

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*	Jubbaldense Charity Centre			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO Local NGO			
(C) Project Title*	Improve health and nutritional status of the women and children of Buale and Sakow/Salagle populations			
(D) CAP Project Code	SOM-11/H/39955	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	226560	Must be equal to total amount requested in current CAP		
(H) Amount Request*	225080	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	Health	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
	Total beneficiaries	3000	4552	7552
	Total beneficiaries include the following:			
	Children under 5	3250	3250	6500
	Pregnant and Lactating Women	0	1052	1052
	0	0	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	Budget:	\$	-
	2	Budget:	\$	-
	3	Budget:	\$	-
	4	Budget:	\$	-
	5	Budget:	\$	-
	6	Budget:	\$	-
	7	Budget:	\$	-
	8	Budget:	\$	-
	9	Budget:	\$	-
	10	Budget:	\$	-
		Total	Budget:	\$
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*	Ahmed Yussuf Hussein	Title	Programme Manager
	Email*	kainan77@yahoo.com,ahmedjcc@yahoo.com	Phone*	+254-723-259-887/0722-477 262
	Address	P.O Box 27504-00100, Westlands Mpaka Rd-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) *	UNICEF and WFP were supporting WV Somalia to implement OTP/SC and SFP respectively targeting individuals and households, but due to insecurity, WFP suspended their activities in the south of Somalia. Therefore, this intervention is intended to improve the nutrition status of children less than five years, pregnant women and lactating mothers moreover, integrated data analysis from nutrition assessments conducted in Juba regions in December 2010, in addition to health and feeding facilities' information shows a significant deterioration of the nutrition situation to Very Critical among the populations in the three livelihoods in Juba regions. The nutrition assessment among the pastoral population indicates a GAM rate of 30.7% and SAM rate of 7.8% indicating a Very Critical nutrition situation and a significant deterioration from the likely Serious levels recorded in Gu '10, when a rapid MUAC assessment identified 9% as acutely malnourished including 2% severely malnourished. In the agro-pastoral livelihood, the nutrition assessment reports a GAM rate of 26.1% and a SAM rate of 6.2% indicating a Very Critical nutrition situation. Due to the methodological
(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) *	According to the Nutrition Analysis Post Deyr 2010/11, FSNAU, integrated analysis of data from nutrition assessments conducted in December 2010 and data from health and feeding facilities showed a significant deterioration of the nutrition situation to Very Critical among the three livelihoods in Juba regions. The high levels of acute malnutrition is linked to food security related factors including poor crop and livestock production, high cereal prices, and low terms of trade. High morbidity continues to be a major risk factor to acute malnutrition. The situation in Juba is worsened by withdrawal of international humanitarian organizations in the area providing health and nutrition services due to the prevailing civil insecurity in the area. In addition, chronic poor child care and feeding practices, inadequate safe water and sanitation facilities as well as limited access to health services, are other important risk factors influencing the acute malnutrition levels in the targeted areas. In short term, urgent interventions to rehabilitate acutely malnourished children, and boost food access are required. Preventative measures to improve and sustain food access, nutrition and health service delivery.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	JCC is currently conducting MUAC/oedema/WFH screening for both children under-five and pregnant and lactating women. During screening, those identified as malnourished are counseled on appropriate children feeding and caring practices. JCC is also implementing an integrated livelihood project on seeds and farm inputs distribution to the most vulnerable populations of Middle Juba. In addition, JCC is implementing a water trucking project targeting the poorest household and supporting rehabilitation of water pans (CFW) through cash/food - for - work. JCC current activities are addressing some water, sanitation issues as well as household food security and coping strategies. Since August last year, after when WVS stopped its operation in the area; the population in the target areas suffered with lack of health and nutrition services. Moreover, the two MCH in Buale and Salagle districts were operating with the help of local volunteers

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Improve coverage and access to preventative and curative nutrition services through implementation of basic nutrition service package	
(B) Outcome 1*	At least 70% of all severely and moderately malnourished children will have access to nutrition rehabilitation through access to quality	
(C) Activity 1.1*	Severe and moderate acute malnutrition treatment services provided as per IMAM guideline in 25 OTPs, 2SC and 31 SFP sites	
(D) Activity 1.2	The staff for 25 OTP, 2 SC and 31 SFP sites trained in the integrated management of acute malnutrition according to standard guideline	
(E) Activity 1.3	70 Community Volunteers and staff for 31 project activities sites trained in identification, referral and followup of acutely malnourished	
(F) Indicator 1.1*	Nutrition	% Coverage of the estimated caseload disaggregated by type of malnutrition Target* 6500
(G) Indicator 1.2	Nutrition	Number of staff trained in the management of acute malnutrition Target
(H) Indicator 1.3	Nutrition	Number of staff and other community volunteers trained in identification, referral and followup of acutely malnourished Target
(I) Outcome 2	At least 70% of children under 5 admitted to nutrition services and their caregivers receive promotion and counseling on key nutrition messages	
(J) Activity 2.1	Staff for 2 MCH/25-OTP/31-SFP/ 2-SC and 20 CHWs staff trained in promotion of key nutrition, health and hygiene messages	
(K) Activity 2.2	Promotion of key nutrition, health and hygiene messages done at all nutrition care services sites and MCHs	
(L) Activity 2.3	25 Community volunteers and community health workers conduct promotion of key nutrition, health and hygiene messages in targeted areas	
(M) Indicator 2.1	Nutrition	Number of Staff/CHW trained on the management of acute malnutrition Target 25
(N) Indicator 2.2	Nutrition	Number of sessions conducted in nutrition care and health facilities Target
(O) Indicator 2.3	Nutrition	Number of caregivers reached by the community workers promotion and counseling Target
(P) Outcome 3	At least 40% of pregnant women attending nutrition care programmes, ANC, and/or at village level to sensitized exclusive breastfeeding	
(Q) Activity 3.1	Promotion of exclusive breastfeeding, appropriate complementary feeding and micro-nutrient supplementation including deworming drugs	
(R) Activity 3.2	15 Outreach workers conduct specific exclusive breastfeeding, appropriate complementary feeding, micro-nutrient supplementation and deworming	
(S) Activity 3.3	15 Outreach workers conduct specific exclusive breastfeeding, appropriate complementary feeding, micro-nutrient supplementation and deworming	
(T) Indicator 3.1	Nutrition	Number of pregnant women attending nutrition care programmes Target 1052
(U) Indicator 3.2	Nutrition	Number of caregivers who receive breastfeeding and supplementation Target
(V) Indicator 3.3	Nutrition	Number of children under 5 receiving exclusive breastfeeding Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>An overall project coordinator will oversee this project, make supply requests for all locations, follow up and ensure reports are sent on time and coordinate with the project managers based at district levels.</p> <p>JCC technical adviser for health and nutrition will provide a continual guidance, pay an ad hoc visit to the project site, and review project indicators with achievements</p> <p>This project will integrate with primary health care projects, managed by experienced project managers that follow a day to day project monitoring; The field coordinator will do the daily project monitoring as well, the Nutrition supervisors will also be responsible the daily monitoring of the project. The field coordinator will do the daily project monitoring as well, the Nutrition supervisors will also be responsible the daily monitoring of the project. The field coordinator will do the daily project monitoring as well, the Nutrition supervisors will also be responsible the daily monitoring of the project.</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) *

JCC will use a participatory approach with relevant partners (DHB, VHCs) and focus group discussions with representatives from the community in joint monitoring of the progress of project implementation. Regular meetings will be held to discuss project implementation and any need for modification of strategies to overcome constraints.

Monitoring tools used will include supervision checklists for both the health posts and the MCH/OPD clinics. Reporting tools used will include weekly and monthly reports. (Close supervision and monitoring of the project activities will provide information on how well the project is being implemented and also provide insight on what needs to be done to improve the implementation process.

JCC Nutrition manager will conduct weekly and monthly monitoring. Monthly meetings will be held with partners to assess progress, discuss lessons learned and apply them to future planning, planning and coordination, and provide training for identified needs. Monitoring of activities will take place through regulation supervision visits to the project sites. Beneficiary accountability is an important part of JCCs system to monitor quality and will be developed according to the needs of the community. Information on the complaint mechanisms for the programmes will be a standard component of all community level workshops, meetings or training sessions.

(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* Severe and moderate ac	X	X	X	X	X	X
1.2 25 OTP, 1 SC and 31 SF	X			X		
1.3 90- Outreach and Comm	X			X		
2.1 2 MCH/ SC 25-OTP/31-S	X			X		
2.2 Promotion of key nutritio	X	X	X	X	X	X
2.3 70 Community volunteer	X	X	X	X	X	X
3.1 Promotion of exclusive b	X	X	X	X	X	X
3.2 15 Outreach workers cor	X	X	X	X	X	X
3.3 0						

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	ICRC	Water, sanitation and hygiene promotion
2	ICRC	Intergrated livelihood support through seed distribution and farm inputs.
3	UNICEF/Other partners	JCC will participate in regional coordination with other partners in WASH, Health a
4	SORDES/SAF	JCC will coordinate its activities with Nutrition partners working in Buale District.
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	JCC recognizes the importance of gender issues in all programming sectors, and	
Capacity Building			