

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)**

<b>(A) Organization*</b>	Skills Active Forward			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO			
<b>(C) Project Title*</b>	Prevention and Treatment of Acute Malnutrition of girls, boys aged 6-59 months and PLW through Provision of Accessible Nutrition Services in Eastern Jilib, Middle Juba Region			
<b>(D) CAP Project Code</b>	SOM-12/H/48404	Not required for Emergency Reserve proposals outside of CAP		
<b>(E) CAP Project Ranking</b>	Medium	Required for proposals during Standard Allocations		
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Oct 2012)			
<b>(G) CAP Budget</b>	\$ -	Must be equal to total amount requested in current CAP		
<b>(H) Amount Request*</b>	\$ 228,740.00	Equals total amount in budget, must not exceed CAP Budget		
<b>(I) Project Duration*</b>	12 months	No longer than 6 months for proposals to the Emergency Reserve		
<b>(J) Primary Cluster*</b>	Nutrition			
<b>(K) Secondary Cluster</b>	Only indicate a secondary cluster for multi-cluster projects			
<b>(L) Beneficiaries</b>	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> )			
	<b>Total beneficiaries</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
	0		1012	1012
<b>Total beneficiaries include the following:</b>				
	<b>Children under 5</b>	2206	2574	4780
	<b>Pregnant and Lactating Women</b>	0	1012	1012
	<b>Promoters, Caretakers, committee mem</b>	40	0	40
		0	0	0
<b>(M) Location</b>	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"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed		
<b>(N) Implementing Partners</b>	(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:	\$ -
		<b>Total</b>	Budget:	\$ -
		<b>Remaining</b>	Budget:	\$ 228,740
<b>Focal Point and Details - Provide details on agency and cluster focal point for the project (name, email, phone).</b>				
<b>(O) Agency focal point for project:</b>	Name*	Eng. Abdi Hashi	Title	Executive Director
	Email*	info@saifuk.org	Phone*	+254725448441
	Address	Office 309, Madonna house, Westlands Road, Westlands, Nairobi, Kenya. P.O.BOX 102301-00100		

**3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)**

<b>(A)</b> Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	Poor performed Gu 2012 exacerbated by limited humanitarian interventions as well as current displacements due to military action in Lower Juba between AMISOM and allied forces against Alshabab insurgent group has greatly impacted on nutrition status of children aged between 6-59 months and PLW in Eastern Jilib middle Juba. Unprecedented number of host and displaced pregnant lactating women, girls and boys aged between 6-59 months are acutely malnourished coupled with high morbidity and mortality rates. UNHCR reported early October 2012, that an estimated 250 displaced families arrived in Jilib and the number continues to increase with recent capture of Kismayo from Alshabab insurgent group. According to FSNAU nutrition technical series report of September 28, 2012, nutrition status in middle Juba has been in sustained critical phase since Deyr 10/11. The situation has impacted to poor diet diversity worsened by hunger and starvation as a result of eroded purchasing power, exorbitant food prices due to limited food products in the local market and poor breast feeding patterns amongst lactating women is attributed to high malnutrition rates amongst children aged between 6-59 months. The target villages in Eastern Jilib have very critical acute malnutrition rates at 15.8% GAM and 2.1% SAM of boys and girls under 18 years of age and PLW. Malnutrition cases are continuing to increase due to combination of increasing food insecurity, lack of clean water leading to water borne diseases and reduced access to milk and meat due to migration of animals in search of water and pasture while majority of animals succumbed to drought and famine while the remaining ones have very poor body conditions. Limited health facilities and access to safe drinking water have exacerbated malnutrition rates in the 10 target villages without any nutrition intervention namely: Badwi, Dhaymaseer, Biliqmaaraw, Lugooshaaw, B/Barwaqo, Degguuxley, Duuraay, Dhooble, Shantoole and Garasgaabaw in Eastern Jilib is underserved in terms of nutrition interventions since it has over 46 villages with very limited nutrition interventions. SAF – UK international signed a nutrition PCA with UNICEF in the location that serves only 10 villages while needs are overwhelming. Zamzam organization only covers 3 villages in Eastern Villages of Jilib while ICRC has been banned from operating in the area by Alshabab insurgent group.
<b>(B)</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) *	According to FSNAU post Gu Nutrition analysis of 26 September, 2012, Southern regions of Somalia still hosts 70% of acutely and severely malnourished children. The situation in the region still remain critical to very critical over the coming months as a result of below average Gu harvest and projected seasonal acute watery diarrhoea and cholera outbreaks. Middle Juba has critical malnutrition rates of 15.8% GAM and 2.1%. The situation is exacerbated by past devastating famine and poor performed Gu 2012 that impacted to poor crop and livestock production as well as high livestock deaths that resulted to limited access to milk and diversified food at household levels. The situation is worsened by reduced humanitarian interventions (health and nutrition services) and recurrent civil insecurity, sub optimal child feeding care practices compounded by high morbidity rates due to frequent cases of AWD and measles outbreak. The project aims providing life saving treatment for 1875 (937 boys and 938 girls) acute malnourished children aged between 6-59 months with MUAC measurements of >11.5cm, 2905(1452 boys and 1453 girls) moderately malnourished children aged between 6-59 months with MUAC measurements of >12.5cm as well as 1012 malnourished pregnant and lactating women by providing nutrition packages as well as enhancing the capacity of 20 OTP/SFP staff (10 male and 10 female, 35 community health workers (25 female and 10 male) on management of acute malnutrition and increasing awareness of 40 (20 male and 20 female) community members on management of malnutrition in the target 10 villages villages in Eastern Jilib, Middle Juba. This will intern build their resilience to manage the increasing malnutrition rates projected by FSNAU to worsen in the coming months due to the predicted La nina effect.
<b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	SAF UK international is currently implementing an emergency nutrition project as well as PCA supported by UNICEF/UNOCHA in Mudug and Eastern Jilib villages, furthermore TSFP project in North Hoby, Mudug Region supported by WFP. The organization is in addition implementing a livelihood interventions that have direct impact on health and nutrition conditions of the target beneficiaries, such as rehabilitation of productive assets on cash for work, distribution of food water and meat for the drought affected both in Jilib, Benadir/middle Shabelle region.

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

<b>(A) Objective*</b>	Improve nutritional status of 4780 children (2390 boys and 2390 girls) under five and 1012 pregnant and lactating women in 10 target communities		
<b>(B) Outcome 1*</b>	Increased case detection, prevention and treatment of acutely malnourished children and PLW		
(C) Activity 1.1*	Screening, admission and treatment of 1875 severely malnourished children (937 boys and 938 girls) aged 6-59 months in 10 OTP sites		
(D) Activity 1.2	Children discharged from the OTP referred to the SFP sites for continued follow-up		
(E) Activity 1.3	Screening, admission and treatment of 2905 Moderately malnourished children aged 6-59 months and 1012 PLW through SFP		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating women	<b>Target*</b> 1875
(G) Indicator 1.2	Nutrition	Number of children treated through OTP	<b>Target</b> 1406
(H) Indicator 1.3	Nutrition	Number of Moderately malnourished children and PLW treated	<b>Target</b> 2905
<b>(I) Outcome 2</b>	Enhanced BNPS service provision to the 5792 beneficiaries (2206 boys, 2574 girls and 1012 PLW)		
(J) Activity 2.1	Promote IYCF activities with emphasis on Exclusive breast feeding and complementary feeding		
(K) Activity 2.2	Prevention and management of common diseases ( anemia, diarrhea, Malaria etc)		
(L) Activity 2.3	Hygiene promotion through community and beneficiary awareness on hand washing		
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	<b>Target</b> 40
(N) Indicator 2.2	Nutrition	Number of community members treated for common diseases	<b>Target</b> 5792
(O) Indicator 2.3	Nutrition	Number of hygiene promotion sessions	<b>Target</b> 2500
<b>(P) Outcome 3</b>	Enhanced service delivery, active case screening and improved capacity of 25 male and 10 female community health workers		
(Q) Activity 3.1	Training of 20 CHW ,10 nutrition assistants both male and female on nutrition screening, referrals and case follow up		
(R) Activity 3.2	Training of 15 CHW male and female, 5 nurse nutritionists and 5 nutrition assistants on IYCF (feeding and food preparation)		
(S) Activity 3.3	Conduct community awareness sessions for 40 participants (20 men and 20 women) on malnutrition, detection and referrals.		
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers trained	<b>Target</b> 30
(U) Indicator 3.2	Nutrition	Number of CHW, nurses, and nutrition assistants	<b>Target</b> 25
(V) Indicator 3.3	Nutrition	Number of community awareness sessions	<b>Target</b> 4
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	SAF-UK staff in collaboration with community elders, community health workers and women household heads will mobilize and sensitize the target communities on the project. 4168 Children (2084 boys and 2084 girls) aged 6-59 months will be screened and admitted to the OTP programme as well as (2405 girls and 2404 boys in ) SFP programme.The treated cases in OTP will be referred for admission in the SFP program. 1283 malnourished pregnant and lactating women will be screened and registered in the SFP programme. The target beneficiaries will be provided with nutrition packages throughout the project time. UNICEF will provide nutrition supplies including drugs and consumables as well as technical guidelines where necessary to the OTP and SFP staff. Nutrition Technical Advisor will provide technical advice and support during the project implementation. SAF UK OTP and SFP staffs will carry out community awareness on management of malnutrition to target community members. Progress reports will be recorded on monthly basis and shared with UNICEF Somalia using UNICEF monthly reporting template in disaggregated data. Interim and final reports will be shared with OCHA. There will be 5 OTP/SFP sites and with 5 teams; 4 teams mobile and one based at Biliq Marol. All the five teams will comprise of a supervisor, a nurse,an auxiliary nurse, two screeners and two registrars as well as two community health workers who will mobilize the target beneficiaries.Training of OTP/SFP staff will be conducted in the first month of the project for two days consecutively for the 30 staff consisting of a nurse, two screeners, a supervisor and two registrars per OTP/SFP site prior to commencement of screening, registration and admission of malnourished children aged between 6-59 months in to the program. Training of 20 community health workers including 10 women and 10 men will be conducted for two days, while Community education sessions will be conducted for 20 persons including 10 women and 10 men for four sessions conducted in alternate months the project to enlighten the target communities on malnutrition and the relevant mitigation measures to scale down the high rates of malnutrition. SAF-UK international has successfully implemented similar project in the project target locations has has a very good rapport with the local community, in this regard, any potential risk to the project like insecurity is safeguarded by the local administrative units and the local community as has been the case during implementation of the past implemented projects. Therefore there are no anticipated financial constraints to the project in-terms of risk mitigation.		

**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 UK project staff supported by the women household heads, community elders and local authority representatives will conduct regular monitoring of the project throughout the project time while evaluation will be conducted at the end of the project. Project monitoring will be continuous and will include both monitoring of the impact of the implemented activities, as well as its effectiveness in achieving the result indicators. The nutrition coordinator and field staff will carefully monitor the project regularly and document all activities to ensure effective implementation and in particular targeting the project beneficiaries. The project manager will produce monthly progress reports on activities till their completion. Monitoring from project start will be supported by the use of a logical framework where The project manager and project staff will ensure that monitoring and evaluation information is recorded in an accurate and consistent way, and that reporting is done in a timely manner. All stakeholders (target beneficiaries, SAF UK project staff, community elders and local authority representatives) will review the project progress to ensure project objectives are achieved, project activities will be shared with the nutrition cluster on monthly basis as well as by updating the 4W matrix. Documentation of all project activities will be done to ensure effective implementation. Quality and timely reports including statistical reports will be provided to the cluster, CHF, UNICEF, UNOCHA and other stakeholders as per the national guidelines. Interim and final reports will be shared with CHF/OCHA in time as per the project signed agreement. SAF-UK will also conduct regular supervisory visits to the health facilities and outreach sites and reports together with feedback to the staff given for continuous improvement of the nutrition programme.

(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* Screening, admission ar	X		X	X	X	X
1.2 Children discharged from	X	X	X	X	X	X
1.3 Screening, admission ar	X		X	X	X	X
2.1 Promote IYCF activities	X	X	X	X	X	X
2.2 Prevention and manage	X	X	X	X	X	X
2.3 Hygiene promotion throu	X	X	X	X	X	X
Training of 20 CHW ,10 nutrition assistants both male and female on nutrition screening, referrals and case follow up of acute						
3.1 malnourished children	X	X				
3.2 Training of 15 CHW mal	X					
3.3 Conduct community awa	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 Zamzam Organization	Nutrition intervention Jilib, Homboy & Haramka.
2 MSF	Nutrition interventions in Jilib town
3 ICRC	Health support in Jilib Hospital
4 Nutrition cluster	Coordinating Coordinating nutrition activities in Middle Juba region
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 benefit pregnant lactating women as well as boys and girls aged
Capacity Building		