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**Let us strive for a better humanity**

PROJECT TITLE :Enhance the living condition of vulnerable Mothers with children under five years and girls of childbearing age affected by the socio-political crisis through the promotion of Primary Health services and the distribution of Non-food items in the localities of Kumba, South-West region

DEMTOU Humanitarian

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1. **Project Title:** Enhance the living condition of vulnerable mothers with children under five years and girls of childbearing age affected by the socio-political crisis through the promotion of Primary Health services and the distribution of non-food items in the localities of Kumba, South-West region

**1.a Targeted Beneficiaries:** The direct beneficiaries are children > 5 years, mothers with children under five years and girls of childbearing age. 675 persons are targeted (300 children under 5 years, 200 mothers, and 175 girls of childbearing age) and the indirect beneficiaries are the households and the community in large

1. **Project Summary**

Kumba is found under MEME division and this division is hosting the highest number of displaced persons generated by the present socio-political crisis. The total population of Kumba is about 363 775 with 11 561 livebirths and 135 000 children under five years (According to the Regional Delegation of Public Health of South-West region 2018, 4W data collection) with 135 000 displaced people in MEME division which represent 84% of the total displacement in the whole of South-West region. This crisis, is consider to be the most neglected crisis in the whole world, according to NRC recent publication.

Children, Women and girls are the most exposed and vulnerable with this crisis. Most of them have flee from their homes to resettle in bushes, more secure places either with relatives or in uncompleted buildings, has seen their husbands and relatives killed, has lost their means of subsistence, has dropouts from school, and have been subjected to violence (physical violence, rape and sexual assaults). Women and girls always find their self with unwanted pregnancies and are forced to do unsociable activities so as to meet their daily diets. Out of 488 incidents cases of protection, 42 cases of gender base violence were reported by the coordination of humanitarian affairs (OCHA), Sitrep April 2019 and the situation of the field is deteriorating with partners’ weekly reports high lightening the high number of women and girls giving births in bushes and without the assistance of a health personnel.

Based on our (DEMTOU Humanitarian) fields consultations and others health partners, there is a high level of morbidity including malaria, malnutrition, respiratory tract infections, diarrhea, and combined with a significant gaps of institutional health coverage. According to our findings closed to 95% of people consulted, reported they do not have access to health facilities.

This present project aims to improve the living condition of 675 displaced and vulnerable mothers with children under five years and girls of childbearing age. Upon project implementation, three mobile clinics chaired by a medical doctor will be established so as to deliver curative and preventive consultations to the targeted groups (mothers, children under five years and girls of childbearing) and the local community of Kumba Subdivision. 400 mosquito nets with condoms (both female and male) will be distributed to mothers with children under five years and pregnant girls in order to protect their themselves, their babies and the entire family from malaria and sexually transmissible infections. 375 Non-food items package will be distributed amongst mothers and girls to help them meets their basics NFIs needs. One psychologist will be in charge of conducting counselling and therapies for victims of gender base violence and for those whom have been mentally affected by this socio-political crisis. Sensitization campaigns on gender base violence, good health practices, HIV/AIDS issues, good hygiene and infant and young child feeding will also be conducted all through the project implementation with distribution of MUAC (measurement of upper-arm circumference) to mothers in order to self-control the nutritional status of their babies.

This project is not a stand-alone project and it is a continuation of what we have been doing on the field in order to palliate the negative effects of the crisis.

1. **Background**

Cameroon is confronted with a triple complex crisis; the crisis of the lac Chad Basin impacting the Far-North region of Cameroon, the consequences of the massive displacement of Central African Republic (CAR) refugees affecting the East region of the country, and the socio-political crisis of North-West and South-West regions of Cameroon. More than one million people have fled from their homes and 4,3 million people needs humanitarian assistance, (According to OCHA-Cameroon, Humanitarian Response Plan-2019). Coupled with all what have been said, there are structural factors and chronic vulnerabilities that aggravate the impact of the crisis and affects the population capacity to resilient.

These two regions have seen significant incidence of violence, disruption of public life and massive displacement. Toward the end of 2016, the two regions experience cooperate strike and “ghost towns” manifested initially by lawyers, teachers, students, and finally involved a good number of people. These groups of people were protesting on what they considered as an incremental marginalization of traditions and linguistic systems, cultural and Anglophone education in diverse sector of activities and the inability of the government to implement common law in courts, establish English literature system in classes and enhance the representation of Anglophones in politics. Certain manifestations where advocating for more autonomy in the two regions. In 2017, the manifestations took another slant and long running-tensions in the North-West and South-West regions have escalated and the crisis has increasingly shifted into armed conflict, resulting to a rapid displacement of people internally; it is one of the most rapid displacement crisis in Africa and the most neglected crisis in the world. According to OCHA-HRP-2019, 437 000 people are displaced internally whereby 105 000 are in the North-West, 246 000 in the South-West, 54 000 in the littoral and 32 500 in the West regions of Cameroon. The majority of these displaced populations are living in bushes and in very unsecured zones (uncompleted houses/buildings).

The crisis continues to have serious consequences on livelihoods and the living conditions of the population. The prevalence rate of HIV/AIDS before the crisis was already higher in the whole of South-West region (6.8%, according to the Regional Delegation of Public Health report-2011) than the national average (5.6%) and the humanitarian actors, believe that the situation is worsening, based on the arsons of basis infrastructures such as: Schools, Health facilities, and private homes. The present crisis has pushed youth, especially young girls and boys to unsocial activities like; prostitutions, larcenies and the integration of militias groups (non-state armed forces). There are human right violations such as unlawful killings, extra-judicial executions, destruction of properties, tortures, arbitrary arrest, and many women and girls have been widowed, impregnated and are giving birth in bushes without any health qualify personnel, and in particularly at high risk of gender-based violence. According to International Rescue Committee’s (IRC) findings during a GBV rapid assessment in January 2019, reported during focused group discussions of 238 people (127 Males and 111Females) that more than 85% of respondents said women and girls experience rape, sexual assault and physical violence; more than 70% have expressed an increase in security concerns affecting women and girls are facing or have faced psychosocial abuse. Given the political situation, security aspects, and humanitarian response have been limited. The UN agencies activated the clusters in October 2018, declaring a level two (2) emergency based on the worsening of the situation in these regions.

In December 2018, the Health Cluster (United Nation, Health Coordination platform) reported that closed to 40% of the 257 health facilities in the South-West region no longer provide vaccination services and that diseases surveillance has come to a near standstill in the whole region. While the Nutrition Cluster has raised concern over 111,000 children under five (5) years, and 24,000 pregnant and lactating Women (PLW) being vulnerable to possible malnutrition. The first victims of violence are children, Girls and women and vulnerable populations (people with disabilities, and HIV patients) that sees their protective environment crumble, exposing them to risks and violations. The recently activated clusters indicate that priority areas for intervening are Protection, WASH, Non-Food Items (NFIs)/shelters and Healthcare, addressing the needs of vulnerable individuals and internally displaced persons in bushes, extemporized, with host families or new rental accommodation.

**3.a Repartition of the Crisis in Numbers**

The two regions host an estimated population of 4 million people, which represent about 20% of the country population. 1.3 million are currently in need. The most recent estimates, dating from November 2018, report roughly 437,500 internally displaced people (IDPs), of which the majority are thought to be residing in Meme (126,000) and Fako (34,000) and Ndian (34,000) divisions in South West region. Updated figures are being processed by IOM following a recent DTM exercise, detailing also the first figures on returnees, many expected to be residing in South West region. Human rights abuses have also been recorded with UNHCR reporting 1,798 protection incidents identified and documented from mid-November 2018 to mid-January 2019.

**3.b Problem Identification**

The committed, staff members identified various problems alongside with a community base organization by using interviews and participatory method. The following problems were identified:

* 33% of the population where found below poverty line before the socio-political crisis
* Mothers, girls and children are the most vulnerable groups of people affected by the present crisis; Women and girls deliver their self to unsociable activities (prostitutions) due to lack of livelihoods and job opportunities and pregnancy rate has increase in these regions since the beginning of the crisis
* Poor level of nutrition due to lack of means of subsistence
* Ineffective and sporadic operation of local administrations and health services leading to inaccessibility of service deliveries
* Poor participation in governance
* Lack of trust between the local population and the administrative authorities
* Closed to 70% of young girls and boys had drop out from school due to insecurity and school being burned

According to OCHA (CMR, April-2019 Sitrep), humanitarian concludes that priority needs include access to basic services like Health care, education, drinking water, non-food items and foods. This present project was mounted base on these relevant facts and based on the needy demands. Number of direct beneficiaries targeted by this project is limited but was consider and validated by our different staff team based on the degree of insecurity of the zone. Nevertheless, targeting more beneficiaries will depend on the accessibility of this zone.

**Criteria of vulnerability**

The criteria used in selecting the beneficiaries will be:

* They must be vulnerable
* Household from below poverty line
* The girls, disabled women and widows
* Women and girls, poor background with limited means of subsistence
* Affected displaced persons
* Affected household by the present crisis
* Women and girls who are physically, domestically and sexually harassed and those with HIV/AIDS

1. **Project Overall Goal:**

Enhance the welfare of vulnerable children under five (5) years, Mothers with children under five years, girls of child-bearing age, and the community affected by the crisis through the promotion of Primary Health services, and the Distribution of Non-Food Items in Kumba subdivision.

**4.a Specific Objectives:**

* Provide basic services to improve the health of vulnerable (host community and internally displaced persons) children under five years, mothers with children under five years, girls of childbearing age and the vulnerable community in nine (9) months;
* Ameliorate the livelihoods of targeted vulnerable groups (mothers with children under five years and girls of childbearing age;

1. **Activities and Results**

**Activities**

* Identification of beneficiaries
* Organize capacity building workshop; one workshop of three days training will be organized with six (6) Community health workers and three (3) peer educators in order to foster their knowledge on primary health services, gender base violence, and HIV/AIDS issues respectively;
* Organize curative and sensitization campaigns on good health practices
* Distribution of long lasting insecticide nets
* Conduct nutritional screening and establish eight (8) community outreach culinary demonstrations on enriched pap;
* Organize counselling, focus group discussions and sensitization on gender base violence and HIV/AIDS issues with distribution of condoms;
* Organize and distribute Non-food items to the targeted group of people;
* Monitoring and Evaluation

**Activities Descriptions**

1. **Identification of beneficiaries:**

The project will conduct a community baseline survey in order to collect information on targeted vulnerable groups (children under five years, mothers with children under five years and girls of childbearing age) status, in order to identify the 675 beneficiaries of the project. The identification survey will be facilitated by traditional, religious and youth leaders of the community.

1. **Organize Capacity Building workshop:**

One workshop of three (3) days training will be held so as to build the capacity of six Community Health workers and three peer educators. Modules on diseases surveillances will be disseminated during the first day by a recruited medical doctor, modules on gender base violence key concept and psychosocial support with referral and counter referral pathways will be disseminated on the second day by a recruited psychologist, and modules on; Sensitization campaigns on HIV/AIDS, Infant and Young Child Feeding (IYCF), Mid-Upper Arm Circumference (MUAC) measurements, Community Health Workers communication and community base hygiene will be disseminated on the last (third) day of the workshop by the medical doctor.

* **Module on diseases surveillances**

This module will include diseases/infections like: Malaria, poliomyelitis, acute flat paralysis, acute malnutrition, neonatal tetanus, yellow fever, pneumonia, cholera, diarrhea and meningitis. The module aims to strengthen the knowledge of community health workers and peer educators on these diseases due to the high rate mortalities in the community.

* **Module on gender base violence key concept and psychosocial support with referral and counter referral pathways**

Key concepts on gender base violence including how to organize focus group discussions, gender base violence case management, and referral and counter referral pathways shall be discussed on this module. The main goal of this module is foster the comprehension on GBV to victims (where they can seek for supports, counselling and preventive measures) and community (the negative effects of GBV.

* **Module on Sensitization campaigns on HIV/AIDS**

The module will strengthen the capacity of peer education on community sensitizations and focus group discussions. The main effect of this module is to nurture change of behavior towards HIV patients (breakout social barriers) and the targeted group practices safer sex and disseminate HIV/AIDS to the community.

* **Module on Infant and Young Child Feeding**

The module will ensure that all segments of the society, in particular mothers and children are informed, are supported in the use of basic knowledge of child nutrition and health, the advantage of breastfeeding, hygiene and the importance of diversifying the food of young children in the community.

* **Module on** **Mid-Upper Arm Circumference (MUAC) measurements**

This module will build the capacity of community health workers on MUAC measurements in regards of the national standard range of moderate and acute malnutrition. This module will permit targeted mothers to self-measure the nutritional status of their children in the future, since the community health workers will in return train mothers on how to used MUAC

* **Module on Community Health Workers communication**

This module aim is to enable Community health workers and peer educators to identify communication for a change of behaviors barriers; descript and explain palliative measures towards communication for a change of behaviors barriers; descript how to organize focus group discussions and sensitizations and how to correctly use communication tools (different field reports)

* **Module on community base hygiene**

This module will permit the targeted group to practice good hygiene at home or area and in the community and will include submodules on handwashing, make water drinkable, cholera and diarrhea and keep the environment clean.

Two Consultants (Medical doctor and Psychologist) will be hired in order to disseminate the modules (one consultant will be in charge of disseminating health modules and the other for gender base violence issues and community health worker communication). Three mobile clinics will be put in place with a composition of two community health workers, one peer educator and chaired by a medical doctor. The medical doctor will be in charge of consultations (preventive and curative) in the community and will supervise community health workers in their daily activities. The community health workers will be in charge of sensitizations, focus group discussions and will assist the medical doctor during routine consultations. The educator will be in charge of organizing focus group discussion and sensitizations on HIV/AIDS issues and will also distribute condoms to the needy.

1. **Organize curative and sensitization campaigns on good health practices:**

Three (3) mobile clinics will be establish and each mobile clinic will be constituted is as follow: one medical doctor (for targeted community curative and preventive consultations), two community health workers, and one peer educator. Consultations and sensitization will be conducted all through the project implementation and health complicated cases will be refer to the nearest health facilities. Community outreach will include the search of poliomyelitis, yellow fever, neonatal tetanus and pneumonia cases.

1. **Distribution of long lasting insecticide nets:**

400 mosquito nets will be shared among the vulnerable groups (mothers with children under five years and pregnant girls) by peer educators and community health workers.

1. **Conduct nutritional screening and establish eight (8) community outreach culinary demonstrations on enriched pap:**

Nutritional screening of children under five (5) years will be conducted by community health workers. The beneficiaries of this activities are directly the children under five years of age belonging to the 200 women aforementioned. Distribution of MUAC to mothers will be conducted alongside with the screening activities.

Two culinary demonstrations activities will be done upon project implementation, one on mid-way and another one toward the end of the project (confer Calendar of Activities). This culinary demonstration will be done with local aliments, and aim in demonstrating how parents can diversify the food of their children using pap with local aliments. The culinary demonstrations will be done by skilled doctors.

1. **Organize counselling, focus group discussions and sensitization on gender base violence and HIV/AIDS issues with distribution of condoms:**

Counselling, focus group discussions and sensitizations on gender base violence will be organized all through the project cycle. The three peer educators will be responsible in conducting these activities. Counselling (HIV/AIDS and gender base violence issues) and psychological supports with referrals will be conducted by a psychologist in the course of project implementation. 600 condoms (male and female) will be shared among the beneficiaries.

1. **Organize and distribute Non-food items to the targeted group of people:**

Direct beneficiaries of these items will be the 375 women (mothers with children under five years and girls of childbearing age). The composition of the non-food items package is as follows: Five (5) Soaps, one blanket, one packet of spoon and fork, one kitchen knife, one frying pan and, one cooking pot.

1. **Monitoring and Evaluation**

Regular community-based evaluation and training supervision of project activities will be conducted. A mid-term evaluation will be done so as to adjust activities if necessary and a final evaluation will also be conducted to evaluate the project impact for future orientations.

**Results or Outputs**

* One capacity building workshop of three days training is organized
* Curative and sensitization campaigns on good health practices are been conducted
* 400 Long-lasting insecticide nets are being distributed
* Nutritional screening and eight (8) community outreach culinary demonstrations on enriched pap are being conducted
* Counselling, focus group discussions and sensitization on gender base violence and HIV/AIDS issues with distribution of condoms are being organized
* Non-food items are distributed to the targeted beneficiaries

1. **Plan to ensure Community Participation**

This initiative originated at community level. During field work, most household complaint on the fact that they do not have Food, Household items, and can barely meet their sanitation needs. This initiative is based on their pre-existing problems and their demands,

DEMTOU has taken this initiative to design a multi-sectoral activity for the more exposed and vulnerable groups of people affected by the present crisis. The project is centralized on lactating mothers, children under five years, pregnant women and girls of child bearing age. Government authorities, traditional and religious leaders and youth leaders will path take in the identification of beneficiaries. This project is a continuation of what we have been doing on the field.

**6.a project implementation**

DEMTOU Humanitarian will use an integrated community-based approach of intensive dialogue, sensitization, training and delivery of primary health services.

Key features of DEMTOU’s approach to promote the wellbeing of beneficiaries relies on the following points:

* Empower beneficiaries to become self-sufficient via education, and capacity building;DEMTOU’s mode of operation is demand-driven with focus on transferring knowledge, skills and tools to nurture health and livelihood of the affected population
* Build on local knowledge to identified points of impact through experienced based approach to safeguard sustainability with reduced dependence on external support
* Promote and transfer good health practices through key messages amongst different targeted groups

1. **Logical Framework**

|  |  |  |
| --- | --- | --- |
| **PROJECT CONTENT** | **EXPECTED OUTCOMES** | **OUTCOMES INDICATORS** |
| * Objective 1: Provide basic services to improve the health of vulnerable (host community and internally displaced persons) children under five years, mothers with children under years and girls of childbearing age in nine (9) months | Outcome 1:  Basics health services are provided to vulnerable groups of 300 children under five years, 200 mothers with children under five years, 175 girls of childbearing age, the vulnerable community | At least 85 percent of targeted groups has received basic health services and are healthier. |
| Activity 1.1: identification of beneficiaries | 100 percent of beneficiaries (675) is identified |
| * Activity 1.2: Organize capacity building workshop; one workshop of three days training will be organized with six (6) Community health workers and three (3) peer educators in order to foster their knowledge on primary health services, gender base violence, and HIV/AIDS issues respectively | One capacity building workshop is being organized |
| Activity 1.3: Organize curative and sensitization campaigns on good health practices | Curative and sensitization campaigns on good health are being organized |
| * Activity 1.4: Distribution of long lasting insecticide nets | 400 long lasting insecticide nets are being distributed |
| * Conduct nutritional screening and establish eight (8) community outreach culinary demonstrations on enriched pap |  | Nutritional screening are organized and two community outreach culinary demonstrations are conducted |
| * Organize counselling, focus group discussions and sensitization on gender base violence, mental health counselling, and HIV/AIDS issues with distribution of condoms |  | Counselling and focus groups discussions on gender base violence, mental health counselling, and HIV/AIDS is being organized and sensitization campaigns on gender base violence and HIV/AIDS is conducted all through the project implementation |
| * Objective 2: Ameliorate the livelihoods of targeted vulnerable groups; | Outcome 2: 375 targeted mothers and girls are equipped with basic non-food items | At least 98 percent of the targeted mothers are equipped with basic non-food items |
| * Activity 2.1: Organize and distribute Non-food items to the targeted group of people; | Distribution of non-food items is being organized |

1. **Gender, Age, and Disability Mainstreaming**

This project concerns children under five years of age, mothers with children under five years and girls of childbearing age. 675 vulnerable people are targeted in this project and disaggregation is as follow: 200 mothers (both lactating and mothers with children under five years), 300 children under five years (200 males and 100 females’ children) and 175 girls of childbearing age. The age range of girls and mothers concerned with this project are from 13-28, and from 28-46 years’ old. Priority will be giving to people with disabilities and HIV/AIDS patients; they were consulted during project conception and will be given priority in all the phase (beneficiaries identification, monitoring and evaluation and targeting) of project implementation.

Three mobile clinics will be established so as to implement the program. The overall mobile clinics will be compost of five (5) women and four (4) men, having three people per mobile clinic and headed by a medical doctor.

1. **Project Sustainability**

The annexation of this project by the beneficiaries will help nurture the project sustainability. Upon project implementation, beneficiaries’ mothers will be trained on how to measure the nutritional status of their children using MUAC and will be capable of doing so in future. This will assure the sustainability of the program. The behavioral and attitudinal changes brought in by this project will have a positive impact on targeted beneficiaries even beyond project completion.

**9.a SWOT Analysis**

|  |  |
| --- | --- |
| **Internal factors** | **External factors** |
| Strengths   * Skilled staff who can train peer educators on Gender base violence and HIV/AIDS issues * Skilled staff who can manage the resources of the project * Good capacity on community   mobilization   * Good network to get condoms at cheap prices * Committed staff * Experience working in the field * Staff who understand the specificities of the community | Positive factors (opportunities)   * Donors interest * Livelihoods program get attention of the community * Availability of local health facilities for the management of complicated cases * Local capacity building programs of NGO * Other INGO want to help the organization * Availability of counselling centres |
| Weaknesses   * Lack of medical doctors * Limited staff who can take the lead from counselling centres * Limited number of staff | Negative factors (threats)   * The socio-political /present crisis may exacerbate * Internally displaced persons (vulnerable) may relocate or go underground * Rumours * Ghost towns and lock downs * Other NGOs already working on the same issues |

**Project strategy in order to counteract weaknesses and threats:**

* One medical doctor will be recruit for community delivery of primary health services in this project. He will also serve as trainer for community health workers and peer educators during training session;
* Should in case the crisis exacerbate, door-to-door sensitization will be conducted instead of mass sensitizations and focus group discussions;

Analysing the way, the crisis has been going on, fake news, ghost towns and sporadic attacks in particular quarters, institutions and social services are always targeted. The project will take into account those factors by implementing the project in a safer space and by verifying the sources of information so as to palliate disinformation;

* Households contact numbers will be registered and networking with local authorities, religious, traditional, and youth leaders and households will facilitate apprehension of their displacements;
* Upon project implementation, one psychologist will be recruit in order to conduct counselling activities towards victims (trauma, psychological violence, physical violence, rape and, …)
* We will work in close collaboration with implementing organizations so as, not to have the same beneficiaries

1. **Monitoring & Evaluation plan**

Regular training supervision and regular monitoring and evaluation of project activities, results and impacts is outlined on the table below:

|  |  |  |
| --- | --- | --- |
| **Activities components** | **Means of Verification** | **Frequency** |
| Identification of beneficiaries | Identification/survey report | Once |
| Organize capacity building workshop | 1. Number of workshop organised 2. Workshop reports 3. Attendance sheet 4. Workshop pictures | Once |
| Organize curative and sensitization campaigns on good health practices | 1. Field reports 2. Number of targeted beneficiaries registered in the program | All through the project |
| Distribution of long lasting insecticide nets | 1. Number of distributed insecticide nets 2. Field reports | Once |
| Conduct nutritional screening and establish eight (8) community outreach culinary demonstrations on enriched pap | 1. Field reports 2. Participant attendance sheets 3. Photos | 1. All through project implementation for nutritional screening 2. Eight times, for culinary demonstration |
| Organize counselling, focus group discussions and sensitization on gender base violence and HIV/AIDS issues with distribution of condoms | 1. Field reports 2. Number of male and female condoms distributed | 1. At least 8 focus groups discussion 2. Sensitization on gender base violence with counselling and HIV/AIDS will be all through the project implementation 3. Once for distribution of condoms |
| Organize and distribute Non-food items to the targeted group of people | 1. Field reports 2. Field pictures | Once |
| Program Impact | 1. Number of household assisted with basic non-food items equipment 2. Number of people practising good health and nutrition | After 6 months and after project completion |

DEMTOU will commit to follow up the work from the moment the project has started and will send monthly reports according to Global Giving regulations until the nine months after its termination. DEMTOU will develop appropriate reporting format for the collection of information on a bi-monthly basis. Monthly project review meeting will be organised to adjust the progress if necessary and these meetings will be facilitated by the project coordinator. Proceedings of each monthly review will be recorded and kept for future reference. Period monitoring visits to the project area to interact with project beneficiaries, project staff and other stakeholders on the progress. Beside this project, an executive committee will be form consisting of the following members:

* Country Director
* Project coordinator
* Medical doctor
* Psychologist
* Logistician
* Peer educators
* Community Health Workers

The executive committee will act as a nodal body for the project monitoring and implementation. Towards the end of the project an external evaluation is planned. The evaluation will assess the impact of the project within the project framework. It will also identify the gaps and recommendations to be considered for future similar projects.

1. **Visibility and Communication**

During the meetings and field works with all the stakeholders the contribution of Donors will be mentioned.

1. **Project Duration**

This project will last for nine (09) months, but with a possibility of extending our activities based on the context

**Project starting date:** The 10th August 2019

**Project ending date:** The 15th April 2020

1. **Activities Calendar**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Brief description of Outcome 1:**  Basics health services are provided to vulnerable groups of 300 children under five years, 200 mothers, 175 girls of childbearing age and the vulnerable community | PERIOD IN MONTHS | | | | | | | | | | | |
|  | **Months of 2019 Months of 2020** | | | | | | | | | | | |
| ACTIVITIES | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| * 1. Fundraising and preparation of project modules | X | X |  |  |  |  |  |  |  |  |  |  |
| * 1. Pre-test evaluation (Like we always those upon project implementation, this evaluation will permit us to know how the participant/community understand HIV/AIDS and gender base violence. This will make us adjust our tools) |  | X |  |  |  |  |  |  |  |  |  |  |
| * 1. Identification of beneficiaries |  |  | X |  |  |  |  |  |  |  |  |  |
| * 1. Organize capacity building workshop; one workshop of three days training will be organized with six (6) Community health workers and three (3) peer educators in order to foster their knowledge on primary health services, gender base violence, and HIV/AIDS issues respectively |  |  |  | X |  |  |  |  |  |  |  |  |
| * 1. Organize curative and sensitization campaigns on good health practices |  |  |  | X | X | X | X | X | X | X |  |  |
| * 1. Distribution of long lasting insecticide nets |  |  |  |  | X | X |  |  |  |  |  |  |
| * 1. Conduct nutritional screening |  |  |  | X | X | X | X | X | X | X |  |  |
| * 1. Establish eight (8) community outreach culinary demonstrations on enriched pap |  |  |  |  |  | X |  |  | X |  |  |  |
| * 1. Organize counselling, focus group discussions and sensitization on gender base violence and HIV/AIDS issues with distribution of condoms |  |  |  | X | X | X | X | X | X | X |  |  |
| **Brief description of Outcome 2:**  375 targeted mothers are equipped with basic non-food items |  | | | | | | | | | | | |
| * 1. Organize and distribute Non-food items to the targeted group of people |  |  |  |  |  |  | X | X |  |  |  |  |
| **Brief description of Outcome 3:**  Monitoring and Evaluation |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Mid-term and final project Monitoring and Evaluation |  |  |  | X |  |  | X |  |  |  | X |  |
| * 1. Training Supervision |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Post-Test Evaluation ( this will help us understand the impact of the project in order to better adapt sustainability) |  |  |  |  |  |  |  |  |  |  | X |  |
| * 1. Project Restitution on May 2020 ( Final activities and financial reports) |  |  |  |  |  |  |  |  |  |  |  | X |

1. **Project Innovation**

Adolescents pregnant girls and girls with children in this region is seen as a taboo, HIV/AIDS patients specially females are always rejected by their community and are submitted to all forms of marginalization. The innovative part of the project relies on this particular groups of people which will be given priority in terms of humanitarian assistance since local organizations and international organizations do not consider these groups of people during humanitarian assistance based on the context of the region. We will work and bare the risk, in order to make them accepted in their community.

1. **Project Organizational Structure**

The overall project will be administered and managed under the direction of DEMTOU Humanitarian. Technical, financial, and logistics support will be provided to for the welfare of the project. This will include training, accounting, reporting, monitoring and evaluation.

**15.a Project Staffing Structure**

DEMTOU Humanitarian will use its existing infrastructure of specialists to coordinate and support field programs, which will be implemented in Kumba subdivisions. The following staffs will be recruited for the functioning of the project:

**Project Coordinator** with responsibility to coordinate, supervise, and monitor day-to-day activities of the project and its staff, including collaborating with the local authorities, traditional, religious, youth leaders and other stakeholders.

**Health Coordinator** with responsibility to deliver primary health services to the community, assist community health workers and peer educators during community outreach, conduct culinary demonstrations, and will be in charge of coordinating all health activities

**Psychologist** with responsibility of organizing counselling to mentally affected beneficiaries and referring complicated cases (rape)

**Community Health Workers** with primary role, to conduct sensitization campaigns on health issues, nutritional screening and will be in charge of distributing non-food items and long lasting insecticides nets to the targeted populations

**Peer Educators** with responsibility of conducting sensitization on gender base violence, organizing focus discussion on HIV/AIDS issues, and distribution of condoms

**Accountant** with responsibility for accounting project of expenditures and managing inter-office communications

**Logistician** with responsibility for project procurements and logistical support for field program

1. **Budget**

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**Presentation of Budget summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Budgetary lines | Donors  Funding/contribution | DEMTOU contributions | Percentage (%) |
| **Supplies and Activities** | 29 437,50 | - | 58,52 |
| **Training workshop** | 1 610,37 | - | 3,20 |
| **Project personnel** | 11 749,41 | - | 23,36 |
| **Communication/Visibility** | 306,18 | - | 0,61 |
| **Administrative Cost** | 2 150,19 | 3 341,30 | 10,92 |
| **Monitoring and Evaluation** | 853,24 | 853, 24 | 3,39 |
| **Subtotal** | 46 106,89 | 4 194, 54 | - |
| **Total (USD)**  **Giving that 1USD= 586FCFA (Global Giving)** | **50 301,43** | | **100** |

1. **Presentation of the Organization**

**DEMTOU Humanitarian** is a non-profit organization working towards community relief, women empowerment, health, nutrition, WASH, food security and early recovery promotion. DEMTOU aspires to enhance the living condition of people affected by natural disaster, man-made crisis and of the poor and marginalized by adopting strategies through community initiatives, participation and sensitization. Founded in 2016 (with a constitution of high experienced international members) the organization has worked in high unsecured and backward communities in unreached localities of the North-West, South-West, Far-north, and East regions, identified as one of the most under developed regions of Cameroon.

**Vision:** We work in order to alleviate suffering cause by crisis and promote egalitarian societies, we envision equal distribution of resources between men and women, different genders, rich and poor, in a system that will increase all class of the society accessibility to health and livelihoods.

**Mission:** Assist people affected by crisis and natural disasters, facilitate sustainable communal development, create awareness, promote and ascertain on the respect of the universal declaration on human rights.

**Legal Status**:

* DEMTOU Humanitarian is registered under association registration of article 7 of Act n°90/053 from the 19th December 1990
* DEMTOU Humanitarian is registered with N° 00625/RDA/J06/SAAJP/BAPP

**Objectives:**

* To provide sustainable livelihood promotion and health assistance to people affected by disasters, to the poor and low income generating people in rural and semi-urban localities with innovative solutions;
* To promote value based education among Women, Children and youth for holistic development;
* To work on issues like HIV/AIDs prevention and women empowerment;
* To provide capacity building to various stakeholders and undertake evidence based research on various development themes

**Strategies:**

* DEMTOU strives to improve the quality of life of the poor and low income generating people to strengthened their existing livelihood programs, initiating new activities to diversify and provide health assistance to vulnerable communities;
* Participate with all stake holders in the identification of health service gaps;
* To develop well trained and highly capable local service providers to provide  
  timely support to the members;
* To develop community based models for natural resource management in order  
  to protect and use the resources for sustainable development;
* To work in collaboration with the government and the industry along with non-government domestic and international development organizations;
* Networking with local CBOs, local NGOs and international institutions (UN,…)

**Achievements/Accomplishment:**

* **In May 2018, DEMTOU Humanitarian** in collaboration with **Australia Aid**,strengthened the livelihoods of offsite refugees in GAROUA-BOULAI community of the East region of Cameroon via the provision of a value chain development of cereals, fruits and vegetables;
* **In September 2018 to February 2019, DEMTOU** in collaboration with **World Health Organization** (WHO), implemented a project on sanitary support of vulnerable population for the enhancement of primary health services in Logone-Et-Chari, Mayo Sava and Mayo Tsanaga subdivisions;
* **In April 2019, DEMTOU Humanitarian** in collaboration with **UNDP** in Logone-Et-Chari division (Blanguoa, Goulfey, Kobro and Dougmachi) of the Far-north region of Cameroon, implemented a cross border project (strengthening and the establishment of an early warning system whereby women and youth where implicated);
* **In November 2018,** in riposte of the cholera crisis in the subdivision of Logone-Et-Chari, **DEMTOU** distributed WASH kits with the collaboration of **UNICEF**;
* **In October 2018, DEMTOU Humanitarian** implemented a project of primary health delivery, nutrition and WASH assistances to the affected IDPs and host population of Kumba subdivision;

* **In June 2017,** we proceeded with an identification of micro-projects on community initiatives favorable to the recovery of agro-pastoral productivity in Logone-Et-Chari division;

**16.a Governance and Structure**

DEMTOU Humanitarian has an Executive board (made up of 10 members) as required by the law on association liberty of December 1990. One of the trustee work full time.

The Executive board is in charge of decision making processes and setting policies. Our effort however is to involve staff and stakeholders with whom we work. We conduct our activities based on collective understanding and experience.

**DEMTOU Humanitarian have Four offices:** two operational offices, one in Buea (South-West region) and one Kousseri, one link office (Maroua) and one head office in Yaoundé.

**Members and their roles:**

Equality and transparency is ensured through information sharing within the organization and different stakeholders. External and internal evaluation and reflection meetings are held bi-annually. In these meetings guidelines and policies are set or modified by consensus.

**Major source of funding:**

We adhere with the International Statement of Ethical Principles in Fundraising and our procedure manual was schematized using these principles. Our major sources of funding come from the following organisms:

* **United Nations Development Program (UNDP)**
* **World Health Organization (WHO)**
* **Donations and legacies**
* **UNICEF**
* **AUSTRALIA AID**
* **U.S EMBASSY**
* **Individual Contributions**