

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 Initiatives Access Link			
(B) Type of Organization*	<input type="checkbox"/> UN Agency	<input type="checkbox"/> International NGO	<input type="checkbox"/> Local NGO	
(C) Project Title*	Emergency Nutrition Response in Lower Jubba and Nutrition Programming Capacity Strengthening for Nutrition Actors in Southern Somalia.			
(D) CAP Project Code	SOM-12/H/48254	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*	\$ 599,670.00	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 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	195	5195	5390
	Total beneficiaries include the following:			
	Staff (own or partner staff, authorities)	195	195	390
	Pregnant and Lactating Women	0	5000	5000
Children under 5	4500	4500	9000	
	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"/> 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 (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:	\$	599,670
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*	Abdullahi Diriye	Title	Programmes Manager
	Email*	abdullahi@datafrica.org, abdullahidiriyee848@hotmail.com,abdullahi@dataf	Phone*	+254723628649/+254722218388
	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) *	The prevalence of acute malnutrition, both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) remains a major concern among children under five years and pregnant and lactating women (PLW) in the Jubbas where the nutrition situation is classified as sustained very critical although it has improved from what it was in mid last year (July 2011) during the famine, thanks to the scaled up efforts by NGOs including DIAL Africa. This scale up efforts of nutrition interventions has led to the reduction of the high malnutrition rates that recorded GAM 38.9%, SAM 17.2%(FSNAU post Deyr 2011) to GAM 26.1%, SAM 9.1%(FSNAU post dyr 2011/12) among the agro-pastoral; GAM 45.9%, SAM 21.9%(FSNAU post der 2011) to GAM 34.5%, SAM 11.8%(FSNAU post Gu' 2011/12) for the riverine groups while GAM was 39.5%, SAM 18.2%(FSNAU post Deyr 2011) as compared to GAM 27.3%, SAM 9.5%(FSNAU post Gu' 2011/12) for pastoral. In addition, child mortality rates has declined from what it was in August 2011 but still remains high recording 2 deaths per 10,000 populations per day in Southern Somalia. Although the GAM and SAM rates have fallen but the prevailing sustained very critical nutrition situation calls for urgent and continued support for supplementary and therapeutic programmes in addition to building the capacity of Somali national nutrition staff belong both to LNGOs and INGOs. Badhaadhe district is one of the hardest hit partly due to its remoteness and partly due to the lack of other humanitarian interventions. The high malnutrition rates among children under 5 years & PLW is worsened by food insecurity and the high prices of local cereal which have remained well above average due to limited coping mechanism available and trade restrictions, a situation further aggravated by frequent disease outbreaks (AWD, Measles) and a host of underlying factors such as sub-optimal child care and feeding practices, poor diet quality coupled with limited access to basic services such as safe water, health and sanitation facilities.
(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 CAP 2012 strategic objectives recognize the need for working towards the reduction of the high malnutrition rates and mortality through availing of quality integrated nutrition intervention including treatment and prevention service that also encompass the basic nutrition services package (BNSP) and capacity building for nutrition actors. Support for integrated nutrition services was recognized as a key pillar in the effort towards the planned immediate and integrated life-saving assistance to people living in famine and humanitarian emergency preventing further deterioration of acute malnutrition in children under 5 years to ensure that GAM and SAM rates are reduced to and kept to a minimal and the accepted internationally thresholds, unfortunately the rates are always far much higher in South and Central Somalia than the accepted standard. DIAL Africa run emergency nutrition intervention in Badhaadhe including supplementary feeding (TSFP & BSFP) as well as therapeutic programme (OTP) continue to register high admission rates and are overwhelmed by the needs of malnourished children under five years & PLW. In the year 2011, GAM & SAM rates recorded as high as 45.9% and 21.9% respectively for some population in certain livelihood groups (FSNAU post Gu 2011), the rates have since reduced although still very high with the FSNAU post Deyr 2011/12 report revealing GAM of 34.5% and SAM of 11.8% for the same groups. The slightly improved but still bad malnutrition levels presents the nutritional actors with challenges in working to reverse the situation, one of the challenges been the limited capacity and availability of qualified nutrition staff with adequate nutrition knowledge and skills. Somali National staffs (both LNGOs and INGOs) require trainings on technical nutrition programming knowledge and skills. According to a 2011 capacity building needs assessment undertaken by DIAL Africa in the whole of Southern Somalia, the level of nutrition programming knowledge among nutrition staff was found to be very low. DIAL Africa seeks to continue strengthening capacity building training based on the integrated management of acute malnutrition (IMAM) Somalia guidelines but also tailor made specific training areas like TSFP and BSFP. DIAL Africa hopes to build on its experience and consolidate the gains made recently by further scaling up the capacity building trainings to other regions. The organization plans to undertake emergency nutrition intervention mainly TSFP & OTP in Badhaadhe district. DIAL Africa is now running 20 blanket supplementary feeding programme (BSFP) sites catering for 8300 beneficiaries (6300 children <5 years and 3000 PLW) in border locations within Badhaadhe district recently liberated by the TFG. This BSFP is currently availing much needed nutrition supplies and recording success both in the prevention and management of moderate malnutrition. In addition, with support from UNICEF & CHF Somalia, DIAL Africa also runs 19 TSFPs catering for 845 PLW and 2461 MAM children less than five years; 8 OTPS catering for 636 SAM children under five years in Badhaadhe district.
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	DIAL runs 19 TSFP catering for 845 PLW and 2461 MAM children under five years; 8 OTPS catering for 636 SAM children under five years in Badhaadhe district. In Kismayo district, DIAL was running 1 SC and 1 OTP catering for combined 624 SAM children under five years and 1 TSFP catering 525 PLW and 2400 children under five years. These nutrition interventions are geared towards reversing the prevailing negative trends and high rates of malnutrition affecting children under five years and pregnant and lactating women. In addition, through UNICEF support, DIAL is now running 20 blanket supplementary feeding programme (BSFP) sites catering for 8,300 beneficiaries (6,300 children <5 years and 3,000 PLW) in border locations within Badhaadhe district recently liberated by the TFG. This BSFP is currently availing much needed nutrition supplies and recording success both in the prevention and management of moderate malnutrition. In addition, with support from UNICEF & CHF Somalia, Similarly, DIAL implements a CHF funded capacity building training for nutrition actors' nutrition staff (both national NGOs staff and national staff of INGOs) since 2010. This ongoing capacity building intervention by DIAL is now approaching the third years of its existence and has filled a major gap in the training of 150 staff in 2010/11 (covering 3 regions) and 480 staff in 2012 (covering 11 regions and ongoing). Under the 2011 project, the plan was initially to train 550 staffs by conducting 18 IMAM trainings. This was later revised to the training of 480 staffs through conducting of 6 IMAM trainings and 24 TSFP/BSFP trainings. The number of trainings increased (from 18 to 30) but the number of staff to be trained came down from 550 to 480. The capacity building has been recognized as a key pillar of the nutrition cluster response plan and objective for the last 3 years including the 2012. The capacity building training was and still be based on the integrated management of acute malnutrition (IMAM) Somalia guidelines and has also incorporated to deliver quick and short trainings mainly covering TSFP & BSFP. The capacity building trainings have supported the nutritional actors with the working knowledge and skills to support and ensure the implementation of quality nutrition responses. DIAL plans to continue strengthening the capacity building trainings by doing refresher trainings as well as new trainings for new staff.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Treat acutely malnourished children under five years & pregnant and lactating women (PLW) through access to and utilization of qu		
(B) Outcome 1*	Reduced acute malnutrition and mortality rates atleast among 85% of acutely malnourished young boys and girls < 5 years & PLW		
(C) Activity 1.1*	Admit and treat 5,000 PLW and 7,200 children under 5 years both identified as moderately acutely malnourished (MAM).		
(D) Activity 1.2	Admit and treat 1,800 children under 5 years identified as severely acutely malnourished (SAM).		
(E) Activity 1.3	Undertake continuous monthly anthropometric measurements for the admitted 14,000 children U-5 years and PLW in order to follo		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 10370
(G) Indicator 1.2	Nutrition	85% of SAM children u<5 year admitted and treated in the OTPs	Target
(H) Indicator 1.3		Number of children <5years and PLW continuously measured us	Target
(I) Outcome 2	Enhanced access of women and children's to evidence-based and feasible nutrition and nutrition related services available through		
(J) Activity 2.1	Promotion and support for optimal maternal nutrition and care among the children/women from the targeted groups as well as prom		
(K) Activity 2.2	Undertake regular micronutrient supplementation /support (Vitamin A, iron folate) and deworming campaigns.		
(L) Activity 2.3			
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	Target 24
(N) Indicator 2.2	Nutrition	Total number of under 5 years children & PLW benefitting from	Target
(O) Indicator 2.3			Target
(P) Outcome 3	Train and build the capacity of 390 LNGOs nutrition staff and INGOs national staff (sex disaggregated) to help the delivery of quality		
(Q) Activity 3.1	Identify 390 Nutrition staff from 26 NGOs (15 from each NGO) for training on the integrated management of acute malnutrition (IM		
(R) Activity 3.2	Hold 20 nutrition training workshops (8 in L/Jubba;5 in M/Jubba;4 in Bakol & 3 in M/shabelle) for the identified 390 nutrition staff be		
(S) Activity 3.3	Conduct on-the-job mentoring training for 390 IMAM trained nutrition staff from 26 NGOs in M/L Jubba M/Shabelle and Bakool. It		
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 390
(U) Indicator 3.2	Nutrition	Number of nutrition programming training workshops held.	Target
(V) Indicator 3.3	Nutrition	Number of nutrition staff benefitting from on-the-job mentoring.	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>DIAL is currently implementing nutrition intervention including TSFP & OTP as well as blanket supplementary feeding programme (BSFP) receiving regular supplies from UNICEF for the ongoing programmes specially the 20 BSFP programme sites catering for combined children under five years totalling to 2,461 (MAM) ; 636 (SAM); 845 (PLW) as well as 8,300 in BSFP programme. Under this proposed project the following will be the target: 500 PLW MAM, 7,200 MAM children under five years & 1,800 SAM children under five years. DIAL will continue getting these supplies from UNICEF as Badhadhe District is accessible. The planned activities in this component will continue to adopt and utilize standardized protocols which require the registration of all households with children U-5 yrs, preparation of TSFP & OTP distribution timetable and communicating the dates and household monthly entitlement to the registered beneficiaries. DIAL and UNICEF already have an agreement under an ongoing PCA for the support of TSFP & OTP.</p> <p>The TSFP (catering for MAM) and OTP (catering for SAM) nutrition supplies sourcing will be guided by UNICEF, the Somalia nutrition cluster and DIAL inputs. Qualified nutrition staff will be engaged and refresher training given. Project activities to be undertaken include anthropometric screening, admitting and treating SAM and MAM affected Children under 5 years and MAM affected PLW. This will also provide the required equipment, supplies and provisions for the Nutrition delivery centres operated by DIAL to offer the required BNSP and optimal IYCF services. A nutrition programme coordinator will be responsible for the overall implementation of the intervention. Initial refresher training will be held for the staff and community mobilization undertaken. DIAL will ensure proper management of the food commodities in the warehouse to ensure its is fit for consumption and also guard against losses from infestation by pests. Pest management will be ensured through quarterly fumigation with recommended fumigation agents (as per WFP food storage manual). As for the capacity building component, DIAL will enlist the support of the nutrition cluster and the nutrition cluster leads mainly UNICEF & WFP in addition to the LNGOs/INGOs whose nutrition staff will be trained. This will be necessary in order to identify all the organizations working in the various nutrition responses in the targeted regions. Thereafter, DIAL will hire a Nutrition trainer to undertake nutrition trainings. Concurrently DIAL will publish 390 IMAM training guidelines for use during the trainings. Training materials for the TSFP & BSFP will also be further refined. The training materials developed will be shared with the nutrition cluster and selected nutrition partners. A Nutrition Programming Training scheduled will be developed in close collaboration with the target nutrition cluster members and the cluster through the cluster coordinator. This will be followed by roll-out of the training for the respective regions and the selected trainees. As an immediate follow-up to each of the training, DIAL will undertake the required on-the-job mentoring to be under taken by mentoring officers. Each mentoring officer will be attached to each organization for a period of 2 month</p>		

5. MONITORING AND EVALUATION (to be completed by organization)

<p>(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.</p>	<p>DIAL will undertake weekly and monthly monitoring of the projects sites as guided by the implementation schedule for the two project components (i.e. the emergency nutrition response component and the capacity building component). Weekly and monthly reports will be generated and shared with UNICEF Somalia which provides the supplies. Midterm and end term reports which will include financial expenditure will also be shared with CHF Somalia. Additionally, DIAL will periodically update the nutrition cluster and give updates on the progress of the projects two components implementation through the monthly cluster meetings. Monitoring and Evaluation information will also be collected on the site visits especially the supported TSFPs and OTPs nutrition centers, through their monthly returns and the analysis of the nutrition status of the targeted population groups (i.e Children under 5 years and PLW). 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 two components of the project as laid down in the implementation plan with provision of adequate and proactive corrective actions required being put in place. In addition to its internal monitoring, DIAL will welcome and give all the necessary support to any external monitoring or third party monitors engaged by the donors or the nutrition cluster. DIAL will also utilize the standard nutrition TSFP, OTP cards and ration cards to monitor the screening, admission and treatment of MAM and SAM identified children under 5 years and PLW.</p>																																																																																								
<p>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<table border="1"> <thead> <tr> <th rowspan="3">Activity</th> <th colspan="6">Timeframe</th> </tr> <tr> <th colspan="6">Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</th> </tr> <tr> <th>Month 1-2</th> <th>Month 3-4</th> <th>Month 5-6</th> <th>Month 7-8</th> <th>Month 9-10</th> <th>Month 11-12</th> </tr> </thead> <tbody> <tr> <td>1.1* Admit and treat 5,000 PLW</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>1.2 Admit and treat 1,800 children</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>1.3 Undertake continuous monitoring</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>2.1 Promotion and support</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>2.2 Undertake regular micro</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>2.3 Identify 390 Nutrition staff</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.1 Hold 20 nutrition training</td> <td></td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>3.2 Conduct on-the-job mentoring</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>X</td> </tr> <tr> <td>3.3 Conduct on-the-job mentoring training for 390 IMAM trained nutrition staff from 26 NGOs in ML Jubba, M/Shabelle and Bakool (las</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							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* Admit and treat 5,000 PLW	X	X	X	X	X	X	1.2 Admit and treat 1,800 children	X	X	X	X	X	X	1.3 Undertake continuous monitoring	X	X	X	X	X	X	2.1 Promotion and support	X	X	X	X	X	X	2.2 Undertake regular micro	X	X	X	X	X	X	2.3 Identify 390 Nutrition staff	X	X					3.1 Hold 20 nutrition training		X	X	X	X	X	3.2 Conduct on-the-job mentoring		X				X	3.3 Conduct on-the-job mentoring training for 390 IMAM trained nutrition staff from 26 NGOs in ML Jubba, M/Shabelle and Bakool (las						
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6. OTHER INFORMATION (to be completed by organization)

<p>(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</p>	<p>Organization</p> <p>1 UNICEF</p> <p>2 WFP</p> <p>3 Nutrition Cluster Implementing Agencies</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>Activity</p> <p>DIAL has already consulted with UNICEF on the project including the capacity building. DIAL and WFP work closely. DIAL has been using part of the CHF money to train staff. DIAL has already identified 26 NGOs working in the 4 target regions of ML Jubba.</p>									
<p>(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</p>	<table border="1"> <thead> <tr> <th>Cross-Cutting Themes (Yes/No)</th> <th>Outline how the project supports the selected Cross-Cutting Themes.</th> <th>Write activity number(s) from section 4 that supports Cross-Cutting theme.</th> </tr> </thead> <tbody> <tr> <td>Gender</td> <td>DIAL has integrated gender equity in the various planned intervention</td> <td></td> </tr> <tr> <td>Capacity Building</td> <td></td> <td></td> </tr> </tbody> </table>		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	DIAL has integrated gender equity in the various planned intervention		Capacity Building		
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