

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*	Jubbaldese Charity Centre			
(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*	Improve the Health and Nutritional Status of the Women and Children in Middle Juba.			
(D) CAP Project Code	SOM-12/H/48330	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*	\$ 222,923.04	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	102	4396	4498
	Total beneficiaries include the following:			
	Children under 5	7000	7328	14328
	Pregnant and Lactating Women	0	4298	4298
	Staff (own or partner staff, authorities)	102	98	200
		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"/> Salgadood <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:	\$ 222,923
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 Y. Hussein	Title	Deputy Director
	Email*	ahmedjcc@yahoo.com, abdiwahab.ibrahim@jccsom.org, ahmed@jccsom.org	Phone*	0723328085
	Address	P.O. Box: 27504 – 00100 Mpaka Rd. Westland, 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>There are three main rural livelihood zones in Middle Juba region namely: the pastoral, agro-pastoral, who rely on rain-fed agriculture, and the Riverine communities who are purely agriculturalists. Generally, it is believed that there are three districts, namely; Sakow, Bu'ale and Jilib in the region. But, from late 1990, the local intellectuals, community leaders and the local authority in the region were not in agreement with that statement as they, contrary to the information in the data that the humanitarian agencies use to map/plan their response, believe the current Somali map was not updated as of late 80s and Salagle (which was previously known to be a main village under Sakow district) is recognized as the fourth district of the region. Thus, Bu'ale being the other one, Salagle is now one of target districts for JCC's nutrition program. □</p> <p>The poor performance of the GU '11 rainfall in terms of coverage, intensity and distribution that resulted in very poor crop harvest (8% of 5- yrs Average) coupled with the floods in the last deyr season 2011/12; the agro-pastoral and the riverine population, particularly, women and children are facing difficulties as far as nutrition situation is concern. FSNAU Post Deyr 2011/12 report, using data from nutrition assessments, health and feeding centre facilities, classifies the nutrition situation of Jubba regions in a sustained Very Critical phase. The comprehensive nutrition anthropometric survey conducted among the agro-pastoral population in revealed a GAM rate of 26.1% (22.4-30.1) and SAM rate of 9.1% (7.1-11.5). The riverine population, reported a GAM rate of 34.5% (29.9- 39.5) and a SAM rate of 11.8% (9.4-14.8). Retrospective crude and U5 death rates are 1.54 (1.02-2.06) and 4.12 (2.53- 5.71) respectively, indicating alert and emergency situations. 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. 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. As UNICEF contributes all the nutrition supplies, JCC runs CHF funded nutrition program that will end in May 2012 in Bu'ale and Salagle. □</p> <p>According to FSNAU in the Deyr '11/12 report, the reduced humanitarian interventions (health and nutrition services) and current civil insecurity in the area is a major concern, especially since high morbidity remains a major risk factor to acute malnutrition. Given that, the ongoing nutrition program funded by the CHF will end in May 2012, the proposed intervention intended to complement the current nutrition activities in these districts to minimize further deterioration of nutrition situation in the area.</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>June 2011, JCC re-opened two MCH centres as well as nutrition program in the area, about a year after WVS' withdrawal, reaching 11,323 beneficiaries-Women and Children – in 18 OTP and 18 SFP sites. The project has been financially supported by the CHF while UNICEF contributed all nutrition supplies as well as the health supplies for the two MCH. Moreover, FSNAU (Post GU '11) report confirmed drastic deterioration of nutrition situation, food security and poor crops harvest. "High morbidity/disease incidence, poor diet leading to micro-nutrient deficiencies, poor feeding and care practices for children and women, inadequate food security as well as poor access to basic health care and nutrition are among the factors contributing to the sustained and very critical malnutrition in Bu'ale and Salagle" said the report. As a result, JCC scaled up its nutrition program in November 2011, hence, increased the target by 7,503 beneficiaries-through establishments of more OTP and SFP sites; 7 and 10 respectively in the areas not targeted earlier. In total, the project will operationalize 25 OTP, 28 SFP sites and 2 SC, hence, 18,826 beneficiaries will directly benefit from the project. As indicated by the nutrition cluster target cases per region; there are 13,651 cases of Acute malnutrition, 4,731 severe cases acute malnutrition and 8,920 cases of moderate malnutrition in Middle Juba region. Urgent interventions to rehabilitate acutely malnourished children and preventative measures to improve and sustain nutrition and health service delivery as well as addressing poor child care practices are recommended as a lasting solution. As result, JCC is requesting from UNICEF and the CHF a support to continue its nutrition programme in order to address the worsening nutrition situation. JCC expects that UNICEF will continue to support its program, not only the supplies but also financially to complement the CHF fund until March next year (2012). As suggested by the nutrition CRC, the project period will be 12 months and in addition to the fund requested from the CHF; JCC also requested financial support from UNICEF. Thus, UNICEF is willing, not only supplies, to support this project with cash that will complement the CHF fund. The cash expected from UNICEF totals 260,000 USD.</p>

<p>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</p>	<p>JCC has a number of on-going/multi-sectoral emergency intervention activities (WASH, Nutrition, Health, Food security-all in the said areas) targeting the most affected livelihood groups in this region (i.e. Agro-pastoral and riverine population). Based on the FSNAU (post GU' 11) findings and the famine declaration in this region; JCC has had four emergency live saving projects considered in the CAP 2012. Therefore, given the nature of the activities proposed, which were all in line with the respective cluster response plans and priority of the current CHF allocation; JCC will soon start four more CHF projects addressing the emergency needs targeting the same livelihood population but to distribute the available resources effectively and increase the humanitarian coverage in the area; JCC may not target same beneficiary households for all its activities. Therefore, the proposed intervention will complement the following humanitarian activities in the area (both the ongoing and the planned ones), such as;</p> <p>1.JCC's one year nutrition program funded by the CHF will end in May 2012. Therefore, JCC is applying a total fund of 516,121 to continue this program. More than half of the required fund is expected from UNICEF i.e. 270,000, where the remaining 246,121 is expected from the CHF allocation. An about 18,826 beneficiaries (i.e. 14,328 U5 (boys and girls, 7000 and 7328 respectively, and 4,396 PL/W and 102 others incidence e.g. staff, partners etc) in Bu'ale and Salagle will continue to benefit from the program.</p> <p>Following the famine declaration, JCC started scale-up project to increase its nutrition coverage in the area. In addition to OTP and SFP sites, JCC runs 2 SCs (Stabilization Centres) that receive all the complicated case; one in each MCH. This project was funded by the CHF and will also end in May 2012. In the CAP 2012, JCC has an emergency nutrition project planned to be started in May 2012, hence, through this proposal, JCC expects CHF fund to support its nutrition program for seven months-from May-December 2012. The requested CHF fund is intended for the continuation of the existing program after when the current CHF fund ends-May 2012. Along with the CHF financial support to JCC nutrition program in Middle Jubba region; JCC has a PCA with UNICEF that contributes all the nutrition supplies and other technical supports required. Though it will end in March 2013, an amendment process to the current JCC/UNICEF PCA is underway; hence, JCC has a two years plan of nutrition activity.</p> <p>2.Similarly, JCC runs UNICEF supported health program - covering 2 MCH/EPI centres and 35 Health Posts-in the two target districts.</p> <p>3.JCC is also implementing a UNICEF supported WASH activities, including drilling one new borehole in the hinterland grazing areas of Salagle and rehabilitation of two others.</p> <p>4.JCC is also implementing CHF funded WASH project. The main activities of this project include; construction toilets in all the public institutions and rehabilitation of shallow-wells.</p> <p>5.JCC has just completed farm input distribution and CFW program with FAO. Through the CFW program, JCC employed 1,388 casual workers for the rehabilitations of feeder roads, communal water catchments and canals. While the input distribution covers 1,908 beneficiary households.</p> <p>6.JCC is currently implementing CFW program in Bu'ale, Sakow, Salagle and Jiib districts of Middle Jubba region. Through this, JCC registered 3,168 casual workers and provided them with two weeks of free cash and employed them for canal rehabilitation the project is supported by FAO.</p>
---	---

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To ensure access to treatment for children less than 5 years (14,328) and pregnant and lactating women (4,396/PLW) suffering from		
(B) Outcome 1*	: At least 70% (18826) of all severely and moderately malnourished under five children will have access to nutrition rehabilitation through		
(C) Activity 1.1*	Operationalisation of 25 OTP, 28 TSFP sites and 2 SC, hence, screening and/or referring 14,328 under five Children and 4,396 PLW		
(D) Activity 1.2	Conduct coverage survey using SQUEAC methodology		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating women	Target* 18826
(G) Indicator 1.2	Nutrition	No of Coverage Survey conducted	Target
(H) Indicator 1.3	Nutrition		Target
(I) Outcome 2	To promote and support appropriate nutrition, health and hygiene practices within the community including exclusive breastfeeding,		
(J) Activity 2.1	Train 50 Staff for TSFP, OTP and SC staff on IMAM and 95 Community volunteers and community health workers are in detection		
(K) Activity 2.2	Promotion of key IYCF and health messages done at all nutrition care services sites and MCHs/ANCs,		
(L) Activity 2.3	Distribution of Vitamin A, zinc, Anthelminith, FeFO and multiple micronutrients to children and to pregnant and lactating women at		
(M) Indicator 2.1	Nutrition	Number of Staff/Community Health Workers/outreach workers trained	Target 145
(N) Indicator 2.2	Nutrition	Number of IYCF and health education Sessions conducted	Target
(O) Indicator 2.3	Nutrition	No of U5 children (14,328) and PLW (4,396) receiving Vitamin A	Target
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition		Target
(U) Indicator 3.2	Nutrition		Target
(V) Indicator 3.3	Nutrition		Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>JCC will continue the management of 25 OTP, 28 TSFP sites and 2 SCs in both Bu'ale and Salagle districts. RUTF will be used for Outpatient SAM management and Supplementary Plumpy will be used in MAM management. A referral system between the OTP, the TSFP and outreach programmes will be strengthened to ensure maximum access of the services. Community volunteers will be trained in community mobilization detection, referral and defaulter tracing of acute malnutrition while all the IMAM staff will receive refresher trainings on IMAM. Identification of malnourished children and PLW will rely on communities being able to identify these children and refer them for early treatment. Community volunteers will be trained in screening and identify the malnourished using the Mid Upper Arm Circumference (MUAC) measurement. The Staff at the OTP and TSFP will verify the referred cases and admitted as appropriate.</p> <p>Malnourished children will be treated in the nutrition centre in line with National IMAM Guidelines for the treatment of acute malnutrition. Severely malnourished and moderately malnourished children and PLW will be admitted in the OTP and TSFP respectively. As part of the Somalia Basic essential nutrition package, medical and nutritional management of complicated severe acute malnutrition is mandatory. JCC will improve and facilitate the access of the services by ensuring transport support is given to beneficiaries as well as monitoring system is put in place to ensure these clients receive the services and are referred back to OTP and SFP. JCC received six months nutrition supplies from UNICEF in August last year. Along with the nutrition sites, JCC was also implementing UNICEF funded blanket feeding program. In the light of the ban, JCC and UNICEF agreed the six months supplies for the blanket feeding program to be used for the SFP until the next supplies delivered. JCC and UNICEF are now planning the possibility of delivering more supplies to the field.</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. 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.

This close monitoring will be jointly carried out by OCHA field staff/Cluster and JCC program staff as well as JCC supervisor, who is based Nairobi but carries out regular field visit supervision and monitoring missions on JCC program activities, where nutrition program is not exceptional. In addition, all monitoring reports, training reports, attendance records and minutes of regular meetings conducted during the course of project implementation will be kept on file for verification by external missions. Likewise, monitoring tools and health registers of children, pregnant/lactating mother will also be kept on file for reference

Monthly meetings will be held with OCHA field staff/Cluster and the partners on ground 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 regular 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.

JCC will monitor the indicator using Patient cards, OTP/SFP site register books, OTP/SFP Tally sheets and Statistical reports for data collection. JCC will adapt the current nutrition database to include individual data entry for each beneficiary admitted and discharged to the OTP/TSFP programmes and to have quality data. Nutrition data collection includes patient cards, OTP/TSFP site register books, and tally sheets of activities and statistical reports aggregated into OTP/TSFP sites statistical reports (monthly) and consolidated programme statistical report (monthly). Emphasis is on indicators and quality of recovery, including cure/default/death/non-recovery/transfer rates, average length of stay and average weight gain. The Nutrition Coordinator will analyze monthly reports for trends in appropriate admissions and discharges. A RUTF/RUSF consumption sheet will also be submitted to the Nutrition Coordinator monthly for comparison with admissions and discharges.

The nutrition coordinator will ensure high levels of monitoring and reporting on the IMAM indicators: The nutrition coordinator will follow-up the data base with field support and spot check at the Health facilities. A monthly discussion with the team on the monthly data will be conducted and feedback to given to the health facilities.

JCC will collaborate with FSNAU/FEWSNET to conduct an integrated nutrition assessment and ensure integrated nutrition survey and surveillance findings are available. A coverage survey will also be conducted to update of coverage of the services and identify programme barriers that can be dealt with immediately during the course of the program. An up-to-date understanding of

(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* Operationalisation of 25	X	X	X	X	X	X
1.2 Conduct coverage survey			X			
1.3 Train 50 Staff for TSFP	X			X		
2.1 Promotion of key IYCF	X	X	X	X	X	X
2.2 Distribution of Vitamin A	X	X	X	X	X	X
2.3 Distribution of Vitamin A, zinc, Anthelminth, FeFO and multiple micronutrients to children and to pregnant and lactating women						
3.1 0						
3.2 0						
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. SORDES	JCC will coordinate its nutrition activity with SORDES
2. SCRS	JCC will coordinate with Somali Red Crescent Society (SRCS). Covering neighbouring villages in Sakow.
3. SDIO, HARD	
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	JCC recognizes the importance of gender issues in all programming sectors,
Capacity Building		