

For 'new-line' in text fields press [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*	Community Activity For Development and Relief Organization			
(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*	Nutrition support for vulnerable boys, girls pregnant and lactating women in Dollow District, Gedo Region			
<small>For standard allocations, please use the CAP title.</small>				
(D) CAP Project Code	SOM-12/H/48460	Not required for Emergency Reserve proposals outside of CAP		
(E) CAP Project Ranking	Medium	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*	\$ 192,008.00	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	Total
		50	1444	1494
	Total beneficiaries include the following:			
	Children under 5	2051	2052	4103
	Pregnant and Lactating Women	0	1444	1444
	Other	50	0	50
		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: \$ 192,008
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*	Mohamed Halbe Hidig	Title	Executive Director
	Email*	caldaro@yahoo.com	Phone*	+254 707458247
	Address	Dollow office, Gedo region Somalia		

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>Based on the Gu 2012 analysis, at national level, an estimated 236,000 (16% of the 1.5 million) Somali children are currently acutely malnourished and in need of specialized nutrition treatment services according to the latest data released by the Food Security and Nutrition Analysis Unit (FSNAU) and almost a third of the Somali population, including 1.36 million internally displaced persons still remain in a crisis situation with 165,000 people assessed to be in an emergency and slightly over one million in crisis. Both these groups remain vulnerable to shocks and are unable to fully meet essential food and non-food needs.</p> <p>Moreover, with these numbers projected to rise to 2.12 million in the next six months, lifesaving humanitarian assistance remains necessary between now and December to help meet immediate needs and protect livelihoods and assets. According to Post Gu 2012 FSNAU nutrition analysis for northern Gedo indicate elevated levels of acute malnutrition with GAM and SAM rates of 28.4% (23.0-34.5) and 6.2% (4.4- 8.7) respectively in the Dawa pastoral, and GAM and SAM rates of 22.5% (19.2-26.1) and 6.1% (4.3-8.9) respectively reported in the riverine livelihood zone. There was no statistically significant difference in the proportion of boys and girls acutely malnourished in both surveys. The analysis indicates a sustained Very Critical nutrition situation in the two livelihoods in Northern Gedo region. The 90 days retrospective crude death rates is Serious among both the pastoral (0.59/10,000/day) and riverine (0.20/10,000/day) populations according to UNICEF classification. The respective U5 death rates 1.36 (0.77-2.36) and 1.60 (0.57-2.32) in pastoral and riverine livelihoods are also in Serious phase. The nutrition situation remains concerning, given the area is generally prone to seasonal outbreaks of AWD, cholera, malaria, measles and whooping cough. The situation is further aggravated by chronic underlying factors such as: household food insecurity, poor dietary quality, inadequate social and care environment (sub-optimal child care and feeding practices), and poor public health (limited access to basic human services such as safe water, health and sanitation facilities), which predispose the communities to high morbidity and subsequently high levels of acute malnutrition.</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>According to FSNAU and FEWSNET a total of 236,000 (54,000 severely) at the time of the post Gu assessment, the south still hosts 70 percent of acutely and severely malnourished children. The situation in this region is likely to remain Critical to Very Critical over the coming months as a result of the below average Gu harvest and projected seasonal acute watery disease and cholera outbreaks. Sustained treatment programmes with concomitant interventions to address contributing factors such as poor health outcomes are crucial. Dollow district is one of the six districts of Gedo region of Somalia. The district with approximately 45,000 people lies along the Somalia/Ethiopia border and is endowed with two rivers, the Dawa and the Juba Rivers and was among the prioritized areas that requires immediate response to address the needs of population in crisis and emergency. Results from Post Gu FSNAU analysis further indicated that in the pastoral and riverine livelihoods of Northern Gedo and among the Dollow IDPs, a significantly higher proportion of pregnant and/or lactating women were acutely malnourished (MUAC < 23.0 cm, and 21.0 cm, and/or bilateral oedema) than non-pregnant and non-lactating women (MUAC < 18.5).</p> <p>In Northern Gedo region (Luug, Dollow and Beled Xawa), Cafdaro already delivers emergency nutrition programme for the most vulnerable children, PLWs and IDPs. The programme aims to prevent and treat the main causes of morbidity and mortality, through improved nutrition practices. Activity includes systematic screening, referral and treatment of Severely Acute Malnourished children under 5 and acutely malnourished pregnant and lactating mothers through a network of 5 decentralized OTP sites and 1 wet feeding centre. PLWs, men (elders, religious leaders and medicine men) and mothers of the under fives will also have access to IYCF practices to accelerate positive nutrition outcomes. Cafdaro intends to scale up its life-saving work on emergency nutrition into Dollow by establishing 5 decentralized OTP sites and 12 TSFP sites by providing nutritional treatment with RUTF, RUSF, nutritional follow up, referral of complicated SAM cases to stabilization centres, systematic medical treatment and health and nutrition promotion to boys and girls less than 5 years and PLWs, conduct food demonstration cooking using local available foods to diversify on food intake and linking beneficiaries to its livelihood projects. It plans to target a total of 4113 under fives (boys and girls), 50 men, 1444 pregnant and lactating women for over an year, 50 men consisting of elders, religious leaders and medicine men will be involved in IYCF activities so that be used to advocate and promote IYCF and hygiene/sanitation good practices. Cafdaro will strictly observe the admission of beneficiaries of boys and girls to rule the community bias towards girls whereby food is always given to boys first compromising on girl child wellbeing. The finding will be used to inform the program and as advocacy for equality for both sexes.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>In Northern Gedo, CAFDARO already delivers emergency nutrition programme through 5 Outpatients Therapeutic Program (OTP) sites and till October 2011 it used to operate over 50 Sites of Targeted Supplementary Feeding program (SFP), in parts of Luug, Dollow and Beled-Xawa edo Region with the support from UNICEF Nutrition Program and Common Humanitarian Fund (CHF) CAP 2011/OCHA. Cafdaro also runs a Wet Feeding Centers that serves as transit centre for IDPs in Luug town supported by UNICEF. In Dollow CAFDARO runs a livelihood project in partnership with World vision and operates one OTP site situated in Handar under UNICEF support. Cafdaro is in the process of establishing 5 TSFP sites in Luug with support from WFP. Cafdaro intends to scale up its life-saving work on emergency nutrition into 12 sites of Dollow hence increasing coverage (> 60%) in terms of taking IMAM services near to the communities resulting to services accessibility leading to reduction in both morbidity and mortality among the under 5s and PLWs. From June 2011 to June 2012 a total of 12469 children below the age of 5 (boys and girls) were admitted in the program in Luug, Dollow and Beled Xawa (SFP-9437.OTP-3032). A total of 6,328 PLWs were attended to and benefited from IYCF promotion sessions.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To reduce mortality, morbidity and suffering associated with moderate and severe malnutrition among the under fives and PLWs in 1		
(B) Outcome 1*	Establishing of 5 OTP's and 12 TSFP's in Dollow providing nutritional treatment with RUTF,RUSF, nutritional follow up, systematic r		
(C) Activity 1.1*	SAM/MAM children < 5 years (2051 boys and 2052 girls) and 1444 PLWs are admitted in the nutrition programme in the 12 targeted		
(D) Activity 1.2	Severely malnourished children < 5 years (83 boys and 84 girls) with medical complications are referred to nearby stabilization cen		
(E) Activity 1.3	Support the provision of appropriate micronutrient supplementation, immunization and de-worming to boys and girls less than 5 year		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 5547
(G) Indicator 1.2	Nutrition	Number of children (boys and girls less than 5 years) referred to	Target 83
(H) Indicator 1.3	Nutrition	Number of children (boys and girls less than 5 years) and PLWs	Target 5547
(I) Outcome 2	SAM/MAM mothers ,PLWs and men are provided with local food demonstrations, IYCF and hygiene education on every visit to OTP		
(J) Activity 2.1	Provision of nutrition education promotion sessions with main focus on IYCF recommended Key family practices for child health tar		
(K) Activity 2.2	Conduct food demonstration cooking using local available foods before food distributions targeting pregnant and lactating women a		
(L) Activity 2.3	Delivery of weekly hygiene promotion activities (community meetings, focus group discussions, theatre performances, demonstratio		
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	Target 55
(N) Indicator 2.2	Nutrition	Number of mothers and PLWs present during the demonstration	Target 555
(O) Indicator 2.3	Nutrition	Number of PLWs,men and mothers with improved hygiene know	Target 560
(P) Outcome 3	Train 36 nutrition staff on Somali IMAM guidelines and 60 Community Nutrition Volunteers are trained on screening, referral proces		
(Q) Activity 3.1	Provide a 4 day comprehensive training to 36 nutrition staff (50% male and 50% female) on management of acute malnutrition usin		
(R) Activity 3.2	Community Nutrition Volunteers (30 male and 30 female) trained on and supervised on active case finding,IYCF and safe hygiene		
(S) Activity 3.3	Training and supervision of 60 CNVs (30 male and 30 female who will Identification and refer of cases of diarrhoea, respiratory tra		
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 36
(U) Indicator 3.2	Nutrition	Number of Community volunteers trained on case finding	Target 60
(V) Indicator 3.3	Nutrition	Number of trainings offered on identification and referral of child;	Target 2
(W) Implementation Plan*	<p>The IMAM components of the proposed project targets severely and moderately malnourished children aged 6 to 59 months (boys and girls) and PLW's. The programme will establish the IMAM component through 12 SFP sites and 5 OTP sites in Dollow, and then extend activity to cover the remaining elements of the BNSP. Cafdaro will also train provide technical support for nutrition staff as well as Community Nutrition Volunteers (CNVs). Cafdaro has shown high levels of awareness and significant flexibility and adaptability in the face of previous challenges to its emergency nutrition programme delivery in Luuq,Dollow and Beled Xawa. Emergency nutrition must be viewed within a wider, multi-sectoral drought response – cases of malnutrition must be treated whilst also supporting food access, livelihoods, and safe, clean water at household level in the most affected areas. Cafdaro will link OTP beneficiaries to it's livelihood program and work with other partners in the district to incorporate and inter-connects all of these elements.Cafdaro will employ 5 OTP nurses (1 per OTP site) and 6 TSFP nurses (Per 2 TSFP sites),12 screeners(6 OTP,6 TSFP) and ,6 mobilizers and 6 TSFP registrars 60 (30 male,30 female) CNVs will be recruited with 5 per village, 1 office storekeeper will man the warehouse and will be supported by the logistician.The staff will undergo a 4 day extensive training on IMAM based Somali IMAM guidelines upon the project implementation. The project supervisor will oversee the project day to day management while the nutrition adviser will provide trainings and required technical support. Cafdaro will continue to take lead in the region on cluster coordination,representation at Nairobi level will still be done by the project coordinator and director.Communities will be mobilized and sensitized through the development of area committees and awareness training. Communities need to understand the aims and objectives of nutrition programmes in order to make maximum use of them. Identification of malnourished children will rely on communities being able to identify these children and refer them for early treatment.Beneficiaries of the proposed project will be identified through screening using anthropometric measurements at the sites. Outpatient Therapeutic Programme (OTP) and Targeted Supplementary Feeding Programme (TSFP) site. Admission criteria follows internationally accepted WHO standards. Acute malnourished children and PLW fitting the following criteria will be admitted to the programme:</p> <ul style="list-style-type: none"> *Severe acute malnutrition (SAM): Children aged 6 – 59 months with <115mm MUAC AND/OR <-3 z-score (WHO Growth Standards, 2006) will be admitted to OTP *Moderate acute malnutrition (MAM): Children aged 6 – 59 months with >=115mm & <125mm MUAC AND/OR >= -3 z-score & <-2 z-score (WHO Growth Standards, 2006) admitted to TSFP *Malnourished mothers: Pregnant/lactating (less than six months) with MUAC <210mm admitted to TSFP. □ *Severely malnourished children with medical complications (e.g. oedema) and malnourished infants <6 months of age will be referred to hospitals for inpatient stabilisation services. <p>We already have a live agreement with UNICEF which would be amended to fit in this new sites in terms of supplies for OTP and the same would apply to WFP to cater for supplies for TSFP.</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) *

The project will be monitored, evaluated and reported on using a range of mechanisms:
 -Existing and, where appropriate, new / updated nutrition surveys for Dollow to establish baseline.☐
 - Monthly SFP statistics (disintegrated by sex and age), screening reports, review of OTP/SFP cards.☐
 -EPI and de-worming statistic.
 -Training reports re: OTP/TSPF staff / CNV's attending training and feedback / learning from training.☐
 -NYCF attendance reports re: weekly education sessions with PLW.☐

Cafdaro field staff stationed in the project area will be responsible for ensuring the proper implementation of this operation in accordance with the agreed terms. This field staffs will be trained in monitoring, evaluation and reporting using standardized monitoring formats developed by UNICEF/WFP. Internally, project staff holds weekly meetings at the field level to review all operation plans and to offer updates on the project implementation status. Nutrition adviser in coordination with project supervisors Coordinator will be will be responsible for monitoring and ensuring quality; this adviser will also be responsible for providing all required technical support to the nutrition teams. Specific meetings will be held with the staff every month to monitor and review progress of the project. Case studies and other qualitative information will also be collected. The indicators and outputs would be fine tuned with involvement of stakeholders. Reviews will also be conducted to monitor the utilization services and their impact on targeted beneficiaries. It involves all stakeholders and gives an opportunity to get feedback from the communities for improving the delivery mechanism.

On risk analysis and mitigation, there will be regular collection and analysis of project related information, in order to inform decision making, ensure accountability, manage risk and provide the basis for evaluation and learning. The monitoring involves the regular review of a projects performance on both a quantitative basis (i.e. measurable units such as time spent, expenditure etc) and a qualitative basis (i.e. more general attributes such as how smoothly the project runs, the satisfaction of those involved etc). Monitoring will help Cafdaro answer questions about projects progress and will be crucial when it comes to the final evaluation. Regular reporting will check progress of the project against the set objectives and indicators. This will inform timely changes and readjustments will be done to keep the project on track. Cafdaro has standard financial management system which is yet to be improved. It includes up to date monitoring, internal control and risk management mechanism. Cafdaro also provides two week-long financial management trainings for its finance staff and project coordinator on budget management or support responsibilities. So, all staff dealing with funds either from UNICEF/WFP or CHF will have a refreshed thorough understanding of Cafdaro financial management systems and donor reporting requirements. Currently, the main Cafdaro financial management office is based in Luug which provides financial management support capacity to field programmes. Cafdaro also monitors all grants on a monthly basis in order to ensure better controls of expenditure. Cafdaro is in the process of standardising its procurement policy and guidelines which will be applied while procuring goods and services for the project. Cafdaro is also establishing a system for internal and external audits of all the expenditure of the projects within the organisation and this will be is

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

Activity	Timeframe					
	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
1.1* SAM/MAM children < 5	X	X	X	X	X	X
1.2 Severely malnourished	X	X	X	X	X	X
1.3 Support the provision of	X	X	X	X	X	X
2.1 Provision of nutrition ed	X	X	X	X	X	X
2.2 Conduct food demonstra	X	X	X	X	X	X
2.3 Delivery of weekly hygie	X	X	X	X	X	X
3.1 Provide a 4 day compre	X					
3.2 Community Nutrition Vol	X			X		
3.3 Training and supervisor	X			X		

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 Trocaire	Coordinate and cooperate with Trocaire on immunizations, referrals of SAM comp
2 MSF OCA	Coordinate and cooperate on referral of complicated SAM cases to their stabiliza
3 World Vision	Coordinate and cooperate on inclusion of beneficiaries on their livelihood and wa
4 CEDA	Coordinate and cooperate on transfers of beneficiaries on their OTPs, TSFPs, liv
5 UNICEF	Coordinate and cooperate on technical guidance, reports and supplies
6 Nutrition cluster	Coordinate and collaborate on coverage, overlaps, response, needs, meetings and
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 is mainstreamed in all Cafdaro's interventions. The project staff will
Capacity Building		