

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*	Somali Aid Foundations				
(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*	To Support and Assist Malnourished Children Under 5 boys, girls and Pregnant and Lactating Women in Afmadow district in Lower Juba Regions.				
(D) CAP Project Code	SOM-12/H/48517	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*	\$ 224,676.00	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)		Men	Women	Total	
	Total beneficiaries	0	600	600	
	Total beneficiaries include the following:				
	Pregnant and Lactating Women	0	600	600	
	Children under 5	800	600	1400	
	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		Budget:	\$ -	
	2		Budget:	\$ -	
	3		Budget:	\$ -	
	4		Budget:	\$ -	
	5		Budget:	\$ -	
	6		Budget:	\$ -	
	7		Budget:	\$ -	
	8		Budget:	\$ -	
	9		Budget:	\$ -	
	10		Budget:	\$ -	
		Total	Budget:	\$ -	
		Remaining	Budget:	\$ 224,676	
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*	Abdi Moge Mohamed	Title	program coordinator	
	Email*	saif_orgz@yahoo.com	Phone*	+254722700991	
	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) *	<p>The FSNAU post Gu 12 technical report highlighted deteriorating nutrition and food security situation in the Jubas among 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, agro pastoral 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. Among the riverine population of Juba, these 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). 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). according to the FSNAU post Gu 12 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 boys and girls 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 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. 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, 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>As an organization SAF has put together and maintained a number of highly skilled staff who can consolidate its institutional capacity and capability in working with Donors, UN, international agencies, local authorities and community in delivering effective services to the less fortunate ones in the society. FSNAU post Gu 12 analysis has shown an alarming nutritional situation in middle and lower Juba. SAF weekly and monthly reports from the Jilib and Afmadow nutrition feeding centers shows urgent humanitarian need in the area. This can be affirmed from the admission rate of MAM and SAM children in our January and February distribution shows very high rate projection in the coming months and most likely throughout the year. This crisis is greatly exacerbated by limited humanitarian interventions such as food access and protection rations in the area sin. High morbidity rate resulting due to lack of safe water and sanitation facilities, poor child care practices, increased food prices, reduced term of traders, and limited access to food and nutrition services due to pastoralist nature. As a result of combination of all these factors and increased GAM rate SAF propose to support 2000 acutely malnourished <5 children disaggregated on boys, girls and plws in 3 SFPs and 3 OTPs in Afmadow .</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>Somali Aid Foundation currently runs 4 OTP and 10 SFP program in lower and middle juba through UNICEF and CHF fund it will also establish 2 OTP and 7 SFP .SAF made 2 distribution in jilib and 1 in Doblely since the famine hits the area late last year. We are also planning food distribution in the next one months in jilib and Buale riverine. Somali aid foundation runs a number of TSFPs and OTPs in middle /lower jubas and Buale .SAF will distributed 800 tones of food in Afmadow in February 2012 and will scale up to Jilib for preventive efforts by TSFP for malnutrition household in Afmadow. SAF is currently running 10 SFP and 4 OTP programs in the three districts (jilib, Afmadow, Doblely) with the funding support from CHF and UNICEF Somalia to reach the most vulnerable and needy children who are either moderately or severely Malnourished. But due to overwhelming needs of the situation, SAF had proposes 3 OTP and 3 TSFP and looking forward to provide life saving responses within the districts in terms of Nutritional and Food Security. In the various centers of SFP/OTP SAF carried out screening of >5 children boys, girls and PLW over 2000 beneficiaries registered in those location in which we operate. In the month of July we distributed 20MT of CSB to 2,000 >5 children boys and girls. The monthly screening is still ongoing in the two districts and shows very large number of population needs to urgent interventions due to the displacement caused by kenya defence forces and theirs allies TFG against the militant insurgent in south central Somalia.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Provide lifesaving treatment to acutely malnourished <5 children boys , girls and pregnant lactating mothers in Afmadow districts in		
(B) Outcome 1*	Acutley malnourished childre<5 years and PLWs treated		
(C) Activity 1.1*	1400 severely acute malnourished <5 children disaggregated on sex boys and girls and 600 PLWs screened and treated		
(D) Activity 1.2	severely acute malnourished < 5 children boys and girls referred for further treatment.		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 1400
(G) Indicator 1.2	Nutrition	No of <5 children referred for further treatment.	Target 100
(H) Indicator 1.3	Nutrition		Target
(I) Outcome 2	Nutrition and health hygiene counseling on breastfeeding and health promotion session conducted.		
(J) Activity 2.1	To provide IYCF and hygiene promotion to boys, girls and PLWs to all project sites		
(K) Activity 2.2	Provide micronutrients supplements to PLWS		
(L) Activity 2.3			
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	Target 52
(N) Indicator 2.2	Nutrition	No of macro-nutrien supplement given to PLWs	Target 600
(O) Indicator 2.3			Target
(P) Outcome 3	strengthen the capacity of local staff disaggregated on male and female (40% male and 60% female)and community volunteers.		
(Q) Activity 3.1	Train 20 local staff disaggregated on sex(40% women and 60% male) conduct IMAM and IYCF training on active case managemen		
(R) Activity 3.2	Training of 60 CHWs on nutrition and hygiene and health promotion.		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 20
(U) Indicator 3.2	Nutrition	no of CHWs trained on nutrition,hvgiene and health promotion	Target 60
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	SAF will be put in place a strong and qualified two nutrition officers at the field based in Afmadow and will time to time monitor the proposed projects. The program will be spearheaded by Nutrition program manager who will provided the supervision and the technical advice to the project staff .The project will establish feeding sites and a network of outreach workers and mobile teams, identify the beneficiaries will be put in place. SAf will also train staff on the standard nutrition protocols with external expertise (Nutritionists will be employed for the training). The organization will put more emphasis on outreach team who carry screening and will identify acutely and moderately malnourished children and pregnant and lactating mothers. Referrals will also be done for the severely malnourished children to stabilization centers managed by MSF Holland in mareerey Jiib districts. These will be done by the SAF nutritionists at the field level with help of outreach team.Pregnant and lactating mothers will be provided with extra rations for enhanced breastfeeding. Weekly sessions of IYCF promotion will also be conducted to give information on the importance of breastfeeding and complementary feeding in infants (0-6 months). SAF will also coordinates with other agencies in the area in order to avoid any duplication.apart from OTP and SFP services SAF intends to carry out 1 IMAM and IYCF based training in the district making total of 2 for 20 Project staffs OTP nurses, outreach team and CHWs.The first 2 training will be done in the first two months of the project life and will target 20 staff compromised of all nurses and outreach team/Screeners in the 2 district while the other training will target 60 CHWs and volunteers in the second month of the project life.		

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) *

SAF will put a strong focus on monitoring and evaluation of the proposed activities. This will fall under the direct responsibility of the Project Manager based in Afmadow District, Lower Juba region. The Project Manager will be responsible for general project management of the 6 project sites that is 2 OTP and 4 SFP in the two project area ensuring that any relevant data is collated and shared with the relevant stakeholder(s). Quality assurance of services delivered will be assessed through internal project reviews, including site visits, record review and beneficiaries' interviews. Special attention will be paid to address any bottlenecks in implementation and to ensure the continuous participation of the intended beneficiaries. In addition, quarterly reviews will be sent to donors. SAF headquarters will review the implementation and financial status of the project, problems encountered and measures taken to solve them, as well as any lessons learnt that might assist the project as a whole. The Project Manager will work closely with other project team in the 2 districts and record progress on the implementation of the project. surveys carried out will be utilized in order to track progress made towards achieving the objectives. The project will be monitored throughout the project cycle by the project team while applying a participatory approach where all other stakeholders will be involved. Monitoring activities will include the following methodologies:

Scheduled or random visits to local facilities. Focus group discussions with project beneficiaries. Regular meetings and discussions with local authorities. Periodic analysis of baseline data gathered from the above visits and discussions. Analysis of monitoring reports. Analysis of financial reports and level of implementation against planned activities. The Indicators in the sphere standard will be used to measure the program performance. Monthly project progress will be shared both at the field and national cluster coordination meetings as well as shared with the donors on quarterly basis. The Project Manager will visit the sites on regular basis to oversee the activities and note their progress. The Project Officers will provide weekly, bi-weekly and monthly progress reports on the status of the project and the activities undertaken. The impact of the project activities will be noted in the monitoring reports. It is on this basis that SAF intends to carry out an end-project evaluation to assess the efficiency, effectiveness, coverage, coherence, coordination, rationale/appropriateness, impact and sustainability of the project in an impartial and independent manner while documenting lessons learnt for future program/project improvement. All stakeholders (target beneficiaries, SAF project staffs, community elders and local administration representatives) will review the project progress to ensure the set project objectives are achieved. All project activities will be documented to ensure effective implementation, progress reports recorded on monthly basis and monitoring and evaluation of information as well as lessons learnt will be compiled for success stories. The quarterly report as well as final evaluation report will be shared with CHF while conforming to their standards. The project finance officer will be responsible for project financial recordings & assisting the project manager in ensuring that financial reports are incorporated into the interim/final project reports. SAF shall put in place strategic financial management monitoring in order to curb any financial misappropriation in the implementation of its project. It shall also 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 thus SAF will share its financial report with its donor as per the due diligence signed.

(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* 1400 severely acute malnourished	X	X	X	X	X	X
1.2 severely acute malnourished	X	X	X	X	X	X
1.3 To provide IYCF and hygiene	X	X	X	X	X	X
2.1 Provide micronutrients	X	X	X	X	X	X
2.2 Train 20 local staff	X			X		
2.3 Training of 60 CHWs on	X			X		
3.1 Train 20 local staff disaggregated on sex (40% women and 60% male) conduct IMAM and IYCF training on active case management	X			X		
3.2 Training of 60 CHWs on nutrition and hygiene and health promotion.	X			X		
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 APD, Afrec and Somali aid	Will coordinate in linking Health and nutrition centres in Jilib, Buale and Afmadow improve health and nutritional status of the women and children of Buale and Sa SAF will time to time report the project progress and any other relevant data with
2 JCC	
3 Nutrition cluster	
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 project will be gender sensitive in the inclusion of children (boys and girls)
Capacity Building		