

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*	DEH Relief and Development 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*	Strengthening of nutrition program by incorporating aspects of behaviour change communication through community nutrition messages and hygiene promotion to reduce malnutrition in Hobyo		
(D) CAP Project Code	SOM-12/H/48347	Not required for Emergency Reserve proposals outside of CAP	
(E) CAP Project Ranking	Low	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*	\$ 193,115.52	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	Nutrition		
(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)		
		Men	Women
	Total beneficiaries	325	440
	Total beneficiaries include the following:		
	Promoters, Caretakers, committee mem	200	250
		0	0
		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	1,DEH	Budget: \$ 205,276
	2		Budget: \$ -
	3		Budget: \$ -
	4		Budget: \$ -
	5		Budget: \$ -
	6		Budget: \$ -
	7		Budget: \$ -
	8		Budget: \$ -
	9		Budget: \$ -
	10		Budget: \$ -
		Total	Budget: \$ 205,276
		Remaining	Budget: \$ (12,160)
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 Abdullahi Hassan	Title
	Email*	deh_org@hotmail.com	Phone*
	Address	Wadajir, Mogadishu, Somalia	+254710578183/+252615530658

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>DEH organization operation areas fall into three main distinctive likelihoods zones: Addun pastoral, Coastal Deeh and central region agro pastoral. Therefore according to integrated analysis of data from nutrition assessments conducted by the FSNAU (Post GU '12-Technical Series Report No VI. 47, September 26, 2012) among the populations of Hawd and Addun Livelihood zones of Mudug and the health and feeding facilities' information shows a sustained serious phase in the Addun and an improvement from Critical to Serious situation in Hawd pastoral livelihood. The Hawd pastoral livelihood assessment reported a GAM rate of 11.2% (8.9- 14.0) and a SAM rate of 1.8% (0.9 – 3.4). Boys (11.4%) and (10.9%) girls were equally affected. In Addun assessment, the GAM rate was 14.5% (11.1-18.9) and the SAM rate was 2.4% (1.3 – 4.3) with two (0.3%) oedema cases reported, indicating a sustained Serious nutrition situation and no change from the respective GAM and SAM rates of 12.1% (9.0-16.0) and 2.8% (1.6-5.0) recorded in December '11. There are no significant differences in the level of acute malnutrition by gender, even though a higher proportion of assessed boys (16.2%) compared to girls (12.7%) are acutely malnourished (WHZ<- 2/oedema),the organisation will address why boys are more vulnerable in terms of malnutrition. The Coastal Deeh pastoral livelihood assessment reported a GAM rate of 16.2% and a mean weight-for-height Z score of -1.04 (±1.49). The HIS data from health facilities in the Coastal Deeh of central areas remains high (>20%) and show a stable trend. an assessment carried out by DEH (August 2012) showed the situation has gone from bad to worse in Hobyo district particularly along the coastal deeh where majority of the people lost almost their entire livestock assets to the subsequent drought that hit the area hence prices of milk has skyrocketed. further the assessment revealed that there are some cases of AWD outbreak in South Hobyo and this can be attributed to the lack of WASH activities in the area. majority of the households do not access clean water simply because they cannot afford to buy WASH items such as Jerry cans or even buy soaps for household. this seriously undermines the nutrition intervention implemented by DEH with UNICEF in Hobyo. lack of clean water and poor hygiene & sanitation further aggravates the malnutrition level,the average household are not sensitized on the importance of maintaining basic hygiene practices such as cleaning hands after visiting toilet, washing hands before eating and so on. majority of the mothers who visit DEH OTP/SFP sites are found to be lacking the simple knowledge of keeping the children clean. poor feeding of infants and young children exist</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>The DEH organization is currently undertaking a TSFP program in Hobyo with WFP as well as the FFW program. DEH is also implementing OTP and BSFP with UNICEF in Mudug and Galgaduud regions respectively and has more than 8 years' experience in humanitarian interventions in Somalia. The organization is an active member in all UN lead clusters. DEH has competent staff whose knowledge in nutrition is enormous. Although the organization is addressing malnutrition problem by implementing OTP TSFP projects in Hobyo since 2011, there are still underlying challenges related to infant and young child care practices, lack of clean water and poor hygiene & sanitation, lack of effective training among health care givers, community sensitization, poor public health & environment which exacerbates the problem further. These factors undermine significantly impact of the program and the progress of the intervention. Young children and infants both boys and girls are most vulnerable especially when they do not get clean water, or are handled in unhygienic manner such as during feeding. Pregnant and lactating women have little knowledge on the importance of clean feeding and maintaining good hygiene of their infants and young children as this contribute the child well being outcome. During the deyr rainy season, children are always at risk of AWD/Cholera diseases. According to FSNAU food security analysis, the coastal area of Hobyo is facing humanitarian emergency meaning the lives of people especially the vulnerable ones are at risk and with presence of aggravating factors the situation may get even worse. An assessment carried out by DEH organization in mid August revealed that majority of the households do not access clean water simply because they cannot afford to buy WASH items such as Jerry cans or even buy soaps for household. Lack of clean water and poor hygiene & sanitation further aggravates the malnutrition level and the situation is likely to worsen after second round effects of October –December rains. Infants and young children both boys and girls, pregnant and lactating women who are malnourished are at highest risk. Other groups including men are also at risk in case outbreak of cholera happens. Last year there was an outbreak of AWD which was reported by DEH and confirmed by WHO through test. the project will target 490 boys, 545 girls, 325 men and 440 women with behavioural change messages.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>DEH is currently implementing OTP and TSFP in Hobyo that includes activities such as, IMAM and IYCF activities including discharges, de-worming and provision of micronutrients supplements with support from UNICEF. However as noted above, the underlying causes of malnutrition are still a problem. Therefore DEH intends to incorporate hygiene promotion, knowledge in terms of good nutrition practices, infant feeding, and proper child care practices and integration of WASH activities in nutrition program in order to strengthen the impact of the project intervention and to prevent the most severe cases of malnutrition and reduce mortality and morbidity among children under the age of five both boys and girls and PLW. The following are the activities proposed to strengthen the project:</p> <ol style="list-style-type: none"> 1) Mobilization and formation of Community nutrition promoters: 450 active members consisting of 250 women and 200 men will be selected in a broad consultation. They will pass the message of adopting safe water handling skills for their households, IYCF activities, among other health practices. This is aimed at reinforcing positive behaviour change through social cohesion and the positive deviant approach for child hood disease prevention, conflict mitigation through gender based approach,mobilization and extensive sensitization of community leaders, local authorities, men and women on nutrition activities and practices, this will take the form of behavior change communication (BCC) to address the culture and social contextual issues that cause malnutrition among young and infants and PLW in Hobyo. 2) Provision of WASH items such as water purification and soaps. DEH anticipates the problem of Hygiene and sanitation to deteriorate during the lean season after December rains due to flooding that may ultimately result in AWD outbreak, therefore these proposed measures will go all the way to mitigating risks and will strengthen the impact the OTP intervention.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To reinforce nutrition messages and create behavior change and prevent malnutrition by disseminating nutrition, health and hygiene i		
(B) Outcome 1*	60% of the community members both women, men, boys and girls are educated and aware of nutrition messages		
(C) Activity 1.1*	community mobilization and selection of health workers, volunteers consisting of 200 men and 250 women to be trained on basic nu		
(D) Activity 1.2	Identify Health/ nutrition centres, where training shall be conducted, identify community leaders, households and individuals to bring		
(E) Activity 1.3	Distribute the training materials, T-shirts to health/nutrition training centres to be distributed to men and women, volunteers, health v		
(F) Indicator 1.1*	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target* 450
(G) Indicator 1.2	Nutrition	Number of nutrition centers visited/number of community leaders	Target 10
(H) Indicator 1.3	Nutrition	number of men and women receiving Gabasaar and T-shirts	Target 450
(I) Outcome 2	1800 girls, boys, men and women are empowered on hygiene promotion messages and receive bar soaps and water purification t		
(J) Activity 2.1	community mobilization and sensitization on importance of hygiene promotion messages, selection of 1800 individuals among the r		
(K) Activity 2.2	Distribution of bar soaps to the most vulnerable target beneficiaries for maintaining good health and hygiene promotion practices .		
(L) Activity 2.3			
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	Target 1800
(N) Indicator 2.2	Nutrition	Number of bar soaps distributed	Target 21600
(O) Indicator 2.3			Target
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1			Target
(U) Indicator 3.2			Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>DEH is already implementing an OTP project in Hobyo since 2011 trying address the malnutrition problem in the area. However, there still exist gaps in tackling some of the underlying causes of the malnutrition such as poor hygiene & sanitation practices, lack of clean water and poor child care practices. According to the latest FSNAU report, the coastal deeh is in emergency situation and this may further exacerbate the situation and cost the lives of the most vulnerable members of the communities such as children both boys and girls and PLW. The project intends to address these problems by undertaking activities such as hygiene promotion campaign which will be stepped up in Hobyo locations where DEH is undertaking OTP program.the organisation through consultation with the community will select 450 community mobilisers consisting of 250 men and 200 women. they will be selected from the community groups such as women groups , religious leaders, youth groups and community leaders. they will be trained on the underlying causes of malnutrition such as knowledge attitude practice especially PLW washing breast before breastfeeding and hands after visiting toilets to maintain hygiene promotion. T-shirts and Garbasaar will be distributed to the trainees which have behaviour change reinforcement message . They will target health facilities, community leaders, schools as teachers can set a good example in reinforcing health in their programs and being examples to students, households and individuals to bring positive and lasting changes in attitudes, knowledge and behavior. Secondly, distribution of hygiene promotion items such as soaps to 1800 individuals . these activities are meant to compliment the impact of the nutrition program. the community will be included in the project implementation and will be encouraged to participate so as to create ownership by community. they will be sensitized on the object of the project while being gender sensitive. A KAP survey will be conducted at the end of the project to see if peoples knowledge, attitude are changed as the result of the project intervention in the area. the information collected at the end of KAP survey and the lessons learnt will be shared with donors and partners</p>		

5. MONITORING AND EVALUATION (to be completed by organization)

<p>(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) *</p>	<p>A monthly monitoring mechanism will be put in place to ensure effective and timely monitoring. DEH will be part of integral monitoring process, decision making, address uncertainty and assumption, take human factors into account, be capable of continue improvement and enhancement, dynamic and responsive to change to mitigate risk of the programme and financial management. DEH relief and development organization has also put the following mechanisms in place, in addition to the regular reporting systems: Periodic monitoring exercises (monthly meetings with internal staff, quarterly meetings with relevant partners) to allow the opportunity to address management and monitoring mechanisms. It will also design a program that develop hygiene promotion strategy that is responsive to the level of awareness of behaviour and that it provides a process for measuring behaviour change. OTP monitoring using a standard check-list will be carried out on a monthly basis to see how knowledge attitude and practice on behaviour change affect the nutrition program. Findings will be shared with the OTP staff and action-points set and followed. 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 will be done by e-mail to the funding agency. Monthly financial and monitoring against disbursement plan will be produced as measure to mitigate financial risks. Other monitoring events include: planned visits to communities, project sites in discussions, meetings, and consultations with authorities and feedback meetings; an IMAM baseline coverage survey will be done by an internal evaluator at the beginning and at the end of the project for comparison. Some of the baseline data required is already available. The rest will be collected from all project sites in the initial phase of the project. DEH relief and development organization will provide monthly financial and technical reports to the funding agency until the final project implementation.</p>																																																																																								
<p>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<table border="1"> <thead> <tr> <th rowspan="3">Activity</th> <th colspan="6">Timeframe</th> </tr> <tr> <th colspan="6">Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</th> </tr> <tr> <th>Month 1-2</th> <th>Month 3-4</th> <th>Month 5-6</th> <th>Month 7-8</th> <th>Month 9-10</th> <th>Month 11-12</th> </tr> </thead> <tbody> <tr> <td>1.1* community mobilization</td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.2 Identify Health/ nutrition</td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.3 Distribute the training ma</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>2.1 community mobilization</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>2.2 Distribution of bar soaps</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>2.3 Conduct KAP survey at b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.1 0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.2 0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.3 0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							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* community mobilization	X	X	X				1.2 Identify Health/ nutrition	X	X	X				1.3 Distribute the training ma	X	X	X	X			2.1 community mobilization	X	X	X	X	X	X	2.2 Distribution of bar soaps	X	X	X	X	X	X	2.3 Conduct KAP survey at b							3.1 0							3.2 0							3.3 0						
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6. OTHER INFORMATION (to be completed by organization)

<p>(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</p>	<p>Organization 1 DEH will closely work with other NGO in 2 Nutrition Cluster 3 4 5 6 7 8 9 10</p>	<p>Activity These organizations are implementing TSFP and OTP with WFP and UNICEF re Coordinates at field and nairobi levels</p>									
<p>(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</p>	<table border="1"> <tr> <td>Cross-Cutting Themes (Yes/No)</td> <td>Outline how the project supports the selected Cross-Cutting Themes.</td> <td>Write activity number(s) from section 4 that supports Cross-Cutting theme.</td> </tr> <tr> <td>Gender</td> <td>Yes DEH will consider the unique needs of the various sex groups by identifying the</td> <td></td> </tr> <tr> <td>Capacity Building</td> <td></td> <td></td> </tr> </table>		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 DEH will consider the unique needs of the various sex groups by identifying the		Capacity Building		
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