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'



1. COVER (to be completed b		i							
				e proposal)					
(A) Organization*		idese Charity		<u> </u>					
(B) Type of Organization*	UN Ag		International NG		Eoodiii				
(C) Project Title*	Improve he	ealth and nutri	itional status of	the women and cl	hildren of Buale and	Sakow/Salagle pop	oulations		
For standard allocations, please use the CAP									
utte.		SOM-11/H/39	0055						
(D) CAP Project Code			1955			erve proposals ou	tside of CAP		
(E) CAP Project Ranking		High		Required for prop	osals during Stand	ard Allocations			
(F) CHF Funding Window*	Standar	rd Allocation 2	: (Feb 2011)						
(G) CAP Budget		226560			total amount reques				
(H) Amount Request*		225080				not exceed CAP Bu			
(I) Project Duration*		12 months	ŝ	No longer than 6	months for proposa	ils 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	<u> </u>			Men	Women	Total	_		
target population disaggregated by	1	Total beneficia	aries	3000	455	52 7552			
number, and gender. If desired	T			•					
more detailed information can be	I otal ben		clude the follo	wing:	1	-	-		
entered about types of beneficiaries		Children unde	er 5	3250	3250	6500			
For information on population in HE	Bream	ant and Lactati	ing Women				1		
and AFLC see FSNAU website	Fregna	ant and Lactau	ng women	0	1052	1052			
(http://www.fsnau.org)				0	0	0			
							-		
				0	0	0			
(M) Location		Awdal	🔲 Banadir	🗆 Bay 🛛	_GedoLJ	uba 🗌 M Juba	Mudug	Sanaaq	Togdheer
Precise locations should be listed or	n Regions	Bakool	Bari	-	_	_	elle 🗌 Nugaal		W Galbeed
separate tab		Bakooi							
(N) Implementing Partners	1						Budget:	\$	-
(List name, acronym and budget)	2						Budget: Budget:	S S	
	4						Budget:	s	
	5						Budget:	ŝ	
	6						Budget:	ŝ	
	7						Budget:	\$	
	8						Budget:	\$	
	9						Budget:	\$	
	10						Budget:	\$	-
						Tota		s	-
Focal Point and Details - Provide de	telle en ener			the second set (second	and the second	Remaining	Budget:	\$	225,080
	Name*	Ahmed Yussuf		the project (name,	email, phone).	Title	Programme Man		
(O) Agency focal point for project:			r Hussein 100.com,ahmedjc	a Quahaa aam				ager 87/0722-477 262	
	Email* Address					Phone*	+234-723-239-00	57/0722=477 202	
			4-00100, westlar	nds Mpaka Rd-Nairok					
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	, 1001000	1.0 00x 2100			n, renya.				
3. BACKGROUND AND NEED			se adiust i	row size as n					
	S ANAL)	YSIS (plea			eeded)	SC and SEP resp	actively targetin	og individuals	and households
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 (A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) * (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. 	S ANALY UNICEF a but due to nutrition a significan nutrition a nutrition a nutrition a nutrition a identified reports a According Decembe among th poor crop acute ma health an inadequa the acute	YSIS (plea and WFP we insecurity, status of child assessments assessment at deterioratic gas he Nutri g to the Nutri g to the Nutri and livestor industrices and the three liveli and livestor industrition se te safe wate	ere supporting WVI suspend dren less that a conducted ir among the path a significant aly1 malnouris f 26.1% and a tition Analysis data from hea thoods in Jubb ck production in ervices due to r and sanitatii levels in the	y WV Somalia to been activities in five years, preç n Juba regions in tion situation to l istoral populatior deterioration fror shed including 2' a SAM rate of 6.2 Post Deyr 2010. Uth and feeding a regions. The hi h, high cereal pric Juba is worsene on facilities as w arrgeted areas. I.	eeded) implement OTP// implement OTP// implement and December 2010 /ery Critical amor indicates a GAM /fery Critical amor indicates a GAM /fery Critical amor indicates a GAM /fery Critical amor // severely2 main /% indicating a Ve /findicating a	India. "Therefore," I lactating mothers in addition to here g the populations ourished. In the a sy Critical nutritio varished analysis of significant deteri mainutrition is lin of trade. High me international hu e area. In addition ss to health servi	this intervention moreover, inthe alth and feeding in the three live of SAM rate of in Gu '10, whe gro-pastoral live or pastoral live n situation. Duri data from nutri oration of the r kked to food se orbidity continu manitarian orga n, chronic poor ces, are other i o rehabilitate a	This intended to egrated data a g facilities' info relihoods in JJ 7.8% indicatir en a rapid MU velihood, the n e to the methor tion assessme nutrition situati ocurity related uses to be a ma anizations in ti child care ani important risk iccutely malnou	o improver the analysis from ormation shows a uba regions. The ga Very Critical AC assessment adological ents conducted in ion to Very Critical factors including ijor risk factor to he area providing d feeding practices, factors influencing urished children,
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UCU is currently conducting MUAC/dedema/WFH screening for both children under-rive and pregnant and lactating women. During screening, those identified as malnourished are counseled on appropriate children feeding and caring practices. JCC is also implementing an integrated livelihood project on seeds and farm inputs distribution to the most vulnerable populations of Middle Juba. In addition, JCC is implementing a water trucking project targeting the poorest household and supporting rehabilitation of water pans (CFW) through cash/todo - for - work. JCC current activities are addressing some water, sanitation issues as well as household food security and coping strategies. that your organization is currently implementing to address these needs.(maximum 1500 characters)

Since August last year, after when WVS stopped its operation in the area; the population in nthe target areas suffered with lack of health and nutritioin services. Moreover, the two MCH in Buale and Salagle districts wre operating with the help of local volunteers

A) Objective*	Improve coverage and acces	ss to preventative and curative nutrition services through implementation of basic nu	trition service package			
(B) Outcome 1*	At least 70% of all severely a	and moderately malnourished children will have access to nutrition rehabilitation thro	ough access to quality			
(C) Activity 1.1*	Severe and moderate acute	malnutrition treatment services provided as per IMAM guideline in 25 OTPs, 2SC ar	nd 31 SFP sites			
(D) Activity 1.2	The staff for 25 OTP, 2 SC a	and 31 SFP sites trained in the integrated management of acute malnutrition accordi	ng to standard guidelir			
(E) Activity 1.3	70 Community Volunteers a	nd staff for 31 project activities sites trained in identification, referral and followup of	acutely malnourished			
(F) Indicator 1.1*	Nutrition	% Coverage of the estimated caseload disagregated by type of mTarget*	6500			
(G) Indicator 1.2	Nutrition	Number of staff trained in the management of acute malnutrition Target				
(H) Indicator 1.3	Nutrition	Number of staff and other community volunteers trained in identific Target				
(I) Outcome 2	At least 70% of children und	er 5 admitted to nutrition services and their caregivers receive promotion and couns	eling on key nutrition r			
(J) Activity 2.1	Staff for 2 MCH/25-OTP/31-	SFP/ 2-SC and 20 CHWs staff trained in promotion of key nutrition, health and hygi	ene messages			
(K) Activity 2.2	Promotion of key nutrition, h	ealth and hygiene messages done at all nutrition care services sites and MCHs				
(L) Activity 2.3	25 Community volunteers ar	nd community health workers conduct promotion of key nutrition, health and hygiene	messages in targeted			
(M) Indicator 2.1	Nutrition	Number of Staff/CHW trained on the management of acute malnut Target	25			
(N) Indicator 2.2	Nutrition	Number of sessions conducted in nutrition care and health facilitie Target				
(O) Indicator 2.3	Nutrition	Number of caregivers reached by the community workers promotic Target				
(P) Outcome 3	At least 40% of pregnant wo	men attending nutrition care programmes, ANC, and/or at village level to sensitized	exclusive breastfeedir			
(Q) Activity 3.1	Promotion of exclusive breas	stfeeding, appropriate complementary feeding and micro-nutrient supplementation ir	ncluding deworming do			
(R) Activity 3.2	15 Outreach workers condu	ct specific exclusive breastfeeding, appropriate complementary feeding, micro-nutrie	nt supplementation an			
(S) Activity 3.3						
(T) Indicator 3.1	Nutrition	Target	1052			
(U) Indicator 3.2	Nutrition	Number of caregivers who receive breastfeeding and supplement: Target				
(V) Indicator 3.3		Target				
W) Implementation Plan*	An overall project coordinate	or will oversee this project, make supply requests for all locations, follow up and ensu	ure reports are sent			
Describe how you plan to	on time and coordinate with	the project mangers based at district levels.				
mplement these activities	JCC technical adviser for he	alth and nutrition will provide a continual guidance, pay an ad hoc visit to the project	site, and review			
(maximum 1500 characters)	project indicators with achievements					

	TION (to be completed by o JCC will use a participatory approa			VHCs) and focu	us aroup discu	ssions with re-	presentatives from the	
evaluate and report on your project								
activities and achievements,	ommunity in joint monitoring of the progress of project implementation. Regular meetings will be held to discuss project nplementation and any need for modification of strategies to overcome constraints.							
ncluding the frequency of	implointentation and any need for h		latogico to oro.	como conotraine				
	Monitoring tools used will include s	upervision cher	klists for both th	ne health posts a	and the MCH/C	PD clinics. Re	porting tools used will	
bservations, remote monitoring,	Monitoring tools used will include supervision checklists for both the health posts and the MCH/OPD clinics. Reporting tools used will include weekly and monthly reports. (Close supervision and monitoring of the project activities will provide information on how well the							
external evaluation, etc.), and	project is being implemented and also provide insight on what needs to be done to improve the implementation process.							
nonitoring tools (reports, statistics,	project is being implemented and also provide insignt on what needs to be done to improve the implementation process.							
hotographs, etc.). Also describe	JCC Nutrition manager will conduct weekly and monthly monitoring. Monthly meetings will be held with partners to assess progress,							
ow findings will be used to adapt	JCC Nutrition manager will conduct weekly and monthly monitoring. Monthly meetings will be held with partners to assess progress, discuss lessons learned and apply them to future planning, planning and coordination, and provide training for identified needs.							
ne project implementation strategy.	Monitoring of activities will take place							
maximum 1500 characters) *	important part of JCCs system to m							
	complaint mechanisms for the prog							
	sessions.	ramines will be		iponent or all col	initiality level	workshops, m	coungs of training	
B) Work Plan				Tin	neframe			
Just be in line with the log frame.		Please sele	ct 'weeks' for pr			nths' for proje	cts up to 12 months	
Mark "X" to indicate the period	Activity	Month 1-2	Month 3-4	Month 5-6	Month 7-8		Month 11-12	
activity will be carried out	1.1* Severe and moderate ac	Х	Х	Х	Х	Х	Х	
activity will be called out	1.2 25 OTP, 1 SC and 31 SF	Х			х			
	1.3 90- Outreach and Comm	Х			х			
	2.1 2 MCH/ SC 25-OTP/31-9	Х			Х			
	2.2 Promotion of key nutrition	Х	Х	Х	Х	Х	Х	
	2.3 70 Community volunteer	Y	X					
			~	X	Х	Х	х	
	3.1 Promotion of exclusive b		X	X	X	X	X	
		Х	~	X X X		~	~	
	3.1 Promotion of exclusive b	Х	X	X X X	Х	X	X	
OTHER INFORMATION (to b (A) Coordination with other activites 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	3.1 Promotion of exclusive b 3.2 15 Outreach workers cor 3.3 0 e completed by organization Organization 1 ICRC 2 ICRC	X X	X X Activity Water, sanitat Intergrated liv JCC will partic	ion and hygiene elihood support t	X X X	X X listribution and with other partr	X	
(A) Coordination with other activites 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	3.1 Promotion of exclusive b 3.2 15 Outreach workers cor 3.3 0 e completed by organization Organization 1 ICRC 2 ICRC 3 UNICEF/Other partners 4 SORDES/SAF 5 6 7 8 9 10	X X	X X X Activity Water, sanitat Intergrated liv JCC will partic JCC will cordi	ion and hygiene elihood support t	X X Y promotion through seed d I coordination v with Nutrition	X X X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	X X X X X X X X X X X X X X X X X X X	