

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>		INTEROSOS	
<b>(B) Type of Organization*</b>		<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO	
<b>(C) Project Title*</b>		Emergency Nutrition Intervention to reduce morbidity and mortality related to malnutrition of children <5 years and pregnant and lactating women in Jowhar and Balcad districts, Middle Shabelle	
<b>(D) CAP Project Code</b>		SOM-11/H/40075	
<b>(E) CAP Project Ranking</b>		High	
<b>(F) CHF Funding Window*</b>		Standard Allocation 2 (Feb 2011)	
<b>(G) CAP Budget</b>		234544	
<b>(H) Amount Request*</b>		213046.00	
<b>(I) Project Duration*</b>		12 months	
<b>(J) Primary Cluster*</b>		Nutrition	
<b>(K) Secondary Cluster</b>		Only indicate a secondary cluster for multi-cluster projects	
<b>(L) Beneficiaries</b>			
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> )			
Total beneficiaries		Men	Women
1862		3438	5300
Total beneficiaries include the following:			
Children under 5		1862	1938
Pregnant and Lactating Women		0	1500
		0	0
		0	0
<b>(M) Location</b>			
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"/> L. 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"/> L. Shabelle <input type="checkbox"/> M. Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W. Galbeed			
<b>(N) Implementing Partners</b>			
(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:	\$ -
		<b>Total</b>	<b>Budget:</b> \$ -
		<b>Remaining</b>	<b>Budget:</b> \$ 213,046
<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>			
Name*	Marcelo Garcia Dalla Costa		Title
Email*	marcelo.garcia@intersos.org		Phone*
Address	P.O.Box 57801 00200 Nairobi		
			Africa Regional Director
			+254(0) 737689300

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

<b>(A)</b> Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	The aim of this project is to reduce morbidity and mortality related to malnutrition of children <5 years and pregnant and lactating women in Jowhar and Balcad districts by the management of malnutrition through providing OTP (in 20 rural villages and 3 MCH), SFP (in 3 MCH) and SC (at Jowhar Regional Hospital) services.  Malnutrition is till today one of the biggest problems affecting the Middle Shabelle region and the current drought is increasing needs. According to FSNAU Post Deyr 2010/11, 75,000 people in rural and urban areas of Middle Shabelle are in crisis, with 15,000 in Humanitarian Emergency and 90,000 in Acute Food and Livelihoods Crisis (AFLC). In particular, the southern agro-pastoralists of Jowhar and Balcad districts are experiencing AFLC. The nutrition situation in Middle Shabelle is critical with GAM levels estimated at above 15% and SAM levels estimated at 7.4%. This has been confirmed by an Intersos field staff rapid MUAC assessment carried
<b>(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) *	Out of the 280,000 total catchment population of Jowhar and Balcad districts, there are currently over 48,600 IDPs living in both districts. Many of these are recent arrivals from Hiraaan and other central districts that have been displaced by the drought and are placing increasing strains upon local services in Middle Shabelle. There is also a growing settlement near Caliyaalo of IDPs (assessed by Intersos field staff in February 2011 at 7,000 families) fleeing from fighting in Mogadishu and Banadir that are best served by the OTP based in the Health Center at Caliyaalo that Intersos is currently constructing. The only OTP and outreach nutrition services in the region are provided by Intersos. The mobile OTP teams regularly reach 20 riverine villages and provide the only referral nutrition and stabilization services for these isolated communities.  The nutrition needs of Middle Shabelle have increased with the drought. Intersos field staff conducted a rapid MUAC assessment
<b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	Intersos is currently implementing 1 nutrition and 3 health projects in Jowhar and Balcad districts of Middle Shabelle. Through OTP operations at the 3 MCHs and in 20 riverine villages in Balcad district Intersos manages acute malnutrition amongst 5,300 beneficiaries and refers complicated SAM cases to the stabilization center at Jowhar Regional Hospital. In 2011 these OTP operations will be integrated with EPI activities aiming to increase child immunization in the riverine village areas (pending with UNICEF). Through support to the Jowhar Regional Hospital Intersos has been providing for the primary and acute healthcare needs of Jowhar and Balcad since 1994 (catchment population: 280,000). Within the Jowhar Hospital Intersos supports a TB diagnosis and treatment center. Support for the 3 MCHs at Caliyaalo, Hawadley and Warsheik provide primary outpatient healthcare in Balcad district (catchment 120,000) and a strong referral network that refers complicated cases to the Jowhar Regional Hospital.

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

<b>(A) Objective*</b>	Reduce SAM and prevent MAM from further deteriorating among girls and boys under-5 and pregnant and lactating women	
<b>(B) Outcome 1*</b>	Improved access to, and utilization of, quality services for the management of malnutrition in 3,800 children U5 and 1,500 pregnant and	
(C) Activity 1.1*	Admit 3,800 U5 girls and boys meeting criteria for OTP/SFP, treat and discharge once cured	
(D) Activity 1.2	Admit 1,500 pregnant/lactating women meeting criteria for OTP/SFP, treat and discharge once cured	
(E) Activity 1.3	Follow up to ensure minimum defaulting and refer cases of SAM to the SC	
(F) Indicator 1.1*	Nutrition	SAM treatment programs achieve > 75% cured rates, default rate <b>Target*</b> 3800
(G) Indicator 1.2	Nutrition	At least 1500 U5 girls and boys with acute malnutrition have been <b>Target</b>
(H) Indicator 1.3	Nutrition	At least 1500 pregnant and/or lactating women with acute malnutr <b>Target</b>
<b>(I) Outcome 2</b>	At least 80% of under 5 children and pregnant and lactating women receive appropriate deworming and micronutrient supplementation	
(J) Activity 2.1	Screen 80% of all girls and boys U5 and give deworming and Vitamin A supplementation	
(K) Activity 2.2	Screen 80% of all pregnant and lactating women and give deworming medication	
(L) Activity 2.3		
(M) Indicator 2.1	Nutrition	Number of children receiving vitamin A and deworming <b>Target</b> 3800
(N) Indicator 2.2	Nutrition	At least 1500 of targeted pregnant and lactating women have rece <b>Target</b>
(O) Indicator 2.3	Nutrition	<b>Target</b>
<b>(P) Outcome 3</b>	Improved capacity of staff and community groups to manage acute malnutrition and refer cases to MCH	
(Q) Activity 3.1	Trainings for female and male MCH and OTP staff in management of acute malnutrition according to IMAM guidelines.	
(R) Activity 3.2	Community awareness events staged in 20 villages on the available micronutrient supplementation in MCHs	
(S) Activity 3.3	Setting up mother to mother support groups for strengthening of nutrition, feeding and family care practices	
(T) Indicator 3.1	Nutrition	<b>Target</b> 20
(U) Indicator 3.2	Nutrition	Community Awareness Events for sensitization on micronutrient s <b>Target</b>
(V) Indicator 3.3	Nutrition	Mother to Mother Support Groups for strengthening nutrition, feed <b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>Interos will utilize the facilities and human resources already in place at the Jowhar regional hospital and 2 MCH in Hawadley and Warsheik with a third currently under construction at Caliyaalo IDP settlement to implement the proposed activities. Since 2009 Interos has been implementing a comprehensive nutrition project in Jowhar and Balcad districts and the key human resources are currently in place to continue with this vital work, including the Stabilization Center Supervisor, OTP Supervisor and staff, supplement distribution staff and the requisite MCH nurses and support staff.</p> <p>The stabilization center is located at Jowhar Regional Hospital, and it accepts referral cases of complicated SAM from the OTP sites. OTP activities will be carried out in stationary OTPs at Hawadley, Warsheik, and Caliyalo MCHs plus mobile OTP teams will access</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) \*

The Interos Head of Mission for Somalia will have the overall responsibility for this project. The programme will be managed at by a Health Programme Manager based in Nairobi and who will supervise the field staff in the implementation of the activities for this project. Interos will report on the progress of activities, achievement of project objectives and finances on a quarterly basis, in line with donor requirements and stipulations.

Quarterly workshops will be held with partners to assess progress, discuss lessons learned and apply them to future planning and coordination, and provide training for identified needs. Interos staff will visit villages to assess needs and monitor and verify progress, as well as seeking approval from beneficiaries before implementation and feedback/recommendations after implementation.

Monitoring of nutrition activities will take place through regular supervision visits to the project site as security allows. Beneficiary accountability is an important part of Interos's system to monitor quality and will be developed according to the needs of the community. Information on complaint mechanisms for the programmes will be a standard component of all community level workshops, meetings or training sessions.

Throughout the implementation of this project, there will be ongoing evaluation of performance and achievement. Sectoral managers will have initial responsibility for evaluating progress in their sectors, including through the use of participatory methods such as focus

**(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* Admit 3,800 U5 girls and	X	X	X	X	X	X
1.2 Admit 1,500 pregnant/lad	X	X	X	X	X	X
1.3 Follow up to ensure mini	X	X	X	X	X	X
2.1 Screen 80% of all girls at	X	X	X	X	X	X
2.2 Screen 80% of all pregn	X	X	X	X	X	X
2.3 Trainings for female and		X				
3.1 Community awareness e		X		X		
3.2 Setting up mother to mot	X	X	X	X	X	X
3.3 Setting up mother to mother support groups for strengthening of nutrition, feeding and family care practices						

**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 Interos	Provision of primary health care services at Jowhar Hospital, Warsheik, Hawadley
2 MSF-Spain	MCH clinics in Jowhar and Balcad town with strong referral pathways to the Jowha
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	Gender will be mainstreamed into the planning and implementation of all project
Capacity Building		