 35villages around Jov series of multiple-organi r with participation of a hound dozens of villages d whole villages. Thousar water. The flood has cre possible the access to a noeumonia and malnutril project intends to respoealth services integrated ent INTERSOS primaryar	vere displaceme ady unstable sits whar by the floor zation joint Clus ADH region inc in the region inc dis of people are ated access con any health servicion and the clos of the the condition and the componen with componen	nt due to one of the additional to the additional to the to the ongoing of ters assessments, le ive. According to the luding Jowhar, has is still stranded arou straint by cutting the ive. The most comme est health facilities needs, in terms of it ts of health/nutrition	ulth/nutrition, of the onflict. The health and by INTERSOS as assessment the destroyed thous: ind several rivers e main roads the on causes of mo are those locate healthcare covern/hygiene promo	e region. Appi h situation in t S, have been e flooding, sta ands hectares side villages w at link to the c d in Jowhar T age, through t tion and epide	rox 22357HH he district has conducted du tred late Octos of farming la vith no proper apital and oth own and Haw he provision cemic outbreak	nave been deteriorated fring the month of oer 2013 and not and has shelters,food and er major towns, suspected adley. The f temporary risk reduction
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) *	to addres health face medicine, emergene areas, the equipped affected a oneMCH, functional drugs, espand epide the ongoi	s all needs of the areas : cility in M/Shabelle offerir pediatrics, surgery and m by INTERSOS is managire refore the referral of mo with first aid kits and ser and fifficulty in movemer stretched to the limit due IMCH; the most urgent n becially forAWD, malaria, amiological surveillance/ and gemergency	affected by the cog secondary an natemity depts,sing 3MCH in Jow st critical cases is sitization tools a ts require a sca to the increase eeds for both Midpneumonia and data reporting.Ti	urrent emergency. d referral life-saving upported by diagno har, Hawadley, Sab s not fully met by the tre deployed in Jow le up in their numb of the migrated po CH are mass scree other endemic dise ney expressed the i	Jowhar Regiona g medical service g medical servi	I Hospital(JRI es thanks to find radiology.1 RRH is limited bulance service buring villages in LNGO SHA ovillage LNG on, sanitation, ers need trair borate with IN	RH) is the only ully functional in the area aff of and complice. Moreover, 4: however the RDO is mana if O ORDO is mana shelter and avaing in both clitersOS for the state of	y non-private internal niternal scted by the ated by flooded SCHW trained and large area ging lananging a fully ailability of nical management he response to
that your organization is currently implementing to address these needs.(maximum 1500 characters)	access w able to re nearest h pediatric,i cases rec posts (TH maternity ICRC,whi clinic in M start a pe	S,as Regional Health C hereIDPs affected by flo ach any health service, health post. The only non- nternal medicine, surgice juiring further treatment of IP) providing essential he services within more tha ch has already establish ladere.INTERSOS will m rmanent clinic in Mander hey have provided availie.	ods have relocatence INTERSOS private modern: all and maternity or hospitalization ealth services an an 24km.INTERS ed a temporary ananage for one n re.SHARDO, OR	ted.Most of these at S is providing a amil secondary health conservices. In same at a, and conducts OTf d drugs in Burane: SOS has been coor health post at Airpononth the THP of Mad D and ZAMZAM	reas are only account of the control	cessible by be every 48h to or zone is JRRI has 5MCH to the transfer of the consent of the transfer one more than move to by to manage	pat and the po- connect those H, whith the ca ensure timely so set up 2 to here are no level particula th it will move the Airport ar one temporar	pulation is not areas with the pacity of providing referral system for mporary health ealth facilities or rly with s setting a static ea once ICRC will y health post each

(B) Outcome 1* Increased access to life saving and primary health services and emergency assistance to population living in urban and (C) Activity 1.1* Set up of seven temporary health posts managed by multiple Middle Shabelle Health Partners, located in villages with a (D) Activity 1.2 Provision of life saving health services and distribution of life saving drugs, with particular attention to pregnant and lacta (E) Activity 1.3 Strengthening of referral services from the community to the temporary health posts and from the temporary health post (P) Indicator 1.1* Health Number of health facilities supported Target 7 (G) Indicator 1.2 Health Number of consultation per health worker per day Target 40 (H) Indicator 1.3 Health Percentage of patients admitted at Jowhar Reployal bei Target 25 (I) Outcome 2 Strengthened prevention of AWD outbreaks in the most crowded IDP sites and in the villages most affected by flood and (I) Activity 2.1 Training of INTERSOS staff and partners staff, on clinical management of endemic diseases (for nursing staff), data col (I) Activity 2.2 Distribution of chlorine tabs to HHs in targeted villages by the network of CHW and ORS in case of any signs of an AWC (I) Indicator 2.1 Health Number of health workers trained on common illnesses and/or ir Target 80 (N) Indicator 2.2 Water, Sanitation and Hygiene Case Fatality rate (CFR) for Acute Watery Diarrhoea (AWD) less Target 1 (O) Activity 3.1 Water, Sanitation and Hygiene Case Fatality rate (CFR) for Acute Watery Diarrhoea (AWD) less Target 1 (P) Outcome 3 The hydiene practices and the general health status are improved within the IDP and Host population thanks to the deve (I) Activity 3.2 Sensitisation activities, focusing on health, nutrition and hygiene promotion and on the importance of early access to hea (I) Indicator 3.1 Health Number of health workers trained on common illnesses and/or ir Target 38 (W) Implementation Plan' Describe how you plan to implement these activities (maximum 1500 characters)		To ensure access and provision o	of emergency and life-saving health services to population affected by floods	and conflicts of Jowl
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(K) Activity 2.2 (L) Activity 2.3 (M) Indicator 2.1 (N) Indicator 2.2 (N) Indicator 2.3 (Water, Sanitation and Hygiene (C) Indicator 2.3 (P) Outcome 3 (R) Activity 3.2 (S) Activity 3.3 (T) Indicator 3.1 (U) Indicator 3.1 (U) Indicator 3.1 (V) Indicator 3.2 (Water, Sanitation and Hygiene (D) Activity 3.3 (U) Indicator 3.1 (U) Indicator 3.1 (V) Indicator 3.3 (W) Indicator 1.3 (W) Implementation Plan* (Describe how you plan to implement these activities (E) Indicator 3.1 (E) Indicator 3.1 (E) Indicator 1.1 (E) Indicator 1.2 (E) Indicator 1.2 (E) Indicator 1.3 (E) Ind	(I) Outcome 2	Strengthened prevention of AWD	outbreaks in the most crowded IDP sites and in the villages most affected b	y flood and improved
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(P) Outcome 3 The hygiene practices and the general health status are improved within the IDP and Host population thanks to the deve (Q) Activity 3.1 Training of CHws on health and hygiene promotion and on signs and symptoms/ first line treatment of the endemic dise. (S) Activity 3.2 Sensitisation activities, focusing on health, nutrition and hygiene promotion and on the importance of early access to het (S) Activity 3.3 (I) Indicator 3.1 Health Number of health workers trained on common illnesses and/or ir Target 38 (U) Indicator 3.2 Health Number of awareness sessions conducted by the CHWs in 38 si Target 114 (V) Indicator 3.3 Health Target (W) Implementation Plan* Describe how you plan to implement these activities	(N) Indicator 2.2	Water, Sanitation and Hygiene	Case Fatality rate (CFR) for Acute Watery Diarrhoea (AWD) less Target	1
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(U) Indicator 3.2 Health Number of awareness sessions conducted by the CHWs in 38 si Target 114 (V) Indicator 3.3 Health Target (W) Implementation Plan* Describe how you plan to implement these activities	(S) Activity 3.3			
(V) Indicator 3.3 Health Target (W) Implementation Plan* Describe how you plan to implement these activities		Health	Number of health workers trained on common illnesses and/or ir Target	38
(W) Implementation Plan* Describe how you plan to implement these activities	(U) Indicator 3.2	Health	Number of awareness sessions conducted by the CHWs in 38 si Target	114
Describe how you plan to implement these activities	(V) Indicator 3.3	Health	Target	
implement these activities	Implementation Plan*			
	scribe how you plan to			
(maximum 1500 characters)	lement these activities			
	aximum 1500 characters)			
	,			

J. MONTO CHING AND EVALUA	ATION (1	to be completed by	organization	1)					
(A) Describe how you will									
monitor, evaluate and report on	l								
your project activities and	l								
achievements, including the	l								
frequency of monitoring,	l								
methodology (site visits,	l								
observations, remote monitoring,	l								
external evaluation, etc.), and	l								
monitoring tools (reports,	l								
statistics, photographs, etc.). Also	l								
describe how findings will be	l								
used to adapt the project	l								
implementation strategy.	l								
(maximum 1500 characters) *									
(B) Work Plan						eframe			
Must be in line with the log frame.	l				rojects up to 6 mor				
Mark "X" to indicate the period		Activity	Week 1-4	Week 5-8	Week 9-12 V	Veek 13-16 We	ek 17-20 We	ek 20-24	
activity will be carried out	1.1*		X						
	1.2		X						
	1.3		Х						
	2.1		Х						
	2.2		X						
	2.3		X						
	3.1		Х			_			
	3.2			X		_			
				1^					
. OTHER INFORMATION (to I	oe com	oleted by organizati	on)						
(A) Coordination with other		Organization		Activity					
activites in project area	1	INTERSOS		Provision of Nutrition support through OTP,SC services (UNICEF)					
List any other activities by your or	2				hospital service ar				
any other organizations, in	3	INTERSOS			of the Jowhar TB			(==::=)	
particular those in the same	4				of health partners			al point	
cluster, and describe how you	5				of MCH in Jowha				
will coordinate your proposed	6				of MCH in Congo				
	7								
		ICRC		Managemen			Airport IPDs ca	mn area	
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