

For 'new-line' in text fields [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*	Oxfam Novib		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO		
(C) Project Title*	Prevention and treatment of acute malnutrition in Mogadishu through community-based therapeutic care- Phase 11		
(D) CAP Project Code	SOM-11/H/40005	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	3334212	Must be equal to total amount requested in current CAP	
(H) Amount Request*	1110443.40	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	Agriculture and Livelihoods	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)		
		Men	Women
	Total beneficiaries	20065	28466
	Total beneficiaries include the following:		
	Children under 5	20066	40131
	Pregnant and Lactating Women	0	8400
		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"/> 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	(List name, acronym and budget)		
	1	1.SAACID	Budget: \$ 941,611
	2		Budget: \$ -
	3		Budget: \$ -
	4		Budget: \$ -
	5		Budget: \$ -
	6		Budget: \$ -
	7		Budget: \$ -
	8		Budget: \$ -
	9		Budget: \$ -
	10		Budget: \$ -
		Total	Budget: \$ 941,611
		Remaining	Budget: \$ 168,832
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*	Peter Kamalagin	Title Representative, Humanitarian Planning , Horn of Africa.
	Email*	Peter.Kamalagin@oxfamnovib.or.ke	Phone* +254 729 472 911
	Address	491-00606, Nairobi, Kenya	

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 humanitarian situation in Banadir Region is appalling. Th population is constantly in displacement due to conflict/violence. FSNAU has not been able to conduct comprehensive nutrition survey. However, the Post Deyr '10/11 integrated nutrition situation analysis conducted in Banadir region indicates a Very Critical nutrition situation. A rapid MUAC assessment conducted in December 2010(FSNAU) in six district sites of Mogadishu reported acute malnutrition (MUAC<12.5 cm or oedema) rate of >15% and Severe MUAC (<11.5 cm or oedema) rate of >3%. This situation is seen to have deteriorated from the Post Gu rapid nutrition assessments done by FSNAU-September 2010 on 620 children which showed the situation to be critical. This is attributed to the continuing aggravating factors such as poor shelter, water and sanitation, access to health services, civil insecurity and displacements into the surrounding poor urban settlements. The security situation remains volatile. Mogadishu is holding the brunt of receiving new IDP families from Galgaduug region, Hiraaan region and L/M Shabellies who have had to move to Mogadishu secondary to the La Nina
(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) *	Currently the CTC programme is operational in eight districts. After running the project for 15 months, it was evident that some districts had more population than others. So far Dharkely, H.Jajab, H.Weyne with Wadajir carry the highest caseloads. Global admission figures of the programme, since Sept 2009 to January 2010 stand at 16,998 severely and 64,471 moderately acutely malnourished children <5 years. Out of these 12,627 and 61,857 were discharged cured from the OTP and TSFP respectively, with 1,080 and 3,091 defaulters from OTP and TSFP respectively. A SQUAEC investigative survey conducted from October to December 2010, showed coverage of 51.9% and 67.4% of OTP and TSFP respectively for the Oxfam/ SAACID programme. Whereas, the coverage of all children admitted in different nutrition programme run by all nutrition partners in Mogadishu was 60.7% and 69.6% of OTP and TSFP respectively. This survey was carried out in the relatively safer districts i.e. Hamarweyne, HamarJajab, Wadigley, Dharkenley, Wadajir, Yaqshid and Waberi. Although, the
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<ul style="list-style-type: none"> • OTP currently operational in eight districts in Mogadishu listed above • TSFP- Currenly operational in eight district in Mogadishu listed above • Community mobilization and outreach component- there are 40 paid outreach workers who over see the 240 FFW (food for work) community volunteers. • EPI component- within the same compound there is an auxiliary nurse providing immunization to children under 12 months- starting in March/April 2011. • IYCF component- this is new part of the the programme has 1 nurse who is charge of IYCF canceling to the PLW.- Starting in march/April 2011 • SQUEAC survey every six months- first report available on request.- will be attached

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To provide nutrition treatment to children under five, pregnant and lactating women		
(B) Outcome 1*	To reduce malnourishment among children below five years of age and pregnant and lactating women in Mogadishu through a comm		
(C) Activity 1.1*	provide treatment to at least 15,939 severely acute malnourished children.		
(D) Activity 1.2	Provide treatment to at least 24,192 moderately malnourished children under five and 8,400 moderately malnourished pregnant and l		
(E) Activity 1.3	Provide treatment to 60% of the estimated caseloads		
(F) Indicator 1.1*	Nutrition	SAM treatment programs achieve > 75% cured rates, default rate	Target* 15939
(G) Indicator 1.2	Nutrition	MAM treatment programs achieve 75% cure rate, default rate of <!	Target
(H) Indicator 1.3	Nutrition	70 % coverage of estimated caseload aggregated by type of maln	Target
(I) Outcome 2	8,400 women and 40131 children are provided with evidence based nutrition intervention services in line with Basic Nutrition Service		
(J) Activity 2.1	Provision of essential components of BNSP to 8,400 PLW and malnourished children <5 years in Mogadishu		
(K) Activity 2.2	Support target household to improve on hygiene and sanitation practices and facilities.		
(L) Activity 2.3	Provide training and counseling services on breastfeeding and complimentary foods to pregnant and lactating mothers.		
(M) Indicator 2.1	Nutrition	Number of children receiving vitamin A and deworming	Target 40,131 children
(N) Indicator 2.2	Nutrition	Number of care givers in the selective feeding program trained on	Target
(O) Indicator 2.3	Nutrition	Number of mothers who received breastfeeding counseling inform	Target
(P) Outcome 3	To strengthen the capacity of the local partners		
(Q) Activity 3.1	Provide technical training in the management of severe & moderate acutely malnourished children and PLW.		
(R) Activity 3.2	Provide continuous support to the implementing partner through participatory program reviews, learning sessions, on job trainings (inc		
(S) Activity 3.3	Provide technical training to the partner staff and management in IYCF and BNSP programming		
(T) Indicator 3.1	Nutrition		Target 650
(U) Indicator 3.2	Nutrition	Number of trainings, reviews and field support provided to partner	Target
(V) Indicator 3.3	Nutrition	Number of partner staff trained in IYCF and BNSP programming.	Target
(W) Implementation Plan*	In addition to 8 running sites, 8 more (already identified and rehabilitaedd) will be added so that the program will cover all the 16 districts of Mogadishu as recommended by the SQUEAC survey report (attached). Additional staff (nurses, clinicians, logisticians, weighers and measurers, registrars, supervisors, and administrators and outreach workers) will be recruited and trained by Oxfam and valid. Community outreach and mobilisation component will be strengthened. SAACID will remain the implementing partner with Oxfam Novib providing technical back stopping and quality assurance and contineaeous capacity building. Valid International will also continue to support the training and reviews & facilitate SQUEAC investigations for the program. Through the Mogadishu nutrition cluster, field based coordination will be strengthened also on referrals as has been the case this far.Valid International will also provide technical support including training of the survey referees for the old and initial training for the new survey and also the		
Describe how you plan to implement these activities (maximum 1500 characters)			

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) *

Oxfam Novib's Nairobi-based nutrition programme manager provides both technical and operational oversight of the programme. In so doing there are usually regular phone and email contact between the Mogadishu and Nairobi-based staff and weekly and monthly reports are prepared, shared and made available to the nutrition cluster and to back donors. Adhoc field visits are also carried out. Valid International will as usual provide technical support in trainings, reviews and facilitating SQUEAC surveys done every six months. In terms of operational and administrative monitoring, an administrative coordinator for SAACID based in Mogadishu oversees the operations related to logistics and finance and reports to the Nairobi-based SAACID programme coordinator who in turn is supervised by SAACID's Country Director. WFP and UNICEF have been involved in regular random monitoring of sites; and this would continue with the expanded intervention. The community is also involved in the monitoring in which regular discussions between programme staff in Mogadishu and community representatives are held. In these discussions, the progress of the programme is shared with the representatives and issues relevant to the implementation such as security are brought up for the representatives to give feedback on and possible propose appropriate solutions. Seniro management of both SAACID and Oxfam Novib are done. Mogadishu nutrition cluster holds bi-weekly meetings whenever possible and minutes of the meetings shared.

(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* provide treatment to at least 1000 children	X	X	X	X	X	X
1.2 Provide treatment to at least 1000 children	X	X	X	X	X	X
1.3 Provide treatment to 60% of children	X	X	X	X	X	X
2.1 Provision of essential commodities	X	X	X	X	X	X
2.2 Support target households	X	X	X	X	X	X
2.3 Provide training and counselling	X	X	X	X	X	X
3.1 Provide technical training	X	X	X	X	X	X
3.2 Provide continuous support	X	X	X	X	X	X
3.3 Provide technical training	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 ACF	While treating the malnourished children, there are usually a few who come with more severe cases. Providing technical advice to the local partner –SAACID who chairs the meetings and Oxfam is strongly involved in the national level coordination meeting providing updates. SAM cases with complications are also referred to the hospital for stabilization.
2 Supporting Regional nutrition meeting	
3 Participating in the NWG meetings	
4 Benadir Hospital	
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 Local partner has gender policy in their portfolio. Therefore, when hiring staff
Capacity Building		