For 'new-line' in text fields pres [ALT] and [ENTER] keys on keyboard (do not insert spaces to create line shift)

<u>Please do not change the format of the form</u> (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	organi	ization su	ıbmitting t	ne proposal)	)					
(A) Organization*	Humanitarian Africa Relief Development Organization									
(B) Type of Organization*	UN AgencyInternational NGOLocal NGOLocal NGO						tale to be			
(C) Project Title* For standard allocations, please use the CAP title.	Prevention and Treatment of Severe and Moderate Acute Malnutrition through Supplementary and Therapeutic Feeding in Middle Juba									
(D) CAP Project Code	;	SOM-12/H/48					rve proposals ou	tside of CAP		
(E) CAP Project Ranking (F) CHF Funding Window*	Medium Standard Allocation 1 (Mar 2012)			Required for proposals during Standard Allocations						
(G) CAP Budget	•		007.000.50	Must be equal to total amount requested in current CAP						
(H) Amount Request* (I) Project Duration*	\$	12 month	227,633.52 s	Equals total amount in budget, must not exceed CAP Budget No longer than 6 months for proposals to the Emergency Reserve						
(J) Primary Cluster*		Nutrition								
(K) Secondary Cluster		Health		Only indicate a	seconda	ary cluster	for multi-cluster	orojects		
(L) Beneficiaries Direct project beneficiaries. Specify target population	Total beneficiaries			Men 0	1	omen 2548	Total 2548			
disaggregated by number, and	Total her	oficiaries in	clude the follo			2540	2540			
gender. If desired more detailed information can be entered about	Total bell	Children und			1					
types of beneficiaries. For	Pregna	int and Lactat		1542		1542	3084			
information on population in HE and AFLC see FSNAU website				0	-	2548	2548			
(http://www.fsnau.org)				0		0	0			
(M) Location		- Adel		0	<u> </u>	0	0		-	_
Precise locations should be listed on separate tab	Regions	□Awdal □Bakool	Banadir Bari		Gedo Hiraan	L Juba		☐Mudug e ☐Nugaal	Sanaag Sool	□Togdheer □W Galbeed
(N) Implementing Partners	1							Budget:	\$	
(List name, acronym and budget)	3							Budget: Budget:	\$	-
	4							Budget:	\$	
ŀ	5 6							Budget: Budget:	\$	
	7							Budget:	\$	
•	9							Budget:	\$	-
ľ	10							Budget: Budget:	\$	
								Budget:	\$	
Focal Point and Details - Provide of	details on a	gency and Cl	uster focal noin	for the project (n	ame emai	I nhone)	Remaining	Budget:	\$	227,634
(O) Agency focal point for project:		Abdiweli H Ad		, , , , ,	,	, , , , ,	Title Phone*	Executive Direct 0722-323630/ 0		
(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	SANALYSIS (please adjust row size as needed)  Middle and Lower Juba regions have three main rural livelihood zones namely: the pastoral (the Southern Inland and Southeast Pastoralists), agro-pastoral (Lower Juba andSouthern Agro-pastoral) and the Riverine communities who are purely agriculturalists. The Juba regions in southern Somalia have a total of seven districts namely: Sakow, Buale and Jilib in Middle Juba. The FSNAU Post Deyr '11/12 analysis has classified the food security situation of rural livelihoods Juba regions in three phases: Crisis/, Emergency/ and Stressed/ and the urban populations in either Emergency/ or Stressed/. Currently, a total of 169,000 people are in livelihood crisis and in need of humanitarian assistance and livelihood Among the pastoral population, a GAM rate of 27.3% (23.0-32.0) and a SAM rate of 9.5% (7.1-12.8) were reported, which when compared to the July '11 GAM and SAM rates of 39.5% (35.9-43.2) and 18.7% (15.8-21.98.5) indicate a sustained Very Critical nutrition situation, with a significant decline in acute mainutrition rates (p-0.05). The crude and under five death rates are 0.93 (0.52-1.34) and 2.76 (1.41-4.12) respectively, indicating acceptable and alert situations. (UNICEFF 2005). Nutrition data from health facilities in the Juba riverine, pastoral and agropastoral livelihoods all indicate high numbers (>30%) and an increasing trend of acutely malnourished children									
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 post Deyr assessment conducted by FSNAU 2010/2011 described Nutrition situation of children and PLWs in Sakow as very critical with estimates The Post Deyr '11/12 integrated nutrition situation analysis, using data from nutrition assessments, health and feeding center facilities classifies the nutrition situation of the Middle pastoral, agro-pastoral, and riverine livelihood populations in a sustained Very Critical phase. However, a significant reduction in the GAM and a SAM rates among the the three livelihoods is recorded when compared to the rates reported in Gu '11 according to nutrition surveys conducted in October '11. The comprehensive nutrition survey conducted among the ago-pastoral population in October '11 reported a GAM rate of 26.1% (22.4-30.1) and SAM rate of 91.9% (7.1-11.5), indicating a sustained Very Critical nutrition situation since Gu '11. A comparison of the previous GAM rate of 38.9% (34.8-43.1) and SAM rate of 17.2% (14.0-2.9) reported in July '11 indicates a significant improvement (p-0.05). The 90 day retrospective crude and under five death rates reported in October '2011 are 1.37 (0.88-1.86) and 3.43 (2.0-4.87) respectively, indicating alert and emergency situations. HARD organization will target 2388 moderate mallnourished children of boys and girls, 696 severely malnourished of boys and girls and 2548 PLWS in 1 out of the 4 districts in Middle.HARD is seeking CHF funding to support continuation of the 12 SFP and 6 OTP sites to address the high malnutrition rates and reduce morbidity and mortality while linking the beneficiaries to the livelihood.agriculture and health programs in the catchment area.At least 70% of the beneficiaries will benefit from this services in the targeted district.									
that your organization is currently implementing to address these needs. (maximum 1500 characters)	Since 2011 HARD has been running emergency nutrition interventions targeting under fives through provision of SFP services in the target areas in Sakow districts with 12 SFP sites and 6 OTPs, supported by UNICEF and HARD want to continue support the existing nutrition sites. HARD is conducting also IVCF is counseling and community mobilization on hygiene promotion awareness covering at target village applying PHAST methodology, HARD will build on the aforementioned intervention in the area to provide a holistic response to the emergencies to affecting drought and conflict populations. HARD believes an integrated, holistic intervention is required to meet the urgent and inter-connected food security, nutrition and WASH needs in gap geographic areas and (for example Nutrition is considered one of primary indicators for the poor children less 5 years and PLWs population of target districts and Somalia as a whole. To achieve the intended proposed project objectives, HARD has a reliaded and qualified nutrition staffs, who did Nutrition project implementation for the last past 8 month and management in place on time and have in close consultation and working hand by hand with respective target community leaders, to promote effective community participatory approach in project planning. The project address the need of OTP and SFP programmes in the Sakow districts, (HARD plans to expend the existing nutrition interventions in order to increase the area coverage and avert the severe impact of the drought in Middle Jubar region)									

A) Objective*	To reduce morbidity and mo	ortality in Sakow district( Middle Juba) through improved and sustained access of integrated essential qu					
(B) Outcome 1*	At least 75% of estimated caseload of acute moderately and severely malnourished children boys and girls targeted area receive nu						
(C) Activity 1.1*	696 Severely malnourished	children boys and girls are admitted and receive therapeutic care in the 6 OTP sites.					
(D) Activity 1.2	2,388 moderate acutely malnourished children boys and girls are screened, admitted and receive supplementary ration in the 12 S						
(E) Activity 1.3	Train and actively involve to 35 community nutrition volunteers of men and women(CNN) in active case finding, defaulter tracing and						
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo Target* 696					
(G) Indicator 1.2	Nutrition	moderate malnourished children treated through MAM Target					
(H) Indicator 1.3	Nutrition	Number of Nutrition Volunteers trained and involved in detection Target					
(I) Outcome 2	At least 85% of Children and	d 40%PLWs receive micro-nutrients, immunization, De-worming, promotion and support for optimal IYF0					
(J) Activity 2.1	Support the provision, training	ng and monitoring of micro-nutrient supplementation activities (Vitamin A and micro-nutrient) in the 12 S					
(K) Activity 2.2	Measles vaccine and TT will	Il be given to 2388 children boys and girls at age 9 months and 2548 pregnant mothers at both OTP and					
(L) Activity 2.3	Support the training, distribu	ution of IEC materials and monitoring of IYCF activities running in the 12 SFP sites and 6 OTP sites.					
(M) Indicator 2.1	Nutrition	Target 4936					
(N) Indicator 2.2	Nutrition	3084 of U5 children and 2548 PLW receiving measles TT vaccir Target					
(O) Indicator 2.3	Nutrition	Number of IYCF promotion sessions held Target					
(P) Outcome 3	Improved capacity through to	training of National staff, community outreach workers and caregivers are able to identify, refer and follo					
(Q) Activity 3.1	Capacity building and mento	oring of strategic 150 community caregivers for implementation of BNSP packages through training and					
(R) Activity 3.2	provide individual counseling	g and support for exclusive breast feeding (IYCF) through a network of trained community base BFC , C					
(S) Activity 3.3	Holding monthly meetings w	with community leaders of both men and women on the progress of the implemented BNSP packages a					
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr Target 150					
(U) Indicator 3.2	Nutrition	43 Breast feeding community and 29 MCH staffs provide breastfi Target					
(V) Indicator 3.3	Nutrition	Number of meetings held Target					
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	through screening of MAUC Outpatient Therapeutic Carr malnourished children with r Dinsor for MSF. HARD will a will be at two levels: Develoy prevent acute malnutrition it volunteers plus the commur trainings. The 6 OTP be fixe nutrition assistants, 6 Mobili teams each comprising of 3 Admin/Finance and 1 storek tracing of OTP and SFP ber community nutrition volunteer focusing on BNSP. The train	egrated nutrition programme targeting children under five of boys and girls, pregnant and lactating					

## 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.). Als describe how findings will be used to adapt the project implementation strategy. (maximum 1500 characters) \*

The program performance will be assessed through monthly monitoring of program activities to establish progress towards meeting the targets set in the logical framework. In order to ensure the most effective monitoring, HARD has put the following mechanisms in place, in addition to the regular reporting systems: Perriodic monitoring exercises (monthly meetings with internal staff, local leaders/ community after two month meetings with relevant partners) will allow the opportunity to address management and monitoring issues. Information related to indicators in the logical framework will be collected by nutrition officer at regular on a weekly and monthly basis. Progress in relation to these indicators will be presented in monthly to the beneficiaries and the community, interim and final reports. Monthly financial monitoring against disbursement plan will be also shred with all stakeholders, other monitoring events include planned visits to communities, project sites, discussions, meetings, and consultations stakenoiders, orner monitoring vertilis include prainted visits to communities, project sites, project sites, oscussions, meetings, and constitutions with authorities and other project partners; workshops, stakeholder meetings, and feedback meetings. The Nutrition coordinator and community leaders will be take overall technical responsibility of the program in the project sites and represent the organization in during the nutrition cluster meetings in Nairobi while the nutrition folder will participate in the regional nutrition cluster meetings. The executive Director will take full responsibility of financial and program activities and may represent the he program in the monthly nutrition cluster meetings during the absence of the nutrition coordinator. HARD national staffs and community stakeholders will involved monthly and weekly project progress, outcomes and evaluate weekly activities in the project site by visiting and they both encourage target care givers of the children and PLWs better usage of the treatment.

(B) Work Plan		Timeframe						
Must be in line with the log frame.		Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months						
Mark "X" to indicate the period	Activity	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12	
activity will be carried out	1.1* 696 Severely malnourish	X	X	X	X	X	X	
	1.2 2,388 moderate acutely	X	X	X	X	X	X	
	1.3 Train and actively involve	X	X		X		X	
	<ol><li>2.1 Support the provision, tra</li></ol>	X	X	X	X	X	X	
	2.2 Measles vaccine and TT	X	X	X	X	X	X	
	<ol><li>2.3 Support the training, dist</li></ol>	X	X	X	X	X	X	
	3.1 Capacity building and m	X	X	X	X	X	X	
	3.2 provide individual couns	X	X	X	X	X	X	
	3.3 Holding monthly meeting	X	X	X	X	X	X	

6. OTHER INFORMATION (to be completed by organization)								
(A) Coordination with other	Organization		Activity					
activites in project area	1 SDIO		Implementing SFP programme in Sakow supported coordinat	ion of working hand				
List any other activities by your or	2 HIRDA		Field coordination and regional meettings, refferials children to HIRDA MCHs in I					
any other organizations, in	3 PASSOS and URI	RDO	Coordination with Nutrition programmes in Sakow and sharing sutiation anylasis					
particular those in the same	4 JCC		Field coordination and regional meettings, refferials children to their SC in Buale					
cluster, and describe how you	5							
will coordinate your proposed	6							
activities with them	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 The	mes (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	HARD will work with gender equality to the all program activities , community					
	Capacity Build	ing						