

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)**

<b>(A) Organization*</b>	Africa Muslims Agency		
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO		
<b>(C) Project Title*</b>	Provision of supplementary feeding program in Gedo and Lower Shabelle Regions, Districts of Bardera, Garbahaarey, Belet-hawa, El Wak and Kurtuwarey		
<b>(D) CAP Project Code</b>	SOM-11/H/40040	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 (Feb 2011)		
<b>(G) CAP Budget</b>	344000	Must be equal to total amount requested in current CAP	
<b>(H) Amount Request*</b>	284300.00	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>	Protection	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>	Men	Women
		4750	11200
	<b>Total beneficiaries include the following:</b>		
	Children under 5	4750	9500
	Pregnant and Lactating Women	0	6450
		0	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"/> L. 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"/> L. 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>	<b>Budget:</b> \$ -
		<b>Remaining</b>	<b>Budget:</b> \$ 284,300
<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*	Abdi Husain	Title
	Email*	ahusen98@yahoo.com	Phone*
	Address	Post Box 1414, Safat, Kuwait.	

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

<b>(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *</b>	<p>The proposed nutrition project proposal is aiming at reducing morbidity and mortality associated with identified acute malnutrition in Gedo and Lower Shabelle. The nutrition situation in these regions are above the humanitarian threshold. The driving factors include the underlying vulnerability to high malnutrition faced in these regions, where rates have not dropped below 15% in the past two decades. This is due to limited access to health services, poor infant and young child feeding practices and poor quality diets which are low in micronutrients essential for children to fight disease and promote healthy growth and development.</p> <p>On top of these factors, the Deyr rainy season has failed, which has reduced food at the household level, especially milk, which is one of the most important foods for children in Somalia. These results highlight a need for increased services to rehabilitate these children and increase the food access in their homes to prevent relapse.</p>
<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) *</b>	<p>The last Post Deyr FSNAU nutrition assessment in Gedo reports levels of acute malnutrition (GAM) above 25%. The results of the assessment indicate a sustained Very Critical situation in the Agropastoral population from 6 months ago but a deterioration to Very Critical in the riverine and the pastoral livelihoods from 6 months ago, when results of &lt;20% were reported. For the Pastoral livelihood rates of 26.7% GAM and 4.4% severe acute malnutrition (SAM) were reported, in the Riverine livelihood, 26.7% GAM and 6% SAM were reported and 25.3% GAM and 6.5% SAM were reported in the Agropastoral livelihood. There is great concern that Malnutrition levels will continue to rise with associated increase in mortality in Gedo and Lower Shabelle regions exacerbated by food insecurity, increasing disease due to poor quality water and a stressed caring environment as mothers are forced to spend longer looking for food and water.</p>
<b>(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)</b>	<p>To address the escalating nutrition needs, Africa Muslims Agency (now had new name of : Direct Aid) is implementing Supplementary Feeding Program (SFP) in 18 fixed and outreach sites in Gedo delivering the following nutrition rehabilitation services under the partnership of UNICEF:</p> <ol style="list-style-type: none"> <li>1. Distribution of UNIMIX,</li> <li>2. Provision of systematic treatment through Vitamin A supplementation, deworming and treatment of infections</li> <li>3. Roll out nutrition and general childcare education campaigns and counseling among beneficiaries and community around.</li> </ol> <p>AMA/DA has orphanage care center in Kurtuwarey district of Lower Shabelle to support the vulnerable orphan children who are in</p>

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

<b>(A) Objective*</b>	Expansion of women and children access to evidence -base and feasible nutrition and related services as per the BNSP and treatment	
<b>(B) Outcome 1*</b>	Malnourished children, women & lactating mothers in the target areas admitted, treated & discharged after recovery.	
(C) Activity 1.1*	screening of U5 children, PLW in the targeted area through 18 SFP fixed sites & outreach operations.	
(D) Activity 1.2	Admission of children & PLW meeting the set criteria into the SFP and Identification (MUAC & oedema) and referral of cases of acute	
(E) Activity 1.3	Provision of SFP rations (UNIMIX) and systematic treatment (Vitamin A, Abendazole, Iron /folate & Measles vaccination) when and as	
(F) Indicator 1.1*	Nutrition	% Coverage of the estimated caseload disaggregated by type of m <b>Target*</b> 15950
(G) Indicator 1.2	Nutrition	Number of cases of acute malnutrition identified and referred <b>MAN Target</b>
(H) Indicator 1.3	Nutrition	Number of U5 moderately malnourished children & PLW received <b>Target</b>
<b>(I) Outcome 2</b>	IYCF and Childcare practices improved through improved capacity of staff and community groups	
(J) Activity 2.1	provision of nutrition education sessions and counseling to pregnant and lactating mothers or care-takers.	
(K) Activity 2.2	Train 360 of community volunteers/CHW & 91 project staff	
(L) Activity 2.3	conduct 12 food demonstration sessions on preparation of UNIMIX and other locally available food at the SFP sites and roll out 12 con	
(M) Indicator 2.1	Nutrition	Number of mothers who received breastfeeding counselling inform <b>Target</b> 470
(N) Indicator 2.2	Nutrition	Number of training sessions on acute malnutrition management & <b>Target</b>
(O) Indicator 2.3	Nutrition	Number of food demonstration sessions conducted at 18 SFP <b>Target</b>
<b>(P) Outcome 3</b>	Improved nutrition due to improved access to and utilization of available nutrition and related services	
(Q) Activity 3.1	Improve practices in management and prevention of acute malnutrition and ensure sustained access of effective hygiene	
(R) Activity 3.2	Identify key behavioral practices and gaps through community discussions and develop information, education and communication.	
(S) Activity 3.3	Promotion of IYCF and linking to immunization services	
(T) Indicator 3.1	Nutrition	<b>Target</b> 12
(U) Indicator 3.2	Nutrition	Number of community discussions & surveys implemented for be <b>Target</b>
(V) Indicator 3.3	Nutrition	% of increase in referral of beneficiaries for appropriate vaccinatio <b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	18 SFP centres will be constructed/rehabilitated. After taking anthropometric measurement, children between >-3 and <-2 Z-score or MUAC &#8805;11.5 & <12.5 without Oedema and Pregnant and lactating women with MUAC <21cm will be admitted into the SFP. Registrars will gather all the necessary beneficiary information from the screeners, register the malnourished individual, pregnant and lactating mothers and issue out a ration card. Nurses will check medical conditions, immunization status, anaemia and common infections then record the information. All beneficiaries will receive systematic treatment to cure any infections as well as minimize chances of becoming infected. Counseling sessions arranged for those caretakers or individuals that need additional information to improve their nutritional and health status at the centres each month. GATHER approach will be used to relay nutritional and health related messages to the beneficiaries. Health and nutrition educational messages and demonstration sessions conducted at the SFP	

**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) \*

All essential data that is recorded in the ration card and register will be used to establish the overall performance of the program. On a monthly basis the program manager will use this information to determine, number of beneficiaries admitted, number discharged cured, number defaulted, number that did not respond to treatment and number that died. This information will be filled out in the monthly reporting format. The following will be used to determine progress of program: Proportion of reached cases, Proportion of exits defaulted, Proportion of exits died, Proportion of re-admission, Proportion of exits non-responder, Proportion of exits recovered and Proportion of exits transferred. The success of the program will be gauged against internationally accepted cut off point of Reference values for assessing program performance: >75% recovered, <3% death and <15% defaulters. Program managers will share reports with other stakeholders in the area as well as donors. Other performance indicators include: Attendance rate, Length of stay, No. of Supervisions, Total number of training sessions, Total number of counseling sessions held and Absentee. Project indicators against outcomes will be used to monitor project performance on monthly basis. Midterm evaluation will be done by external evaluator. This will enhance to bring changes to complete project activities. Final evaluation will also be done by external evaluators, OCHA, UNICEF & beneficiaries representatives.

(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* screening of U5 children	X	X	X	X	X	X
1.2 Admission of children & f	X	X	X	X	X	X
1.3 Provision of SFP rations	X	X	X	X	X	X
2.1 provision of nutrition edu	X	X	X	X	X	X
2.2 Train 360 of community	X		X		X	
2.3 conduct 12 food demons	X	X	X	X	X	X
3.1 Improve practices in mar	X	X	X	X	X	X
3.2 Identify key behavioral pl	X	X	X	X	X	X
3.3 Promotion of IYCF and li	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 HIRDA	Runs OTP/TSFP, and severely malnourished children from our sites in Bardera an
2 Trocaire	has hospital, Runs SC, OTP, TFP and all children with medical conditions from Af
3 SRCS	Runs MCH/OPD and children with diseases other than MAM are referred to their h
4 Solidarity	WASH and Agricultural inputs i.e. water pumps for the most vulnerable people and
5 NCA	WASH, agriculture and livelihood activities in Garbaharey. AMA Beneficiary access
6 COSV	Runs SC, OTP and OPD in El-wak. Children with medical conditions from AMA TS
7 OCHA	Coordinates humanitarian responses. AMA will regularly Participate in the national
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	This nutrition project proposal will ensure equal access for boys and girls and
Capacity Building		