

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*  | Agency for Peace and Development  |   |                    |        |
| (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*   | Prevention and Treatment of Acute Malnutrition among Children <5 and pregnant and lactating mothers in Middle/Lower Juba, Southern Somalia.   |   |                    |        |
| (D) CAP Project Code   | SOM-12/H/48403  | 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 1 (Mar 2012)  |   |                    |        |
| (G) CAP Budget   | Must be equal to total amount requested in current CAP  |   |                    |        |
| (H) Amount Request*  | \$ 294,375.16   | 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  | Nutrition   |   |                    |        |
| (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 ( <a href="http://www.fsnau.org">http://www.fsnau.org</a> ) |   |                    |        |
|  |   | Men   | Women              | Total  |
|  | Total beneficiaries   | 0   | 1200               | 1200   |
| Total beneficiaries include the following:   |   |   |                    |        |
|  | Pregnant and Lactating Women  | 0   | 1200               | 1200   |
|  | Children under 5  | 5000  | 4000               | 9000   |
|  |   | 0   | 0                  | 0      |
|  |   | 0   | 0                  | 10200  |
| (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"/> 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"/> Salgadood <input type="checkbox"/> Hiraa <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  | (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: \$ 294,375 |        |
| <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*   | Daud Hussain Ibrahim.   |                    | Title  |
|  | Email*  | apd_hqs@yahoo.com/daudkey@yahoo.com   |                    | Phone* |
|  | Address   | P.O.BOX 52100-00100, 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) *                                  | The FSNAU post Dyer 11/12 technical report highlighted deteriorating nutrition situation in the Jubas with all three livelihood zones showing an GAM rate of above 26% and SAM rate of above 9%, pastoral and reverine are mostly affected with a GAM of 1 25. 4 and 31 .0% and SAM of 5.7 and 6. 8% respectively. Currently 169,000 people in livelihood crisis and in need of humanitarian assistance in both L/Middle juba. out of 366,000 people in the two region estimated to be in crises ( 240,000 are in HE and 34,000 in AFLC and 92000 in crisis). Likewise the sustained very critical nutrition situation has been noted in the three livelihood of jubas regions for the last three consecutive years. However post Gu11 season significantly increases in the rates of acute malnutrition among both middle and lower juba was observed with acute malnutrition rates exceeding the famine threshold of 30%. The main attributing factor of the worried nutrition situation was mainly limited access at household level as a result of poor crop and milk production from the post dyer 11/12 rainfall performance and persistence of high level morbidity among all the three livelihoods. Chronic underlying factors include, suboptimal child care and feeding practices, poor dietary quality and limited access to basic human services such as clean water , health and sanitation facilities remained challenge. The situation was also worsened by the reduced number of the humanitarian organization in the area providing health and nutrition and livelihood. Afmadow and Jilib districts are hosting highest population which is estimated to be 164,749 among the Juba districts. More than 16,500 acutely malnourished child in juba are found in Afmadow and Jilib districts. Due to the combination of food insecurity, lack of safe water and sanitation and reduced access to dietary diversity as a result of the reduced livestock due to the famine that hits the area before, the meal pattern of poor household change from 2 to 1 or 1 meal a day, <5 children are therefore more susceptible to neglect and death. Renewed fighting between the TFG and its allies Kenya defense forces in one side and the Al-shabab on the other side that started in lower Juba particularly Afmadow district has impacted the health and nutrition service infrastructures benefiting to children under five and Pregnant and lactating mothers. Increasing life-threatening gaps in the coverage of essential health and nutrition services are compounded by inadequate access to clean water and sanitation, food insecurity, increasingly eroded livelihoods in the region. |
| (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) * | As an organization APD has put together and maintained a number of highly skilled staff who can consolidate its institutional capacity and capability in working with donors, UN, international agencies, local authorities and communities in delivering effective services to the less fortunate ones in the society. FSNAU post Deyr11/12 technical analysis has shown an alarming sustained critical nutrition situations in Middle and Lower Juba with 366,000 people in crisis, 34000 in famine, 240,000 in emergency (HE) and 92000 in crises (AFLC) which was 100% increase from the last Dyer10/11 when 180,000 of both rural and urban population were in crises, majority of the 80% of affected population came from rural livelihoods. The poor performance of the Gu11 seasonal rain in terms of coverage, intensity and distribution resulted in very poor crop harvests (only 6% of PWA) in the riverine and Agro-pastoral livelihoods. APD weekly and monthly screening reports from the Jilib and Afmadow nutrition feeding centers shows urgent humanitarian need in the area. This can be affirmed from the admission rate of MAM and SAM children in our January and February screening which shows very high rate projection in the coming months and most likely through out the year. This crisis is greatly exacerbated by limited humanitarian interventions such as family and individual rations in the area since WFP has pulled out from SCZ in 2009 and the banning of UNICEF and other international humanitarian agencies operation by Al-shabab in the two regions. High morbidity rate resulting due to lack of safe water and sanitation facilities, poor child care practices, increased food prices, reduced term of traders, and limited access to food and nutrition services due to pastoralism nature. As a result of combination of all these factors and increased GAM rate, APD appeal to CHF to support 9000 acutely malnourished <5 children and 1200 PLVs in 30 centers. APD plan expansion to support extra 8 SFP and 6 OTP centers in Afmadow and Jilib project sites with funding support from UNICEF.   |
| (C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)   | APD is currently running 30 SFP and 14 OTP nutrition support programs in Afmadow and Jilib west districts with the funding support from CHF and UNICEF Somalia and intend to add 8 SFP and 6 OTP to reach the most vulnerable and needy children and pregnant and lactating mothers who are either moderately or severely Malnourished, it is also undertaking distribution of agricultural seed to rainfed farmers of Afmadow and Badadhe districts lower juba targeting to 1200 and 800 farmers respectively in partnership with the FAO Somalia . But due to overwhelming needs of the situation, APD is also proposing to roll out Food assistance to serve as protections rations and looking forward to provide life saving responses within the districts in terms of Nutritional and Food Security. APD is also planning for more livelihoods programs which is meant to maintain and restore resilient for poor household who are susceptible to constant shocks.  |

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

|  |  |  |                      |
|--|--|--|----------------------|
| <b>(A) Objective*</b>  | To provide lifesaving treatment to 9000 Acutely malnourished under 5 children, boys and girls and 1,200 pregnant and lactating women   |  |                      |
| <b>(B) Outcome 1*</b>  | 9000 acutely malnourished children disaggregated on sex(5000 Boys & 4000 girls) and 1200 PLWs screened and admitted for management   |  |                      |
| (C) Activity 1.1*  | Provide therapeutic, preventive supplement (Plumpy nut/plumpy dose) to 9000 acutely malnourished 6-59 months children and PLWs   |  |                      |
| (D) Activity 1.2   |  |  |                      |
| (E) Activity 1.3   |  |  |                      |
| (F) Indicator 1.1*   | Nutrition  | Number of children (6-59months) and pregnant and lactating women   | <b>Target*</b> 10200 |
| (G) Indicator 1.2  |  |  | <b>Target</b>        |
| (H) Indicator 1.3  |  |  | <b>Target</b>        |
| <b>(I) Outcome 2</b>   | Pregnant and lactating mothers have access to and increased awareness of infant and young child feeding (IYCF) practices.  |  |                      |
| (J) Activity 2.1   | weekly IYCF education sessions for pregnant and lactating mothers.   |  |                      |
| (K) Activity 2.2   | support the provision and monitoring of micro-nutrient supplementation activities(micro-nutrient and De-worming) for PLWs  |  |                      |
| (L) Activity 2.3   | Distribution of IEC materials and monitoring of individuals counseling,breast feeding mothers and focus group discussions in 14 OT   |  |                      |
| (M) Indicator 2.1  | Nutrition  | Number of IYCF promotion sessions held                             | <b>Target</b> 52     |
| (N) Indicator 2.2  | Nutrition  | Number of micro- nutrient supplement given to the PLW and <5       | <b>Target</b>        |
| (O) Indicator 2.3  | Nutrition  | Number of eligible pregnant mothers receiving multiple micro-nu    | <b>Target</b>        |
| <b>(P) Outcome 3</b>   | Increased and strengthened capacity of local staff and community volunteers.   |  |                      |
| (Q) Activity 3.1   | Conduct 2 BSNP and IMAM based training for 30 local staff disaggregated on sex(60 % Female and 40 % male) on effective   |  |                      |
| (R) Activity 3.2   | Training of 90 community volunteers on hygiene promotion,sanitation and nutrition education.   |  |                      |
| (S) Activity 3.3   |  |  |                      |
| (T) Indicator 3.1  | Nutrition  | Number of Staff/Community Health Workers/outreach workers trained  | <b>Target</b> 30     |
| (U) Indicator 3.2  | Nutrition  | No of community volunteers trained on hygiene promotion,sanitation | <b>Target</b>        |
| (V) Indicator 3.3  | Nutrition  |  | <b>Target</b>        |
| <b>(W) Implementation Plan*</b><br>Describe how you plan to implement these activities (maximum 1500 characters) | This project will be conducted through a total of 38 sites (13 fixed and 25 mobile) under the overall guidance at the field level by a qualified field nutritionist who will provide direct technical and managerial support. The programme manager at the national office who has a Bachelor of science food and nutrition will provide overall supervision and technical guidance to the program through monthly field visits and communication. Qualified nutrition nurses, nurse team leaders, supervisors and community health workers will be employed to carry out the actual field work in all sites. The quality assurance of services delivered will be assessed through internal program reviews including site visits, record review, and beneficiary interviews. Indicators outlined in the SPHERE document will be used to monitor the performance of the project. SAM Treatment: Achieve Recovery rate >75%, Death rate <10%, Defaulter rate <15% of total program exits. While MAM Treatment: achievement Cured rate >75%, defaulter <15% and death <3%. The nutrition program manager at the national office will provide technical support to the project through monthly field visits. Apart from OTP and SFP services, APD plans to carry out 2 IMAM-BNSP and IYCF based training in each district making a total of 4 for 30 project staffs - OTP nurses, outreach team and CHWs. The first 2 training which is to take off the first month of the project life will target 30 staff comprised of all nurses and outreach team/screeners in the 2 district while the other two trainings will target 90 CHWs and 26 volunteers in the second month of the project life. |  |                      |

**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) \*

APD will place a strong focus on monitoring and evaluation in the proposed project activities. The national office will provide overall guidance and support to the program through occasional visits to the field. The allocation of responsibility for monitoring, what should be monitored and how it should be monitored will be clearly defined and included in the strategy of the implementation. Monitoring will be participatory, (i.e. APD staff, beneficiaries' representatives and other stakeholders will participate as/when required). APD nutrition program manager will validate each activity in all the 38 TSFP and 20 OTP as proposed in this project to make sure that all activities are in line with the plan. The APD and community project committee meet monthly at the field level sharing experiences and challenges. Monitoring activities will include the following methodologies: 1) Scheduled or random visits to local facilities; 2) Focus group discussions with project beneficiaries; 3) Regular meetings and discussions with local authorities; 4) Periodic analysis of baseline data gathered from the above visits and discussions. 5) Analysis of monitoring reports. 6) Analysis of financial reports and level of implementation against planned activities. Beside the above, service delivery will be assessed through internal review such as beneficiary interview and site visits. Indicators in the sphere standard will be used to measure the program performance. Monthly program progress will be shared both at the field and national cluster coordination meetings as well as shared with the donors on quarterly basis. Monthly project progress and supplies distribution reports will be forward to donors by the end of every month. weekly OTP report will be documented by outreach team leaders and OTP nurses and shared in order to improve the quality of the project APD will engage an external evaluator who will review progress of the project, monitoring, evaluate and document lesson learnt after the project implementation. A final report will be sent 2 months after completion of the project and will include project achievements, detailed financial expenditure report as well as lessons learnt.

(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* Provide therapeutic pre  | X  | X         | X         | X         | X          | X           |
| 1.2 weekly IYCF education   | X  | X         | X         | X         | X          | X           |
| 1.3 support the provision a   | X  | X         | X         | X         | X          | X           |
| 2.1 Distribution of IEC mate  | X  | X         | X         | X         | X          | X           |
| Conduct 2 BSNP and IMAM based training for 30 local staff disaggregated on sex(60 % Female and 40 % male) on effective identification ,management and referral of acute malnutrition in Afmadow and Jilib |  |           |           |           |            |             |
| 2.2 districts   | X  |           |           | X         |            |             |
| 2.3 Training of 90 communi  | X  |           |           | X         |            |             |
| 3.1 Conduct 2 BSNP and IMAM based training for 30 local staff disaggregated on sex(60 % Female and 40 % male) on effective identific  |  |           |           |           |            |             |
| 3.2 Training of 90 community volunteers on hvgiene promotion ,sanitation and nutrition education.   |  |           |           |           |            |             |
| 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 APD                                | Will coordinate in linking Health and nutrition centres in Jilib and Afmadow projec |
| 2 AFREC,Somali aid,Saf,Zamzam and MS | APD will coordinates these organization in nutrition and health in order to avoid a |
| 3                                    |   |
| 4                                    |   |
| 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   | While all nutrition programs targets children(boys and girls)and PLWs, women |
| Capacity Building             |   |  |