

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*	African Rescue Committee		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO Local NGO		
(C) Project Title*	Reduce morbidity & mortality related to malnutrition among U5 children and women		
(D) CAP Project Code	SOM-11/H/40044	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 (Feb 2011)		
(G) CAP Budget	470290	Must be equal to total amount requested in current CAP	
(H) Amount Request*	367645.30	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)		
	Total beneficiaries	Men	Women
	2000	8000	10000
	Total beneficiaries include the following:		
	Children under 5	2000	3000
	Pregnant and Lactating Women	0	5000
		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"/> L. Juba <input type="checkbox"/> M. Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakooll <input type="checkbox"/> Bari <input type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> L. 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: \$ 367,645
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 Ali Raghe	Title
	Email*	abdi.raghe@afrec.org, john.warjohi@afrec.org	Executive Director
	Address	P.O. Box 70629-00400, Nairobi	Phone*
			0722-617-626

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 nutrition situation in Jubas is Very Critical, with latest FSNAU assessment report showing 30.7% GAM and 7.8% SAM in pastoral and 29.7% GAM and 6.4% SAM in riverine areas. AFREC which carries out routine screening of U5 children has witnessed a more than 70% in numbers of screened children qualifying for admission into OTP and SFP in Kismayo and Afmadow districts. This is attributed to poor access to food coupled with lack of access to safe water, limited access to health services and poor child care and feeding practices. Lack of access to food can be traced back to the failed Deyr rainfall leading to poor harvests. Amidst the current drought, men migrate with animals leaving women and children who then have access to milk reduced further, thus complicating the situation of malnutrition at the household level. To cope with limited access to food, households resort to unfavorable coping strategies including skipping meals and selling few remaining livelihood support assets, each of which is often the cause of further vulnerabilities. Malnourishment negatively affects the health and the development of the affected child and limits their potentials for
(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) *	Multi-shocks over the years associated with civil insecurity, floods, drought and disease outbreaks has reduced the resilient of Juba population and increased vulnerability. Soon after the current drought set in, people exhausted all the social support mechanisms within a few weeks. Poor purchasing power now prevents communities from addressing rampant malnutrition. Communities can only rely on local NGOs after most of the international agencies scaled down or left the areas due to insecurity. The local NGOs on their part have limited capacity and resources to address the situation. Even when they intervene, the cover very few villages, often with stand-alone activities that fail to link with health, WASH and livelihood. Health facilities in the area which are receiving rises cases of childhood diseases attributed to weakened condition due to malnutrition are overburdened and are not equipped to deal with the situation. This project will support supplemental and therapeutic nutrition, micronutrient supplementation, deworming, optimal IYCF, management of common illnesses, maternal nutrition and care, ANC and PNC services, immunization and hygiene promotion.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>*Improved access to safe water, hygiene and sanitation for vulnerable communities in Afmadow and Jilib Districts of Lower and Middle Juba that targets 39,000 people and involves rehabilitation of 10 existing wells; construction of 20 new wells, provision of 220 latrine slabs and promotion of good hygiene and sanitation.</p> <p>*School Environment and Education Development for Somalia (SEEDS) project involves installation of water tanks, construction of latrines, construction and rehabilitation of classrooms in primary schools in Jilib, Afmadow and Badade Districts.</p> <p>*Improved Access to Primary Health Care and Nutrition in Lower and Middle Juba which targets primarily children <5 years and women.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Provide basic nutrition packages to malnourished children U5 & pregnant/lactating women.	
(B) Outcome 1*	3500 MAM and 1500 SAM boys and girls U5 are admitted and treated at 44 sites, 29 in Afmadow and 15 in Kismayo districts	
(C) Activity 1.1*	Carry out 44 community mobilization sessions to inform people about the project, screen all girls and boys U5 and provide de-worming	
(D) Activity 1.2	Admit 5000 U5 children meeting criteria for SFP and OTP, treat and discharge once cured, giving equal chance to boys and girls	
(E) Activity 1.3	Follow up to ensure minimum defaulting and refer the complicated cases to MSF-HI's SC in Marerey	
(F) Indicator 1.1*	Nutrition	% Coverage of the estimated caseload disaggregated by type of malnutrition Target* 5000
(G) Indicator 1.2	Nutrition	Number of children receiving vitamin A, deworming, immunization Target
(H) Indicator 1.3	Nutrition	MAM treatment program achieve >75% cured rates, default rate < Target
(I) Outcome 2	BNSP coverage for 5000 lactating and pregnant women increased	
(J) Activity 2.1	Provide micronutrient supplementation, deworming, management of common illnesses, maternal nutrition and care, immunization and	
(K) Activity 2.2	Ensure provision of nutrition services (nutrition education, iron folic acid supplementation, multiple micronutrient supplementation and	
(L) Activity 2.3		
(M) Indicator 2.1	Nutrition	Number of women receiving micronutrient supplementation Target 5000
(N) Indicator 2.2	Nutrition	Number of women receiving deworming, treatment of common illness Target
(O) Indicator 2.3		Number of pregnant and lactating women receiving ANC and PNC Target
(P) Outcome 3	Appropriate knowledge, attitude and practices on childcare, hygiene and maternal nutrition improved	
(Q) Activity 3.1	Carry out 5 training sessions (2 in Kismayo and 3 in Afmadow, 20 persons per training for 3 days), for a total of 100 volunteers of whom	
(R) Activity 3.2	Educate 5000 women on child care, breast feeding & water treatment	
(S) Activity 3.3	Provide soap for hygiene promotion	
(T) Indicator 3.1	Nutrition	Target 100
(U) Indicator 3.2	Nutrition	Number of women reached with information on child care, breast feeding Target
(V) Indicator 3.3	Nutrition	Number of households with MAM/SAM children receiving soap Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	The project links tightly with the UNICEF support arrangements which includes provision of nutrition and medical supplies. UNICEF will provide nutrition supplies for this project while the budget provided will cater for all the other expenses. The project will also link with WASH and livelihood projects for an integrated package of care without which malnutrition cannot be effectively addressed. The AFREC project staff will implement the activities in partnership with the local communities who will be involved through community project committees (CPCs) based at each of the targeted villages. Two key operational strategies will include fixed site and outreach operations. The MCH centres in Kismayo and Afmadow districts will serve as the fixed sites. The fixed sites will support outreach activities to serve the remote and hard to reach areas. At least 44 community mobilization sessions (one in each village) will be held to inform people about the project and encourage them to protect children and at the same time to cultivate a positive environment	

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) *

A detailed activity plan and clear indicators have been developed where project staff based in Kismayo and Afmadow offices will monitor activities to ensure that the inputs, work schedule and agreed actions are moving according to the project plan and budget requirements. Senior staff will also visit the project areas at least twice every year. Project progressive data will be collected will be analyzed to produce information for the purpose of reorienting the objectives of the project as well as facilitation of the decision making process and reporting. The monitoring of the indicators outlined in this proposal will generate on a monthly basis, statistics that will be reported including new admissions into OTP and SFP, discharges, transfers and average weight gain. Others monthly reports will include monthly morbidity surveillance, safe motherhood (ANC, deliveries and PNC) and EPI surveillance. Beneficiary records generated from all sites and nutrition and morbidity reports from MCH centres will form part of monitoring data. Progress of children referred to MSF-H's SC in Mareery will be closely monitored through updates from MSF medical/nutrition staff and visits. Co-operation between AFREC and MSF-H will ensure that the children referred and discharged from SC can be guaranteed to benefit from OTP/SFP and BNSP preventive services. At mid and end of term, narrative reports summarizing the achievements will be shared with the donor. Financial reports will also be part of the mid-term and final reports.

(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* Carry out 44 community	X	X	X	X	X	X
1.2 Admit 5000 US children	X	X	X	X	X	X
1.3 Follow up to ensure mini	X	X	X	X	X	X
2.1 Provide micronutrient sug	X	X	X	X	X	X
2.2 Ensure provision of nutrit	X	X	X	X	X	X
2.3 Carry out 5 training sessi	X	X	X	X	X	X
3.1 Educate 5000 women on	X	X	X	X	X	X
3.2 Provide soap for hygiene	X	X	X	X	X	X
3.3 Provide soap for hygiene promotion	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 AFREC	OTP in Afmadow district. AFREC will closely co-ordinate with SAF, WRRS and AF
2 AFREC	Emergency water provision, Rehabilitation and digging of new sources. Close co-d
3 SAF	SFP in Afmadow. AFREC will closely co-ordinate with the organization to ensure t
4 Muslim Aid	OTP and SFP in Fanole and Calanley sites. Sites targeted are different but co-ord
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 is designed to ensure that US boys and girls have equal access to t	#####
Capacity Building		