

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)**

<b>(A) Organization*</b>	SWISSO - Kalmo			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO			
<b>(C) Project Title*</b> <small>For standard allocations, please use the CAP title.</small>	Emergency Response for the Prevention and treatment of severe and moderate Malnutrition for children <5 and PLW in Bay Region			
<b>(D) CAP Project Code</b>	SOM-12/H/48262	Not required for Emergency Reserve proposals outside of CAP		
<b>(E) CAP Project Ranking</b>	Medium	Required for proposals during Standard Allocations		
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Oct 2012)			
<b>(G) CAP Budget</b>	\$ -	Must be equal to total amount requested in current CAP		
<b>(H) Amount Request*</b>	\$ 193,299.00	Equals total amount in budget, must not exceed CAP Budget		
<b>(I) Project Duration*</b>	12 months	No longer than 6 months for proposals to the Emergency Reserve		
<b>(J) Primary Cluster*</b>	Nutrition			
<b>(K) Secondary Cluster</b>	Only indicate a secondary cluster for multi-cluster projects			
<b>(L) Beneficiaries</b> <small>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)</small>		<b>Men</b>	<b>Women</b>	<b>Total</b>
	<b>Total beneficiaries</b>	30	1870	1900
<b>Total beneficiaries include the following:</b>				
	<b>Children under 5</b>	2050	2050	4100
	<b>Pregnant and Lactating Women</b>	0	1650	1650
	<b>Staff (own or partner staff, authorities)</b>	30	20	50
		0	0	0
<b>(M) Location</b> <small>Precise locations should be listed on separate tab</small>	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			
<b>(N) Implementing Partners</b> <small>(List name, acronym and budget)</small>	1			Budget: \$ -
	2			Budget: \$ -
	3			Budget: \$ -
	4			Budget: \$ -
	5			Budget: \$ -
	6			Budget: \$ -
	7			Budget: \$ -
	8			Budget: \$ -
	9			Budget: \$ -
	10			Budget: \$ -
		<b>Total</b>		Budget: \$ -
		<b>Remaining</b>		Budget: \$ 193,299
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>				
<b>(O) Agency focal point for project:</b>	<b>Name*</b>	Dr Abdi Hersi	<b>Title</b>	Regional director
	<b>Email*</b>	hers1959@yahoo.co.uk	<b>Phone*</b>	0722777455
	<b>Address</b>	KAWI Complex, Woodlands Road, Hurlingham, P.O. Box, 573-00610 Nairobi.		

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

<b>(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *</b>	<p>Somalia has been suffering from civil conflicts, droughts, flooding and humanitarian crisis for more than 20 years. The scars of the recent Famine in 2011 in many regions in South Somalia are still visible. In addition of that the recent fighting between Alshabab and the government forces in the region has aggravated the situation. As a result of those factors, the number of IDPs from villages to the main towns has been increasing. However, the number of people in crisis in Somalia has reduced by 16 per cent, from 2.51 million to 2.12 million (FSNAU and FEWSNET). Although the latest reports shows some improvements of the people in crises in some regions in Somalia, about a third of the Somali population (including 1.36 million IDPs) still remaining in a critical situation. As the number of people in crises will rise to 2.12 million in the next 6 month, lifesaving humanitarian assistance is crucial to protect the human suffering. SWISSO – Kalmo has been implementing health and nutrition projects for more than 17 years in South Somalia. During this period, SWISSO Kalmo has undertaken a number of needs assessments which revealed urgent needs for scaling up for health and nutrition support in the vulnerable communities. From its current programming, SWISSO has learnt vital lessons and identified the following crucial gaps in basic health and nutrition in the area of operation: Poor access to and low utilization of health services; Absence of a local health authority to monitor and supervise the delivery of health services; Low immunization coverage in the target area; Lower number of therapeutic feeding centers and poor skills of health staff working in the few available facilities; Underlying Health System Weaknesses; Rising number of IDPs; Poor Nutrition situation; and poor communicable disease control. In Bay region where SWISSO Kalmo has been implementing health and nutrition activities, there is high number IDPs from villages into main towns. In Bay region, SWISSO Kalmo has 5 fixed health facilities, 68 VHWs whose main activities includes referral of malnourished children into OTPs/SCs and MCHs. In this project, SWISSO Kalmo is planning to establish 5 OTPs and integrate with health and WASH activities. The project aims at providing life saving treatment for 4300(2150 boys and 2150 girls) acute malnourished children aged between 6-59 months with MUAC measurements of &gt;11.5cms, as well as 1850 malnourished pregnant and lactating women by providing nutritional packages as well as enhancing the capacity of the staffs (12 male and 15 women) CHWs (12 male and 16 women) and the community including in the management of acute malnutrition hence improving the communities resilience in overcoming the sustained malnutrition rates in the area of operation.</p>
<b>(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) *</b>	<p>Currently, Somalia has been in situation of humanitarian crises; tens of thousands of people have died and many more lives are at risk; The prevalence of acute malnutrition, both severe and moderate acute malnutrition (SAM/MAM) remain a major concern among &lt;5 children and PLW in Bay region where nutrition situation according to FSNAU Post Gu'12 integrated food security analysis classifieds the agro-pastoral (low and high potential) livelihood zones of Bay region in sustained Crisis, though with increased numbers in crisis. This worsening trend in the Gu'12 season is mainly attributed to poor crop production as a result of below normal rainfall and long dry spell, crop loss. In addition, data from nutrition assessments, health and feeding facilities classifies the nutrition situation of the Bay agro pastoral livelihood population as Very Critical, indicating an improvement from the Extreme levels in the Deyr '11/12. The nutrition situation of the IDPs from Baidoa town, assessed for the first time, indicates a Critical nutrition situation. A nutrition survey conducted in July '12 in the agro-pastoral livelihood zone of Bay region reported a GAM rate of 20.4% (16.7-24.5) and a SAM rate of 6.9% (5.0-9.4) with nine (1.0 %) oedema cases. These rates show a Very Critical nutrition situation, although an improvement from the Extreme nutrition situation reported in the October '11, when GAM and SAM rates reported were approximately 30.0% and 7.0%. A higher proportion of assessed boys (22.2%) are acutely malnourished compared to girls (18.7%), although the difference is not statistically significant. According the retrospective study of Crude death rate (1.40%) and &lt;5 Death Rate (2.7%) which indicates a serious situation. Data from Health facilities indicates a high trend of acute malnutrition (&gt;50%). Data from SWISSO health facilities in Bay for the last 6 months shows similar trends where the number of SAM and MAM recorded were 4670 (2521 boys and 2149 girls) and 13018 (8017 boys and 5001 girls) respectively out of the total number of &lt;5 children screened (25,905). The situation is aggravated by chronic poor child feeding, low access to safe water, health and nutrition. Generally speaking there is no difference in feeding practices for girls and boys but however there is general preference to feed the boys before the girls. But on the other hand Somali mothers do not practice exclusive breastfeeding nor even optimal feeding because of some myths such as breast milk is not enough for the child hence early sugar-water and animal milk feeding, early subsequent pregnancy hence should not breastfeed as this will kill the fetus in utero., mothers nutrition status thus the malnourished or the anaemic ones do not breastfeed, food taboos for PLW.</p>

<p>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</p>	<p>SWISSO is supporting 76 health staff working nutrition sites including nurses, nutrition screeners, vaccinators and volunteers by providing incentives, technical and logistic assistants, capacity building as well as monitoring and evaluation. Each OTP site is expected to be operational 5 days a week, screening and admitting severely and moderately malnourished children under 5 years of age, and treats malnourished pregnant and lactating women. All children and pregnant women seen at therapeutic feeding centers receive anthropometric measurements. Children &lt;-3 WFH z-score (WHO) or with MUAC &lt;115mm and/or oedema are admitted into the OTP; Malnutrition cases with medical complications are referred to inpatient treatment/SC; Children with &lt;-2 and &gt;=-3 WFH z-score (WHO) or with MUAC&lt;125mm and &gt;=115mm are referred to TSFP. As an emergence situation, SWISSO will rehabilitate new facilities in Baidoa and will provide tents where necessary. SWISSO provides continuous support supervision to all nutrition sites. SWISSO collaborates with UNICEF with supplies and technical assistant. In this project, SWISSO is planning to implement OTP and SFP operations at 6 nutrition sites (2 OTPs in Baidoa district; 2 OTPs in Goolgaduud shabelow ; 1 OTP in Awdiinte district.).Swiso-kalmo is planning to do address these needs by:provision of therapeutic and supplementary feeding for the malnourished&lt;5years children and pregnant and lactating women, provide measles immunization in all the nutritional sites,improve capacity of nutrition staffs, the CHWs and the community through training and sensitization(In all the three categories i.e staff,CHWs and the community there will be both female and male) and in addition to this promote community participation(both female and male) in IYCF activities through workshops and provision of micro-nutrient supplementation to boys, girls and pregnant and lactating women.The project aims at providing life saving treatment for 4100(2050 boys and 2050 girls)acute malnourished children aged between 6-59 months with MUAC measurements of &gt;11.5cms, as well as 1650 malnourished pregnant and lactating women by providing nutritional packages as well as enhancing the capacity of the staffs(12 male and 15 women) CHWs(12 male and 16 women) and the community including in the management of acute malnutrition hence improving the communities resilience in overcoming the sustained malnutrition rates in the area of operation.In addressing the boy preference we will be involving the men(fathers) and educate them on how it is important to feed both the boy and the girl in the same way particularly the importance of breast milk to the children, in addition how this strengthens the bond and love between the mother and her child and how early initiation of breastfeeding reduces maternal mortality because it facilitates contraction of the uterus hence reducing post par tum hemorrhage.Educate the staff(7 male and 8 female), the CHWs(15 Male and 25female) and the community in the same sex desegregation in bringing back the traditional practice of the special care to all mothers,especially new mothers in the first 40 days after delivery for preferential nutrition and to discourage food taboos for PLW by involvement of the men and women in equal aspect. Data will be collected on U5 boys and U5 girls and PLW on malnutrition cases and reported on monthly bases.In this project Swiso-kalmo is planning to open 5 OTP sites, 2 static and 3 mobile.</p>
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#### 4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To improve the nutritional status of children < 5 years of age (boys and girls), Pregnant and Lactating Women (PLW) in Bay region t		
(B) Outcome 1*	Improved access to boys, girls, pregnant and lactating women for the management of acute malnutrition through fixed nutrition sites		
(C) Activity 1.1*	Provision of therapeutic and supplementary feeding for malnourished children and pregnant and Lactating Women (PLW)		
(D) Activity 1.2	Provision of measles immunization in all nutrition sites		
(E) Activity 1.3	Provision of adequate nutrition supplies to all SWISSO nutrition sites		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 6150
(G) Indicator 1.2	Nutrition	number of children immunized for Measles	Target 3500
(H) Indicator 1.3	Nutrition	Number of nutrition sites receiving adequate nutrition supplies	Target 5
(I) Outcome 2	Capacity of nutrition staff (7 male and 8 female) and CHWs (25 female and 15 male) improved for the management of malnutrition.		
(J) Activity 2.1	15 health and nutrition staff (7 male and 8 female) will be trained including nutrition sreeners and nurses on proper management of		
(K) Activity 2.2	40 community mobilizers(25 female and 15 male) will be trained for malnutrition awareness and nutrition surveillance both in the U5		
(L) Activity 2.3			
(M) Indicator 2.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 15
(N) Indicator 2.2	Nutrition	Number of community mobilizers trained for awareness and nutr	Target 40
(O) Indicator 2.3			Target
(P) Outcome 3	Improved access of boys, girls, women and men to nutrition related resilience activities through BNSP activities		
(Q) Activity 3.1	promote community participation (both female and male) in the IYCF activities through workshops (80 community members)		
(R) Activity 3.2	Provision of multiple micro nutrient supplementation to boys, girls, pregnant and lactating women		
(S) Activity 3.3	Organize hygiene promotion events at community level (8 events)		
(T) Indicator 3.1	Nutrition	Number of IYCF promotion sessions held	Target 40
(U) Indicator 3.2	Nutrition	Number of children, pregnant and lactating women receiving MM	Target 5750
(V) Indicator 3.3	Nutrition	Number of hygien promotion events organized	Target 8
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>SWISSO Kalmu, in collaboration with local communities and IDP committees, will implement this project directly. SWISSO Kalmu will strengthen the existent selective feeding centers and establish new ones in the newly formed IDPs in Bay region. In this project, SWISSO will support 5 OTPs in 3 locations in Bay region. SWISSO Kalmu has technical staff in the field who will provide continuous support supervision and provide on the job training to field staff (76 staff in total), SWISSO will train 18 new staff for Community Based therapeutic feeding programme. Children and PLW with moderate malnutrition will be admitted , while those children under 5 years with severe malnutrition will be admitted in OTP; severely malnourished children with medical complications will be transferred into nearby SCs, SWISSO will provide referral fee (voucher for referral) to the family going to the SC. TSFP activities will be carried out on a monthly basis, while OTP activities will be conducted on a weekly basis. Immunization will be carried out as part of the services provided during supplementary feeding activity. Social mobilization and community participation will form part of the implementation strategy for achieving program success. In this project, 80 community mobilizers will be trained for the proper mobilization of the local community. Also CHWs will be trained for proper nutrition screening and refer malnourished children to therapeutic feeding centers. In addition the community will be involved through focus group discussion and other avenues in discussing with them on how to cope with unexpected shocks and if possible get a community joint accounts for future use in building resilience. SWISSO will collaborate and coordinate with humanitarian agencies working in the field, attend the regional nutritional cluster meetings and send reports to UNICEF and the cluster on monthly, quarterly and annually..In order to mitigate risks in the programme and financial constrains is to involve the community in every stage of the project implementation hence making them to take ownership of the project and its running hence their involvement will reduce risks in the program and reduce financial constrains.</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) \*

SWISSO has a field-based team who monitors the implementation of the project against the agreed work plan and set targets on a day-to-day basis. SWISSO has a technical team based in Nairobi and Zurich who will monitor the project on a daily basis, review the implementation plans weekly and analyses programme financial data on a monthly basis. A detailed project implementation plan will be developed before the start of the project activities. A Technical person (Nutrition specialist) will implement the project and he/she will be responsible for the overall nutrition activities in the area of operation. All OTP sites admit and treat cases 6 days per week, while Friday is an off day. Weekly OTP reports, documenting daily admissions and discharges are entered in SWISSO data base. Weekly reports are combined to complete the required monthly OTPs reports. SWISSO Kalmu has technical staff in the field who will provide continuous support supervision and continuous monitoring provide on the job training to field staff (76 staff in total). SWISSO will train 18 new staff for Community Based therapeutic feeding programme (Nurses, nutrition screeners, Nutrition supervisors,) in addition train community mobilizers and hygiene promoters and coordinate with humanitarian agencies working in the field attend the regional nutritional cluster meetings and send reports to UNICEF and the cluster on monthly, quarterly and annual basis. In addition we will be providing photographs where necessary and do site visits regularly to strengthen the quality of services provided. In order to mitigate risks in the programme and financial constrains is to involve the community in every stage of the project implementation hence making them to take ownership of the project and its running hence their involvement will reduce risks in the program and reduce financial constrains.

(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* Provision of therapeutic	X	X	X	X	X	X
1.2 Provision of measles im	X	X	X	X	X	X
1.3 Provision of adequate nu	X	X	X	X	X	X
2.1 15 health and nutrition s	X			X		
2.2 40 community mobilizer	X			X		
2.3 promote community par	X	X	X	X	X	X
3.1 Provision of multiple mic	X	X	X	X	X	X
3.2 Organize hvgiene promd		X		X		X
3.3 Organize hvgiene promotion events at community level (8 events)						

**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 UNICEF, WFP, NUTRITION CLUSTER	provision of supplies, coordination, supervision and technical assistance
2	
3	
4	
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	The overall proposed project activities are specifically targeting to women and
Capacity Building		