

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*	Save the Children			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO			
(C) Project Title*	Emergency Nutrition Interventions for Drought and Conflict Affected Vulnerable Populations in Bay and Bakool regions			
(D) CAP Project Code	SOM-12/H/48252	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*	\$ 804,151.00	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	10 months	No longer than 6 months for proposals to the Emergency Reserve		
(J) Primary Cluster*	Nutrition			
(K) Secondary Cluster	Health			
(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	2281	10054	12335
	Total beneficiaries include the following:			
	Children under 5	3890	3891	7781
	Pregnant and Lactating Women	0	2387	2387
	Women of Child-Bearing Age	0	7781	7781
	Other	672	6048	6720
(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"/> Salgadood <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	1.Gargaar Relief and Development Organization (GREDO)	Budget:	\$ 372,018
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ 372,018
		Remaining	Budget:	\$ 432,133
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*	Beatrix Masime	Title	Grants Manager
	Email*	beatrix.masime@savechildren.org	Phone*	+254(0)204444006
	Address	Matundu Close, Off School lane, PO Box 39664 - 00623		

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>Somalia is one of the world's longest running humanitarian crises. The combination of conflict, insecurity, mass displacement, recurrent droughts, flooding and extreme poverty, coupled with very low basic social service coverage, has seriously affected food security and livelihoods and greatly increased vulnerability to disease and malnutrition. An analysis of the situation has shown that extremely high levels of malnutrition, lack of clean water and sanitation facilities, poor hygiene, inadequate access to health care services coupled with high morbidity are the key determinants of the prevailing humanitarian crisis. Analysis of July 2012 FSNAU survey's findings indicates stability in the nutrition situation among the pastoral population and a crisis among the agro-pastoral in Bakool region although due to inaccessibility FSNAU could not conduct a nutrition survey for the agro-pastoral groups of Bakool. The GAM and SAM rate in the Pastoral groups of Bakool according to FSNAU July results are; 26.2% (20.6-32.8 95%C.I) and 5.7% (3.6-9.1 95%C.I) respectively with Oedema cases at 1.0%. The overall nutrition situation according to FSNAU is rated as Very critical.</p> <p>In Bay, results of July's FSNAU survey among the agro-pastoralist were similar to Bakools: GAM 26.2%, SAM 5.7% and oedema cases at 0.5%. The general nutrition situation is rated very critical. In the same region FSNAU July 2012 report showed that 22.0% of PLW had a MUAC of <23.0 cm showing the vulnerability of PLW to malnutrition due to their increased nutrition needs.</p> <p>Although the nutrition situation of the population in both Bay and Bakool regions indicates an improvement compared to the same period last year when the GAM rates were above 50%, the situation is still critical and above the emergency threshold. Hence the need for continuing with emergency nutrition intervention to avert further morbidity and mortality associated with malnutrition, more common with the most vulnerable who in this case are the children (boys and girls) under the age of 5 years and pregnant and lactating women.</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>SC is among the few humanitarian organizations implementing CMAM programme including strong IYCF promotions component in Baidoa and Rabdure districts of Bay and Bakool regions respectively through the use of local partner GREDO, since April 2012. So far 8,672 children under fives: 4,379F and 4,292M) and 981 PLW were assisted in all the 8 supported OTP/TSPF centers. From the program data analysis, more girls are admitted as compared to boys showing that girls were more prone to malnutrition, however these differences were generally not statistically significant. The data analysis indicates high number of admission (boys and girls) compared to the expected number for the target population. This could be due to the fact that there are few existing partner in the regions hence beneficiaries from far villages are accessing the nutrition treatment centers. The situation has further been exacerbated by the influx of IDPS from conflict zones increasing the number of vulnerable boys, girls and women. FSNAU IYCF KAP(2007), indicated that PLW face alot of challenges in their diet choices as some of nutritious foods are prohibited; the communities associate them to birth to big babies that could result to difficulties in delivery; this could be a contributing factor to high low weight prevalence in somalia; at 5% (WHO, 2006). The colostrum also is considered as dirty milk and should not be given to new borns hence contributing to early malnutrition and weakening the immunity against childhood diseases.</p> <p>SCISOM has and continues to capacity build the local implementing partner, the nutrition sites have been set and are operational. However with the continued high case load of beneficiaries and long distances the beneficiaries have to travel in order to access treatment, there is a need to expand the program with more sites in the two districts to reach more malnourished children (boys and girls) and PLW's. The Post Gu 2012 nutrition assessment report indicated high malnutrition rates; Bay rural: GAM- 20.4%; SAM-6.9%; CDR-1.40 deaths/10,000 persons/day; U5MR- 2.70 deaths/ 10,000 children under 5 years /day; Bakool rural: GAM- 26.2%; SAM-5.7%; CDR- 0.31 deaths/10,000 persons/day; U5MR- 0.86 deaths/ 10,000 children under 5 years /day. This depicts the need to continue the existing emergency nutrition program and further expand to increase access and coverage</p> <p>To address long term malnutrition, nutrition prevention activities are necessary and continuation of Infant and Young Children (IYCF) activities that will include IYCF promotion services and micronutrient supplementation to Women of child bearing age (CBA) through Micronutrient supplementation when they receive services in Nutrition program.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>-SC operates 8 Outpatient Therapeutic Programmes/ Targeted Supplementary Feeding Programme sites in Bay and Bakool regions and proposes to expand to 3 more sites in Baidoa and 3 more sites in Rabdhure districts.</p> <p>-Conducts health education and promotions sessions on IYCF at the OTP and TSPF sites and at the community level with Community Nutrition Volunteers (males and females) on IYCF optimum care practices for children 0-24months and pregnant mothers.</p> <p>- Conducted refresher trainings for nutrition staff and Community volunteers on Integrated Management of Acute Malnutrition (IMAM)</p> <p>-Provision of Micronutrient supplementation to Malnourished PLW and also Women who come in contact with in our nutrition centers and IYCF activities.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To contribute to the reduction of morbidity and mortality related to acute malnutrition among children (boys and girls) under-five, pre		
(B) Outcome 1*	Treatment of acute malnutrition for under five boys/girls and PLWs		
(C) Activity 1.1*	Admission of under five boys and girls with severe acute malnutrition into Out Patient Therapeutic Program		
(D) Activity 1.2	Admission of under five boys and girls with moderate acute malnutrition into the Targeted supplementary feeding program		
(E) Activity 1.3	Admission of PLWs with moderate Acute malnutrition into the TSFP		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 2477
(G) Indicator 1.2	Nutrition	Provision of TSFP services according to the Somalia IMAM guidl	Target 5,304
(H) Indicator 1.3	Nutrition	Provision of TSFP services according to the Somalia IMAM guidl	Target 2387
(I) Outcome 2	To prevent acute malnutrition and sickness among the 0-23 months boys and girls through protecting, promoting and supporting op		
(J) Activity 2.1	IYCF promotion sessions in the communities on optimum IYCF		
(K) Activity 2.2	IYCF Promotion sessions and individual counseling sessions in the nutrition centres		
(L) Activity 2.3	Formation of mother to mother support groups		
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	Target 84
(N) Indicator 2.2	Nutrition	number of group and individual counseling sessions held with n	Target 10,168
(O) Indicator 2.3	Nutrition	number of mother support group sessions formed	Target 14
(P) Outcome 3	To prevent micronutrient deficiencies through provision of Micronutrient supplementation to malnourished PLW'S and also women		
(Q) Activity 3.1	Provision of MMN to Malnourished PLW		
(R) Activity 3.2	Provision of MMN to Caretakers of Malnourished children and Women participating in IYCF session		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition		Target 2387
(U) Indicator 3.2	Nutrition	# of women caretakers that receive MMN	Target 7781
(V) Indicator 3.3	Nutrition		Target
(W) Implementation Plan*	<p>SC will implement the programme through our local partner, Gargaar Relief and Development Organizationn (GREDO), who will use the existing nutrition team: OTP/TSFP supervisor, Nutrition assistants, Registrars, Nurse and community mobiliser. The team will offer mobile nutrition services on a daily rotation basis. The nutrition programme staff will screen, treat and provide key health, nutrition and hygiene messages aimed at preventing malnutrition especially in children <5 years and pregnant and lactating women. SC will conduct CMAM and IYCF training to GREDO staff for capacity building purposes to make sure that the local partner implements the activities according to the protocols.</p> <p>SC also will ensure the target Communities (women, girls, boys and men) are effectively mobilized and sensitized and ensure community engagement in the programme. Men being the decision makers in Somalia will be engaged in community mobilization and sensitization to win their counterparts acceptance of the program, this will enhance community participation. Screening will take place regularly at the sites and in the communities. Children and PLWs identified as SAM/MAM cases will be referred to our OTP/TSFP services (or the nearest stabilization centre. OTP treatment will be according to national and international guidelines using routine medicine and ready to use therapeutic food - Plumpy nut. At discharge from OTP beneficiaries will be admitted to TSFP for follow up. The TSFP will use Supplementary plumpy.</p> <p>In addition to the CMAM programme, infant and young child feeding in emergencies (IYCF-E) support will be provided to pregnant and lactating women, women of childbearing age and those who influence IYCF Practices. IYCF- E services will be provided regularly in all 14 sites: 10 sites in Bay for the OTP and TSFP activities and 4 sites in Bakool for the OTP & SFP activities. The community mobilizer will be responsible for ensuring proper linkage between the programme and the community through continued mobilization and sensitization.</p>		

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

<p>(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) *</p>	<p>Save the Children monitors all aspects of programmes and the external context to ensure proper programme implementation and make appropriate adjustments to the set implementation plans and activities. This includes regular monitoring of activities at output level as well as outcome and how they contribute to the impact SC seeks to make.</p> <p>Weekly and monthly reports on key output indicators and stock update coverage will be produced using OTP, TSFP and Infant and Child Feeding in Emergencies (IFE) data, and reviewed by senior nutrition staff that will provide analysis and feedback. Monthly reports will be shared with the nutrition cluster and partners (WFP and UNICEF). SC utilizes the Humanitarian Accountability Partnership (HAP) and Disasters Emergency Committee (DEC) accountability frameworks. Sex-disaggregated data on USs will be collected and analysed to inform the project</p> <p>The field team will organize weekly and monthly planning and review meetings with the health team in order to maximize the integrated delivery approach to ensure full coverage. The Field Manager and Area Representative will provide management support to the programme implementation, monitoring and reporting. The Security coordinator will monitor the security situation and support staff in the field to mitigate against risk and threat. The SC Nutrition coordinator will monitor activities in the field and make sure that the programs are implemented as planned.</p> <p>SC will also aim to set up a feedback mechanism for all its interventions to ensure beneficiaries are able to provide comments/complaints on project implementation and ways of improvement.</p>
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<p>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	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	Month 5-6	Month 7-8	Month 9-10	Month 11-12
	1.1*	X					
	1.2	X					
	1.3	X					
	2.1	X					
	2.2	X					
	2.3	X					
	3.1	X					
3.2	X						
3.3		X					

6. OTHER INFORMATION (to be completed by organization)

<p>(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</p>	<p>Organization</p> <p>1 UNICEF 2 WFP 3 Field nutrition cluster 4 Other Clusters such as WASH and Health 5 6 7 8 9 10</p>	<p>Activity</p> <p>Provision of RUFT and medicines supplies for the Management of SAM cases Provision of RUSF for management of MAM cases For active coordination on group to avoid overlap and also for information sharing This project will also be coordinated with other relevant clusters particularly Health X</p>
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<p>(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</p>	<p>Cross-Cutting Themes (Yes/No)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Gender</td> <td></td> </tr> <tr> <td>Capacity Building</td> <td></td> </tr> </table>	Gender		Capacity Building		<p>Outline how the project supports the selected Cross-Cutting Themes.</p> <p>Write activity number(s) from section 4 that supports Cross-Cutting theme.</p>
Gender						
Capacity Building						