

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*	SomaliAid			
(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 and Maintain Child and Mother Nutrition status and Reduce Morbidity and Mortality Related to Malnutrition among under 5 and women in Jilib , Middle Juba			
(D) CAP Project Code	SOM-12/H/48326	Not required for Emergency Reserve proposals outside of CAP		
(E) CAP Project Ranking	Low	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*	\$ 147,887.84	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 (http://www.fsnau.org)			
		Men	Women	Total
	Total beneficiaries	0	1000	1000
Total beneficiaries include the following:				
	Children under 5	850	837	1687
	Pregnant and Lactating Women	0	1000	1000
		0	0	0
		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:	\$ 147,888
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 Muhumed Abdi	Title	Executive Director
	Email*	ahmed@somaliid.net	Phone*	+254 717 667204
	Address	km5, next to Sahafi 2 hotels, P.O.Box 939293, Mogadishu, Somalia		

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) *	As of March 09, 2012 FSNAU post deyr 2011/2012 analysis report a sustained Very Critical nutrition situation has been noted across all three livelihoods of the Juba regions for the last three consecutive years among the populations of both Lower and Middle Juba regions was observed with acute malnutrition rates exceeding the famine threshold of 30%. This worrying nutrition situation was mainly attributed to limited food access at the household level as a result of poor crop and milk production from the poor Gu '11 rainfall performance and persistence of high levels of morbidity among all the three livelihoods. Chronic underlying factors including: sub-optimal child care and feeding practices, poor dietary quality, and limited access to basic human services such as safe water, health and sanitation facilities remain a challenge. The situation was worsened by the reduced number of the humanitarian organizations in the area that provided health, nutrition, sanitation and safe water services. Food Security The FSNAU Post Deyr '11/12 analysis has classified the food security situation of rural livelihoods of 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 support. Out of these, 74,000 people in the two regions are in a state of crisis (35,000 in M/Juba and 39,000 in L/Juba). While another 95,000 are identified in Emergency (50,000 in M/Juba and 45,000 in L/Juba).
(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) *	FSNAUs latest integrated nutrition situation analysis, using data from nutrition assessments, health and feeding center facilities classifies the nutrition situation of the Middle and Lower Juba pastoral, agro-pastoral, and riverine livelihood populations in a sustained Very Critical phase. The survey conducted among the agro-pastoral population reported a GAM rate of 26.1% and SAM rate of 9.1% indicating a sustained Very Critical nutrition situation. The crude and under five death rates are 1.37 and 3.43 respectively, indicating alert and emergency situations. The riverine population, reported a GAM rate of 34.5% and a SAM rate of 11.8% demonstrating a sustained Very Critical nutrition situation with the crude and under five death rates being 1.54 and 4.12 respectively. Among the pastoral population, a GAM rate of 27.3% and a SAM rate of 9.5% were inferred from the data collected. Malnutrition in Jilib was seen to be slightly skewed towards boys than girls and a significantly higher proportion of pregnant and/or lactating women are acutely malnourished (MUAC < 23.0 cm) than non-pregnant and non-lactating women (MUAC < 18.5) across all the pastoral, agro-pastoral and riverine livelihoods in Jilib district. The current sustained Very Critical nutrition situation in Jilib district is linked to chronic food insecurity, frequent disease outbreaks such as measles and AWD, which have a direct impact on the health and nutritional status of children.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	Somali Aid made 4 food distributions in Jilib alone since the declaration of famine last year. We equally plan to make some other food distributions in these areas by next month and the food to be distributed is currently warehoused in our Mogadishu warehouse waiting for the logistical arrangements to be finalised. 1187 SFP beneficiaries are set to benefit from this program while a further 500 are set to be OTP beneficiaries in 13 sites of which 5 are OTP sites and 8 are SFP sites in Jilib with supplies from UNICEF. Equally, Somali Aid had dug 14 shallow wells in many regions in Somalia including Middle Juba (particularly in Jilib), Lower and middle Shabelle and Galgaduud, among others in order to minimize the water needs of the Somali populace. Some of the shallow wells digging and construction are ongoing while others have been completed. In addition, Somali Aid runs a health facility in Jilib covering the areas of MCH, OPD and a leprosy department which covers the health and nutritional needs of the inhabitants of Baladul rahma and its environs. In this centre also, Somali Aid conducts hygiene promotions and proper water treatment practices to instill the same in the mindset of the beneficiaries in order to limit the recurrence of AWDs and other water borne diseases. SC cases will be referred to MSF-H clinic in Mareerey.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Provide basic nutrition packages to malnourished children under 5 and pregnant and lactating women and lactating women.		
(B) Outcome 1*	Reduced malnutrition rates among 60% of acutely malnourished children under five and pregnant and lactating women.		
(C) Activity 1.1*	Screen all girls and boys under 5 and provide de-worming, vitamin A supplementation, immunization and treatment of common illness		
(D) Activity 1.2	Admit 1687 under 5 children meeting criteria for SFP and OTP, treat and discharge once cured, giving equal chance to both genders		
(E) Activity 1.3	Follow up to ensure minimum defaulting and refer the complicated cases to MSF-H SC in Marerey.		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating women	Target* 1687
(G) Indicator 1.2	Nutrition	% coverage of the estimated caseload dis-aggregated by type of illness	Target
(H) Indicator 1.3	Nutrition	Number of defaulters against a benchmark of <15% defaulter rate	Target
(I) Outcome 2	Vital components of Basic Nutrition service packages (BNSP) availed to the target beneficiaries (including PLWs) and improved protection		
(J) Activity 2.1	Undertake regular micronutrient supplementation, de-worming campaigns, promotion and support for optimal maternal nutrition and		
(K) Activity 2.2	Prevention and management of common illness through promotion of hygiene and sanitation knowledge and practice such as safe		
(L) Activity 2.3	Staff to participate in HP training and awareness sessions for beneficiaries at the nutrition sites covering regular water treatment projects		
(M) Indicator 2.1	Nutrition		Target 1000
(N) Indicator 2.2	Nutrition	number of hygiene and sanitation promotions held.	Target
(O) Indicator 2.3	Nutrition	number of HP training and awareness sessions held	Target
(P) Outcome 3	Improved qualified and appropriate knowledge and practices on childcare, hygiene and maternal nutrition.		
(Q) Activity 3.1	Train 60 volunteers in the proportion of 20 males and 40 females on proper childcare, hygiene and case management.		
(R) Activity 3.2	Conduct campaigns and education sessions on breastfeeding and best health seeking behavior practices for women on the same.		
(S) Activity 3.3	Provide soaps for hygiene promotion		
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers trained	Target 60
(U) Indicator 3.2	Nutrition	number of women who participated on best child care and breastfeeding	Target
(V) Indicator 3.3	Nutrition	number of beneficiaries receiving soaps	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>The project activities will be organised in such away as to carry on board all stakeholders at the village level to ensure the goodwill of the community is sustained and to avoid any conflict of interest. The total project sites are 13 in number all of which will be fixed. However, supplies will come on weekly basis from Baladul Rahma on weekly basis for security reasons. All the sites will run under the oversight of the field nutritionist. The staff that will be hired for this project will be experienced staff and competent to carry out the project to its execution. SomaliAid will also hire nutrition specialist in conducting and carrying the required knowledge and expertise for the field staff. The screening and admission process of malnourished children will be based on the accepted criteria and only those meeting these criteria will be admitted to the SFPs and OTP. UNICEF will provide nutrition supplies while the budget given will cater for other expenses. Based in the field, the field nutritionist, will be in charge of the day to day implementation, management and monitoring of the nutrition project activities while, the project manager will be responsible for the overall management, representation and coordination of the project. He will travel to field periodically to ensure the project is implemented as per plan and gives regular updates to the cluster. The program will be run by a field-based nutritionist with a university graduate and over 7 years experience in the field of nutrition. he has worked with many NGOs including international ones. All other staff have to conform to standards both in academic qualification and experience. The training for volunteers will be conducted once as detailed in the work plan and will be on proper childcare, hygiene and case management. A copy of each training manual will be provided by UNICEF, however, reproduction of the same will be necessary for the benefit of each beneficiary.</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) *

The program performance will be assessed through monthly monitoring of the program activities to establish progress towards meeting the target set in the logical framework. The monthly reports will be sent to health management and information system (hmis.somalia@unicef.org). In order to ensure the most effective monitoring, SomaliAid has put in place the following mechanisms in addition to regular reporting system: Periodic monitoring exercises (monthly meetings with internal staff, quarterly 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 the project staff at regular stages during project implementation and progress related to these indicators will be presented in monthly, interim and final reports. Regular support and supervision by email and telephone will also be done. Monthly financial monitoring against disbursement plan will be carried out. The monitoring will ensure adherence of required Nutrition Programming requirements as indicated in the Nutrition Programming Needs assessment. Monthly reports will also include monthly morbidity surveillance, safe motherhood (ANC, deliveries, PNC) and EPI surveillance. Progress of children referred to MSF- Hs SC will also be closely monitored through updates from MSF-H nutrition department. Cooperation between SomaliAid and MSF-H will ensure that the children referred to and discharged from MSF can be guaranteed to benefit from OTP/SFP and BNSP preventive services. The program will be evaluated through coverage surveys and the realization of the project indicators and expected results. All information will be shared with the cluster secretariat and all reports will be sent to HMIS.

(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* Screen all girls and boys	X	X	X	X	X	X
1.2 Admit 1687 under 5 child	X	X	X	X	X	X
1.3 Follow up to ensure min	X	X	X	X	X	X
2.1 Undertake regular micro	X	X	X	X	X	X
2.2 Prevention and manage	X	X	X	X	X	X
2.3 Staff to participate in HP	X	X	X	X	X	X
3.1 Train 60 volunteers in th	X	X	X	X	X	X
3.2 Conduct campaigns and	X	X	X	X	X	X
3.3 Provide soaps for hygien	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 MSF-H	SC referrals to their clinic in Mareerey.
2 Zamzam foundation	MCH in Jilib
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	The aims to improve the nutritional status of the most vulnerable in the
Capacity Building		