

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*	Wamo Relief and Rehabilitation Services				
(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* <small>For standard allocations, please use the CAP title.</small>	Improve the Health and Nutrition Status of Children under Five and Pregnant and Lactating Women in Hagar District, Lower Juba Region				
(D) CAP Project Code	SOM-12/H/48329	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	Low	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*	\$ 144,299.40	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>		Men	Women	Total	
	Total beneficiaries	0	1874	1874	
	Total beneficiaries include the following:				
	Children under 5	3400	3540	6940	
	Pregnant and Lactating Women	0	1874	1874	
	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"/> 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 <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:	\$ 144,299		
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*	Aden Bundid Duale	Title	EXECUTIVE DIRECTOR	
	Email*	wrrs_ngo@yahoo.com	Phone*	+254724278780	
	Address	P.O. BOX 1323-70100 GARISSA			

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) *	Hagar District is currently facing multiple concurrent crises that are affecting almost the entire population. The whole South and Central regions of Somalia are affected by ongoing climatic crises. Coupled by civil strife, this is placing stress on the region, affecting the delivery of health and nutrition services to the beneficiary population. In the latest nutrition assessment from FSNAU September- November 2011, its reported that all the livelihoods (agropastoral, pastoral and riverine) in Middle and Lower Juba regions have shown a slight improvement in the nutrition situation, yet remain extremely concerning. The median GAM prevalence across the livelihoods decreased from 35.1% in July 2011 to 29.3% in October. The mortality rates increased slightly in August 2011 in comparison to the rates recorded in July 2011, however the results from the October 2011 surveys indicates a general improvement in mortality rates. Nonetheless, the rates are still above the previous Deyr median CDR and USDR rates for South Somalia of 0.7/10,000/day and 1.3/10,000/day respectively. The slight improvement in the region can be mainly attributed to the increased humanitarian assistance that has mitigated the poor food security and morbidity situation and the impacts of the off season harvest on cereal prices. The Kismayo IDPs were also assessed for the first time, after a rapid assessment in August 2011 revealed a worrying nutrition situation, which has been confirmed by the October 2011 nutrition survey in the town, provided in this update. The quality of life continues to worsen as malnutrition levels peak with depleting water and sanitation resources, widening the gap to reach the minimum acceptable health and nutrition standards. The current rise in malnutrition rates could be ascribed to the many hazards in this region, including the failure of the 2010 long and short rains and escalating Al Shabaab invasion, which have deteriorated the terms of trade while increasing the cost of food and non-food items. All these have had adverse effects on the food security situation, which has also been hit by poor child care practices, pitiable hygiene and sanitation and inadequate portable water. There is, therefore, a need to scale up nutritional services while enhancing close collaboration with Health, WASH and Agriculture and Livelihood activities at the community level for maximum impact.
(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) *	WRRS has been in operation from 2002 and has been successful in the implementation of various programs in South Central Somalia in Lower Juba region. These programs came about due to the increase in need among the Somali people who have been the unfortunate victims of double tragedy of rampant, continuous drought as well as constant civil conflict. These situation often render the populations homeless and have caused massive migrations in such of food and safety. WRRS among others have been involved in Population Movement Tracking and Protection Monitoring Network supported by UNHCR where we are in a critical position of identifying the movement these people across borders. This then enables us to help in settlement of these displaced people offering the basic minimum package for shelter. Along with World Concern, WRRS has been able to provide food vouchers for short term relief. Challenges identified has been lack of sufficient water sources which was deliberated through the regular meeting with partners working in the same areas and plans are underway on how to identify long term solution through either rehabilitation of existing boreholes on constructions of new ones. These gaps are yet to be sufficiently covered but collaborative efforts should ensure good progress in the coming year. In the nutrition sector, UNICEF has been supporting the SFP and OTP programmes already running in 14 sites.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	Wamo Relief and Rehabilitation Services (WRRS) has been implementing both food and non food items distribution since 2006 in Internally Displaced People's and initiatives addressing Gender Based Violence in Lower Juba Afmadow-South Central Somalia. It has also been running with PMT/PMN Programs supported by UNHCR Somalia from 2006 to date. WRRS will be coordinating with AFREC in areas of Health, Livelihood and WASH to ensure integrated approach in addressing both underlying and immediate causes of malnutrition. WRRS has been running a nutrition program from 2008 supported by UNICEF but with the rise in malnutrition rates as a result of the famine, there is immediate need for a program scale up. In the recent past, WRRS has been successful in the implementation of the following programmes: Norwegian Refugee Council (NRC) and UNHCR in population movement tracking, World Concern and CARE International in water and sanitation, NFIs and Nonfood item program for Lower Juba region of Somalia, UNICEF in supplementary feeding program, African Development Emergency Organization ADEO in Distribution of Food and Non Food Items, Water and Sanitation program and HIV/AIDS and SGBV awareness training in Afmadow and Emergency water trucking, WASDA in capacity building of local community structures, and Enhancing livelihoods in Mandera Triangle (RELPA) natural resources management strengthened rehabilitation of key water sources, training of water-user associations and training of community in Afmadow district Lower Juba region.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Improve and Sustain Access and Utilization to Preventative and Curative Nutrition Services by Implementing a Basic Nutrition Service	
(B) Outcome 1*	At least 60% of SAM and MAM children access nutrition rehabilitation in 15 SFPs and 15 OTPs sites in Hagar District.	
(C) Activity 1.1*	Treatment of Children with Severe Acute Malnutrition and Moderate Acute Malnutrition in the 15 SFPs and 15 OTPs sites.	
(D) Activity 1.2	The staff on the project sites will be trained on the IMAM standard guidelines.	
(E) Activity 1.3	15 community health workers and 15 project staff on the project sites will be trained on identification, referral and follow up of acute malnutrition.	
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating women Target* 6940
(G) Indicator 1.2	Nutrition	Number of staff/community health workers/outreach workers trained Target
(H) Indicator 1.3	Nutrition	Number of staff/community health workers trained on infant and young child feeding Target
(I) Outcome 2	At least 70% of the children are admitted to the nutrition services and their caregivers receive education and counseling on key nutrition messages.	
(J) Activity 2.1	Training of the staff for the 15 OTPs and 15 SFPs and 5 CHWs in promotion of key nutrition, health and hygiene messages	
(K) Activity 2.2	Promotion of key nutrition, health and hygiene messages in target areas conducted by 15 Community health workers and 15 project staff	
(L) Activity 2.3		
(M) Indicator 2.1	Nutrition	Number of Staff/Community Health Workers/outreach workers trained Target 30
(N) Indicator 2.2	Nutrition	Number of sessions on the promotion of key nutrition and health messages Target
(O) Indicator 2.3		Target
(P) Outcome 3	At least 60% of women attending nutrition care programme / ANC / at the village are sensitized on exclusive breastfeeding, appropriate complementary feeding, and micro-nutrient supplementation including de-worming.	
(Q) Activity 3.1	Promotion of exclusive breastfeeding, appropriate complementary feeding and micro-nutrient supplementation including de-worming	
(R) Activity 3.2	Outreach workers undergo specific training on exclusive breastfeeding, appropriate complementary feeding, micro nutrient supplementation	
(S) Activity 3.3		
(T) Indicator 3.1	Nutrition	Number of IYCF promotion sessions held Target 52
(U) Indicator 3.2	Nutrition	Number of outreach health workers and staff trained on infant and young child feeding Target
(V) Indicator 3.3		Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>An overall Project Coordinator will oversee this project, make supply requests for all locations, follow up and ensure reports are sent on time and coordinate with the field coordinator and outreach supervisors based at district levels. The Field Coordinator will do the daily project monitoring of all the mobile sites with help from outreach supervisors. The Nutrition Officer will be responsible for the daily basis supervision for all nutrition activities i.e. the OTPs, and for outreach activities. The OTP/SFPs will follow the guidelines for integrated management of acute malnutrition for Somalia endorsed by the Nutrition Cluster. Children and those with minor illnesses will be referred to the closest MCH for vaccination and treatment. For complicated cases of acute malnutrition, make referrals to the nearest SC or hospital. OTP/SFP staff will receive initial training in rationale, procedures and protocols of OTP as well as regularly scheduled refresher trainings and on-the-job supervision when possible. All caretakers of beneficiaries will receive nutrition, health and hygiene education on a weekly basis. In addition, community volunteers (3 per village) will receive training in delivery of these messages. WRRS will seek to work with midwives, traditional healers, and religious leaders where possible to complement the delivery of the messages. The Field coordinator and Nutrition Officer will conduct weekly and monthly monitoring respectively.</p> <p>Community volunteers will be trained in mobilization, detection, referral and defaulter tracing of acute malnutrition. The targeted beneficiaries will be registered and files stored for future reference as well as the weekly and monthly reporting tools and minutes of any meeting conducted.</p> <p>The cadre of staff implementing the program is as follows:</p> <p>OTP/SFP Nurse - They will ensure the smooth running of Nutrition project activities at sites through provision of nutritional screening, counseling, treatment/preventive services and on-job training and guidance of health workers and volunteers, will also maintain records of anthropometric measurements and treatment at health facility sites and office.</p> <p>OTP/SFP Auxiliary Nurse - Are the healthcare assistants who work within hospital or community settings under the guidance of a qualified healthcare professional. Their duties include washing and dressing, feeding, helping people to mobilize, generally assisting with patients overall comfort and monitoring patients conditions by taking temperature, pressure, weight and other parameters.</p> <p>OTP/SFP Outreach Supervisor - They will liaise with NGO/FBO/CBOs to ensure that quality programs are implemented, provide linkages between community and health facilities, and ensure that friendly services are accessible to target populations.</p> <p>OTP/SFP Registrar - He or she will take administrative responsibility for staff record systems as directed and required, and ensure their smooth running and operational integrity. Will also prepare reports and supply data.</p> <p>OTP/SFP Screeners - They will perform nutritional screening by taking anthropometric measurements then conducting nutritional assessment to determine the severity of malnourishment and give appropriate intervention as required.</p> <p>OTP/SFP Distributors - They will help in the distribution of screening tools within the camps and also assist in taking of anthropometric measurements.</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 M&E will be conducted by a committee comprising mainly WRRS representatives and representatives from the community project committee (CPC) who will make regular monthly and weekly monitoring visits. Monitoring visits will be documented by regular reports and photographs. Furthermore, both random and targeted interviews with beneficiaries will be documented. WRRS will use a participatory approach and focus group discussions with representatives from the community in joint monitoring of the progress of project implementation. WRRS will on commencement of the program develop a schedule indicating what activities will be carried out, by who, where and when updating it on a regular basis and information shared with various stakeholders including the Nutrition Cluster and other partners. List of attendance and photo documentary will be taken during the social mobilizations. Regular meetings will be held to discuss project implementation and any need for modification of strategies to overcome constraints. Monitoring tools used will include supervision checklists for both the SFP and the OTP sites. Reporting tools used will include weekly and monthly reports sent to HMIS. Close supervision and monitoring of the project activities will provide information on how well the project is being implemented and it will also provide insight on what needs to be done to improve the implementation process. A WRRS Nutrition Officer will conduct weekly and monthly monitoring. Monthly meetings 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. Monitoring of activities will take place through regular supervision visits to the project sites. Beneficiary accountability is an important part of WRRS system for monitoring quality and will be developed according to the needs of the community. Information on the complaint mechanisms for the programmes will be a standard component of all community level workshops, meetings or training sessions. Community leaders will be consulted regarding locations of any new OTP/SFP sites. Also to help in addressing the insecurity that may work to hamper the proposed and ongoing activities, WRRS will liaise closely with these community leaders as well as the local authorities in the target areas to ensure efficient service delivery. Locations of new admissions will be monitored monthly to ensure OTP/SFP sites are in close proximity to areas of highest need. For this intervention, WRRS will work with local leaders and the beneficiaries themselves to tailor the assistance appropriately. The nutrition activities will recognize local customs, and aim to minimize the burden on daily household and community routines. Community mobilization through public meetings involving all members of the community will be held to discuss the proposed project. This will help to maintain transparency with the beneficiaries and non-beneficiaries throughout the project period. UNICEF will offer technical support to WRRS during monitoring. UNICEF will make recommendations on the monitoring findings to ensure the programme meets the set goals.

Out of all the nutrition sites, two of them will be static offering nutrition supplies and routine medicines for beneficiaries around the area while the rest will be mobile conducted through the outreach staff. Each site will have a nurse, an auxiliary nurse, a screener and distributor. Also present will be the community health worker who will be educating with promotion messages. The staff are as detailed on the budget section and will offer their services to the community on a rotational basis. The nutrition program is supported by UNICEF through provision of supplies and drugs.

(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* Treatment of Children w	X	X	X	X	X	X
1.2 The staff on the project	X			X		
1.3 15 community health wd	X			X		
2.1 Training of the staff for t	X			X		
2.2 Promotion of key nutritio	X	X	X	X	X	X
2.3 Promotion of exclusive b	X	X	X	X	X	X
3.1 Outreach workers under	X			X		
3.2 Outreach workers undergo specific training on exclusive breastfeeding, appropriate complementary feeding, micro nutrient						
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 UNHCR	PMT and PMN
2 WORLD CONCERN	NFI distribution and Food Vouchers
3 UNICEF	Nutrition
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	WRRS recognizes the importance of gender issues in all programming sectors.
Capacity Building		