

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*	OXFAM Netherlands (NOVIB)			
(B) Type of Organization*	<input type="checkbox"/> UN Agency	<input type="checkbox"/> International NGO	<input type="checkbox"/> Local NGO	International NGO
(C) Project Title*	Integrated Management of Acute Malnutrition (IMAM) amongst under fives and pregnant and lactating women in Hiran region.			
(D) CAP Project Code	SOM-12/H/48372	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*	\$ 614,733.78	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	7 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 ( <a href="http://www.fsnau.org">http://www.fsnau.org</a> )			
		Men	Women	Total
	Total beneficiaries	300	4998	4998
	Total beneficiaries include the following:			
	Children under 5	3097	3564	6661
	Pregnant and Lactating Women	0	3398	3398
	Women of Child-Bearing Age	0	1300	1300
	Promoters, Caretakers, committee mem	300	0	300
(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"/> Salgadood <input type="checkbox"/> Hiraan <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.HARDO	Budget:	\$	734,858
	2	Budget:	\$	-
	3	Budget:	\$	-
	4	Budget:	\$	-
	5	Budget:	\$	-
	6	Budget:	\$	-
	7	Budget:	\$	-
	8	Budget:	\$	-
	9	Budget:	\$	-
	10	Budget:	\$	-
	Total	Budget:	\$	734,858
	Remaining	Budget:	\$	(120,124)
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>				
(O) Agency focal point for project:	Name*	Mercy Khamala (Oxfam Novib)	Title	Ms
	Email*	mercy.khamala@oxfamnovib.or.ke	Phone*	0723441586
	Address			

### 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) *	The FSNAU Post Gu 2012 food security and nutrition outlook, indicates over 2.085 million people in Somalia are currently food insecure. In Hiran, the chronic nature of the nutrition emergency has had devastating impact on child survival and development. This situation has deprived children and women of child bearing age of the essential nutrients required for growth and development while exposing them to higher risk of illnesses (WHO bulletin Nov 2010). In Beletweyne district, FSNAU reported GAM and SAM rates of 16.6% (11.7-22.9) and 3.3% (1.7-6.3) respectively, in July 2012. This was a marked reduction from the same period in 2011 where GAM rates as high as 43.2%(37.7-48.9)were reported. There was no statistical difference in malnutrition between the sexes though a higher proportion of girls was malnourished at 17.6%(11.8-25.5)compared to boys at 15.4%(10.7-21.7).No surveys were conducted in the Post deyr period due to insecurity in the region. Data from health facilities show high (>20%) and increasing trend of acutely malnourished children. Very high morbidity rates of 63.8% were reported in Hiran which also had the highest malnutrition rates among the pregnant and lactating women in Somalia with 37.8% having a MUAC <23.0 cm. The high morbidity rates coupled with the extremely low immunization status – Measles 12.7% (19.4-31.3) and vitamin A supplementation of 20.4%(7.6- 33.1) increase the children's vulnerability to malnutrition, as well as the elevated under five mortality rates as reported by FSNAU. More recently, floods wrecked havoc on livelihoods in Beletweyne increasing the risk for outbreaks of water borne diseases due to poor sanitation, unsafe drinking water amongst others. The risk for pregnant and lactating women, boys and girls under 5, necessitates proactivity in early case finding,promotion of health and hygiene education,promotion of BNSP for the caretakers(fathers and mothers),pregnant and lactating women,support from the community and religious leaders.
(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) *	An Oxfam and partners assessment conducted in August 2012 (South Central and Puntland),revealed that many families in Hiran had insufficient food and a dietary diversity score of less than 4,though food prices and markets are currently more favorable compared to 2011.Poor maternal nutrition,lack of health facilities/services and skilled staff is another area of concern .Demands on the women's time and adjustments to deal with household food insecurity, such as reducing number of meals, increases their risk to malnutrition.High maternal malnutrition rates identified by FSNAU also corroborate with the disproportionately high percentage (over 60%) of adult deaths resulting from pregnancy-related complications. This high death rate of women leaves children without a primary caregiver negatively impacting infant nutrition. Poor access and constant displacement from conflict,drought and more recently floods has also affected access . Challenges in nutrition supplies pipeline for SFP and OTP due to the insecurity in the region,have also had a negative impact on the nutrition program. Moderately malnourished children for example are not treated or followed up in the programme.However, a cash programme was successfully implemented in other districts leading to improved household food security, presenting an opportunity to deliver assistance.Improvements in nutrition and health need to come from a combination of public health campaigns,access to basic health services and increasing household food security.With this proposal,Oxfam is planning for the purchasing of supplies(Ready to Use Supplementary Food) as well as routine medication,for the treatment of moderately malnourished boys and girls under 5 years due to the restrictions on use of supplies from WFP.These supplies will be used to reach a total of 4795 children under 5, screened for moderate malnutrition as well as support the ongoing treatment of 1859 severely malnourished children registered in the OTPs. The provision of vouchers to pregnant and lactating women(1500) as well as a protection ration for the households with malnourished(500) will aid in improving the household food security for the beneficiaries, a major challenge for many of them.In order to improve health seeking behavior, hygiene promotion,health education,IYCF and vitamin A supplementation and all BNSP components will be promoted.Targetting 300 men for hygiene and health promotion is an opportunity which will go along way in ensuring that health seeking behaviour improves and is supported among the target group of pregnant and lactating women as well as the children admitted for treatment.Women of child bearing age will also benefit from these education sessions for positive change in their behavior which will affect and improve the health indicators and reduce maternal and child mortality
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	Oxfam with its partner HARDO, is currently implementing an IMAM programme in Hiran region for management of acute malnutrition. The programme has established OTP sites for treatment of severe malnutrition. SFP has had challenges in uptake due to restrictions from local authorities.The sites conduct screening, admission and treatment of severely malnourished children as well provision of micro-nutrient supplementation for the pregnant and lactating women.Support the provision, training and monitoring of deworming, micronutrient supplementation activities (Vit A and Multiple-micronutrients)for under five and pregnant and lactating women.Support the training, distribution of IEC materials and monitoring of IYCF activities run in the OTP/SFP sites.There is also promotion and support for optimal maternal and nutrition care and IYCF through training and supervision of volunteers/mobilizers. This project plans the provision of food vouchers to 2000 households with acutely malnourished children(500) and 1500 pregnant and lactating women for three months(with separate funding) to improve household food security and encourage health seeking behaviour. Regular admission of 3097 boys and 3564 girls under 5 who are malnourished for the treatment of malnutrition.Provision of information sessions on adequate water and sanitation practices in all the sites .Training and supervision of volunteers/ mobilizers involved screening of SAM and MAM and promotion of nutritious foods.Prevention and management of common illnesses through training community volunteers and caregivers on home treatment of diarrhoea, ARI and fever.Promotion of all components of Basic Nutrition Services Package(BNSP). Promotion and supervision of community volunteers/ mobilizers who screen and refer children for immunization.The project will also target 300 male caretakers who will provide support to their female counterparts and help promote the positive aspects of hygiene, sanitation and health seeking behaviour. Monthly meetings coordination for staff working in the different locations as well as OTW and volunteers, quarterly meetings with local communities.Monitoring and surveillance of impact and activities.

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

<b>(A) Objective*</b>	To contribute to the mitigation of the effects of acute malnutrition among children under-five and pregnant and lactating women in H		
<b>(B) Outcome 1*</b>	Improve and sustain access and utilization of integrated essential quality nutrition services for women and children in existing OTP/T		
(C) Activity 1.1*	Provision of routine screening, admission and management for 6661 malnourished children under 5 and 3398 pregnant and lactatin		
(D) Activity 1.2	Ensure adherence to approved discharge criteria of those children cured, defaulted or died from the treatment programme.		
(E) Activity 1.3	Provision of vitamin A supplementation and deworming for children admitted in the IMAM programme		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	<b>Target*</b> 10059
(G) Indicator 1.2	Nutrition	SAM and MAM treatment programs achieve > 75% cured rates, i	<b>Target</b> 6661
(H) Indicator 1.3	Nutrition	Number of children receiving vitamin A and deworming	<b>Target</b> 6661
<b>(I) Outcome 2</b>	4998 men and women plus 6661 children are provided with evidence based nutrition intervention services in line with Basic Nutrition		
(J) Activity 2.1	Provide training and counseling sessions on IYCF, breastfeeding and complimentary foods to pregnant and lactating mothers.		
(K) Activity 2.2	Provision of essential components of BNSP to 3398 PLW and 6661 malnourished children <5 years in Hiran.		
(L) Activity 2.3	Awareness and promotion sessions on hygiene and sanitation, nutritional and health issues for caretakers, women of childbearing ag		
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	<b>Target</b> 6
(N) Indicator 2.2	Nutrition	Number of beneficiaries attending and receiving BNSP compone	<b>Target</b> 11,659
(O) Indicator 2.3	Nutrition	Number of caretakers (men and women), pregnant and lactating	<b>Target</b> 4998
<b>(P) Outcome 3</b>	Capacity building of implementing partner (HARDO) staff and community volunteers in management of acute malnutrition.		
(Q) Activity 3.1	Training and capacity building of staff in identification and management of acute malnutrition, counselling of caretakers on IYCF, ide		
(R) Activity 3.2	Community health workers trained on identification of malnutrition, screening and nutrition surveillance		
(S) Activity 3.3	Training of IMAM programme core staff in conducting SQUEAC coverage survey.		
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	<b>Target</b> 50
(U) Indicator 3.2	Nutrition	Number of CHWs and volunteers trained in identification of maln	<b>Target</b> 104
(V) Indicator 3.3	Nutrition	Number of core staff trained in SQUEAC survey methodology	<b>Target</b> 15
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>Regular screening for children under 5 who are malnourished will be conducted in the areas of operation. Those with severe acute malnutrition will be admitted into the OTP programme to receive routine treatment and therapeutic food. The Nutrition programme will integrate livelihood by providing food vouchers to families that have children who are admitted to the nutrition programme (1500 MAM) as well as 500 pregnant women. HARDO staff and community members will identify credible traders to supply beneficiaries with a prior agreed amount and type of food, in exchange for a food voucher, implemented for 3 months. This aims to improve the dietary diversity of the families in this context, preventing MAM children from slipping into severe malnutrition as well as following children discharged from OTP. This will be complemented with hygiene messages by the trained community outreach workers. Pregnant women with a MUAC of less than &lt;21cm will also be targeted for food vouchers as a measure to prevent maternal malnutrition and contribute to safe pregnancy and delivery. This will be done for 3 months from the 2nd and 3rd trimester. Linkages will also be set up with other stakeholders providing health services in order to verify attendance of ante-natal clinics and be eligible for continuity to receive vouchers. Those who are moderately malnourished will be referred to supplementary feeding programmes operated by other stakeholders as well as receive micro-nutrient supplementation. A total of 16 sites will be established for the identification, management and treatment of malnutrition in the 3 districts of Beletweyne and Buulo Burti. A total of 233 skilled and unskilled staff will be involved in the project implementing IMAM across 2 districts. Their cadres range from coordinators, nurses, supervisors, mobilizers, logisticians, screeners, guards amongst others.</p> <p>A total of 9 trainings covering capacity building of staff, IYCF, counsellors, Capacity building of community members and health workers will be conducted. These 3 sets of groups will receive 3 trainings each covering various aspects of nutrition surveillance, identification and management of malnutrition, breastfeeding, IYCF, counselling of caretakers, ideal food quality and quantity, SQUEAC methodology amongst others. Once the core group is trained, they will be empowered to trickle down this information to the rest of the staff members. A total of 233 skilled and unskilled staff will be involved in the project implementing IMAM across 2 districts. Their cadres range from coordinators, nurses, supervisors, mobilizers, logisticians, screeners, guards amongst others.</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) \*

Oxfams core business is in capacity building of partners. This is in the technical implementation as well programmatic, managerial aspects. At the start of engagement Oxfam conducts a partner capacity to determine how to engage with the partner and this informs the design of the programme as well. Technical teams within Oxfam(Nutrition) then work with the partner to design a programme that will have impact and meet the international requirements and standards of implementing a nutrition programme. This interaction runs through from beginning, during and at the end of implementation.Oxfam has an internal process called the Toolbox which is programme-based and integrates elaborated thinking on programme analysis including issues of governance, outcome balance and gender capacity of partners before engagement. The RAMON tool(Risk Assessment Methods of Oxfam Novib) critically analyses a partners financial management capacity. Quarterly financial monitoring will be followed closely by Oxfam Novib's accountant liaising with the nutrition team. Oxfam Novib has developed a multi-level system of monitoring for limited access areas and undertakes financial capacity building and development of transparency and accountability systems with it's partners to mitigate any possible diversion and misuse of funds. The financial risk management is broadly categorized along 3 levels. A pre-mid and end term assessment which includes systems analysis,profiling of partners before and during engagement. Implementation and performance will be assessed through monthly monitoring of program activities to ensure quality and establish progress.OTPT/SFP monitoring will be done using a standard supervisor's checklist designed by Oxfam and aligned to IMAM programme guidelines. This will be carried out on monthly basis by technical field supervisor, the findings will be shared with the OTP/ TSFP staff and action-points set and followed up. This is then shared with the nutrition team in Oxfam Novib.Information related to indicators in the logical framework will be collected by project staff at regular stages during project implementation and audits of OTP cards conducted. Progress in relation to these indicators will be presented in monthly, interim and final reports.Project photos will be taken and compiled to form part of case studies and information pertinent to the programme.The community will be involved in the monitoring through regular discussions between programme staff in Hiran and community representatives. A feedback platform or complaints mechanism will be designed for the beneficiaries to freely give their views and opinions about the program. This will be set up to ensure that information flows between the beneficiaries and the implementers.Regular support and supervision will be done through email, telephone calls and visits to the field and partner offices. There will be SQUEAC survey conducted security permitting as well as a final evaluation at the end of programme implementation period.

(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* Provision of routine scre	X	X	X	X	X	X
1.2 Ensure adherence to ap	X	X	X	X	X	X
1.3 Provision of vitamin A su	X	X	X	X	X	X
2.1 Provide training and cou	X	X	X	X	X	X
2.2 Provision of essential co	X	X	X	X	X	X
2.3 Awareness and promotio	X	X	X	X	X	X
3.1 Training and capacity bu	X	X	X	X	X	X
3.2 Community health work	X	X	X	X	X	X
3.3 Training of IMAM progra	X	X	X	X	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 MSF	While treating the malnourished children, there are usually a few who come with
2 Participating in the Nutrition Cluster and	Oxfam is strongly involved in the national level coordination meeting providing up
3 Supporting Regional nutrition meeting	Providing technical advice to the local partner HARDO who actively participates i
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	The Local partner has a gender policy in there portfolio. Therefore, when hiring
Capacity Building		