

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*	DirectAid																																						
(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*	Integrated Management of Acute Malnutrition for the children underfive pregnant and lactating women in Garbaharey and Bardera Districts of Gedo Region																																						
(D) CAP Project Code	SOM-12/H/48375	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*	\$ 310,100.60	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	Protection																																						
(L) Beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total beneficiaries</td> <td>81</td> <td>3581</td> <td>3662</td> </tr> </tbody> </table> <p>Total beneficiaries include the following:</p> <table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Children under 5</td> <td>4450</td> <td>4550</td> <td>9000</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>3250</td> <td>3250</td> </tr> <tr> <td>Promoters, Caretakers, committee mem</td> <td>81</td> <td>331</td> <td>412</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Men	Women	Total	Total beneficiaries	81	3581	3662		Men	Women	Total	Children under 5	4450	4550	9000	Pregnant and Lactating Women	0	3250	3250	Promoters, Caretakers, committee mem	81	331	412		0	0	0								
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(M) Location	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	<table border="1"> <thead> <tr> <th>1</th> <th>Budget:</th> <th>\$</th> </tr> </thead> <tbody> <tr><td>2</td><td>Budget:</td><td>\$</td></tr> <tr><td>3</td><td>Budget:</td><td>\$</td></tr> <tr><td>4</td><td>Budget:</td><td>\$</td></tr> <tr><td>5</td><td>Budget:</td><td>\$</td></tr> <tr><td>6</td><td>Budget:</td><td>\$</td></tr> <tr><td>7</td><td>Budget:</td><td>\$</td></tr> <tr><td>8</td><td>Budget:</td><td>\$</td></tr> <tr><td>9</td><td>Budget:</td><td>\$</td></tr> <tr><td>10</td><td>Budget:</td><td>\$</td></tr> <tr><td></td><td>Total</td><td>\$</td></tr> <tr><td></td><td>Remaining</td><td>\$ 310,101</td></tr> </tbody> </table>			1	Budget:	\$	2	Budget:	\$	3	Budget:	\$	4	Budget:	\$	5	Budget:	\$	6	Budget:	\$	7	Budget:	\$	8	Budget:	\$	9	Budget:	\$	10	Budget:	\$		Total	\$		Remaining	\$ 310,101
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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* Ahmed Mohamed Ali	Title Project Coordinator																																					
	Email* garu2@yahoo.com	Phone* +25268562010																																					
	Address Garbaharey, Gedo, 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>Post Gu Nutrition assessments conducted by FSNAU in May '12 in Gedo region 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 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. Data from health facilities from January to July 2012 in the pastoral, agro-pastoral and riverine livelihood zones of Gedo region, indicate a high (>20%) and decreasing trend of acutely malnourished children. The analysis indicates a sustained Very Critical nutrition situation in the two livelihoods in Gedo region.</p> <p>There was no statistically significant difference in the proportion of boys and girls acutely malnourished in both surveys (p> 0.05). The 90 days retrospective crude death rate 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 (Table 5). 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. Nutrition assessments conducted in two livelihoods zones of Gedo region recorded a higher proportion of acutely malnourished boys than girls in the pastoral (31% vs 25.9%) and riverine (26.7% vs 17.8%) livelihoods. Similarly, a higher proportion of acutely malnourished boys than girls are observed in the IDPs (31.1% vs 21%). However, these differences are not statistically significant (Pr<75%). Similar patterns are more or less observed in the other forms of malnutrition where in the pastoral livelihood, 15.4% of boys compared to 19.6% of girls were stunted; and 24.4% of boys as compared to 21.9% of girls were underweight. In the riverine livelihood 20.6% of boys compared to 17.1% of girls were stunted; and 23.6% of boys as compared to 18.2% of girls were underweight. In the IDPs, 29.3% of boys compared to 30.4% of girls were stunted; and 34.6% of boys as opposed to 28.7% of girls were underweight. A higher proportion of girls than boys were reportedly ill two weeks prior to the assessment in the pastoral, agro-pastoral and riverine populations. However, there is no statistically significant difference between the sexes showing that they were both in the pastoral and riverine livelihoods of Northern Gedo and among the Dolow 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). The proportion of acutely malnourished pregnant and/or lactating women ranged between 24.1% (Serious) among the IDPs population to 30% (Critical) in the pastoral livelihood. The maternal malnutrition in IDPs is Critical among the pregnant and lactating women, with 24% of the assessed women recording MUAC measurements of <23cm. The high levels of acute malnutrition among the pregnant and/or lactating women are linked to increased nutrient needs during these periods which may not be met. According to FSNAU, it is therefore crucial to initiate or continue interventions targeting the health and nutrition of the population and also address the underlying causes of food insecurity and disease, therefore close monitoring of the situation is crucial.</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>Recurrent droughts in Garbaharey and Bardera districts have impacted the health and nutrition service infrastructures benefiting to children under five. Increasing life-threatening gaps in the coverage of essential health and nutrition services are compounded by inadequate access to safe water and sanitation, increasingly eroded livelihoods and mass displacement. The district is characterized by volatile security situation, severe droughts, displacement from the current fighting between Al-shaab and TFG/ASWJ and very critical nutrition situation. The last rainy season was below average in the target area; in addition to that, conflict from civil unrest and limited access for humanitarian agencies has had a direct effect on the availability and access of food commodities in the area. Recent food price market survey has showed a significant increase in the prices of the important staple foods. The chronic factors affecting the rates of acute malnutrition in Garbaharey and Bardera are poor child care and feeding practices, poor sanitation and hygiene practices, inadequate supply of safe drinking water and limited access to health and nutrition services. Indeed the conjugate effect of chronic and acute factors have deprived children of the essential nutrients required for growth and development while exposing them to higher risk of childhood illnesses because of inappropriate care. The capacity of the affected communities to withstand the crisis is very limited. Therefore, There is great concern that Malnutrition levels will continue to rise with associated increase in mortality in this districts. Distress coping strategies will increase such as consumption of poor quality diet and reduced HH meals, movement to refugee camps in Kenya and Ethiopia, families splitting, movement into areas with lower cereal prices or relief assistance including central regions and Mogadishu. The capacity of the affected communities to withstand the crisis is very limited.</p> <p>This nutrition project aims at treating Malnourished Under five children and pregnant and lactating women from both MAM and SAM as well as training project staff and community health workers. The project will reach 9000 under fives of which 4450 are boys while 4550 are girls and 3250 pregnant and lactating women andcommunity health workers.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>Direct Aid, an active International organization, is currently implementing Targeted Supplementary Feeding Program (SFP) and Community Health Promotion (CHP) in Garbaharey and Bardera districts in partnership with UNICEF. Together with this nutrition interventions, Direct Aid is implementing WASH and livelihood projects in Bardera. We also have Primary Health Care in Bardera. DA has orphanage care centers to support the vulnerable orphan children who are in dire need for assistance. In Somalia, the orphans are always the most at-risk group who need special care, in particular, in the period of disaster and humanitarian emergencies. Direct Aid is planning to start soon distribution of NFIs kits to the IDPs and distribution of relief food to the most vulnerable communities in these areas in an integrated response package aiming at improving the effectiveness of the nutrition intervention. Direct Aid will work with other clusters to interlink this nutrition project with other sectors responses. As there is a big gap and the nutrition situation drastically deteriorates, Direct Aid has proposed to scale up the nutrition response and requested UNICEF to provide in-kind supplies while OCHA will provide cash contribution. Therefore Direct Aid hereby kindly requests cash support for these eighteen (18) SFP centers and five (5) OTP centers from UNOCHA through Common Humanitarian Fund to reach 12250 beneficiaries. The specific locations of both fixed SFP and OTP are in the locations part of the database.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Acutely malnourished boys, girls and pregnant and lactating women are treated by having access to and utilizing quality services for		
(B) Outcome 1*	9000 Under Five boys, girls and pregnant and lactating women in the target area screened, admitted and treated in an integrated T		
(C) Activity 1.1*	Admit malnourished Under five girls, boys and pregnant and lactating women in 18 SFP centers and five OTP centers in in Garbaha		
(D) Activity 1.2	Treat, follow up and discharge on recovery 9000 under five children (girls: 4450 , boys: 4550)and 3250 Pregnant and lactating wor		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 12250
(G) Indicator 1.2	Nutrition	Number of U5 children & PLW treated, followed up in 18 TSFP a	Target 12250
(H) Indicator 1.3	Nutrition		Target
(I) Outcome 2	Essential components of the BNSP supported and implemented		
(J) Activity 2.1	Conduct IYCF promotion sessions for mothers and care-takers on a monthly basis in the SFP and weekly basis at the OTP		
(K) Activity 2.2	Provide children and PLW with appropriate Micro-nutrient supplementation : Vitamin A, Deworming, Zinc etc, FeFo, MMN) at SFP/O		
(L) Activity 2.3	Optimal maternal nutrition messages		
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	Target 12
(N) Indicator 2.2	Nutrition	Number of children provided with Micro-nutrient supplementation	Target 9000,
(O) Indicator 2.3	Nutrition	Number of women provided with optimal maternal care at the SF	Target 3250
(P) Outcome 3	Improved Capacity of staff, Community Health Workers and community at and around SFP and OTP centers to manage malnutritio		
(Q) Activity 3.1	Train 72 project staff (Female: 36, Male: 36) and 90 community health workers (Female: 45, Male: 45) and 250 mothers on manag		
(R) Activity 3.2	Conduct community mobilization and awareness for both men and women on nutrition, malnutrition, and its identification at the SFP		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 412
(U) Indicator 3.2	Nutrition	Number of community mobilization and awareness held at SFP :	Target 4
(V) Indicator 3.3	Nutrition		Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>By using taking anthropometric measurement, children between >-3 and <-2 Z-score or MUAC &#8805;11.5 & <12.5 without Oedema and Pregnant and lactating women with MUAC <21cm will be admitted into the SFP/OTP. Registrars will gather all the necessary beneficiary information from the screeners, register the malnourished individual, pregnant and lactating mothers and issue out a ration card. Nurses will check medical conditions, immunization status, anaemia and common infections then record the information. All beneficiaries will receive systematic treatment to cure any infections as well as minimize chances of becoming infected. Counseling sessions will be arranged for those caretakers or individuals that need additional information to improve their nutritional and health status at the centers each month. GATHER approach will be used to relay nutritional and health related messages to the beneficiary. Health and nutrition educational messages conducted at the SFP centers each month and educators will use IMAM Field Guide for Health and Nutrition to develop messages and key action points for the beneficiaries.</p> <p>Community Education and Hygiene Promotion campaigns will also be held for times during project life. 4 days IMAM training will be given to 72 project staff at the start of the project, then refreshment training after six month . 90 Community health workers will be given 2 days training, and mothers/care-takers of 250 will also be trained on the management of acute malnutrition for 4 days.</p> <p>Food rations (RUSF) will be distributed as dry take home ration on monthly bases. Each beneficiary will receive RUSF each month.UNICEF will provide all the supplies including SFP materials and medicine. Food will be stored as per UNICEF guidelines on storage and handling of supplementary food commodities. Direct Aid will transport supplies from its central warehouses in Garbaharey and Bardera to the respective SFP/OTP locations.five liters of clean Water will be provided to the SFP beneficiaries at the centers per person per day. Follow-up and home visits will be established according to IMAM Guidelines. Beneficiary will be discharged if cured, died, transferred, defaulted for 2 consecutive visits or became non-respondent.</p> <p>Direct Aid will ensure local community to play an important role in the project implementation, monitoring and evaluation. DA will closely coordinate project activities with local authorities. Regular discussions will be organized with the community to understand the risk of malnutrition, screening and referral systems to SFP/OTP. Community will take a crucial role in the security of the sites and smooth running of project activities.</p> <p>Reports will be timely submitted to UNOCHA and UNICEF. Direct Aid will regularly Participate in the national and regional coordination meetings. In this critical time, Direct Aid will share weekly updates of its activities and situation progress with OCHA, UNICEF and nutrition cluster.</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 program performance will be assessed through monthly monitoring of program activities to establish progress towards meeting the targets set in the logical framework.
 In order to ensure the most effective monitoring, Direct Aid has put the following mechanisms in place, in addition to the regular reporting systems:
 All essential data that is recorded in the ration card and register should be used to establish the overall performance of the program. On a monthly basis the program supervisors should use this information to determine, numbers of beneficiaries admitted, number discharged cured, number defaulted, number that did not respond to treatment and number that died. This information will be filled out the monthly reporting format.
 Periodic monitoring exercises (monthly meetings with internal staff, quarterly meetings with relevant stakeholders) will allow the opportunity to address management and monitoring issues.
 Information related to indicators in the logical framework will be collected by project staff at regular stages during project implementation. Progress in relation to these indicators will be presented in monthly, interim and final reports.
 Regular support and supervision by e-mail and telephone.
 Monthly financial monitoring against disbursement plan
 Other monitoring events include planned visits to communities, project sites in TSFP/OTP, discussions, meetings, and consultations with authorities and other project partners; workshops, stakeholder meetings, and feedback meetings.
 Regular monitoring of the distribution will be mandatory to ensure rightful children get the ration and routine medicines in the OTP and SFP centers.
 Post distribution monitoring will be conducted monthly to find out the utilization of supplementary ration by the target children at household.
 Project indicators against outcomes will be used to monitor project performance on a monthly basis
 Some of the baseline data required is already available. The rest of it would be collected from all project locations in the initial phase of the project.
 Mid term evaluation will be done by external evaluators. This will enhance to bring changes to complete project activities. Final evaluation will also be done by external evaluators, beneficiaries' representatives, OCHA and Direct Aid. The project will be reviewed quarterly and any required changes will promptly be put in place.
 Progress reports will be submitted to OCHA on a monthly basis. Midterm report will be submitted at the middle of project period and final reports will also be submitted to OCHA at the end of the project.

(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* Admit malnourished Und	X	X	X	X	X	X
1.2 Treat, follow up and disc	X	X	X	X	X	X
1.3 Conduct IYCF promotion	X	X	X	X	X	X
2.1 Provide children and PL	X	X	X	X	X	X
2.2 Optimal maternal nutritio	X	X	X	X	X	X
2.3 Train 72 project staff (Fa	X	X	X	X	X	X
3.1 Conduct community mo	X	X	X	X	X	X
3.2 Conduct community mobilization and awareness for both men and women on nutrition, malnutrition, and its identification at the SFP a						
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 NCA	Provides education, water and relief food in Garbaharey. Having clean water and
2 GHC	Provides health services in Garbaharey. This will help Direct Aid to transfer child
3 OCHA	Coordinates humanitarian responses. Direct Aid will regularly Participate in the
4 SRCS	Implements SC in Bardera. Direct Aid will refer the complicated SAM cases to its
5 Nutrition Cluster	Diirect Aid will participate in both field cluster and nairobi cluster meetings
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 This program will Integrate a gender dimension – i.e. an understanding of	
Capacity Building		