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*	Agency for Peace and Development										
(B) Type of Organization*	UN Agency International NGO Local NGO Local NGO										
(C) Project Title* For standard allocations, please use the CAP title.		Prevention and treatment of severe and moderate acute malnutrition through integrated therapeutic and supplementary feeding programe in Jilib and Afmadow districts									
(D) CAP Project Code		SOM-11/H/40006 Not required for Emergency Reserve proposals outside of CAP									
(E) CAP Project Ranking		High Required for proposals during Standard Allocations									
(F) CHF Funding Window*	Standar	Standard Allocation 2 (Feb 2011)									
(G) CAP Budget		378970 Must be equal to total amount requested in current CAP									
(H) Amount Request*		375213.4	0		quals 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		Only indicate a	secondary c	luster fo	or multi-cluster p	orojects			
(L) Beneficiaries											
Direct project beneficiaries. Specify				Men	Wome	n	Total				
target population disaggregated by		Total benefici	aries	2500		3500	6000				
number, and gender. If desired more detailed information can be	Total beneficiaries include the following:										
entered about types of	Children under 5			2500	3500		6000				
beneficiaries. For information on	Pregnant and Lactating Women										
population in HE and AFLC see	-			0	0		0				
FSNAU website (http://www.fsnau.org)				0	0		0				
(http://www.isnau.org)				0	0		0				
(M) Location		Awdal	🗌 Banadir	🗌 Bay 🛛	Gedo	L Juba	a 🗌 M Juba	Mudug	Sanaag	Togdheer	
Precise locations should be listed on separate tab	Regions	Bakool	🗌 Bari	Galgaduud	Hiraan	L Shal	oelle 🗌 M Shabe	lle 🗌 Nugaal	Sool	W Galbeed	
(N) Implementing Partners	1							Budget:	\$	-	
(List name, acronym and budget)	2							Budget:	\$	-	
(Liot name, delenym and budget)	3 Budget: \$						-				
	4 Budget: \$							-			
	5							Budget:	\$ \$	-	
	6 7							Budget: Budget:	э \$	-	
	8							Budget:	\$	-	
	9 Budget: \$							-			
	10							Budget:	\$	-	
								Budget:	\$	-	
Focal Point and Details - Provide det	alla an arra	now and Closed	ar food point f	the project (r	amail nheres		Remaining	Budget:	\$	375,213	
(O) Agency focal point for project:	Name*	Mohamed bas		in the project (name,	, email, phone)		Title	programme coor	dinator		
(c) Agency local point for project.	Email*	apd hqs@ ya					Phone*	0727 161 830	anator		
	a					l		5.27 101 000			

CHFSOMALIA

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

the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	The FSNAU post dyer technical report highlighted deteriorating nutrition and food security situation in the Jubas with all three livelihood zones showing an average GAM rate of above 25% and SAM rate of above 6%, pastoral and reverine are mostly affected with a GAM of 30.7 and 29.7% and SAM of 7.8 and 6.4% respectively. Currently 125,000 rural population in both L/Middle juba are estimated to be in crises of which 60,000 are in HE and 65,000 in AFLC. Likewise 55,000 urban population are also identified as in crisis,of which 25,000 are in HE and 30,000 in AFLC. Afmadow and Jilib districts are hosting highest population which is estimated to be 164,749 among the Juba districts. More than 16,500 acutely malnourished children in juba are found in Afmadow and Jilib districts. Due to the combination of food insecurity,lack of safe water and sanitation and reduced access to dietary diversity as livestock migrate in search of water and pasture the meal pattern of poor household change from 3 to 2 or 1 meal a day, <5 children are therefore more susceptible to neglect and death.Renewed fighting between the TFG and its allies in one side and the AOGs on As an organization APD has put together and maintained a number of highly skilled staff who can consolidate its institutional
(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) *	As an organization APD has put together and maintained a number of highly skilled stain who can consolidate its institutional capacity and capability in working with Donors, UN international agencies, local authorities and community in delivering effective services to the less fortunate ones in the society. FSNAU post dyer analysis has shows an a alarming nutritional situation in middle and lower Juba. APD weekly and monthly reports from the Jilib and Afmadow nutrition feeding centers shows urgent humanitarian need in the area. This can be affirmed from the admission rate of MAM and SAM children in our January and February distribution shows very high rate projection in the coming months and most likely through out the year. This crisis is greatly exacerbated by limited humanitarian interventions such as food access and protection rations in the area since WFP has pulled out from SCZ in 2009. High morbidity rate resulting due to lack of safe water and sanitation facilities,poor child care practices,increased food prices, reduced term of traders, and limited access to food and nutrition services due to pastoralism nature. As a result of combination of all
	APD is currently running supplementary feeding program in 14 locations in Jilib and Afmadow districts, this program is supported by UNICEF Somalia through cash and required supplies. APD is also currently running and planned for more livelihood programs in the two districts. The livelihood program is meant to maintain and restore resilient for poor household who are greatly susceptible to constant shocks.

6,000 <5 children of acutely ma Provide nutritional supplement Referral of SAM children with r Nutrition Nutrition Increased children access to fe Provide multiple micro-nutrient Treatment and management of	medical complications to the nearest SC. % Coverage of the estimated caseload disagregated by type Number of children provided with nutritional supplements Number of severely malnourished children with medical com asaible and evidence based Nutrition services package (BNSP). is supplement, counseling on optimal maternal nutrition and care. C f common illness (Anemia,diarrhea,malaria,pneumonia,kalazaar of	e of m Target* Target aplicat Target Children De-worm	6000					
Provide nutritional supplement Referral of SAM children with r Nutrition Nutrition Increased children access to fe Provide multiple micro-nutrient Treatment and management of	to 6,000 <5 children. medical complications to the nearest SC. % Coverage of the estimated caseload disagregated by type Number of children provided with nutritional supplements Number of severely malnourished children with medical com easible and evidence based Nutrition services package (BNSP). i supplement, counseling on optimal maternal nutrition and care. C f common illness (Anemia,diarrhea,malaria,pneumonia,kalazaar of	Target pplicat Target Children De-worm						
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Increased children access to fe Provide multiple micro-nutrient Treatment and management of	easible and evidence based Nutrition services package (BNSP). supplement ,counseling on optimal maternal nutrition and care C f common illness (Anemia,diarrhea,malaria,pneumonia,kalazaar	Children De-worm	ed, Vitamin A tabs a					
Provide multiple micro-nutrient Treatment and management of	supplement ,counseling on optimal maternal nutrition and care C f common illness (Anemia,diarrhea,malaria,pneumonia,kalazaar		ed, Vitamin A tabs a					
Treatment and management of	f common illness (Anemia,diarrhea,malaria,pneumonia,kalazaar		ed, Vitamin A tabs a					
0		etc)						
Promote hygiene and distribute	a hygiana Kita	Treatment and management of common illness (Anemia,diarrhea,malaria,pneumonia,kalazaar etc).						
	Promote hygiene and distribute hygiene Kits.							
Nutrition	Number of children receiving vitamin A and deworming	Target	6000					
Nutrition	Number of children screened and referred for treatment of co	ommc Target						
	Number of hygiene promotion sessions held with soaps distr	ributio Target						
Enhanced and strengthened capacity of the local staffs,outreach workers and care givers.								
42 National staff and local staffs disaggregated on sex identified and trained on standard nutrition program, hygiene and sanitation.								
PLWs trained and counseled on comprehensive infant and young feeding practices(IYCF).								
4 IMAM ,IYCF and BNSP base	4 IMAM ,IYCF and BNSP based trainings held							
Nutrition		Target	42					
Nutrition	Number of mothers/care givers trained on IYCF	Target						
Nutrition	Number of trainings Held	Target						
The project will adopt both mol	bile and fixed- based approaches in the service delivery.APD staf	fs with the help o	f community					
volunteers and project committees will facilitate the identification of beneficiaries, the program will adopt the CTC model where by								
active case finding and community mobilization will precede all the initial activities and implementation of the program. All children<5								
will be screened by Using MU	AC tape and weight for height using the WHO standard charts. The	hose identified as	moderately					
malnourished (MU AC >11.5 a	nd <12.5 cm, W/H between -2 and -3 z-score) will be admitted in	the supplementa	ary feeding program.					
Children identified as severely	malnourished -MU AC <11.5cm, W/H <-3 z-score)-with no any co	omplication will be	e admitted to the					
Newly established 14 fixed OTP site - 7 Afmadow and 7 jilib- within the existing 14 fixed SFP centers and 6 mobile centers making a								
	Nutrition Nutrition Enhanced and strengthened c 42 National staff and local staff PLWs trained and counseled c 4 IMAM ,IYCF and BNSP base Nutrition Nutrition The project will adopt both mo volunteers and project commit active case finding and comm will be screened by Using MU manourished (MU AC >11.5 a Children identified as severely Newly established 14 fixed 0	Nutrition Number of children receiving vitamin A and deworming Nutrition Number of children screened and referred for treatment of c Number of hygiene promotion sessions held with soaps dist Enhanced and strengthened capacity of the local staffs,outreach workers and care givers. 42 National staff and local staffs disaggregated on sex. identified and trained on standard nutriti PLWs trained and counseled on comprehensive infant and young feeding practices(IYCF). 4 IMAM .IYCF and BNSP based trainings held Nutrition Nutrition Number of mothers/care givers trained on IYCF Nutrition Nutrition Nutrition Nutrition Nutreers and project committees will facilitate the identification of beneficiaries. the program wative case finding and community mobilization will precede all the initial activities and impleme will be screened by Using MU AC tape and weight for height using the WHO standard charts. T malnourished (MU AC >11.5 and <12.5 cm, W/H between -2 and -3 z-score) will be admitted in Children identified as severely malnourished -7 Afmadow and 7 jilib- within the existing 14 fixed SFP c	Nutrition Number of children receiving vitamin A and deworming Target Nutrition Number of children screened and referred for treatment of commc Target Number of hygiene promotion sessions held with soaps distributio Target Number of hygiene promotion sessions held with soaps distributio Target Enhanced and strengthened capacity of the local staffs, outreach workers and care givers. 42 National staff and local staffs disaggregated on sex 42 National staff and local staffs disaggregated on sex HMAM ,IYCF and BNSP based trainings held Nutrition Number of mothers/care givers trained on IYCF Nutrition Number of trainings Held Target Nutrition Number of trainings Held Target					

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

(A) Describe now you will monitor,	APD
evaluate and report on your project	respo
activities and achievements,	data r
including the frequency of	the pr
monitoring, methodology (site visits	of ser
observations, remote monitoring,	intervi
external evaluation, etc.), and	Achie
monitoring tools (reports, statistics,	rate>7
photographs, etc.). Also describe	projec
how findings will be used to adapt	of eve
the project implementation strategy.	SFP s
(maximum 1500 characters) *	OTP r

APD will place a strong focus on monitoring and evaluating the proposed project activities. This will lay under the direct responsibility of the Project Manager based in Afmadow, Lower Juba Somalia. The Project Manager will be responsible for project data management, assuring that any relevant data is collected and shared with all stakeholders. Field based nutritionist will assist the project manager and provide direct implementation, management and monitoring of nutrition project activities. Quality assurance of services delivered will be assessed through internal program reviews including site visits, record review, and beneficiary interviews. Indicators outlined in the SPHERE document will be used to monitor the performance of the project.SAM Treatment Achieve = Recovery rate >75%, Death rate<10%, Defaulter rate <15% of total program exits. While MAM Treatment achieve=Cured rate>75%, defaulter<15% and death of <3%. The program coordinator at the national office will be forwarded to donors by the end of every month. weekly OTP report will be documented by outreach team leaders and OTP nurses and shared. apart from OTP and SFP services APD plans to carry out 2 IMAM-BNSP and IYCF based training @ each district making total of 4 for 42 Project staffs - OTP nurses, outreach team and CHWs. The first 2 training which is to take off the first month of the project life will target 28 staff comprised of all nurses and outreach team.

(B) Work Plan

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

volunteers in the second month of the project life. in the In order to improve the quality of the project APD will engage an external							
	Timeframe						
	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months						
Activity	Month 1-2	Month 3-4 N	lonth 5-6 Mo	onth 7-8 Mo	nth 9-10 Moi	nth 11-12	
1.1* 6,000 <5 children of acut	Х	Х	Х	Х	Х	Х	
1.2 Provide nutritional supple	Х	Х	Х	Х	Х	Х	
1.3 Referral of SAM children	Х	Х	Х	Х	Х	Х	
2.1 Provide multiple micro-n	Х	Х	Х	Х	Х	Х	
2.2 Treatment and manager	Х	Х	Х	Х	Х	Х	
2.3 Promote hygiene and dis	Х	Х	Х	Х	Х	Х	
3.1 42 National staff and loc	Х	Х	Х	Х	Х	Х	
3.2 PLWs trained and couns	Х	Х	Х	Х	Х	Х	
3.3 4 IMAM ,IYCF and BNSF	Х						

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other		Organization		Activity	
activites in project area	1	SAF, WRRS and AFREC	(LOWER JUBA	APD is aware of the presence of the following agencies in afm	adow in lower juba
List any other activities by your or	2	SAM SAM FOUNDATION	N,SOMALI AID A	APD recognizes the presence of the following humanitarian age	encies in JILIB and
any other organizations, in	3				
particular those in the same cluster,	4				
and describe how you will	5				
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	Gender mainstreaming as well as gender targeted actions will be integrated	
		Capacity Building			
				•	·