For 'new-line	' in text fields pre	es [ALT] and [ENTER] key	s on keyboard (do not i	nsert spaces to creat	e line shift)
Please do no	t change the forma	t of the form (including nam	e of page) as this may p	orevent proper registra	ation of project data.
For new p	roposals, ple	ase complete the ta	o for 'Project Docu	ument', 'Budget'	and 'Locations
Mandator	y fields are ma	arked with an asteris	sk*		
		_			



Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	Community Activity For Developme								
(B) Type of Organization*	UN Agency International NG								
(C) Project Title*	Emergency Outpatient Therapeutic Fee			eeding and Supplementary Feeding in Luuq, Doolow and Belet Xaawo Districts, Gedo Region					
For standard allocations, please use the CAP									
title.									
(D) CAP Project Code	SO	M-11/H/3989	7/14581		r Emergency Res		outside of CAP		
(E) CAP Project Ranking		High		Required for prop	posals during Stan	dard Allocations			
(F) CHF Funding Window*	Standar	rd Allocation	2 (Feb 2011)	1					
(G) CAP Budget		213271			total amount requ				
(H) Amount Request*		212161.0	-		ount in budget, mus				
(I) Project Duration*		12 month	IS	No longer than 6	months for propos	als to the Emerger	ncy Reserve		
(J) Primary Cluster*		Nutrition		1					
(K) Secondary Cluster		Nutrition	1	Only indicate a	secondary clust	er for multi-cluste	r projects		
(L) Beneficiaries									
Direct project beneficiaries. Specify				Men	Women	Total			
target population disaggregated by		Total benefici	aries	1961	33	63 5324			
number, and gender. If desired	Total beneficiaries include the following:								
more detailed information can be	Children under 5								
entered about types of beneficiaries. For information on			1961	1963	3924				
population in HE and AFLC see	Pregnant and Lactating Women		0	1400	1400				
FSNAU website				0	0	0			
(http://www.fsnau.org)				0	0				
(M) Location		—	_		-	0			
Precise locations should be listed	Regions	Awdal	🗌 Banadir	Bay	Gedo L		- •	Sanaag	Togdheer
on separate tab	rtogionio	Bakool	🗌 Bari	Galgaduud	🗌 Hiraan 🛛 🗆 L	Shabelle 🗌 M Sha	ibelle 🗌 Nugaal	Sool	W Galbeed
(N) Implementing Partners	1						Budget:	\$	-
(List name, acronym and budget)	2						Budget:	\$	-
(Elot hand, actoriyin and budget)	3						Budget:	\$	-
	4						Budget:	\$	-
		5				Budget:	\$	-	
	-	6					Budget:	\$	-
						Budget:	\$	-	
	8 Budget: \$					-			
	9 Budget: \$						-		
	10 Budget: \$ - Total Budget: \$ -								
		Remaining Budget: \$					212,161		
Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).			1*	212,101					
(O) Agency focal point for project:	Name* Mohamed Haibe Hidig								
	Email* cafdaro@yahoo.com or haybexidig@yahoo.com.au Phone* +254722111436								
	Address Ganana building Office Luug district-Gedo region, Phone +2524362104								

3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)

based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	According to the FSNAU integrated analysis of data from nutrition assessments conducted in Gedo in December 2010 shows a very critical nutrition situation among the three livelihood groups in the region. The nutrition assessment among the pastoral population indicates a GAM rate of 26.4% and SAM rate of 4.4%. An assessment among the Riverine population showed a GAM rate of 26.7% and SAM rate of 6% while an assessment conducted among the agro-pastoral population show a GAM rate of 25.3% and a SAM rate of 6.5%. The worrying nutrition situation in the region is mainly linked to chronic underlying factors including ; poor dietary quality, sub-optimal child care and feeding practices, and limited access to basic human services such as safe water, health and sanitation facilities, which predispose populations to high morbidity and subsequently high levels of acute malnutrition. The situation is further aggravated by the negative impact of the poor Deyr '10 rainfall performance manifested by crop failure and poor livestock production which has significantly affected household access to cereals, milk and income.
locations. List any baseline data. If necessary, attach a table with information for each location. (maximum 1500 characters) *	According to FSNAU caseload estimation of Severe Acute Malnourished children in Gedo is 6,305, Moderate Acute Malnourished children is 26,270 and pregnant and lactating mothers is 3,363. The vulnerability to high acute malnutrition levels in the region was largely attributed to chronically high morbidity, poor access to diversified diets and basic services such as health, safe water and sanitation facilities and sub-optimal infant and young child feeding and care practicesThis project aims to increase access to quality nutrition services through Outpatient Therapeutic Feeding and Supplemenatary feeding interventions, micronutrient supplementation , deworrning, and health and nutrition education programs through the establishment of 5 Outpatient Therapeutic Program centres and 23 Supplementary Feeding Program sites as well as addressing some of the WASH factors that predispose children to acute malnutrition. The project will be carried out in Beled Xawa,Luuq and Dollow districts of Gedo region. Absolute population data and estimates related to the beneficiaries is as attached in the document section.
that your organization is currently implementing to address these needs.(maximum 1500 characters)	Since May 2010 CAFDARO through UNICEF support has been delivering targeted Supplementary Feeding Program for moderately malnourished children in 25 sites in Luuq. CAFDARO has so treated a total of 2982 Supplementary Feeding Program beneficiaries. The 25 existing sites include Garsow, Abow, Warta cad, Babaa, Buyle, Caracase, Dogob, Garbolow, Gubad, Halbo 1, Horsed, IDP A, B, C and D, Laba-nasyaha, Taleex, Wrcilan, Qaasale, Warta cad, Xabadale, Lagadimo, Haradinta, Halbo 2, Luuq- gudey and Banmundule. CAFDARO intends to continue supporting Luuq population with 2 OTP centers and 5 SFP sites and establish 2 OTP centers in Belet Xawa and 9 SFP sites. Dollow will benefit from 1 OTP center and 9 SFP sites.cafdaro has submitted a proposal to UNICEF forOTP/SFP supplies of the 25 new sites. The intervention will target 60% of Severely Acute Malnourished ,Moderately Acute Malnourished children and Pregnant and lactating Women in the target population.

(A) Objective*	To reduce morbidity and mo	be completed by organization) To reduce morbidity and mortality associated with acute malnutrition among the 3,924 U5s and 1400 PLWs in the targetted areas thro				
(B) Outcome 1*	The OTP Centers will effect	The OTP Centers will effectively manage 1,925 severely malnourished children and PLWs throughout the year and reduce morbidity a				
(C) Activity 1.1*	Provide therapeutic care for	identified OTP beneficiaries				
(D) Activity 1.2	Refer severely malnourishe	d cases with medical complications to the stabilization centres				
(E) Activity 1.3	Identify and involve Commu	inity nutrition volunteer on case finding, case identification and referrals of OTP beneficiaries				
(F) Indicator 1.1*	Nutrition	SAM treatment programs achieve > 75% cured rates, default rate Target* 1925				
(G) Indicator 1.2	Nutrition	Number of OTP referals to the stabilization centre Target				
(H) Indicator 1.3	Nutrition	Number of OTP beneficiaries that were reffered by CNV for admit Target				
(I) Outcome 2	Reduce malnutrition and im	prove nutrition levels of < 5 boys and girls, pregnant and lactating mothers through SFP services				
(J) Activity 2.1	Conduct screening of benef	Conduct screening of beneficiaries eligible for SFP services				
(K) Activity 2.2	Provision of supplementary	Provision of supplementary food, systematic treatment and micronutrients to moderately malnourished children and PLWs				
(L) Activity 2.3	Provision of health and nutr	Provision of health and nutrition education to beneficiaries and care givers				
(M) Indicator 2.1	Nutrition	MAM treatment programs achieve > 75% cured rates, default rate Target 3,399				
(N) Indicator 2.2	Nutrition	Number of SFP beneficiaries that have received systematic treatn Target				
(O) Indicator 2.3	Nutrition	Number of health education sessions conducted during distributio Target				
(P) Outcome 3	Exclusive breastfeeding and	Exclusive breastfeeding and maternal nutrition promoted via behavior change education approaches using BNSP				
(Q) Activity 3.1	60% of eligible pregnant an	60% of eligible pregnant and lactating women receive multiple micronutrients, deworming and vitamin A supplementation.				
(R) Activity 3.2	Formation and Identification	Formation and Identification of breast feeding mothers group that will be invoved in advocating healthy IYCF practices				
(S) Activity 3.3	Promotion and support for c	Promotion and support for optimal IYCF Activities				
(T) Indicator 3.1	Nutrition	Target 1400				
(U) Indicator 3.2	Nutrition	Number of target women participating in advocating for IYCF prac Target				
(V) Indicator 3.3	Nutrition	Number of staff from partner agencies trained and active in IYCF Target				
(W) Implementation Plan*	The community familiarizati	The community familiarization meeting will be held with the leaders, then identify sites using the leaders, carry out recruitment				
Describe how you plan to	consequently involve the community representives in community mobilization.					
implement these activities	Beneficiaries will be identified through screening using anthropometric measurements at community and Outpatient Therapeutic					
(maximum 1500 characters)	Programme (OTP)/Supplem	Programme (OTP)/Supplementary feeding sites. Severely malnourished children with medical complications will be referred to the				
local hospital in Beled Xawa and Luuq for treatment using a referal allocation that will be used to hire vehicles in ab						
inavailability of the project vehicles. Moderately malnourished children in will be referred to SFP.Unvacci						
	with minor illnesses will be i	referred to the nearest MCH/mobile clinic.Admission criteria will follow Somalia IMAM guidelines.Project				

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

(A) Describe now 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) *					

Cafdaro will monitor the project through direct presence and the nutrition officer based in the field will use the daily records to generate weekly reports that will be used to compile for mid-term and final reports for submision.Gender will be addressed through sex disaggragation to determine the gender impact in regard to the programme. Nutrition staff based in the field will be responsible of direct implementation of the activities and to provide weekly flash reports of the activities to the nutrition officer. On a monthly basis a more detailed report will be provided including an update of baseline data, information on the evolution of potential beneficiary numbers , photo documentation, financial and admin data quartely. The nutrition officer through regular field visits will supervise field implementation of the activities the collection data and their regular update by the nutrition staff. On the basis of the information obtained through the M&E activities project implementation strategies will be constantly updated in particular in terms of targeting, overlapping, sub-areas of intervention, implementation timetable update. The nutrition officer will be part of the regional nutrition cluster as CAFDARO is the Gedo is the regional nutrition focal point and will be holding monthly coordination meetings while the executive manager will be sharing outcomes of the program through the monthly national nutrition cluster meetings. Cafdaro have submitted a proposal seeking support from UNICEF on supplies for the beneficiaries targetted in this proposal.

(B) Work Plan

Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

	Timeframe						
	Please sele	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 month					
Activity	Month 1-2	Month 3-4	Ionth 5-6 M	onth 7-8 Mo	nth 9-10 Mor	nth 11-12	
1.1* Provide therapeutic care	Х	Х	Х	Х	Х	Х	
 1.2 Refer severely malnouris 	Х	Х	Х	Х	Х	Х	
1.3 Identify and involve Com	Х	Х	Х	Х	Х	Х	
2.1 Conduct screening of be	Х	Х	Х	Х	Х	Х	
2.2 Provision of supplementa	Х	Х	Х	Х	Х	Х	
2.3 Provision of health and n	Х	Х	Х	Х	Х	Х	
3.1 60% of eligible pregnant	Х	Х	Х	Х	Х	Х	
3.2 Formation and Identificat	Х	Х	Х	Х	Х	Х	
3.3 Promotion and support for	Х		Х				

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other	Organization	Activity
activites in project area	1 Trocaire	running OTP,MCH and Hospitals in Beled Xawa,Dollow,Luuq,Garbarey and Burdo
List any other activities by your or	2 AMA	running SFP in beled xawa and Elwak
any other organizations, in	3 SRDA	running SFP in Luuq- we have an agreed arrangement on the sites and program r
particular those in the same cluster,	4 EDRA	running SFP in Luuq and cordination has mainly been on overlapping
and describe how you will	5 CEDA	running SFP in Dolow and we codinate with them on overlapping and future progra
coordinate your proposed activities	6	
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 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	Cafdaro will maintain gender balance in all proposed activities. Community
	Capacity Building	