

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*  | Development Initiative Access Link  |  |         |                       |         |
| (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*   | Emergency nutrition response for the management of acute malnutrition and capacity building for nutrition actors on IMAM & IYCF in South Central, Somalia |  |         |                       |         |
| (D) CAP Project Code   | SOM-11/H/39852  | Not required for Emergency Reserve proposals outside of CAP  |         |                       |         |
| (E) CAP Project Ranking  | High  | Required for proposals during Standard Allocations   |         |                       |         |
| (F) CHF Funding Window*  | Standard Allocation 2 (Feb 2011)  |  |         |                       |         |
| (G) CAP Budget   | 664600  | Must be equal to total amount requested in current CAP   |         |                       |         |
| (H) Amount Request*  | 578139  | 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<br>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> ) |   | Men  | Women   | Total                 |         |
|  | Total beneficiaries   | 3750   | 5800    | 9550                  |         |
|  | Total beneficiaries include the following:  |  |         |                       |         |
|  | Children under 5  | 3500   | 3500    | 7000                  |         |
|  | Pregnant and Lactating Women  | 0  | 2000    | 2000                  |         |
| Staff (own or partner staff, authorities)  | 250   | 300  | 550     |                       |         |
|  | 0   | 0  | 0       |                       |         |
| (M) Location<br>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<br><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 |         |                       |         |
| (N) Implementing Partners<br>(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: | \$                    | 578,139 |
| <b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>   |   |  |         |                       |         |
| (O) Agency focal point for project:  | Name*   | Abdullahi Mohamed Diriye   | Title   | Programme Coordinator |         |
|  | Email*  | abdullahidiriyee848@hotmail.com, abdinasir@dialafrica.org, dial.org@hotmail  | Phone*  | +254723628649         |         |
|  | Address   | P. o. Box 16794-00100, Nairobi   |         |                       |         |

### 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) *                                  | Severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) among children <5 years and pregnant and lactating women is a major concern in Southern Somalia where the nutrition situation has deteriorated in the last 6 months to Very critical levels in the Jubbas and Gedo while maintaining very critical levels in Bay, Bakol and Hiran Regions (FSNAU 2011 Post deyr findings). The findings also revealed median rate of 25% Global Acute Malnutrition (GAM) and 6% for severe acute (SAM) malnutrition in Southern Somalia, the rates are even worse for the Jubba's (30.7% GAM and 7.8% SAM) and Gedo (26.4% GAM, 4.4% SAM). Limited dietary intakes and high disease burden are some of the factors leading to the deteriorating nutrition situation. The situation is aggravated by the prevailing current Lanina drought and the associated reduced access to milk, increasing cereal prices and reduced income levels to the population. High and increasing number of admission trend were recorded in the SFPs /OTPs while HIS Nutrition Trends indicated high (20%) and fluctuating trend (Oct-Dec'10)-FSNAU 2010/11 post Deyr. |
| (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) * | The increased malnutrition levels for South Somalia as reported by FSNAU 2010/11 Post Deyr presents the nutritional actors with challenges in working to reverse the situation due to limited capacity and availability qualified nutrition staff with adequate nutrition knowledge and skills. Somali National staff (both LNGOs and INGOs) require trainings on technical nutrition programming knowledge and skills. According to a recent Nutrition Capacity Building Training Needs Assessment undertaken by DIAL in 3 south somalia region the level of nutrition programming knowledge among nutrition staff was found to be very low and on average 30% of nutritional staff had some form of nutrition training. Pursuant to CAP 2011 Nutrition Cluster objective 3, DIAL seeks to undertake capacity building training based on the integrated management of acute malnutrition (IMAM) Somalia guidelines and delivered by a nutrition trainer for 550 Nutrition staff in 9 South Somalia regions. DIAL hopes to build on its experience and consolidate the gains made recently by further scaling up capacity                                  |
| (C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)   | Pursuant to CAP 2010, DIAL has implemented a Nutrition Capacity Building project supported by the common humanitarian fund (CHF) Somalia targeting the training of 150 nutrition staff from 30 local NGOs and INGOs national staff and other stakeholders from Lower Jubba, Bay and Lower Shabelle, the 3 South Somalia Regions identified as facing persistent high malnutrition rates in over the last 2 years. The Nutritional capacity building need was also one of the 2010 Nutrition Cluster objectives, and aimed at reducing the high malnutrition rates prevailing in most parts of Somalia following deteriorating humanitarian situation over the last 3 years. DIAL has since October 2010 conducted 6 Nutrition Capacity Building training Workshops based on the integrated management of acute malnutrition (IMAM) guidelines for Somalia. On the other hand, DIAL with support from UNICEF and OCHA/CHF/HRF, Somalia has consistently implemented SFP programmes in Lower Jubba region specifically Badhaadhe District since 2007. The programme is currently treating moderately malnourished under                                      |

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

|   |  |  |                     |
|---|--|--|---------------------|
| <b>(A) Objective*</b>   | Treat acutely malnourished children and pregnant and lactating build and build the capacity of national staff of nutrition actors in sou   |  |                     |
| <b>(B) Outcome 1*</b>   | Reduced malnutrition rates among 80% of acutely malnourished children under five years and pregnant and lactating mothers  |  |                     |
| (C) Activity 1.1*   | Screen, admit and treat 5,000 moderately malnourished children and 2000 PLW with MAM in appropriate SFP centers  |  |                     |
| (D) Activity 1.2  | Screen, admit and treat 2000 severely malnourished children in OTP centres and a stabilization centre at Kismayu General Hospital.   |  |                     |
| (E) Activity 1.3  | Provision of Nutrition education sessions and breast feeding counselling to pregnant and lactating mothers   |  |                     |
| (F) Indicator 1.1*  | Nutrition  | MAM treatment programs achieve > 75% cured rates, default rate   | <b>Target*</b> 7000 |
| (G) Indicator 1.2   | Nutrition  | SAM treatment programmes achieve 75% cured rate, <15 default     | <b>Target</b>       |
| (H) Indicator 1.3   |  | Number of PLWs receive breastfeeding counselling information     | <b>Target</b>       |
| <b>(I) Outcome 2</b>  | Important components of Basic nutrition services packages (BNSP) availed to the target beneficiaries and improved provision and av   |  |                     |
| (J) Activity 2.1  | Undertake regular micronutrient supplementation /support(Vitamin A,iron folate),deworming campaigns,Promotion and support for op   |  |                     |
| (K) Activity 2.2  | Prevention and management of common illnesses (Anemia, Malaria, Diarrhea, Pneumonia, and Kalazaar where appropriate) through   |  |                     |
| (L) Activity 2.3  | Establish linkage mechanisms requiring referrals to the SCs established within Kismayo General Hospital, local MCHs, and immuniz   |  |                     |
| (M) Indicator 2.1   | Nutrition  | Number of children receiving vitamin A and deworming             | <b>Target</b> 7000  |
| (N) Indicator 2.2   | Nutrition  | number of women receiving micronutrient supplementation          | <b>Target</b>       |
| (O) Indicator 2.3   | Nutrition  | 2000 severely malnourished children referred to the SC and anoth | <b>Target</b>       |
| <b>(P) Outcome 3</b>  | Qualitative and Quantitative nutritional programming responses with effective impact on targeted population groups supported by 550  |  |                     |
| (Q) Activity 3.1  | Assess Nutritional capacity needs of the nutrition staff within the targeted Region.   |  |                     |
| (R) Activity 3.2  | Engage/hire a qualified Nutrition Trainer on full time basis (12 months) and undertake 18 training sessions through Regional based v   |  |                     |
| (S) Activity 3.3  | Train 550 (of whom 300 are women) National NGOs and International Nutrition staff of international agencies on IMAM and IYCF.  |  |                     |
| (T) Indicator 3.1   | Nutrition  |  | <b>Target</b> 55    |
| (U) Indicator 3.2   | Nutrition  | Level of Nutritional programming competence and responses sca    | <b>Target</b>       |
| (V) Indicator 3.3   | Nutrition  | Number of organizations implementing nutrition programming ber   | <b>Target</b>       |
| <b>(W) Implementation Plan*</b>   | DIAL has been operational in the Lower Jubba region with ongoing nutrition interventions for the past 4 years, and will take advantage   |  |                     |
| Describe how you plan to implement these activities (maximum 1500 characters) | of the established organizational capacity and relationships with the local community. The project activities will be organized at the location/village level involving all the key stakeholders.Extensive community mobilization will be carried. All children will be screened and admission pegged on weight/height (W/H) Z score, MUAC and or the absence of presence of oedema pre. Any child with a W/H score of between > -3 & < -2 without oedema and MUAC between 11.5-12.5 cm will be admitted to the SFP and those with < -3 WHZ score,MUAC <11.5 cm and without oedema will admitted to the OTP and if accompanied with oedema to the SC.The malnourished children will be catered for in 29 SFPs,15 OTPs and 1SC centres. The centres will be managed by high cadre staff including |  |                     |

## 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) \*

DIAL will undertake weekly and monthly monitoring of the Projects. The weekly and monthly monitoring reports will be shared with the donors and UNICEF. Additionally, DIAL will periodically update the nutrition cluster and give updates on the project through the monthly cluster meetings. The project will also be monitored against the approved work plan. Similarly DIAL will also develop a proactive monitoring and evaluation methodology consisting of recommended appropriate tools for collection of relevant implementation information for all the projects activities including the management of acute malnutrition and the Training components. Monitoring too based on the required data and information as specified in the Nutrition Cluster approved Nutrition Training Needs Assessment. The Training monitoring supervision will ensure proper tracking of required respective training activities with regard to the specific Nutritional training course and CHF approved Implementation Schedule. The monitoring will ensure adherence of required Nutritional Programming requirements as indicated in the Nutritional Programming needs assessment. Specific training workshops monitoring formats will be used to authenticate the trainings conducted and thus form the basis of an accountable Nutritional Training Schedule in the target Regions.

Monitoring and Evaluation Information collected on the planned activities on site visits, reports and also through community groups. Information collected will be analyzed internally first in the field and used as a basis for monitoring and evaluating progress, noting down any challenges facing the implementation of the training programme components as laid down in the provided

**(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 month |           |           |           |            |             |
|                                | Month 1-2   | Month 3-4 | Month 5-6 | Month 7-8 | Month 9-10 | Month 11-12 |
| 1.1* Screen, admit and treat   | X   | X         | X         | X         | X          | X           |
| 1.2 Screen, admit and treat    | X   | X         | X         | X         | X          | X           |
| 1.3 Provision of Nutrition edu | X   | X         | X         | X         | X          | X           |
| 2.1 Undertake regular micro    | X   | X         | X         | X         | X          | X           |
| 2.2 Prevention and manager     | X   | X         | X         | X         | X          | X           |
| 2.3 Establish linkage mech     | X   | X         | X         | X         | X          | X           |
| 3.1 Assess Nutritional capa    | X   |           |           |           |            |             |
| 3.2 Engage/hire a qualified    | X   | X         | X         | X         | X          | X           |
| 3.3 Train 550 (of whom 300     | X   | X         | X         | X         | X          | X           |

## 6. OTHER INFORMATION (to be completed by organization)

|   |                                   |   |
|---|-----------------------------------|---|
| <b>(A) Coordination with other activities in project area</b><br>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 | <b>Organization</b>               | <b>Activity</b>   |
|   | 1 UNICEF                          | UNICEF is involved in Trainings (TOT), IYCF and capacity development. DIAL has      |
|   | 2 AFREC(Kismayu)                  | DIAL will also coordinate with AFREC which is also involved in the provision of tar |
|   | 3 MUSLIM AID(Kismayu and Jamaame) | DIAL will also coordinate with MUSLIM AID which is also involved in the provision   |
|   | 4 JUBBA FOUNDATION(Jamaame)       | DIAL has already liaised with JUBBA FOUNDATION which plans to offer targetted       |
|   | 5                                 |   |
|   | 6                                 |   |
|   | 7                                 |   |
|   | 8                                 |   |
|   | 9                                 |   |

|   |                                      |  |  |  |
|---|--------------------------------------|--|--|--|
| <b>(B) Cross-Cutting Themes</b><br>Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note | <b>Cross-Cutting Themes</b> (Yes/No) | <b>Outline how the project supports the selected Cross-Cutting Themes.</b> | <b>Write activity number(s) from section 4 that supports Cross-Cutting theme.</b>    |  |
|   | <b>Gender</b>                        | Yes  | The project capacity building activities target women as part of the nutrition staff |  |
|   | <b>Capacity Building</b>             |  |  |  |





