

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>	African Network for the Prevention and Protection Against Child Abuse and Neglect in Somalia			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO			
<b>(C) Project Title*</b>	Provision of nutrition intervention in nutrition emergency prevailing uncovered areas in Hargeisa			
<b>(D) CAP Project Code</b>	SOM-12/H/48321	Not required for Emergency Reserve proposals outside of CAP		
<b>(E) CAP Project Ranking</b>	Medium	Required for proposals during Standard Allocations		
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Oct 2012)			
<b>(G) CAP Budget</b>	\$ -	Must be equal to total amount requested in current CAP		
<b>(H) Amount Request*</b>	\$ 165,444.00	Equals total amount in budget, must not exceed CAP Budget		
<b>(I) Project Duration*</b>	12 months	No longer than 6 months for proposals to the Emergency Reserve		
<b>(J) Primary Cluster*</b>	Nutrition			
<b>(K) Secondary Cluster</b>	Nutrition			
<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> )			
		<b>Men</b>	<b>Women</b>	<b>Total</b>
	<b>Total beneficiaries</b>	20	2495	2515
	<b>Total beneficiaries include the following:</b>			
	<b>Pregnant and Lactating Women</b>	0	2495	2495
		0	0	0
	<b>Children under 5</b>	2700	2700	5400
	<b>Committees</b>	10	10	20
<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"/> 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		
<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>	Budget:	\$ -
		<b>Remaining</b>	Budget:	\$ 165,444
<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*	Ahmed Hassan Yussuf	Title	Chief Executive Director
	Email*	anppcan@anppcansom.org	Phone*	+25224424838
	Address	HQ Hargeisa and field offices in Garowe & Mugadisho		

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

<b>(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *</b>	The nutrition situation for the IDPs and urban poor people in and around Hargeisa town remained Serious and Critical levels respectively since Deyr '11/12. GAM rate is 21.7% (19.9-26.1) and SAM rate of 5.5% (3.7-7.9) boys:8.4, girls:2.2%. The proportion of children meeting recommended feeding frequencies is 37.5% for boys and 40.0% for girls, while morbidity is 31.1 for boys and 27.2 for girls. The project locations are in and around Hargeisa namely: Sheedaha, Aw Adan, Lug iyo Lacag, Farah Nour, New Mohamed Mooge, Ayaha 2 and 3. Most of the communities in these settlements are very poor and have no access to basic service while majority of them are women and children with high rates of widowed, separated and orphaned families. Sub-optimal IYCF practices, low vaccination coverage, less diversified or inadequate food intake and limited income earning opportunities are major contributors to malnutrition and illness. There is an urgent need for continued and effective and appropriate nutrition interventions to support to these vulnerable communities in critical situations. ANPPCAN-SOM is implementing different projects in the IDP camps and the rest of the country, such as community-based IYCF support, integrated nutrition promotion, awareness raising during world breastfeeding week 2012 and supporting International Breast milk substitute code for domestication in close collaboration with the Somaliland Ministry of health.
<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) *</b>	Needs Assessment ANPPCAN-SOM identified a serious gap of OTP services for severely acute malnourished children of about 420. Similarly three are nearly 3500 pregnant and lactating women in these settlements who have no access to nutritional care and support resulting higher rates of anemia among these population group. In addition to this, the target communities face frequent food crisis due to increased food prices, lack of employment and income opportunities. The hygiene and sanitary conditions of all these settlements is very poor contributing to higher rates of environmental and WASH related health problems. Because of these livelihood conditions, mothers spend most of their time in search of livelihood means and fortune for their families and less time for the feeding and care of their babies. The target groups have limited or no access to basic nutrition and health care services available in Hargeisa because they live in the outskirts of the town. Few of these settlements used to receive OTP and mobile health clinic services from MSF Holland during 2009 and 2011, but unfortunately, MSF closed their project mid of 2011 without proper replacement of nutrition emergency interventions. In addressing the nutritional emergency existing in the target location, establishment of active community social mobilization for conducting active case finding through house to house screening for identifying SAM children under five children and pregnant/lactating women needs to be activated. For providing systematic OTP treatment for SAM children identified, it will be necessary to create mobile teams to conduct weekly site OTP in the target locations along with provision of MM supplementation to pregnant and lactating mothers
<b>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</b>	Activities: Establishing community-based active case finding for SAM children through the recruitment and training of community nutrition female social mobilisers for conducting MUAC screening, referral to OTP mobile teams and follow up of defaulters. Emphasis will be made for engaging communities in the planning and implementation of emergency nutrition interventions.  Creation of two OTP mobile teams to conduct weekly OTP mobile services for SAM children and provide MM supplementation for pregnant and lactating mothers in the target locations. Effective referral system will be established for SAM children with medical complication to the stabilization center in Hargeisa Group Hospital. Further, OTP services will be integrated into IYCF counselling interventions in Aw Adan, Sheedaha, Ayaha 2 and Farah Nour; whereas, IYCF counselling services will be initiated in Ayaha 3, Lug iyo Lacag and new Mohamed Mooge locations

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

<b>(A) Objective*</b>	To reduce the burden of severe acute malnutrition in urban poor settlements in and around Hargeisa		
<b>(B) Outcome 1*</b>	Optimal IYCF practices increased among the target population		
(C) Activity 1.1*	Conduct baseline assessment, identify and train community IYCF counselors		
(D) Activity 1.2	Develop and disseminate relevant IEC materials for IYCF promotion		
(E) Activity 1.3	Identify and register all pregnant and lactating mothers and provide individual and group counselling sessions		
(F) Indicator 1.1*	Nutrition		<b>Target*</b> 20
(G) Indicator 1.2	Nutrition	# of IEC materials developed and disseminated	<b>Target</b> 3000
(H) Indicator 1.3	Nutrition	Number of IYCF promotion sessions held	<b>Target</b> 2495
<b>(I) Outcome 2</b>	90% of SAM children receive standard OTP services and 80% Pregnant and Lactating women receive micro-nutrient supplementation		
(J) Activity 2.1	Establish two OTP mobile teams for the treatment of SAM children and provision of MN supplementation to pregnant and lactating		
(K) Activity 2.2	Select and train community-based female nutrition social mobilizers to undertake house-to-house MUAC screening for the identifica		
(L) Activity 2.3	Conduct weekly mobile clinic OTP services in all target areas for SAM children and MN supplementation of pregnant and lactating r		
(M) Indicator 2.1	Nutrition	Number of children (6-59months) and pregnant and lactating wo	<b>Target</b> 324
(N) Indicator 2.2	Nutrition	# of < 5 children screened with MUAC	<b>Target</b> 5400
(O) Indicator 2.3	Nutrition	# of visits per site per year	<b>Target</b> 48
<b>(P) Outcome 3</b>	The technical and operational capacity of Nutrition team, community mobilizer, supervisors, IYCF Community counsulers enhanced		
(Q) Activity 3.1	Provide training for project staff, community counsellors, social mobilizers and volunteers		
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	<b>Target</b> 45
(U) Indicator 3.2	Nutrition		<b>Target</b>
(V) Indicator 3.3	Nutrition		<b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	ANPPCAN will recruit competent technical and management support team to lead the planning, implementation and monitoring of the project activities. ANPPCAN will also hire OTP staff and supervisors in close collaboration with nutrition departments of MOH and UNICEF-Hargeisa. OTP staff and supervisors will receive standard OTP training and protocols. ANPPCAN-SOM will also closely work with the target communities for the identification of community-based social mobilizers. The OTP mobile teams will provide guidance and support for the community-based social mobilizers in their respective areas. ANPPCAN-SOM will liaise with UNICEF and MOH for the preparation of necessary supplies and materials to the teams and to the field. Direct contacts will be constituted between the team-leaders and SC in charges in their respective areas of work for easy referral and transfer back of SAM children with medical complications. Two mobile teams of 5 staff each ( 1 team leader, 1 OTP nurse, 1 anthropometry measurer, 1 registrar, 1 storekeeper) will implement OTP services in 10 sites each. Each site will have an appointed community mobilizer who works closely with the community and keeps a register of all children in the programme in that particular location. Both teams will be managed by a nutrition officer under the overall supervision of the project manager. In the IYCF programme will be implemented in 5 sites covered by 20 trained IYCF counsellors. The number of counsellors per site is determined by the size of the location.		

**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) \*

ANPPCAN-SOM will use standard monitoring, evaluation and reporting tools for OTP service including standard monitoring tools and follow up cards. To monitor the OTP clinic output, weekly trends report will be submitted by the team leaders and data entry carried out, while, weekly meeting of staff teams will focus measures for improving quality services. Frequent supervision visits such as weekly site visits and feedback to teams and beneficiaries will ensure monitoring program implementation. ANPPCAN-SOM will provide monthly monitoring report including the data and the narrative part and will submit to UNICEF and MOH. Similarly, ANPPCAN-SOM will compile quarterly analytic report with the status of key indicators discussed with concerned parties including team members for review of achievements against targets. 4 main indicators (also known as performance indicators) will be used are Recovered/cure rate, Death/mortality rate, Defaulter rate and Non responder rate (also Transfer rate). ANPPCAN-SOM will evaluate the project by ensuring that the cure rate is more than 75% of the discharges, defaulter rate is less than 15% whereas the death rate is also less than 5%. ANPPCAN will look for other indicators like Attendance rate, Mean length of stay, Average weight gain, Acceptance and Coverage. ANPPCAN-SOM will organize annual project review and evaluation workshop to present achievements against the targets, best practices and lessons learnt and discuss future plans. ANPPCAN-SOM will undertake potential risk analysis and recruit 45 implementing staff (10 OTP nutrition team, 20 IYCF counsellors, 5 supervisors, 10 Community mobilizers) and will closely work with the community, local health authority and partners to gain their commitment and support. The project will also have 2 storekeepers and an admist staff for smooth implementation and support. We have long-term experience in community-based activities and we will closely work with them for the micro-planning and selection of counselors and volunteers to avoid any bias or conflict of interest in the process. We will also engage the communities and beneficiaries in our monitoring and review processes to get their feedback and solicit their be. We will work with the partners, local health authority and the community to act on should there be shortfalls, delays or any other financial constrain. Joint programme monitoring will be done with UNICEF and MOH quarterly to all project sites to ensure adherence to programme guidelines and protocols.

**(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* Conduct baseline asses	X					
1.2 Develop and disseminat	X	X				
1.3 Identify and register all p	X	X	X	X	X	X
2.1 Establish two OTP mob	X	X	X	X	X	X
2.2 Select and train commu	X	X				
2.3 Conduct weekly mobile	X	X	X	X	X	X
3.1 Provide training for proje	X	X				
3.2 0						
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 MOH, WVI, SRCS, ANPPCAN-SOM	WVI and SRCS undertake OTP activities in the adjacent districts of the target area
2 Hargeisa Nutrition Working group	Nairobi Nutrition cluster meeting
3 UNICEF	for supplies
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	More than 70% of the project direct beneficiaries are female underfive children
Capacity Building		