

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*	Women and Children Child Care Organization			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO			
(C) Project Title*	Prevention and treatment of Acute Malnourished boys, girls, Pregnant and Lactating Women through therapeutic care, SFP and OTP to avert nutrition related morbidity and mortality rates in Adale and Balaad in Middle Shabelle.			
(D) CAP Project Code	SOM-12/H/48402	Not required for Emergency Reserve proposals outside of CAP		
(E) CAP Project Ranking	Medium	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*	\$ 160,936.80	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	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	308	1438	1746
	Total beneficiaries include the following:			
	Staff (own or partner staff, authorities)	10	18	28
	Children under 5	862	862	1724
	People in Host Communities	0	0	0
	Pregnant and Lactating Women	0	1008	1008
(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:	\$ 160,937
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*	Yusra Ali Adan	Title	Program Officer
	Email*	yusra.ali@wocca.org.com/info@wocca.org.com	Phone*	+254722952247
	Address	Muguga green road, off Brookside drive, next to Bohra Primary School, office compartment cosy nook 1st floor door no. 4.		

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) *	Based on FSNAU nutrition report 2011, the nutrition situation had significantly deteriorated in the shabelles from a previous likely serious to likely critical. The Nutrition situation in Adale districts remained sustained at critical levels. Adale and Balaad had faced 5 - 6 consecutive seasonal failure with poor access of milk, crop production and low incomes. This nutrition deterioration was attributed to outbreaks of diseases (AWD, cholera), reduced access to food and limited access to basic services. The current situation according to the post Gu 11 indicates that the nutrition situation in Middle Shabelle is classified as very critical. Comprehensive nutrition surveys indicate a GAM rate of 19.6% (16.4 - 23.2) and SAM rate of 8.2% (5.7 - 11.6) in the riverine populations, while in agropastoral population GAM rate of 35.3% (24.9 - 47.3) and SAM rate of 17.1% (10.3 - 27.1). Riverine populations was classified as very critical due to the high rate of SAM reported. The CDR in the riverine populations is 1.17 (1.1 - 3.2) and under five death rate 5.19 (2.96 - 7.41); and among agropastoral populations the CDR 2.28 (1.71 - 2.86) and under five death rate at 6.84 (4.91 - 876). There was no major difference in the distribution of malnourished children between boys and girls. However, in Middle Shabelle more boys than girls were acutely malnourished, stunted and underweight. Further current findings indicate significant deterioration of the nutrition situation in 2012.
(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 population numbers of the people affected in Balaad in Humanitarian emergency are above 47% and in Cadale are estimated at above 31%. Several factors in middle Shabelle have contributed significantly to the nutrition situation and more so to the high number of SAM cases, these include outbreak of diseases (AWD, cholera, whooping cough, malaria), reduced access to food due to high food prices and poor dietary diversity, poor child feeding and health care practices as well as limited access to basic services especially health services and sanitation. The project will target among the most vulnerable persons in society, the Children Under five and pregnant and lactating women; who are most susceptible to nutrition, health and protection related problems. There is urgent need of admitting the acutely malnourished children in the SC, urgent provision of OTP/SFP to the acutely/moderately malnourished children and pregnant/lactating women and elderly women and urgent provision of vaccines, and multiple micronutrients. There is also an urgent need to raising awareness on hygiene and sanitation best practices to avert the diseases that render malnourished persons susceptible to death. WOCCA late last year conducted a general needs assessment in Middle and Lower Shabelle. WOCCA consulted the community in the two regions; the women groups, elders, and local authorities in the needs assessment.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	Wocca is currently running OTP and SFP nutrition services in Lower Shabelle, Afgooye (Lafuole area). The activities include screening and identification of severely malnourished children under five years and moderately malnourished pregnant and lactating women through WHZ score and MUAC among other measures; 60% of which receive treatment, providing linkages and referrals for immunization services, maternal health, micro nutrient supplementation including vitamin A and iron supplementation, enhancing good sanitation and hygiene practices, promoting IYCF including promotion of breastfeeding and counseling on breastfeeding, training Nutrition staff and Community health workers on acute malnutrition; and mothers and caregivers on good child care and feeding practices including improved sanitation and appropriate wearing and; community mobilization and sensitization on the prevention and treatment of malnutrition. This project is currently being funded by OCHA Somalia as well as UNICEF funding and distributing the supplies. Also in the WASH Sector, several activities have been done in Middle Shabelle and in this case in Adanyabaal. This include: Rehabilitation of wells, Chlorination of wells, Construction of latrines, Distribution of Hygiene kits and trainings for the Hygiene committees. This has generally addressed nutrition and nutrition related situations and made people suffering from malnutrition less vulnerable and susceptible to diseases.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Quality treatment for acute malnourished children and pregnant and lactating women and ensure increased access of women and c		
(B) Outcome 1*	60% of acutely/moderately malnourished children Under 5, and pregnant and lactating women screened receive quality treatment a		
(C) Activity 1.1*	Offer quality OTP/SFP services to 1724 (862 girls and 862 boys) acutely/moderately malnourished children under 5 years, and refer		
(D) Activity 1.2	Offer quality SFP services to 1008 moderately malnourished pregnant and lactating women and; provide micro-nutrients and dewor		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	Target*	1724
(G) Indicator 1.2	Nutrition	Number of pregnant and lactating women receiving quality SFP	Target
(H) Indicator 1.3		Target	
(I) Outcome 2	Community equipped with life saving information on the causes of malnutrition and preventive mechanisms; and improved hygiene,		
(J) Activity 2.1	Offer refresher trainings to 23 nutrition staff including community health workers (19 nutrition staff and 4 community health workers)		
(K) Activity 2.2	Community based awareness to 90 key persons able to influence change from the community (29 community elders, 21 Imams and		
(L) Activity 2.3	Create awareness among 620 community members (372 women and 248 men) and train 1008 pregnant and lactating women (onc		
(M) Indicator 2.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 23
(N) Indicator 2.2	Nutrition	Number of community key persons informed about malnutrition,	Target
(O) Indicator 2.3	Nutrition	Number of community members informed (620) and women trai	Target
(P) Outcome 3	Proper documentation, Monitoring, and Reporting of malnourished children under five and pregnant and lactating women receiving		
(Q) Activity 3.1	Continous monitoring and reporting on the number of pregnant women referred to community health centres and children under ex		
(R) Activity 3.2	Continous monitoring and reporting of children under five receiving quality OTP/SFP treatment to determine the progress and benef		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target 1008
(U) Indicator 3.2	Nutrition	Number of follow ups made on the beneficiaries in postnatal car	Target
(V) Indicator 3.3		Target	
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	Community mobilization will be conducted with the help of the community elders in the two districts in Cadale and Balcad in various locations. The project will support 2 static centres; one in Cadale and one in Balcad, and four mobile sites. The community elders will be involved in every stage of the implementation of the project to ensure and enhance acceptance of the project among the community members. The program will be run by 2 qualified nutritionist and 2 nutrition supervisors for the different districts. Other qualified staff who will be working in the program include 4 community health workers, 4 nurses, 4 screeners, 4 food distributors and 2 record keepers. The nutrition staff will conduct 2 - 1 day event trainings and awareness campaigns about nutrition issues, Hygiene and sanitation among other training and awareness topics for two differnt groups. The community members will work closely with the nutrition staff to help identify the priorities interms of topics of discussions and the gaps existing in the community interms of capacity building. The community members and the programme officer and the lead nutritionists will be involved from the beginning in the monitoring of the project. the beneficiaries will be considered in the monitoring and regular data on age and gender aggregate will be collected regularly to access the benefit of the project. The Nutrition staff will conduct follow ups on the beneficiaries to access the progress.		

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>The project will be monitored at Project Level by the nutrition coordinator who will be travelling to Cadale and Balcad in Somalia to effectively oversee how the project is running and how the needs are being addressed as well as report on the project development. At Cluster Level, this will be done by updating the cluster members on the developments, hinderances and gaps still existing as well as updating our activities in the 4W matrix; OCHA level/ UNICEF. This will be done by sending the interim and final reports plus the visibility pictures. The project log-frame and work plan are the major monitoring and evaluation tools. Measurable indicators will be used to monitor project activities and will be measured using various qualitative and quantitative methods. During the project implementation period, WOCCA will measure the project outcome by ascertaining the number of the target communities who have benefited from the project. The project outputs will be monitored and collected by our field staff and compared against the selected project indicators by the Nairobi base staff. Project quantitative data include photographs for all the activities conducted. Performance reports will be submitted as per the requirement. The monitoring data will be reported to the cluster through a regular project implementation update, project midterm progress reports, and progress reports upon completion of the project.</p>																																																																												
<p>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<table border="1"> <thead> <tr> <th rowspan="2">Activity</th> <th colspan="6">Timeframe</th> </tr> <tr> <th>Month 1-2</th> <th>Month 3-4</th> <th>Month 5-6</th> <th>Month 7-8</th> <th>Month 9-10</th> <th>Month 11-12</th> </tr> </thead> <tbody> <tr> <td>1.1* Offer quality OTP/SFP services</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>1.2 Offer quality SFP services</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>1.3 Offer refresher trainings</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.1 Community based awareness</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.2 Create awareness among</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.3 Continuous monitoring and reporting of children under five receiving quality OTP/SFP treatment to determine the progress and benefits</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>3.1 Continuous monitoring and reporting of children under five receiving quality OTP/SFP treatment to determine the progress and benefits</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>3.2 Continuous monitoring and reporting of children under five receiving quality OTP/SFP treatment to determine the progress and benefits</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.3 0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Activity	Timeframe						Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12	1.1* Offer quality OTP/SFP services	X	X	X	X	X	X	1.2 Offer quality SFP services	X	X	X	X	X	X	1.3 Offer refresher trainings	X						2.1 Community based awareness	X						2.2 Create awareness among	X						2.3 Continuous monitoring and reporting of children under five receiving quality OTP/SFP treatment to determine the progress and benefits	X	X	X	X	X	X	3.1 Continuous monitoring and reporting of children under five receiving quality OTP/SFP treatment to determine the progress and benefits	X	X	X	X	X	X	3.2 Continuous monitoring and reporting of children under five receiving quality OTP/SFP treatment to determine the progress and benefits							3.3 0						
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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>	<table border="1"> <thead> <tr> <th>Organization</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1 WOCCA</td> <td>WASH Sector - construction of 2 gender sensitive latrines in the Nutrition center</td> </tr> <tr> <td>2 WOCCA</td> <td>WASH Sector - construction of 1 water and washing facilities in the Nutrition center</td> </tr> <tr> <td>3 WOCCA</td> <td>WASH Sector - awareness rising for the parents, community elders and the community</td> </tr> <tr> <td>4 WOCCA</td> <td>WASH Sector - distribute hygiene kits (aqua tabs, 1 Jerry can, soap, 1 bucket) to the community</td> </tr> <tr> <td>5 WOCCA</td> <td>Protection Sector - provision of psychosocial counselling to GBV survivors within the cluster</td> </tr> <tr> <td>6 INTERSOS</td> <td>WOCCA will be referring the acutely malnourished children to an Intersos run SC</td> </tr> <tr> <td>7 Other organizations running nutrition projects in the cluster</td> <td>WOCCA will intergrate with other organizations running nutrition projects e.g Muslim Relief</td> </tr> <tr> <td>8 Cluster in middle shabelle and Nairobi</td> <td>coordinate with the cluster at both field and national level</td> </tr> <tr> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td></td> </tr> </tbody> </table>	Organization	Activity	1 WOCCA	WASH Sector - construction of 2 gender sensitive latrines in the Nutrition center	2 WOCCA	WASH Sector - construction of 1 water and washing facilities in the Nutrition center	3 WOCCA	WASH Sector - awareness rising for the parents, community elders and the community	4 WOCCA	WASH Sector - distribute hygiene kits (aqua tabs, 1 Jerry can, soap, 1 bucket) to the community	5 WOCCA	Protection Sector - provision of psychosocial counselling to GBV survivors within the cluster	6 INTERSOS	WOCCA will be referring the acutely malnourished children to an Intersos run SC	7 Other organizations running nutrition projects in the cluster	WOCCA will intergrate with other organizations running nutrition projects e.g Muslim Relief	8 Cluster in middle shabelle and Nairobi	coordinate with the cluster at both field and national level	9		10	
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