

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*	Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO			
(C) Project Title* <small>For standard allocations, please use the CAP title.</small>	Prevention and treatment of acute malnutrition in Lower Shabelle and Gedo Regions through community based therapeutic care			
(D) CAP Project Code	SOM-11/H/40004	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 (Feb 2011)			
(G) CAP Budget	670121	Must be equal to total amount requested in current CAP		
(H) Amount Request*	488126.00	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 <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>	Total beneficiaries			
		Men	Women	Total
		3997	5182	9179
	Total beneficiaries include the following:			
		Children under 5	3997	3997
	Pregnant and Lactating Women	0	1185	1185
	Other	0	0	0
		0	0	0
(M) Location <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"/> L. Juba <input type="checkbox"/> M. Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakooll <input type="checkbox"/> Bari <input type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> L. Shabelle <input type="checkbox"/> M. Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W. Galbeed			
(N) Implementing Partners <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:	\$ -
			Total	Budget:
		Remaining	Budget:	\$ 488,126
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*	Mr Fabio Gigantino	Title	Regional Coordinator
	Email*	kenya@cosvnairobi.org	Phone*	0738681081
	Address	Plot 47, Rhapsa Road, House 2- Westland, Nairobi		

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) *	Drought in the 2 Regions manifests in the form of reduced pastures, scarcity of water, acute famine, increased livestock mortalities and finally human population displacements and deaths. High levels of severe (W/H < -3 Z scores or oedema) malnutrition represent the high proportion of children under 5 that face a high risk of death. High incidence of diarrhoeal and other communicable diseases, low immunization coverage for measles further increase this risk. According to UNOCHA in 2009 32% of the total number of IDPs, an estimated 496,459 people, are accommodated in Lower Shabelle. The majority of the IDPs are concentrated in camps in Afgoye corridor and neighbouring districts such as Merka, Janale, Awdheghe, Qoryoley and Wanlaweyne. Lower Shabelle Rapid MUAC assessments conducted by FSNAU in July 2010 reported MUAC < 12.5 cm/oedema rates of 8.7% and 9.4% among the agro-pastoral and riverine population respectively, indicating a Serious nutrition situation. Among the Afgoye IDPs the nutrition situation has deteriorated to Very Critical from Critical levels in Gu'10. A FSNAU assessment conducted in December 2010 in the IDP settlements
(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) *	The nutrition situation in Lower Shabelle and Gedo regions reflects the critical situations of most of south central Somalia where the delivery of health services has been deeply affected by the long crises, droughts and security problems. The likely deterioration in the nutrition situation in Lower Shabelle region, is most likely as a result of high morbidity burden with reported AWD, cholera, malaria and whooping cough outbreaks, poor dietary diversity due to reduced access to cereals and milk characterized by increased prices; and in Gedo region, indicated a very critical nutrition situation, showing general deterioration in the entire region, among the pastoral population indicates a GAM rate of 26.4% and SAM of 4.4%. Among the riverine population a GAM rate of 26.7% and SAM of 6%. In Lower Shabelle region, the nutrition situation is in a sustained serious phase, while IDPs in Afgoye corridor, the situation is in a sustained critical phase since Deyr 2009/2010. Nutrition reports from 30 nutrition sites (16 OTP sites in 16 MCH, 1 OTP site in Elwak Hospital and 3 nutrition sites in Elwak, 4 SC of which 3 in Lower Shabelle and 1 in Gedo and 6 SFP in Gedo) regions show high
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	COSV is currently supporting OTP, TSFP and SC operations at 30 nutrition sites in 8 districts in Lower Shabelle (Merka, Qoryoley, Kurtunwarey, Awdheghe, Afgoye, Brava and Sablale) and Elwak district in Gedo region. COSV collaborates with UNICEF in the provision of nutrition supplies and logistics. 120 health workers are currently supported in the 30 nutrition sites (OTP/TSFP/SC) set up in the 2 Regions through incentives, technical and logistic assistance as well as capacity building. OTP/TSFP are located within MCH facilities except for 3 OTP/TSFP in Elwak being mobile. On the other hand, SC are located in hospitals (such as Merka, Qoryoley, Brava and El-Wak hospitals). All children under-5 years and pregnant women seen at therapeutic feeding centers receive anthropometric measurements. Children < -3 WFH z-score (WHO) or with MUAC < 115mm and/or oedema are admitted into the OTP. Malnutrition cases with medical complications are referred to inpatient treatment/SC; Children with < -2 and >= -3 WFH z-score (WHO) or with MUAC < 125mm and >= 115mm are referred to the closest TSFP. COSV provides continuous support supervision to all the

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To increase access to nutrition services for drought affected communities and IDPs in Lower Shabelle and Gedo Regions		
(B) Outcome 1*	Increased case detection, prevention and treatment of acutely malnourished under-5 children and pregnant mothers		
(C) Activity 1.1*	Provision of outpatient therapeutic care in 30 Nutrition sites to support malnourished children and pregnant/lactating mothers		
(D) Activity 1.2	Provision of inpatient care (SC) in 4 hospitals (Merka, Qoryoley, Brava and Elwak hospitals).		
(E) Activity 1.3	Community awareness raising on prevention and treatment of malnutrition and hygiene promotion		
(F) Indicator 1.1*	Nutrition	SAM treatment programs achieve > 75% cured rates, default rate	Target* 3200
(G) Indicator 1.2	Nutrition	> 90% of children with severe malnutrition and medical complications	Target
(H) Indicator 1.3	Nutrition	Number of community members mobilized and sensitized on pre	Target
(I) Outcome 2	30 Nutritional (20 OTP sites, 4 SC and 6 SFP) sites fully operational with skilled staff on detection of malnutrition in under-5 children and		
(J) Activity 2.1	Provision of adequate therapeutic supplies to all sites and provide linkage and referral for immunization services , maternal health, mic		
(K) Activity 2.2	Training of 25 Health workers on community acute malnutrition		
(L) Activity 2.3	promote IYCF including promotion of breastfeeding and counseling on breastfeeding		
(M) Indicator 2.1	Nutrition	Number of children receiving vitamin A and deworming	Target >75%
(N) Indicator 2.2	Nutrition	Number of health workers trained on community acute malnutrition	Target
(O) Indicator 2.3	Nutrition	1185 PLW received micro nutrient supplementation, 1185 PLW re	Target
(P) Outcome 3	BNSP enhanced and made available to beneficiaries		
(Q) Activity 3.1	Training of 42 Community Health Workers on nutrition screening, referral and follow up of <5 children and PLW with malnutrition		
(R) Activity 3.2	Continuous nutrition screening and referral of malnourished cases to TSFP/OTP/SC		
(S) Activity 3.3	Prevention and management of common diseases (anemia, diarrhoea, malaria etc) .		
(T) Indicator 3.1	Nutrition		Target 42
(U) Indicator 3.2	Nutrition	Number of malnourished cases referred to TSFP/OTP/SC	Target
(V) Indicator 3.3	Nutrition	Number of children and women receiving micronutrients supplements	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	COSV will implement this project directly while working closely with District Health Management Boards (DHMBs) and Village Health Committees (VHCs). Capacity of health workers in the 30 targeted nutrition sites will be strengthened through continuous on-the-job training. 120 nutrition staff (2 nutrition project coordinators, 2 nutrition supervisors, 2 Logisticians, 28 nurses, 28 nutrition screeners, 20 hygiene promoters, 8 cleaners, 12 distributors, 6 registrars, 2 pharmacist and 10 guards) from the target facilities will provide screening, treatment and follow-up to malnourished under-5 children and pregnant/lactating women. A weekly and monthly report on the children screened will be submitted to the nutrition coordinator by the nutrition supervisors. At the end of each month the nutrition coordinator will write a narrative report which will be shared with the stakeholders. Nutrition supplies will be regularly provided by UNICEF to the COSV supported nutrition centers for improved prevention and treatment of malnutrition. 1000 members from drought		

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) *

COSV Nutrition Coordinator and nutrition supervisors will make field visits to monitor the implementation of the project. Daily admissions and discharges will be recorded in each health facility, compiled and recorded into a database which will be submitted for review to the Programme Coordinator in Nairobi on a weekly basis. The internal monitoring system will conform with results-based management standards and will include a mid-term review. Nutritional data will be collected and processed under a regular monitoring process. COSV will monitor activities in line with the performance indicators; information will be loaded into a database to facilitate assessment. Data from sub-offices will be centralized and analysed by the Nairobi office. Equal participation of women and men from the target communities will be ensured in monitoring, evaluation and review of project progress and results. Together with people of concern, COSV will develop monitoring and evaluation tools that specifically look at the impact of the nutrition project on children and PLW's vulnerability, including in the design of questionnaires that examine how the nutritional needs of the target groups have been addressed. The impact of the project on beneficiaries (needs, access, etc.) will be also addressed.

(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 outpatient th	X	X	X	X	X	X
1.2 Provision of inpatient car	X	X	X	X	X	X
1.3 Community awareness rd	X	X	X	X	X	X
2.1 Provision of adequate th	X	X	X	X	X	X
2.2 Training of 25 Health wo	X	X	X	X	X	X
2.3 promote IYCF including d	X	X	X	X	X	X
3.1 Training of 42 Communit	X	X	X	X	X	X
3.2 Continuous nutrition scre	X	X	X	X	X	X
3.3 Prevention and managen	X	X	X	X	X	X

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	Provision of nutrition supplies to MCHS and nutrition centers - Provision of IEC ma
2 AMA,HARD and other Nutrition, health liv	Regional and National Coordination, information sharing including best practices
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	The main beneficiaries in this project are pregnant/lactating mothers and under	723,724,725,958,959
Capacity Building		