

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* | Somali Relief and Development Action | | | |
| (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* <small>For standard allocations, please use the CAP title.</small> | Integrated management of Acute Malnutrition for US children and PLWs through Therapeutic Feeding Centres in Luuq District of Gedo Region | | | |
| (D) CAP Project Code | SOM-12/H/48371 | Not required for Emergency Reserve proposals outside of CAP | | |
| (E) CAP Project Ranking | Medium | 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* | \$ 225,497.00 | 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 <small>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)</small> | | Men | Women | Total |
| | Total beneficiaries | 85 | 4129 | 4214 |
| Total beneficiaries include the following: | | | | |
| | Children under 5 | 1966 | 1967 | 3933 |
| | Pregnant and Lactating Women | 0 | 4044 | 4044 |
| | Staff (own or partner staff, authorities) | 10 | 10 | 20 |
| | Other | 75 | 75 | 150 |
| (M) Location <small>Precise locations should be listed on separate tab</small> | 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 | | | |
| (N) Implementing Partners <small>(List name, acronym and budget)</small> | 1 | Budget: | | \$ - |
| | 2 | Budget: | | \$ - |
| | 3 | Budget: | | \$ - |
| | 4 | Budget: | | \$ - |
| | 5 | Budget: | | \$ - |
| | 6 | Budget: | | \$ - |
| | 7 | Budget: | | \$ - |
| | 8 | Budget: | | \$ - |
| | 9 | Budget: | | \$ - |
| | 10 | Budget: | | \$ - |
| | | Total Budget: | | \$ - |
| | | Remaining Budget: | | \$ 225,497 |
| 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* | Abdulahi Mohamed Hassan | Title | Programme Coordinator |
| | Email* | srda_som@yahoo.com | Phone* | +25215120787 +254722586006 |
| | Address | Luuq, Gedo | | |

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>Following successive rain failures that cumulated over years, Luuq district in Gedo region is experiencing high rates of malnutrition and food insecurity and remains severely critical. Findings of a nutrition survey conducted in May to July 2012 indicated global acute malnutrition rates (GAM) above 22 percent, with a GAM rate of 22.5 percent (16.2-26.1) and a SAM rate of 6.1 percent (4.3-8.5) among the riverine; and a GAM rate of 25.9 percent and a SAM rate of 7.5 percent among the IDPs. This indicates Very Critical nutrition situation.</p> <p>Food availability and access are limited as a result of low maize and sorghum harvests and their overall contribution to food security is low at 2% as indicated in the FSNAU analysis August 2012. In addition the same report indicates that milk production from animals is poor. Populations in both rural and urban including Internally Displaced Persons (IDPs) are currently food insecure. Food security and Nutrition data indicate a likelihood of further deterioration of nutrition situation among rural, urban and IDP populations of Luuq district.</p> <p>The number of people stressed in Luuq District, men, women, boys and girls, including the IDPs and local community are 20,000, while 6,000 are under crisis as indicated in the August 2012 Gedo Region presentation of whom the most vulnerable are the under five children and pregnant and lactating women.</p> <p>In the recent past months, increased humanitarian support, improved livelihood activities and projected political stability have contributed positively to the nutrition situation. These gains are however limited due to seasonal, high morbidity and cholera outbreaks in October-November. The situation is therefore likely remain Very Critical in Luuq district.</p> <p>Although October to December 2012 rains are anticipated, it is important to note that the onset of these rains are likely to increase the risk of morbidity especially malaria and mortality. The livestock births and milk availability are likely to be very low due to the significantly below normal livestock conceptions during the past two seasons.</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 chronic nature of the nutrition emergency in Luuq district in Gedo region has devastating impact on child survival and development. The immediate causes of malnutrition include high morbidity with frequent disease outbreaks, poor dietary diversity leading to high prevalence of micronutrient deficiencies such as anemia, inadequate feeding and care practices of young children and their mothers, household food insecurity in some areas, and poor access to basic services such as primary health care, clean water, and sanitation facilities.</p> <p>The chronic factors affecting the rates of acute malnutrition in Luuq district in Gedo region are poor child care and feeding practices, food insecurity, poor sanitation and hygiene practices, inadequate supply of safe drinking water and limited access to health and nutrition services. These have deprived children of the essential nutrients required for growth and development while exposing them to higher risk of childhood illnesses and inappropriate care. As a result the Luuq district in Gedo region is experiencing high rates of acute malnutrition for children Under 5 with further worsening of the overall nutrition situation anticipated, a problem to be addressed by targeted supplementary feeding programme. Nutrition assessments conducted in Gedo recorded a higher proportion of acutely malnourished boys than girls with similar patterns more or less observed in other forms of malnutrition. For maternal nutrition, a significantly higher proportion of pregnant and/or lactating women were acutely malnourished. SRDA will operate the 10 OTP sites supported by UNICEF and target 966 boys and 967 girls who are severely malnourished for treatment and management. They will also target 1,000 boys and 1,000 girls in 10 SFP sites which will be supported by WFP. Pregnant and lactating women, 4,044 needing management in the targeted supplementary program will also be targeted and given micronutrient supplementation.</p> <p>The program also aims to address hygiene and sanitation issues, which are major underlying causes of malnutrition through health education and hygiene promotion in coordination with other sectors who together will incorporate gender issue and networking. SRDA is currently implementing integrated management of severe acute malnutrition programs (OTP) in the same geographic areas aimed at improving health and nutrition status in the district. It is anticipated that up scaling this interventions to incorporate targeted supplementary feeding, will contribute towards saving lives and reducing the high prevalence of malnutrition in the district.</p> <p>In addition SRDA will work in coordination with other partners providing stabilization centre (SC) nutrition programme services, and hygiene and sanitation in Luuq district. And refer the acute malnourished children with complications to the TROCAIRE stabilization centre in Luuq town. SRDA will ensure that health, water and sanitation issues are addressed as well by TROCAIRE and SHRA.</p> |
| (C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters) | <p>SRDA is currently running 10 OTPs and 10 SFP sites with support from UNICEF. The sites provide nutrition services, by raising community awareness and, increase access to nutrition services for both boys and girls who are malnourished and PLWs. SRDA is in discussion with WFP to support TSFP targeting under five children; boys and girls and, pregnant and lactating women who are moderately malnourished.</p> <p>Micronutrient Supplementation is also provided for PLW through support from UNICEF programme. Deworming is provided at the OTP and SFP sites for children admitted in the programme. Health and Nutrition Education & (IEC), IYCF counselling and treatment of common illnesses is also conducted at the nutrition sites. Capacity building for both staff and CHWs is prioritised so as to provide quality programme and good coverage. Children who are severely malnourished with complications are referred to Trocaire SC or Hospital</p> <p>The programme ensures linkages with WASH through hygiene promotion and distribution of NFIs, and also health, livelihood sections. Currently SRDA has a WASH programme and there are other actors in the area of operation undertaking health and livelihood activities.</p> |

4. LOGICAL FRAMEWORK (to be completed by organization)

| | | | |
|--|---|--|---------------------|
| (A) Objective* | To ensure that Acutely malnourished children, pregnant and lactating women have access to and are utilizing quality existing nutrition | | |
| (B) Outcome 1* | Attain 60 % coverage in providing nutrition service programmes for management of acute malnutrition to <5yrs boys and girls, and p | | |
| (C) Activity 1.1* | 1,933 severely malnourished and 2,000 moderately malnourished boys and girls and 4,044 PLWs screened and admitted to OTPs a | | |
| (D) Activity 1.2 | Conduct a nutrition programme coverage survey. | | |
| (E) Activity 1.3 | | | |
| (F) Indicator 1.1* | Nutrition | Number of children (6-59months) and pregnant and lactating wo | Target* 7977 |
| (G) Indicator 1.2 | Nutrition | Coverage survey conducted in programme area | Target 1 |
| (H) Indicator 1.3 | Nutrition | | Target |
| (I) Outcome 2 | Training conducted to SRDA staff(10 men and 10 women) and community health workers (75 men and 75 women) on IYCF and int | | |
| (J) Activity 2.1 | To conduct 1 training for staff(20), 2 trainings for CHWs(150) and monthly on the job training for all staff and CHWs on integrated m | | |
| (K) Activity 2.2 | To conduct training for IYCF for 20 staff and 150 CHWs for effective and quality nutrition programming. (85 men 85 women) | | |
| (L) Activity 2.3 | Conduct refresher trainings for 20 staff and 150 CHWs(85 men 85 women) | | |
| (M) Indicator 2.1 | Nutrition | Number of Staff/Community Health Workers/outreach workers tr | Target 170 |
| (N) Indicator 2.2 | Nutrition | No.of staff and CHWs trained on IYCF | Target 170 |
| (O) Indicator 2.3 | Nutrition | Number of staff/ CHWs trained on screening and management c | Target 170 |
| (P) Outcome 3 | Expansion,promotion and provision of Basic Nutrition Service Package components to boys, girls and Pregnant and Lactating women | | |
| (Q) Activity 3.1 | IYCF promotion sessions held for caretakers, PLWS, WCBA and the community at treatment centre and the community level(37 loca | | |
| (R) Activity 3.2 | Provision of multiple micronutrient supplements, counselling on maternal nutrition, health and nutrition education to PLWs and careta | | |
| (S) Activity 3.3 | Hygiene promotion through distribution of hygiene kits (Soap, Aquatabs), Supplies by Trocaire and SHRA | | |
| (T) Indicator 3.1 | Nutrition | Number of IYCF promotion sessions held | Target 150 |
| (U) Indicator 3.2 | Nutrition | Number of boys and girls and PLWs receiving Vit A immunization | Target 7977 |
| (V) Indicator 3.3 | Nutrition | Number of hygiene sessions held with distribution of soaps | Target 52 |
| (W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters) | <p>*The team includes a trained nutritionist and an assistant nutritionist , nurses, screeners, team leaders, community health workers and mobilizers will do the direct implementation of the activities and regular monitoring. SRDA Nutritionists will make regular field visits to monitor and provide continuous technical and on-site training, supervision and coaching for OTP and TFSP teams composed of men and women, outreach workers and health facility staff. But importantly play a strategic role in ensuring proper integration of all program intervention and also focus on the capacity building of the staff who will be both men and women. The following activities will be undertaken under this project:</p> <p>Run OTPS and TSFP and carry out of screening activities for all under over five children including boys and girls and, pregnant and lactating mothers for acute malnutrition at the community level for referral to 10 OTP and 10 TSFP sites or SC as needed. 150 Community health workers who will be both women and men at designated locations will carry out screening using the mid upper arm circumference tape and refer children for treatment at the OTP or TSFP or SC nutrition programmes. A timetable will be developed to ensure access of screening services by the target population in Luuq district.</p> <p>- Micronutrient Supplementation will be conducted for PLW through support from UNICEF programme. Already there are supplies from UNICEF for the OTPs and final discussion with WFP for the SFP supplies as SRDA will start working with WFP on SFP as previously only UNICEF had access in the area thus supported SFP for sometime.</p> <p>*Deworming will be done during screening of children and also children admitted to the programme. □</p> <p>*Health and Nutrition Education & (IEC) will be conducted during the distribution days and specific topics covering health and nutrition issues identified as lacking in the community will be prioritized during these sessions.</p> <p>*IYCF counseling will be conducted and IYCF counselor who is funded under IYCF will ensure that children admitted to the TSFP programme are targeted and benefit. PLW will be the targeted beneficiaries.</p> <p>*Treatment of common illnesses diarrhea and/or referral system for medical treatment of common illnesses pneumonia, cholera to the SC</p> <p>*Referral system for severely malnourished children to SRDA OTP/ Trocaire SC or Hospital) is already in place and this will continue. Children rehabilitated from OTP will be placed in the TSFP programme. *The programme will ensure linkages with WASH, health, livelihood sections. Currently SRDA has a WASH programme and there are other actors in the area of operation undertaking health and livelihood activities. During monthly regional cluster meetings, data will be shared with these actors and follow ups will be made by SRDA staff to ensure that specific beneficiaries benefit from WASH, Health and Livelihood activities in the area.</p> <p>*Community Mobilization and sensitization will be conducted at the start of the programme and throughout the programme period to make the community aware of the programme and also ensure that they attend distribution sessions. This will also be done hand in hand with screening of all children U5 and PLWs in the targeted areas.</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) *

Nutrition program performance will be assessed through monthly activities against set outcomes in the logical framework. Monthly sex disaggregated quantitative data will be collected and monitored against Sphere standards for OTP/TSFP nutrition intervention as follows: • Qualitative information will be collected through focus group discussions involving both men and women in the community, and feedback from outreach workers who are men and women, and carers of beneficiaries. A full time Project Coordinator with previous experience in management of acute malnutrition will be responsible for supervision, provision of technical support, data management and reporting. To ensure effective monitoring, the following mechanisms will be in place, in addition to the regular reporting systems: • Periodic monitoring exercises (monthly meetings with internal staff, quarterly coordination meetings with relevant key partners) will allow the opportunity to address management and monitoring issues. • OTP and TSFP monitoring using a standard check-list developed from the IMAM guideline, will be carried out on monthly basis. Findings will be shared with the OTP and TSFP staff and action-points set and followed. • Information related to indicators will include sex disaggregation and will be collected by project staff at regular stages during project implementation. Progress in relation to logical framework 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 IDP camps, discussions, meetings, and consultations with authorities and other project partners; workshops, coordination meetings, and feedback meetings Evaluation: • SRDA will conduct a mid- program review and monitoring visit to: a) assess progress and impact of the activities on the intended beneficiaries; b) identify gaps, weaknesses and provide recommendations and appropriate solutions; c) make the best use of available resources; d) develop an exit strategy mechanism. This process will also be used as a measure to mitigate risks in the program with the good monitoring and documentation. Senior staff will make regular visits to program area meetings with staff and also community meetings and also use the UN information system and community system to get prior security information. Program staff will be vetted to minimise risks before recruitment. SRDA has a personnel and financial manuals and procedures and carries out auditing of its projects • A nutrition coverage survey will be carried out by SRDA during the IMAM program intervention. In addition, participatory review discussion will be held with the key stakeholders including beneficiaries and communities involving men and women to assess the effectiveness of the program, identify lessons learnt. Feedback from these reviews will be documented and used in the design of future nutrition interventions. In addition, at national level, SRDA will coordinate and share its experiences with the other actors involved in nutrition. SRDA will provide project progress report to donor on a quarterly basis and final End of project report at the end of the project period Scheduled Nutrition Assessments: • A program coverage survey will be conducted. • Continuous data collection and monitoring of progress of output indicators during the project implementation period. Reporting: Reporting will be done monthly based on the sex disaggregated quantitative data collected on a monthly basis and monitored against Sphere standards for OTP/TSFP nutrition intervention. This information will be reported to the nutrition cluster monthly. Information provided in the report will include mortality, defaulter and recovery rates of the OTP/TSFP beneficiaries. Also the average length of stay and average weight gain will be calculated. The report will also capture qualitative feedback information about the OTP/TSFP intervention from

(B) Work Plan
Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

| Activity | Timeframe | | | | | |
|--|-----------|-----------|-----------|-----------|------------|-------------|
| | Month 1-2 | Month 3-4 | Month 5-6 | Month 7-8 | Month 9-10 | Month 11-12 |
| 1.1* 1,933 severely malnourish | X | | | | | |
| 1.2 Conduct a nutrition prog | | | | | | X |
| 1.3 To conduct 1 training for I | X | X | | X | | |
| 2.1 To conduct training for I | | X | | | | |
| 2.2 Conduct refresher trainin | | | | X | | |
| 2.3 IYCF promotion session | X | X | X | X | X | X |
| 3.1 Provision of multiple mid | X | X | X | X | X | X |
| 3.2 Hygiene promotion throu | X | X | X | X | X | X |
| 3.3 Hygiene promotion through distribution of hygiene kits(Soap, Aquatabs). Supplies by Trocaire and SHRA | | | | | | |

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 CAFDARO,EDRO,TRCAIRE | Initial planning and consultations were done together with existing partners on the |
| 2 Nutrition cluster,Regional cluster and W | Attendance of cluster meeting both at National and regional level and supportive |
| 3 | |
| 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 | Gender mainstreaming will be ensured in nutrition programming to provide |
| Capacity Building | | |