

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)**

<b>(A) Organization*</b>	World Food Programme			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> UN Agency			
<b>(C) Project Title*</b>	Tackling hunger and acute malnutrition in Somalia			
<small>For standard allocations, please use the CAP title.</small>				
<b>(D) CAP Project Code</b>	SOM-12/H/48512	Not required for Emergency Reserve proposals outside of CAP		
<b>(E) CAP Project Ranking</b>	High	Required for proposals during Standard Allocations		
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Oct 2012)			
<b>(G) CAP Budget</b>		Must be equal to total amount requested in current CAP		
<b>(H) Amount Request*</b>	\$ 3,992,084.50	Equals total amount in budget, must not exceed CAP Budget		
<b>(I) Project Duration*</b>	4 months	No longer than 6 months for proposals to the Emergency Reserve		
<b>(J) Primary Cluster*</b>	Nutrition			
<b>(K) Secondary Cluster</b>	Only indicate a secondary cluster for multi-cluster projects			
<b>(L) Beneficiaries</b>	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 ( <a href="http://www.fsnau.org">http://www.fsnau.org</a> )			
	<b>Total beneficiaries</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
	0	4700	4700	4700
	<b>Total beneficiaries include the following:</b>			
	<b>Children under 5</b>	45965	51835	97800
	<b>Pregnant and Lactating Women</b>	0	4700	4700
		0	0	0
		0	0	0
<b>(M) Location</b>	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			
<b>(N) Implementing Partners</b>	(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:	\$	-
	<b>Total</b>	Budget:	\$	-
	<b>Remaining</b>	Budget:	\$	3,992,085
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>				
<b>(O) Agency focal point for project:</b>	Name*	Regis Chapman	Title	Head of Programme Unit
	Email*	regis.chapman@wfp.org	Phone*	+254733513201
	Address	WFP Somalia, PO BOX 64902-00620 Nairobi		

**3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)**

<b>(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *</b>	<p>The nutrition situation has improved throughout Somalia over the last 12 months since famine was declared in 5 regions of the South in July and August 2011. The median prevalence of Global Acute Malnutrition (GAM) is now estimated at 16% with 3.5% Severe Acute Malnutrition (SAM) compare to 27.3% and 12.8% a year ago respectively. According to the latest FSNAU assessment (Nutrition analysis Post Gu '12) however, south Somalia continues to experience a nutrition emergency with GAM prevalence above 20% in most assessed livelihoods (see attached file on livelihood specific nutrition and mortality data) of the south at the exception of Mogadishu, Juba Pastorals, and Baidoa IDPs. Nationally 236,000 children under 5 years and 81,000 pregnant or lactating women are estimated to be acutely malnourished of which 70% are in the south. Providing treatment for MAM cases is a priority of the cluster.</p> <p>WFPs strategy has been shifting from an emergency centred approach to a protracted relief and recovery approach increasingly focusing on building resilience from January 2013. Nutrition interventions are considered through the lense of both basic services (treatment and facility based prevention) and emergency (seasonal preventive responses to nutrition shocks).</p>
<b>(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) *</b>	<p>Access level in the project areas has changed rapidly recently with key locations now accessible to WFP and its partners. WFP has issued calls for expressions of interest to resume operations in newly accessible locations, with an emphasis on resuming life-saving interventions. These interventions will be starting in October and November 2012 and expanded in new locations should access level further change. Interventions in any of these areas have not been budgeted for in WFP initial project document (EMOP).</p> <p>WFP estimates that over the course of the project duration, approximately 171,000 children under 5 and pregnant or lactating mothers are or will become malnourished in the project locations using a conversion factor of 2. WFP estimates that it will cover 60% of cases therefore admitting 102,500 children ( 45965 boys, 51835 girls) and 4700 mothers for treatment requiring 850mt of Ready-to-Use Supplementary Food (RUSF).</p> <p>Children and women are particularly at risk. Only 2.8% of infants are exclusively breastfed for 6 months in South Somalia. Maternal mortality is estimated at 1,400/100,000 in part due to nutritional causes. These groups have special nutrition needs which is essential to address in order to break the inter-generational cycle of malnutrition. However WFP recognises that involving men and boys is essential in health and nutritional activities is crucial for making sustainable changes at household level and is committed to bolstering programmes that encourage their participation.</p>
<b>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</b>	<p>WFP has been able to resume its operation in border regions of Gedo, Lower Juba, and Bakool since August 2011. Large scale blanket relief food distributions and blanket SFP were undertaken in response to alarming food security situation and malnutrition levels. Owing to the good rains of November – December 2011 (Deyr 11/12 rains), the food security situation has improved significantly in these areas allowing to narrow down the targeting of relief food distribution. More recently, WFP phased out its BSFP in order to implement targeted SFP incorporating complementary activities (micronutrient supplementation, comprehensive nutrition and health education, use of Community Nutrition Workers for active case finding and referral) in conjunction with livelihood activities (food-for-work and food-for-asset creation) that better address underlying causes of food and nutrition insecurity.</p> <p>There is no indication that gender associated with the risk of malnutrition in Somalia. WFP monitoring data from 2011-12 however reveal that girls represent 53% of new admissions in TSFP.</p> <p>WFP will enforce gender sensitive activities through its targeting and the workforce of its partners to ensure that the most vulnerable groups are sensitised to participate in the programme. Sensitisation will be targeted primarily at women as the primary caretaker of children. However the role of fathers as the key decision maker in the family is recognised and men will be encouraged to participate in sensitisation sessions.</p>

#### 4. LOGICAL FRAMEWORK (to be completed by organization)

<b>(A) Objective*</b>	To prevent morbidity and mortality associated with acute malnutrition in boys and girls under 5 years and pregnant or lactating women		
<b>(B) Outcome 1*</b>	102,500 moderately malnourished children and mothers are admitted in SFP for treatment and follow up including 45,965 boys, 51,833 girls, and 4,700 PLW		
(C) Activity 1.1*	Treatment of moderately malnourished girls, boys, and PLW		
(D) Activity 1.2	Follow up of severely malnourished girls and boys discharged from OTP		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating women	<b>Target*</b> 76500
(G) Indicator 1.2	Nutrition	Number of boys and girls discharged from OTP and admitted in SFP	<b>Target</b>
(H) Indicator 1.3			<b>Target</b>
<b>(I) Outcome 2</b>	Increased access and utilisation of a comprehensive package of services for the treatment and prevention of moderate acute malnutrition		
(J) Activity 2.1	200 Community Nutrition workers (CNW) perform Community-based identification of cases and referral to nutrition centres		
(K) Activity 2.2	A comprehensive package of services including nutrition rehabilitation, de-worming, hygiene promotion, health and nutrition education		
(L) Activity 2.3			
(M) Indicator 2.1	Nutrition	Number of Staff/Community Health Workers/outreach workers trained	<b>Target</b> 200
(N) Indicator 2.2	Nutrition	Number of nutrition service delivery points delivering a comprehensive package of services	<b>Target</b>
(O) Indicator 2.3	Nutrition	Number of staff from partner NGO trained	<b>Target</b>
<b>(P) Outcome 3</b>	Increase capacity in-country to implement, monitor, and evaluate TSFP		
(Q) Activity 3.1	200 CNW are trained on community-based identification and referral of cases of acute malnutrition with an emphasis on female children		
(R) Activity 3.2	75 health workers including 19 females from 25 NGOs are trained on TSFP implementation and monitoring procedure		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers trained	<b>Target</b> 200
(U) Indicator 3.2	Nutrition	Number of staff from partner NGO trained	<b>Target</b>
(V) Indicator 3.3			<b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>WFP works through a network of local partners. The SFP activities are directly implemented by local or international specialised NGO with a recognised experience and capacity in implementing nutrition treatment projects. WFP ensures that partner NGOs are trained to implement projects according to Nutrition Cluster agreed guideline and policies, WFPs corporate guidelines and policies as well as internationally agreed standards and best practices.</p> <p>SFP projects are integrated into existing CMAM frameworks (Community-based Management of Acute Malnutrition) wherever possible to ensure a continuum of services can be provided to beneficiaries according to their nutritional status. As such, referral systems are put in place between the various CMAM components (SC, OTP, SFP, communities). WFP provides partners with technical assistance and in-kind support to integrate a basic package of services as per the framework agreed by the Nutrition Cluster (Basic Nutrition Service Package). WFP also provide a feedback to partners on monitoring and performance data to contribute to the quality of projects.</p> <p>The project contribute to the 3 years Protracted Relief and Recovery Operation (PRRO) that WFP will be implementing starting in January. All activities implemented under the CHF project are either continuation of already ongoing activities or will be continued after the CHF project as part of a longer term strategy to address acute malnutrition in Somalia.</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) \*

WFP monitors implementation of the project it support through its own network of Food Monitors, and when access is restricted, through contract with third party monitoring companies. WFP strives to physically monitor at least 30% of all the food/service delivery points managed by its partners on a monthly basis. In 2012, WFP actually monitored on average 41% of its delivery points. Monitoring of sites include quantitative monitoring and compliance issues (number of beneficiaries, entitlements, staffing level, etc.) as well as qualitative aspects (beneficiaries targeting, services delivered, quality of implementation, NGO internal processes, etc.) WFP partners are reporting on a monthly basis quantitative data related to programme implementation (beneficiaries reached and tonnage distributed) and on a quarterly basis on qualitative information relative to challenges and successes of the project implementation. WFP reports statistics on nutrition project implementation on a bi-monthly basis to the nutrition cluster. WFP produces an annual Standard Project Report (SPR) reflecting achievements by activity publicly available.

Insecurity is the main risk to implementation. A change in the conflict situation could reduce access in some areas, and al-Shabaab may regain control in parts of Mogadishu, border areas and central Somalia. Conversely re-engagement in areas currently controlled by al-Shabaab would change the scale of the population in need and increase financial requirements in order to meet these needs. Lack of continuous contributions would force WFP to prioritize relief assistance and would reduce its ability to partner with FAO, UNICEF and donors.

WFP's risk-management system maximizes oversight of staff, partners and processes; it includes third-party monitoring, improved programme design, greater inclusivity and transparency in planning, improved targeting and standard operating procedures. WFP participates in the risk-management unit of the United Nations Resident Coordinator's office and uses the emergency preparedness and response planning approach to respond to conflict, drought, returning refugees and potential re-engagement in areas controlled by al-Shabaab.

WFP has retained national staff from offices in the south, and maintains a roster of national staff and contacts with previous cooperating partners and transporters

**(B) Work Plan**  
Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

Activity	Timeframe					
	Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
1.1* Treatment of moderate	X	X	X	X		
1.2 Follow up of severely maln	X	X	X	X		
1.3 200 Community Nutrition	X	X	X	X		
2.1 A comprehensive packa	X	X	X	X		
2.2 200 CNW are trained or	X					
2.3 75 health workers includ	X					
3.1 200 CNW are trained on community-based identification and referral of cases of acute malnutrition with an emphasis on female CNW						
3.2 75 health workers including 19 females from 25 NGOs are trained on TSFP implementation and monitoring procedure						
3.3 0						

**6. OTHER INFORMATION (to be completed by organization)**

**(A) Coordination with other activities in project area**  
List any other activities by your or any other organizations, in particular those in the same cluster, and describe how you will coordinate your proposed activities with them

Organization	Activity
1 UNICEF	Treatment of Severe Acute Malnutrition (SAM)
2 Food Security Cluster	Relief food distributions and livelihoods interventions
3 Nutrition Cluster	All WFP nutrition activities are implemented within the framework of the CAP and
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 WFP recognises that gender inequality directly impacts the ability of nations to	
Capacity Building		