

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 <input type="checkbox"/> Local NGO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) Project Title* | Preventing Nutrition-Related Morbidity and Mortality in Lower Juba | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (D) CAP Project Code | SOM-12/H/48400 | 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 1 (Mar 2012) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (G) CAP Budget | Must be equal to total amount requested in current CAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (H) Amount Request* | \$ 298,095.80 | 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 | <table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total beneficiaries</td> <td>0</td> <td>5000</td> <td>5000</td> </tr> <tr> <td colspan="4">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>3850</td> <td>3150</td> <td>7000</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>5000</td> <td>5000</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> | | | | | Men | Women | Total | Total beneficiaries | 0 | 5000 | 5000 | Total beneficiaries include the following: | | | | Children under 5 | 3850 | 3150 | 7000 | Pregnant and Lactating Women | 0 | 5000 | 5000 | Other | 0 | 0 | 0 | | 0 | 0 | 0 |
| | Men | Women | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total beneficiaries | 0 | 5000 | 5000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total beneficiaries include the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children under 5 | 3850 | 3150 | 7000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pregnant and Lactating Women | 0 | 5000 | 5000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (M) Location | Regions: <input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> 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"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (N) Implementing Partners | <table border="1"> <thead> <tr> <th></th> <th>Budget:</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$ -</td></tr> <tr><td>2</td><td>\$ -</td></tr> <tr><td>3</td><td>\$ -</td></tr> <tr><td>4</td><td>\$ -</td></tr> <tr><td>5</td><td>\$ -</td></tr> <tr><td>6</td><td>\$ -</td></tr> <tr><td>7</td><td>\$ -</td></tr> <tr><td>8</td><td>\$ -</td></tr> <tr><td>9</td><td>\$ -</td></tr> <tr><td>10</td><td>\$ -</td></tr> <tr><td>Total</td><td>\$ -</td></tr> <tr><td>Remaining</td><td>\$ 298,096</td></tr> </tbody> </table> | | | | | Budget: | 1 | \$ - | 2 | \$ - | 3 | \$ - | 4 | \$ - | 5 | \$ - | 6 | \$ - | 7 | \$ - | 8 | \$ - | 9 | \$ - | 10 | \$ - | Total | \$ - | Remaining | \$ 298,096 | | |
| | Budget: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | \$ - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remaining | \$ 298,096 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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* | John Wanjohi | Title | Senior Program Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Email* | john.wanjohi@afrec.org, abdirraghe@afrec.org | Phone* | 0722 719776 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | P.O. BOX 70629-00400, 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) * | <p>The nutrition situation in Lower Juba region across all the livelihood groups is Very Critical with GAM rates of 34.5 %, 27.0% and 26.1 % in the riverine, pastoral and agro-pastoral areas respectively and SAM rates of 11.8%, 9.5% and 9.1% (FSNAU Post Deyr 2011/12 Analysis, Technical Series Report No VI 44, March 9, 2012). The same assessment recorded a high proportion of acutely malnourished boys than girls in pastoral, agropastoral and riverine area-29% vs 25.7%, 31% vs 21.5% and 39.9% vs 28.9% respectively. An estimated 31,339 (41% of the 77,158 total under 5 children) of the Lower Jubba children are acutely malnourished and need quick specialized nutrition treatment services. Of the 31,339 malnourished children, 9,293 (30%) are severely malnourished and 22,046 (70%) are moderately malnourished. 75% of the 31,339 malnourished children in the Lower Juba region remain in Kismayo and Afmadow districts. So far, AFREC which carries out routine screening of U5 children at 33 sites has witnessed more than 70% of screened children qualifying for admission into OTP and SFP in both Kismayo and Afmadow districts. This is attributed to poor access to food coupled with limited access to safe water, and health services as well as poor childcare and feeding practices. With the current insecurity, men migrate with animals far from the conflict areas leaving women and boys and girls at home without regular milk supply, compromising household nutrition further. To cope with limited access to food, households resort to unfavorable coping strategies including skipping meals and selling few remaining livelihood support assets, which enhance vulnerability. Malnutrition negatively affects the health and development of boys and girls under 5 years and pregnant and lactating women (PLW) in these conditions. As the population's resilience is reduced, the vulnerable under 5 boys/girls and PLW became more susceptible to diseases. Hence the number of people seeking nutrition services in the target areas has increased 5 times. At the same time, the capacity of services has not increased. Unsustained funding of the sector is the key factor undermining the delivery of quality nutrition services. In this limited context, independent nutrition activities will not achieve the required result and therefore AFREC proposes this comprehensive nutrition project, which plans to address both the immediate and underlying causes of malnutrition. In developing this, AFREC consulted UNICEF, MSF-H, local leaders and agencies involved in nutrition in the region. AFREC has ongoing arrangements with UNICEF to supply medical and nutritional supplies.</p> |
| (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) * | <p>Multi-shocks over the years associated with civil insecurity, floods, drought and disease outbreaks has reduced the resiliency of the Lower Juba population and has increased their vulnerability to malnutrition. Consequently, total of 46,000 people in Afmadow and 15,000 in Kismayo Districts were classified in Emergency and Crisis respectively while the rest of the population is categorized as BF. This situation was worsened later by a military onslaught to root out insurgents from the region which disrupted livelihood activities such as trade, farming and livestock keeping. Lack of employment, purchasing power and access to food now prevents communities from addressing rampant malnutrition. At the height of crises, all international agencies were banned from operating in the areas, hence widening gap in nutrition interventions. 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 seeing an increase in childhood diseases due in part to malnutrition, are overburdened. The micro nutrient supplementation coverage in the target areas is very low and less than 500 women have access to this kind of support currently. This project will support the treatment of the severely malnourished under 5 boys and girls and prevent the moderately malnourished from degenerating into severe malnutrition and provide micro-nutrient supplementation, deworming, optimal IYCF, management of common illnesses, maternal nutrition and care, immunization, and hygiene. Activities will be carried out from fixed sites in Kismayo, Doble, Afmadow, and Kokani, expanding into nearby villages in Lower Juba. This support constitutes the gap identified in the UNICEF/AFREC partnership arrangement for effective implementation and wider reach to areas in need. UNICEF will provide nutritional support, while the CHF contribution will cover fixed and outreach operations, logistics, expansion of basic nutrition service package and effective integration with livelihood, health, and WASH.</p> |
| (C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters) | <p>Support provision of safe water to drought affected villages and scale up for cholera preparedness and response in Dholeby/Afmadow, North East Kismayo, Badaadhe and Jilib Districts and targets 110,000 people.</p> <p>Improved Access to Primary Health Care and Nutrition in Lower and Middle Juba which targets 38,000 people, primarily children <5 years and PLW.</p> <p>Wet feeding centre established at Doble due to the persisting high rates of acute malnutrition and population movements in Doble, Lower Juba region. The centre feeds on average 240HHs per day</p> <p>IMAM (Integrated Management of Acute Malnutrition) in Lower Juba: the project involves sustained effort to address malnutrition by providing micro-nutrient supplementation targeting 8,694 under 5 children and 4,347 PLW.</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* | 3150 girls and 3850 boys under 5 years are admitted and treated at 33 OTP and SFP sites | | |
| (C) Activity 1.1* | Giving equal chance to all, screen all children U5 and pregnant/lactating women twice a week and give them de-worming, Vitamin A | | |
| (D) Activity 1.2 | Treat 2000 SAM and 5000 MAM children meeting criteria and admitted into OTP and SFP respectively through 33 nutrition centers. | | |
| (E) Activity 1.3 | Follow up to ensure minimum defaulting and refer the complicated cases to SC in MSF-H hospital in Marerey | | |
| (F) Indicator 1.1* | Nutrition | Number of children (6-59months) and pregnant and lactating wo | Target* 7000 |
| (G) Indicator 1.2 | Nutrition | Number of U5 children admitted, treated and discharged at 33 O | Target |
| (H) Indicator 1.3 | Nutrition | Number of children referred to SC | Target |
| (I) Outcome 2 | Micro-nutrient supplementation coverage for 5000 lactating and pregnant women increased | | |
| (J) Activity 2.1 | Provide Vitamin A, iron and folic acid supplementation to pregnant and lactating women attending nutrition programs | | |
| (K) Activity 2.2 | | | |
| (L) Activity 2.3 | | | |
| (M) Indicator 2.1 | Nutrition | Number of children (6-59months) and pregnant and lactating wo | Target 5000 |
| (N) Indicator 2.2 | Nutrition | | Target |
| (O) Indicator 2.3 | | | Target |
| (P) Outcome 3 | Appropriate knowledge, attitude and practices on IYCF, hygiene and maternal nutrition improved | | |
| (Q) Activity 3.1 | Educate 3000 care givers on breast feeding, dietary diversity, locally available nutrient rich foods and good hygiene practices | | |
| (R) Activity 3.2 | Train 200 CHWs including 150 women and 50 men on IYCF and case management of acute malnutrition | | |
| (S) Activity 3.3 | Link households with malnourished boys and girls with WASH, feeding and livelihood programs in the target areas for longer-term ir | | |
| (T) Indicator 3.1 | Nutrition | Number of IYCF promotion sessions held | Target 24 |
| (U) Indicator 3.2 | Nutrition | Number of staff/CHWs trained on IYCF and management of acu | Target |
| (V) Indicator 3.3 | Nutrition | No of households linked with WASH, feeding and livelihood prog | Target |
| (W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters) | <p>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. Lists of beneficiaries enrolled in the nutrition programme will be shared with staff of existing or planned WASH and livelihood programmes for consideration. Any water vouchers or livelihood project implemented by AFREC, for example, considers the presence of malnourished children as part of criteria for beneficiary selection. The data about presence of such children will be obtained from the nutrition programme. The linkage with ongoing and planned activities that AFREC will continue pushing for will be part of exit strategy. 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. The project staff will include 2 nutritionists (1 for Kismayo and 1 for Afmadow), 6 outreach team leaders, 6 outreach teams (each 2 members), 6 teams of nutrition screeners for fixed sites (2 members per team) and 12 community mobilizers. Two key operational strategies will include fixed site and outreach operations. The MCH centres in Kismayo, Afmadow, Kokani and Dobleby will serve as the fixed sites. The fixed sites will support outreach activities to serve the remote and hard to reach areas. Community mobilization sessions in different target villages to inform people about the project and cultivate a conducive environment will precede any activities of the project. Training of 200 CHWs will be part of projects capacity building to help enhance implementation. The training will be conducted at different sites and times for every 25 participants, hence 8 trainings will be conducted in total. With each training being conducted for 3 days, facilitators are given 2 extra days for each training to enable them travel, prepare and report. This project is meant to take over from the CHF-supported project which expires in April 2012 and complement the ongoing UNICEF-supported 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) *

A detailed activity plan and clear indicators have been developed where project staff based in Kismayo and Afmadow offices led by the project co-ordinator will monitor activities to ensure that the inputs, work schedule and agreed actions are moving according to the project plan and budget requirements. A senior staff from Nairobi office will also visit the project areas at least twice during the project period and will interview beneficiaries, make observations and check admission records to track progress of the intervention. Project progressive data will be collected on weekly basis, and reviewed to ensure project goals are met and accurate reports are produced. Key indicators will include number of U5 admissions into the selective feeding program and the cure rate of children, the caseload of pregnant and lactating women (PLW) receiving micronutrient supplementation and optimal nutrition care and HHs receiving information on management of acute malnutrition, child care practices and hygiene. Beneficiary records generated from all sites and nutrition and morbidity reports from MCH centres will form part of monitoring data. OTP and SFP reports will be shared with UNICEF on a monthly basis. Narrative mid term and final activity and financial reports will be prepared and shared with CHF Secretariat.

(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* Giving equal chance to all | X | X | X | X | X | X |
| 1.2 Treat 2000 SAM and 5000 MAM | X | X | X | X | X | X |
| 1.3 Follow up to ensure min 95% adherence | X | X | X | X | X | X |
| 2.1 Provide Vitamin A, Iron and Zinc | X | X | X | X | X | X |
| 2.2 Educate 3000 care givers | X | X | X | X | X | X |
| 2.3 Train 200 CHWs including 150 women and 50 men on IYCF and case management of acute malnutrition | X | X | X | X | X | X |
| 3.1 Link households with malnourished boys and girls with WASH, feeding and livelihood programs in the target areas for longer-term impact | X | X | X | X | X | X |
| 3.2 Train 200 CHWs including 150 women and 50 men on IYCF and case management of acute malnutrition | X | X | X | X | X | X |
| 3.3 Link households with malnourished boys and girls with WASH, feeding and livelihood programs in the target areas for longer-term impact | 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 | The staff of the proposed project staff will liaise with those involved in implement |
| 2 SAF, APD and WASDA | The organizations are running programmes in Afmadow district. Although the tar |
| 3 | |
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| 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 projects targets Women for the provision of Vitamin A, Iron and Iodic |
| Capacity Building | | |