

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*	INTEROS			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO International NGO			
(C) Project Title*	Emergency Nutrition Intervention to reduce morbidity and mortality related to malnutrition of children <5 years and pregnant and lactating women living in the districts of Jowhar and Balad (Middle Shabelle Region).			
(D) CAP Project Code	SOM-12/H/48248	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 1 (Mar 2012)			
(G) CAP Budget	Must be equal to total amount requested in current CAP			
(H) Amount Request*	\$ 239,131.87	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	Nutrition			
(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)			
	Total beneficiaries	Men	Women	Total
	40	4272	4312	
	Total beneficiaries include the following:			
	Children under 5	6031	7237	13268
	Pregnant and Lactating Women	0	4222	4222
	Staff (own or partner staff, authorities)	40	50	90
		0	0	0
(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		Budget:	\$ -
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ -
		Remaining	Budget:	\$ 239,132
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*	Luca Saraceno	Title	Health and Nutrition Coordinator
	Email*	health.somalia@intersos.org	Phone*	+254739409422
	Address	Sports Road, House 17, 00200 Westlands, 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) *	The nutrition situation in SCZ of Somalia, although improved following acceptable Deyr rains, remains critical, particularly in the Shabelle area where, according to the Nut Cluster Post Deyr assessment, 7.4% of U5 Children were classified as SAM. The Middle Shabelle is the one in the most critical situation with 14.4% of the total U5 children being classified as SAM (N=7244) and 21% being classified as GAM (N=10527). According to the latest FSNAU survey (3 February 2012), large parts of the region are still classified as in humanitarian emergency. Moreover, this slightly improved situation compared to the post-Gu 2011 humanitarian catastrophe situation may soon worsen. The ban of several UN agencies in late November 2011 and the opposition of local authorities towards nutrition outreach activities, has virtually stopped all the mobile OTP activities and has halted the implementation of vaccination at fixed posts facilities ensured by the mobile OTPs transporting the vaccines. Furthermore, the forecasted below average Gu rains in 2012 and the risk of displacement associated with possible armed clashes in the AS controlled area may precipitate the MS population in a dire nutrition situation. To respond to the current needs and to the forecasted high rate of SAM in the U5 population of MS, INTERSOS intends to strengthen and integrate the existing network of primary healthcare facilities with static OTP services (delivering also EPI), connected to and monitored by Jowhar SC.
(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) *	During the year 2011, the Stabilization Center embedded in Jowhar Regional Hospital has played a pivotal role in the nutrition referral system in the Middle Shabelle region, thanks to a solid network of primary healthcare-integrated OTP services and health posts/ MCHs covering 117 villages in the region. The increased rate of children being enrolled in the mobile OTP services in the months of August-October 2011 (see graph 1) and the increased number being discharged after being cured (see graph 2) are evidences of the efficacy of INTERSOS OTP program. This positive trend, however, has stopped since November 2011 when, following the ban of many UN agencies from SCZ, local authorities have prohibited INTERSOS to continue mobile OTP interventions in the area. This caused an immediate detrimental effect in the referral system, reducing the number of patients referred to Jowhar SC (see graph 3 Nov -Dec 2011). INTERSOS intends to address the current gaps with a new strategic approach, in which the network of present and planned health posts will be strengthened by integrating static OTP services connected to the SC of Jowhar and placed in densely populated areas. This approach will ensure access to the populations living in nearby villages (5 km radius) and will integrate both nutrition and health lifesaving approaches. This strategy has been already tried in the MCH of Jowhar in January 2012, and the effect has been an immediate increase in SC admissions (see graph 3, Jan 2012).
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	The only non-private modern facilities integrating health and nutrition services in the Middle Shabelle Region are those currently provided by Intersos, through 2 health centers (Hawadley and Warsheik) and through the only secondary healthcare center in the entire region; Jowhar Regional Hospital. Within Jowhar Hospital, Intersos supports a TB center and a stabilization center for severely malnourished children, which has acted as referral facility for a network of mobile OTP services covering large part of the region. Jowhar hospital has always represented the only referral modern secondary healthcare facility for the entire region and a fundamental epidemiological surveillance site, thanks to a strong clinical capacity and a solid network of mobile and fixed primary healthcare facilities. Having been serving the local population for 17 years, INTERSOS' primary and secondary health/ nutrition services are attuned to local needs and are embedded in the local community. Until the month of Nov/ Dec 2011, Intersos has implemented health-integrated mobile OTP interventions in the districts of Jowhar and Balad. These interventions scaled up quickly targeting initially 20 riverine villages in early 2011 and reaching eventually 117 villages in late 2011. However, the local authorities' opposition towards mobile outreach activities has had a serious impact on this outreach nutrition/ health support system, which may be substituted by a stronger static OTP/health posts network.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To ensure equitable access to quality integrated nutrition services to famine affected, internally displaced and conflict affected women		
(B) Outcome 1*	Improved access to quality life-saving nutrition services and emergency assistance, for PLW and U5 girls and boys in both rural and		
(C) Activity 1.1*	Female and male nursing staff of 9 Static OTP services (3 MCHs and 6 Health Posts) are trained/ retrained on management of acute		
(D) Activity 1.2	9 static integrated OTPs are supported through constant provision of nutrition supplies/ equipment and through the support of the C		
(E) Activity 1.3	9 static OTP facilities (3 MCHs and 6 Health Posts) located in densely populated, easily accessible areas of Middle Shabelle Region		
(F) Indicator 1.1*	Nutrition	Number of Staff/Community Health Workers/outreach workers	Target* 45
(G) Indicator 1.2	Nutrition	Number of static integrated OTPs being supported.	Target
(H) Indicator 1.3	Nutrition	Number of U5 beneficiaries living in the OTP sites areas being at	Target
(I) Outcome 2	Strengthening of the referral system to primary and secondary nutrition facilities (static OTPs and SC) through the deployment of CH		
(J) Activity 2.1	Immediate nutrition services (screening for malnutrition and enrolment in OTP program for SAM and MAM cases) are provided to U		
(K) Activity 2.2	45 CHWs are trained on referral of SAM and MAM U5 children and PLW to the appropriate primary (static OTPs) or secondary (SC		
(L) Activity 2.3	Static OTPs are connected once per week with the secondary level of care (Stabilization Center) through a weekly emergency trans		
(M) Indicator 2.1	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target 1327
(N) Indicator 2.2	Nutrition	Number of CHWs trained	Target
(O) Indicator 2.3	Nutrition	Number of severe and complicated SAM/ MAM patients transferr	Target
(P) Outcome 3	Emergency preparedness for vaccine preventable epidemic prone diseases among U5 children and PLW through the integration of		
(Q) Activity 3.1	IYCF and best feeding practice messages are delivered to PLW during regular visits at integrated Static OTPs		
(R) Activity 3.2	U5 children accessing the static OTPs are vaccinated for vaccine preventable diseases (Measles, OPV, BCG, DPT)		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition	Number of IYCF promotion sessions held	Target 4222
(U) Indicator 3.2	Health	Number of U5 children vaccinated	Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	To implement the activities of the 1st outcome, INTERSOS will deliver training to the static OTP staff. Monthly training on the job and plenary sessions will be delivered by the field supervisor of Nutrition program with the assistance of the Hospital MDs. Intersos will provide nutrition drugs/ supplies to 9 static OTP (refer to locations section), which will also act as primary healthcare facilities, hence obtaining a maximum lifesaving health-nutrition integrated service. To implement the activities of the 2nd outcome, in lieu of the mobile OTP services (not currently implementable due to local authorities opposition), 45 CHW with referral capabilities will be deployed in villages surrounding (5 Km radius) each static OTP. In order to transport the medical complicated cases to secondary care facilities, a weekly ambulance service will connect the HPs/ Static OTPs with the secondary level of care; i.e. Hospital or Stabilization Center (this will be a point to point connection). This referral system will be monitored by an M&E Officer using already developed tools (attached). To implement activities of the 3rd outcome, EPI services (including vaccine storage) will be integrated in the health-integrated OTP services. IYCF and best feeding practices messages will be delivered privately to PLW during regular visits, as local authorities do not allow public gatherings.		

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) *

Intersos has a long experience in managing health projects in SCZ and has developed a strong system for ensuring an effective remote management. The program will be managed at field level by a PM, who will be supervised by a HC, based in Nairobi. They will provide with different degrees of responsibility supervision to the field staff. A M&E officer will constantly monitor staff (including MDs) performances and ensure the implementation of the referral/ follow up/ epidemiological surveillance systems using the attached forms. Database managers will regularly update the systems and transmit the data to Nairobi Office. A Database Manager at Nairobi level will make sure that the information received from the health program will be merged with the one received from the nutrition program and other SMART surveys in order to better monitor the efficacy of the integrated approach proposed by INTERSOS and to maximize the evidence base on which the future programs will rely upon. Monitoring of nutrition activities will take place through regular supervision visits performed by the PM to the project site and through regular remote communication with the static OTPs. Beneficiary accountability is an important part of Intersos system to monitor quality and will be developed according to the needs of the community, with particular involvement of women and girls. Other regular reporting mechanisms will include transmission of digital photos in confirmation of the activities being performed.

(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* Female and male nurses	X	X	X	X	X	X
1.2 9 static integrated OTPs	X	X	X	X	X	X
1.3 9 static OTP facilities (3	X	X	X	X	X	X
2.1 Immediate nutrition serv	X	X	X	X	X	X
2.2 45 CHWs are trained on	X	X	X	X	X	X
2.3 Static OTPs are connect	X	X	X	X	X	X
3.1 IYCF and best feeding	X	X	X	X	X	X
3.2 U5 children and PLW ad	X	X	X	X	X	X
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 INTERSOS	Management of Jowhar Regional Hospital
2 INTERSOS	Management of Jowhar Regional Stabilization Center
3 INTERSOS	Management of Jowhar Regional TB treatment Center
4 INTERSOS	Management of 9 Primary healthcare facilities (3 MCHs and 6 Health posts)
5 INTERSOS	Deployment of 45 CHW trained in management of common diseases/ childhood
6 INTERSOS	Implementation of a strong and regularly updated monitoring mechanism includi
7 MSF Spain	Referral of severe cases of malnutrition coming from southern part of Balad distr
8 WOCCA	Wash activities in selected areas of intervention
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 is mainstreamed throughout the project; data are disaggregated by sex
Capacity Building		