

For 'new-line' in text fields pres [ALT] and [ENTER] keys on keyboard (do not insert spaces to create line shift)
Please do not change the format of the form (including name of page) as this may prevent proper registration of project data.



For new proposals, please complete the tab for 'Project Document', 'Budget' and 'Locations'
Mandatory fields are marked with an asterisk

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	Agency for Peace and Development		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO		
(C) Project Title*	Prevention and Treatment of Acute Malnutrition among Children Under Five boys, girls and PLWs in Middle/Lower Juba, Southern Somalia.		
(D) CAP Project Code	SOM-12/H/48403	Not required for Emergency Reserve proposals outside of CAP	
(E) CAP Project Ranking	High	Required for proposals during Standard Allocations	
(F) CHF Funding Window*	Standard Allocation 2 (Oct 2012)		
(G) CAP Budget	\$ -	Must be equal to total amount requested in current CAP	
(H) Amount Request*	\$ 209,388.00	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve	
(J) Primary Cluster*	Nutrition		
(K) Secondary Cluster	Only indicate a secondary cluster for multi-cluster projects		
(L) Beneficiaries	Direct project beneficiaries. Specify target population disaggregated by number, and gender. If desired more detailed information can be entered about types of beneficiaries. For information on population in HE and AFLC see FSNAU website (http://www.fsnau.org)		
	Total beneficiaries	Men	Women
	0	600	600
	Total beneficiaries include the following:		
	Pregnant and Lactating Women	0	600
	Children under 5	600	800
		0	0
		0	0
(M) Location	Precise locations should be listed on separate tab Regions: <input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> Juba <input type="checkbox"/> M Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed		
(N) Implementing Partners	(List name, acronym and budget)		
	1	Budget:	\$ -
	2	Budget:	\$ -
	3	Budget:	\$ -
	4	Budget:	\$ -
	5	Budget:	\$ -
	6	Budget:	\$ -
	7	Budget:	\$ -
	8	Budget:	\$ -
	9	Budget:	\$ -
	10	Budget:	\$ -
	Total	Budget:	\$ -
	Remaining	Budget:	\$ 209,388
Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).			
(O) Agency focal point for project:	Name*	Daud Hussein Ibrahim	
	Title	Program coordinator	
	Email*	apd_hqs@yahoo.com	
	Address	P.O. Box 52100-00100 Nairobi	
	Phone*	+254 (0) 721 296982	

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

(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	<p>The FSNAU post Gu 12 technical report highlighted deteriorating nutrition situation in the Jubas. The pastoral, agro-pastoral and riverine livelihoods of Juba region indicate a sustained Very Critical nutrition situation in the agro-pastoral and riverine populations but an improvement to a Critical phase among the pastoral. Survey findings recorded a GAM rate of 15.8% (11.8-20.7), 25.1%(22.2-28.3) and 21.1% (17.7-24.8) among the pastoral, agropastoral and riverine populations respectively. The SAM rates reported in the three livelihood zones were 2.1% (1.0-4.4), 5.8% (4.4-7.7) and 6.6% (5.0-8.7) in the pastoral, agro-pastoral and riverine livelihoods respectively.</p> <p>Among the riverine population of Juba, findings indicate a Very Critical nutrition situation, an improvement from the Extreme nutrition situation reported in the Deyr '11/12 season. This is a significant improvement (p<0.05) in the GAM and SAM rates observed in the October '11 survey that reported GAM and SAM rates of 34.5% (29.9-39.5) and 11.8%(9.4-14.8) respectively. The 90 day retrospective crude and under five death rates are 0.20 (0.11-0.42) and 1.16 (0.57-2.32) respectively, indicating Acceptable and Alert situations(UNICEF 2005).</p> <p>Among the pastoral population, a GAM rate of 15.8% (11.8-20.7) and a SAM rate of 2.1% (1.0- 4.4) is Critical, and when compared to the October '11 GAM and SAM rates of 27.3%(23.0-32.0) and 9.5% (7.1-12.8) respectively, illustrates an improvement from a Very Critical nutrition situation, with a significant decline in acute malnutrition rates (p<0.05). The crude and under five death rates are 0.44 (0.20-0.99) and 0.81 (0.29-2.27) respectively, indicating acceptable and alert situations. (UNICEF 2005). The agro-pastoral population reported a GAM rate of 25.1% (22.2-28.3) and SAM rate of 5.8% (4.4-7.7), indicating a sustained Very Critical nutrition situation since Deyr '11/12. A comparison with the previous GAM rate of 26.1% (22.4-30.1) and SAM rate of 9.1% (7.1-11.5) reported in October '11 indicates no significant change (p>0.05). The 90 day retrospective crude and under five death rates reported in July 2012 are 0.25 (0.07-0.88) and 0.85 (0.41- 1.78) respectively, indicating acceptable and alert situations(UNICEF 2005)1. Nutrition data from health facilities in the Juba riverine, pastoral and agro-pastoral livelihoods all indicate high numbers (>30%) and an increasing trend of acutely malnourished children. According to the FSNAU report there are 81000 malnourished(MUAC<23cm) pregnant and lactating women (PLW) in Jubba a reduction of 5%from the Deyr 2011 cases of 85000. Severely malnourished cases(MUAC<21cm) among the PLWs also stands at 19000, currently morbidity among the under 5 children in the pastoral, agro-pastoral and riverine livelihoods stands at 31.2%, 16.7% and 42.4% respectively. Diarrhea cases among the same groups 11.9%, 9.6% and 8.7% respectively. Pneumonia and measles cases in the three livelihoods are as follows- pneumonia(11.9%, 0.3%, 8.0%), measles(2.1%, 0.7%, 0.8%). Death rate per 10000 per day among the under five year is 0.81%, 0.85% and 1.16% for the pastoral, agro-pastoral and riverine respectively while pregnant and lactating women with MUAC<23cm account for 43%, 26% and 26.3% for the three respective zones.</p> <p>Close monitoring of the food security and nutrition situation will be crucial in the Juba population. The population still remain highly vulnerable to shocks and the current risk factors are: reduced access to humanitarian services, high morbidity burden- reported AWD and measles outbreaks, poor access to health care services and sanitation, sub-optimal child feeding and care practices which all have a direct impact on the health and nutritional status especially families with PLWs and < 5 children boys and girls thus</p>
(B) Describe in detail the capacities and needs in the proposed project locations. List any baseline data. If necessary, attach a table with information for each location. (maximum 1500 characters) *	<p>Due to liberation of many areas in the southern part of Somalia from militias by the combined effort of Amisom and the Somalia national army. More areas are now accessible to humanitarian assistance. There are a number of non-governmental organization providing various interventions to these populations that were initially hard to reach. The local community are cooperative and are willing to receive and work with partners who are in a position to provide support. While conditions have improved considerably since last year, the nutrition situation has not ended in the south where below average harvest resulting from inadequate rains and pest outbreak coupled with low livestock holding and continued need for cash to pay down dept has kept the areas in IPC3(crisis) according to FSNAU post GU report September 2012. According to assessment done by APD, the continued military activity in the south Somalia significantly hampered economic activities thus decreasing employment, income avenues and access to health services. Availability of common dietary commodities was also affected by restricted movement from Port of Kismayo. These has specifically affected the PLW and under 5s. In middle jubba there are 9900 acutely malnourished, and 2450 severely malnourished children based on FSNAU reports. These figures represent 4% and 5% respectively of children boys and girls most affected with similarly conditions nationally. In lower jubba the picture is more bleak with 16000 of boy, girls and plws being acutely malnourished and 3950 severely malnourished. These figures also represent 7% each of their respective categories nationally. Acutely malnourished(MUAC<23cm) Pregnant and lactating women are 81000 in Jubba while the severely malnourished ones (MUAC<21cm) are 19000. In pastoral jubba, the GM rate among the under 5 children is 15.8%(boys-17.6, girls-13.9). In Jubba agro- pastoral the GM rate is 25.1%(boys-30.9, girls-19.8) while in jubba riverine the rate is 21.1%(boys 27.8, girls-15.1) proportions with MUAC<11.5cm and o edema are 4%(pastoral), 2%(agro-pastoral) and 3.2%(riverine). Severely malnourished under 5s are 2.1 (pastoral), 5.8 (agro-pastoral) and 6.6 (riverine). The population in crisis is 70000 in lower jubba while those affected in Lower jubba are 90000(65000-crisis, 25000-emergency). Currently morbidity among the under 5 children in the pastoral, agro-pastoral and riverine livelihoods stands at 31.2%, 16.7% and 42.4% respectively. Diarrhea cases among the same groups 11.9%, 9.6% and 8.7% respectively. Pneumonia and measles cases in the three livelihoods are as follows- pneumonia(11.9%, 0.3%, 8.0%), measles(2.1%, 0.7%, 0.8%). Death rate per 10000 per day among the under five year is 0.81%, 0.85% and 1.16% for the pastoral, agro-pastoral and riverine respectively while pregnant and lactating women with MUAC<23cm account for 43%, 26% and 26.3% for the three respective zones. Among the IDPS, Dobleby has high cases of under 5 morbidity(49.6%), diarrhea(27%), and pneumonia(23.4%) This is as a result of inadequate access to nutrition service to boys, girls and PLWs. These project proposal seeks to provide improved access to nutrition services to < 5 children 600 boys, 800 girls and 600 plws in communities living in Afmadow and Jilib districts. Thus APD will target to improve the life of vulnerable pregnant and lactating mothers and <5 children boys and girls in the area.</p>

<p>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</p>	<p>APD is currently running supplementary feeding program in 14 locations in Jilib and Afmadow districts, this program is supported by UNICEF Somalia through cash and required supplies. APD is also currently running and planned for more livelihood programs in the two districts. The livelihood program is meant to maintain and restore resilient for poor household who are greatly susceptible to constant shocks.Through its engagement with other UN agencies in its various humanitarian coordination APD is schedules to start target supplementary feeding program with WFP in Afmadow district 1st of November, 2012 in 21 sites this shall improve the nutrition and health status of families with plws and boys and girls in Afmaow thus integrating with nutrition program will further improve the life of the vulnerable boys,girls and PLWs in the region.</p>	
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4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Provide treatment and prevention of <5 children 600 boys, 800 girls and 600 PLWs suffering from Acute malnutrition through integrated	
(B) Outcome 1*	2000 acutely malnourished <5 children 600 boys 800 girls and 600 plws Screened and admitted to 3 OTP and 8 SFP established centers	
(C) Activity 1.1*	2000 <5 children 600 Boys 800 girls and 600 PLWs of acutely malnourished identified and admitted to the OTP and SFP centers.	
(D) Activity 1.2	Referral of SAM children 50 boys, 50 girls with medical complications to the nearest SC.	
(E) Activity 1.3		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating women Target* 2000
(G) Indicator 1.2	Nutrition	Number of severely malnourished children with medical complications Target 100
(H) Indicator 1.3	Nutrition	Target
(I) Outcome 2	Increased access for 600 boys, 800 girls <5 and 600 plws to feasible and evidence based Nutrition services package (BNSP).	
(J) Activity 2.1	Provide multiple micro-nutrient supplement, counseling on optimal maternal nutrition and care to 600 boys 800 girls <5 Children and	
(K) Activity 2.2	Treatment and management of common illness (Anemia, diarrhea, malaria, pneumonia, kalazaar etc) among 600 boys, 800 girls and	
(L) Activity 2.3	Promote hygiene and health and distribute hygiene Kits to 600 boys, 800, girls and 600 PLWs in Afmadow and Jilib district project	
(M) Indicator 2.1	Nutrition	Number of children (6-59months) and pregnant and lactating women Target 2000
(N) Indicator 2.2	Nutrition	Number of children treated and managed on the common illness Target 2000
(O) Indicator 2.3	Nutrition	Number of hygiene promotion sessions held with soaps distributed Target 24
(P) Outcome 3	Enhanced and strengthened capacity of the local staffs (40% male and 60% female) and outreach workers and care givers	
(Q) Activity 3.1	42 national staff and local staffs identified and trained on standard nutrition program, hygiene and sanitation 60% female and 40 %	
(R) Activity 3.2	Caregivers trained and counseled on comprehensive infant and young feeding practices (IYCF) targeting 60% of the caregivers	
(S) Activity 3.3		
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers trained Target 42
(U) Indicator 3.2	Nutrition	Number of mothers/care givers trained on IYCF Target 1500
(V) Indicator 3.3	Nutrition	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>The project will adopt both mobile and fixed- based approaches in the service delivery. APD staffs with the help of community volunteers and project committees will facilitate the identification of beneficiaries. the program will adopt the CTC model where by active case finding and community mobilization will precede all the initial activities and implementation of the program. All children <5 boys, girls and PLWs will be screened by Using MUAC tape and weight for height using the WHO standard charts. Those identified as moderately malnourished (MU AC >11.5 and <12.5 cm, W/H between -2 and -3 z-score) will be admitted in the supplementary feeding program. Children identified as severely malnourished (MU AC <11.5cm, W/H <-3 z-score) with no any complication will be admitted to the Newly established 3 fixed OTP site - 2 Afmadow and 1 jilib within the existing 5 fixed SFP centers and 3 mobile centers making a minimum of 11 new centers to achieve a minimum coverage of 60% as enshrined in the sphere standards through this integrated SFP and OTP therapeutic feeding site for Management of acutely malnourished <5 children disaggregated by sex and plws will be treated. All children identified as severely malnourished with any form of complication such as Edema +++, hypoglycemia, dehydration, shocks etc will be referred to the nearest stabilization centers. Most likely Marrerey SC managed by M SF Holland. The SFP will be monthly distribution of rations to be taken home for preparation and consumption while the OTP will take place weekly (6 days a week) or fortnight depending on the beneficiary. APD recognizes the fluid nature of the security in the area but will coordinates its activities with the current local authority in Lower Juba. Traditional best practices and strong local dispute resolution mechanism will be used to resolve any problem that may arise during project implementation. APD plans to integrate its nutrition activities in Lower Juba with WFP individual rations schedules to start on November 2012 and will be implemented in Afmadow district hence improving the nutritional situation of the region. This will help the organization to reach more vulnerable population in the region. APD plans to carry out 2 IMAM-BNSP and IYCF based training each district making total of 4 for 42 Project staffs, OTP nurses, outreach team and CHWs. The first 2 training which is to take off the first month of the project life will target 28 staff comprised of all nurses and outreach team/Screeners in the 2 district while the other two training will target 14 CHWs and volunteers in the second month of the project life, in order to improve the quality of the project.</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) *

APD will place a strong focus on monitoring and evaluating the proposed project activities. This will lay under the direct responsibility of the Project Manager based in Afmadow, Lower Juba Somalia. The Project Manager will be responsible for project data management, assuring that any relevant data is collected and shared with all stakeholders. Field based nutritionist will assist the project manager and provide direct implementation, management and monitoring of nutrition project activities. Quality assurance of services delivered will be assessed through internal program reviews including site visits, record review, and beneficiary interviews. Indicators outlined in the SPHERE document will be used to monitor the performance of the project. SAM Treatment Achieve = Recovery rate >75%, Death rate <10%, Defaulter rate <15% of total program exits While MAM Treatment achieve=Cured rate>75%, defaulter<15% and death of <3%. The program coordinator at the national office will provide technical support to the project through monthly field visit. Monthly project progress and supplies distribution reports will be forwarded to donors by the end of every month. weekly OTP report will be documented by outreach team leaders and OTP nurses and shared. apart from OTP and SFP services. APD will engage an external evaluator who will review progress of the project, monitor, evaluate and document lesson learnt after the project implementation. A final report will be sent 2 months after completion of the project and will include project achievements, detailed financial expenditure report as well as lessons learnt. APD shall put in place strategic financial management monitoring in order to curb any financial misappropriation in its project implementation. It shall also time to time monitor its field financial management against the project activities progress in order to ensure that the organization is accountable, transparent and sound financial management with the donor expectation.

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

Activity	Timeframe					
	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months					
	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
1.1* 2000 <5 children 600 Bcd	X	X	X	X	X	X
1.2 Referral of SAM childrer	X	X	X	X	X	X
1.3 Provide multiple micro-r	X	X	X	X	X	X
2.1 Treatment and manage	X	X	X	X	X	X
2.2 Promote hygiene and he	X	X	X	X	X	X
2.3 42 national staff and loc	X					
3.1 Caregivers trained and d	X	X		X	X	
3.2 Caregivers trained and counseled on comprehensive infant and young feeding practices(IYCF) targeting 60% of the caregivers						
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 SAF, WRRS and AFREC (LOWER JUBA)	APD is aware of the presence of the following agencies in afmadow in lower juba
2 SAM SAM FOUNDATION, SOMALI AID	APD recognizes the presence of the following humanitarian agencies in JILIB and
3 Nutrition cluster	APD will share the project progress and challenges with regional and national nu
4	
5	
6	
7	
8	
9	
10	

(B) Cross-Cutting Themes
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note

Cross-Cutting Themes (Yes/No)	Outline how the project supports the selected Cross-Cutting Themes.	Write activity number(s) from section 4 that supports Cross-Cutting theme.
Gender	Yes	Gender mainstreaming as well as gender targeted actions will be integrated
Capacity Building		