

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*	Gedo Women Development Organization		
(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*	Integrated Management of Acute Malnutrition for the Malnourished Under Five Children and Pregnant and Lactating Women in Garbaharey and Burdubo of Gedo Region, Somalia		
(D) CAP Project Code	SOM-12/H/48374	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 2 (Oct 2012)		
(G) CAP Budget	\$ -	Must be equal to total amount requested in current CAP	
(H) Amount Request*	\$ 248,269.54	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	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 ( <a href="http://www.fsnau.org">http://www.fsnau.org</a> )		
		Men	Women
	Total beneficiaries	27	2528
	Total beneficiaries include the following:		
	Pregnant and Lactating Women	0	2500
	Children under 5	5970	6030
	Promoters, Caretakers, committee mem	27	28
		0	0
(M) Location	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: \$ 248,270
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>			
(O) Agency focal point for project:	Name*	Sahra Jama Hassan	
	Email*	gewdo2009@yahoo.com	
	Address	Gartbaharey, Gedo, Somalia	
	Title	Project Director	
	Phone*	+252699423505	

### 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>Nutrition assessments conducted in May '12 in Gedo region by FSNAU and partners indicate elevated levels of acute malnutrition with GAM and SAM rates of 28.4% (23.0-34.5) and 6.2% (4.4-8.7) respectively in the pastoral, and GAM and SAM rates of 22.5% (19.2-26.1) and 6.1% (4.3-8.9) respectively, reported in the riverine livelihood zone. Data from health facilities from January to July 2012 in the pastoral, ago-pastoral and riverine livelihood zones of Gedo region, indicate a high (&gt;20%) and decreasing trend of acutely malnourished children.</p> <p>The analysis indicates a sustained Very Critical nutrition situation in the two livelihoods in Gedo region. There was no statistically significant difference in the proportion of boys and girls acutely malnourished in both surveys (p&gt; 0.05). The 90 days retrospective crude death rate is Serious among both the pastoral (0.59/10,000/day) and riverine (0.20/10,000/day) populations according to UNICEF classification.</p> <p>The respective US death rates 1.36 (0.77-2.36) and 1.60 (0.57-2.32) in pastoral and riverine livelihoods are also in Serious phase. The nutrition situation remains concerning, given the area is generally prone to seasonal outbreaks of AWD, cholera, malaria, measles and whooping cough. The situation is further aggravated by chronic underlying factors such as: household food insecurity, poor dietary quality, inadequate social and care environment (sub-optimal child care and feeding practices), and poor public health (limited access to basic human services such as safe water, health and sanitation facilities), which predispose the communities to high morbidity and subsequently high levels of acute malnutrition.</p> <p>Nutrition assessments conducted in two livelihoods zones of Gedo region recorded a higher proportion of acutely malnourished boys than girls in the pastoral (31% vs 25.9%) and riverine (26.7% vs 17.8%) livelihoods. Similarly, a higher proportion of acutely malnourished boys than girls are observed in the IDPs (31.1% vs 21%). However, these differences are not statistically significant (P&lt;75%). Similar patterns are more or less observed in the other forms of malnutrition where in the pastoral livelihood, 15.4% of boys compared to 19.6% of girls were stunted; and 24.4% of boys as compared to 21.9% of girls were underweight. In the riverine livelihood 20.6% of boys compared to 17.1% of girls were stunted; and 23.6% of boys as compared to 18.2% of girls were underweight. In the IDPs, 29.3% of boys compared to 30.4% of girls were stunted; and 34.6% of boys as opposed to 28.7% of girls were underweight. A higher proportion of girls than boys were reportedly ill two weeks prior to the assessment in the pastoral, ago-pastoral and riverine populations. However, there is no statistically significant difference between the sexes showing that they were both in the pastoral and riverine livelihoods of Northern Gedo and among the Dolow IDPs, a significantly higher proportion of pregnant and/or lactating women were acutely malnourished (MUAC&lt; 23.0 cm, and 21.0 cm, and/or bilateral oedema) than non-pregnant and non-lactating women (MUAC&lt;18.5). The proportion of acutely malnourished pregnant and/or lactating women ranged between 24.1% (Serious) among the IDPs population to 30% (Critical) in the pastoral Livelihood.</p> <p>The maternal malnutrition in IDPs is Critical among the pregnant and lactating women, with 24% of the assessed women recording MUAC measurements of &lt;23cm. The high levels of acute malnutrition among the pregnant and/or lactating women are linked to increased nutrient needs during these periods which may not be met.</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>The last Post-Gu 2012 Food Security and Nutrition Assessment indicates that the situation in Gedo in the rural livelihood zones remains generally Very Critical, attributed to the multifaceted causes of acute malnutrition including household food access, high morbidity levels, and the poor social care environment for children. Garbaharey is experiencing high rates of acute malnutrition of children Under 5 with further worsening of the overall nutrition situation anticipated. Recent nutrition survey by FSNAU and Partners showed that of acute malnutrition has reached a very critical level according to the FSNAU last Nutrition assessment conducted in August 2012. Recurrent droughts in Garbaharey/Burdubo district have impacted the health and nutrition service infrastructures benefiting to children under five. Increasing life-threatening gaps in the coverage of essential health and nutrition services are compounded by inadequate access to safe water and sanitation, increasingly eroded livelihoods and mass displacement.</p> <p>The district is characterized by volatile security situation, severe droughts, displacement from the current fighting between Al-shaab and TFG/ASWJ and very critical nutrition situation. The last rainy season was below average in the target area; in addition to that, conflict from civil unrest and limited access for humanitarian agencies has had a direct effect on the availability and access of food commodities in the area. Recent food price market survey has showed a significant increase in the prices of the important staple foods. The chronic factors affecting the rates of acute malnutrition in Garbaharey and Burdubo are poor child care and feeding practices, poor sanitation and hygiene practices, inadequate supply of safe drinking water and limited access to health and nutrition services. Indeed the conjugate effect of chronic and acute factors have deprived children of the essential nutrients required for growth and development while exposing them to higher risk of childhood illnesses because of inappropriate care.</p> <p>Therefore, There is great concern that Malnutrition levels will continue to rise with associated increase in mortality in this districts. Distress coping strategies will increase such as consumption of poor quality diet and reduced HH meals, movement to refugee camps in Kenya and Ethiopia, families splitting, movement into areas with lower cereal prices or relief assistance including central regions and Mogadishu. The capacity of the affected communities to withstand the crisis is very limited. This project targets under five malnourished children and pregnant and lactating women and Community Health Workers (girls: 6430, boys: 5570, PLW: 2500, CHW: 160)</p>

<p>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</p>	<p>GEWDO, an active women-headed organization, currently is implementing BSFP, OTP and Targeted Supplementary Feeding Program (SFP) in Garbaharey and Burdubo in partnership with UNICEF. GEWDO delivers the following nutrition rehabilitation services in its current nutrition programs: 1. Distribution of RUSF 2. Provision of systematic treatment through Vitamin A supplementation, deworming and treatment of infections 3. Nutrition education and counseling among beneficiaries and community around on IYCF and BNSP. Together with this nutrition interventions, GEWDO is planning to start soon rehabilitation of shallow wells, distribution of NFIs kits to the IDPs and distribution of relief food to the most vulnerable communities in these areas in an integrated response package aiming at improving the effectiveness of the nutrition intervention. The NGO is planning to start trauma healing project in Garbaharey IDPs and other affected villages in partnership with UNIFEM. GEWDO will work with other clusters to interlink this nutrition project with other sectors responses. As there is a big gap and the nutrition situation drastically deteriorates, GEWDO has proposed to scale up the nutrition response and signed new PCA with UNICEF to provide in-kind supplies while OCHA will provide cash contribution. Therefore GEWDO hereby kindly requests cash support for these seven (7) SFP centers and five (5) OTP centers from UNOCHA through Common Humanitarian Fund to reach 14660 beneficiaries. Six SFP will be mobile while five SFP will be fixed. Three OTP will also be fixed while the other two OTP will be mobile. The specific locations of both fixed and mobile SFP and OTP are in the locations part of the database</p>	
---	---	--

#### 4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Acutely malnourished boys, girls and pregnant and lactating women are treated by having access to and utilizing quality services for		
(B) Outcome 1*	Access to TSFP and OTP to manage acute malnutrition ensured with needed technical support, supplies and responsive tracking of		
(C) Activity 1.1*	Screen and Admit 9500 under five children with Moderate Acute Malnutrition in 7 TSFP (girls: 4740, boys: 4760) and 2500 children		
(D) Activity 1.2	Provide micronutrient supplementation to boys and girls in SFP/OTP		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 14500
(G) Indicator 1.2	Nutrition	Number of U5 malnourished children provided with micronutrient	Target 14500
(H) Indicator 1.3	Nutrition		Target
(I) Outcome 2	IYCF and other Childcare practices improved through improved capacity of staff, mothers/care-givers and community groups		
(J) Activity 2.1	Train 55 Community Health Workers (female: 28, male: 27) and 71 project staff (Female: 36, male: 35) on BNSP activities includin		
(K) Activity 2.2	Conduct health and nutrition counseling sessions to 2500 pregnant and lactating mothers or care-takers.		
(L) Activity 2.3	Roll out community nutrition education campaigns and deliver messages on improved infant young child feeding and good hygiene		
(M) Indicator 2.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 95
(N) Indicator 2.2	Nutrition	Number of health and nutrition counseling sessions held for PLW	Target 12
(O) Indicator 2.3	Nutrition	Number of community nutrition education campaigns and hygiene	Target 12
(P) Outcome 3	Improved nutrition due to improved access to and utilization of available nutrition and related services.		
(Q) Activity 3.1	Promote IYCF and linking to immunization services.		
(R) Activity 3.2	Identify key behavioral practices and gaps through community assessments and discussions and develop information,education and		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition	Number of IYCF promotion sessions held	Target 12
(U) Indicator 3.2	Nutrition	Number of community discussions implemented for developmen	Target 12
(V) Indicator 3.3	Nutrition		Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>By using taking anthropometric measurement, children between &gt;-3 and &lt;-2 Z-score or MUAC &amp;#8805;11.5 &amp; &lt;12.5 without Oedema and Pregnant and lactating women with MUAC &lt;21cm will be admitted into the SFP/OTP. Registrars will gather all the necessary beneficiary information from the screeners, register the malnourished individual, pregnant and lactating mothers and issue out a ration card. Nurses will check medical conditions, immunization status, anaemia and common infections then record the information. All beneficiaries will receive systematic treatment to cure any infections as well as minimize chances of becoming infected. Counseling sessions will be arranged for those caretakers or individuals that need additional information to improve their nutritional and health status at the centers each month. GATHER approach will be used to relay nutritional and health related messages to the beneficiary. Health and nutrition educational messages and demonstration sessions conducted at the SFP centers each month and educators will use IMAM Field Guide for Health and Nutrition to develop messages and key action points for the beneficiaries. Monthly community discussions to develop information,education and communication will be conducted. It aims at discovering key behaviors of the local community which hinder the desired good feeding practices at the community level and will help nutrition staff to address such obstacles and build nutrition education sessions and counseling on the local context. This will be once every three months.</p> <p>Community Health Workers will be given 5 days training on IMAM. 12 Campaigns of community Nutrition education and hygiene promotions will also be implemented every month. 5 days IMAM training will be given to 40 staff members at the start of the project, then refreshment training after six month . Food rations (RUSF) will be distributed as dry take home ration on monthly bases. Each beneficiary will receive RUSF.UNICEF will provide all the supplies including SFP materials and medicine. Food will be stored as per UNICEF guidelines on storage and handling of supplementary food commodities. GEWDO will transport supplies from its central warehouse in Garbaharey to the respective SFP/OTP locations.five liters of clean Water will be provided to the SFP beneficiaries at the centers per person per day.</p> <p>Follow-up and home visits will be established according to IMAM Guidelines. Beneficiary will be discharged if cured, died, transferred, defaulted for 2 consecutive visits or became non-respondent. Local community will actively participate in whole project cycle. Community awareness committee will be formed to participate in the mobilization of the community on the identification of malnutrition, referral of malnourished children and proper IYCF. They will also participate in the community assessment and discussions for behavior change. There will be monthly meetings with local community for information sharing on all matters affecting this project including security, malnutrition levels, gaps if any, status of admitted children and other related concerns.</p> <p>GEWDO will run seven (7) SFP centers and five (5) OTP centers to reach 14660 beneficiaries. 5 SFP will be mobile while two</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) \*

GEWDO nutrition workers will effectively monitor the progress and report on IMAM activities to determine how efficiently the programme is functioning, determine which aspects of the programme or which centers require more attention, provide some accountability and value of inputs and resources and Monitoring based on monthly data collection on all activities, confirm Adherence to the protocols of admission, discharge, transfer criteria and systematic treatment. Community/beneficiary views e.g. focal groups, exit interviews, CHW meetings will also be used for monitoring purposes.

When monitoring, the OTP will be measured according to Sphere Standards of >75 cured, <10 death, <15 default, ~4 g/kg/day Average weight gain and <60 days of Average length of stay while The success of the TSFP will be gauged against internationally accepted cut off point of Reference values for assessing program performance: >75% recovered, <3% death and <15% defaulters. Other Indicators to be used for monitoring include attendance rate, mean length of stay, average weight gain, acceptance, coverage, No. of Supervisions, total number of training sessions, total number of counseling sessions held. Nutrition facilities will collect and record the data to report accurately on daily basis. They will use Registers, Inpatient or OTP monitoring card ad will file cards clearly in a box file. Recording and Reporting tools include Tally sheets- For counting children measured, SFP Ration card, OTP card, Referral slip – for referrals, SFP Monthly Report, OTP Monthly report, Register to be used for entering all beneficiary children from a particular location and Information per child relates to the Child's Registration No, Name of child, Age and sex, MUAC measurements, Referrals, Distributions attended. A Child Ration Card will be issued at first distribution, be presented at each distribution, and will indicate the child's MUAC measurements at each distribution and commodities distributed. Cards will be reviewed by nutrition/health workers and supervisors to ensure protocols are followed, referral and follow up. Additional information will be on the monitoring card, which will assist when a child is transferred within the IMAM components. Project indicators against outcomes will be used to monitor project performance on a monthly basis. A midterm evaluation will be done by an external evaluator at the end of sixth month of the project. A final evaluation will also be done by external evaluators at the end of the project to evaluate the efficiency and the effectiveness of the project and its impact on beneficiaries. OCHA, UNICEF & beneficiaries representatives will attend the evaluation. Progress reports will be submitted to OCHA on a monthly basis. Midterm and final reports will also be submitted to OCHA at their due time.

**(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 and Admit 9500	X	X	X	X	X	X
1.2 Provide micronutrient su	X	X	X	X	X	X
1.3 Train 55 Community He	X	X	X	X	X	X
2.1 Conduct health and nutr	X	X	X	X	X	X
2.2 Roll out community nutr	X	X	X	X	X	X
2.3 Promote IYCF and linkir	X	X	X	X	X	X
3.1 Identify key behavioral p	X	X	X	X	X	X
3.2 Identify key behavioral practices and gaps through community assessments and discussions and develop information, education and						
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 NCA	Provides education, water and relief food in Burdub and Garbaharey. Having clear
2 GHC	Provides health services in Burdubo and Garbaharey. This will help GEWDO to
3 UNOCHA	Coordinates humanitarian responses. GEWDO will regularly Participate in the n
4 CAFDARO	GEWDO will coordinate with nutrition field cluster and other partners such as CA
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	This program will Integrate a gender dimension – i.e. an understanding of
Capacity Building		