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 b	y organ	ization sub	mitting t	he proposal)					
(A) Organization*	African Network for the Prevention and Protection Against Child Abuse and Neglect in Somalia								
(B) Type of Organization*	UN Ag		ernational NG	DLocal NGO Local NGO					
(C) Project Title* For standard allocations, please use the CAP title.	Provision	Provision of nutrition intervention in nutrition emergency prevailing uncovered areas in Hargeisa							
(D) CAP Project Code (E) CAP Project Ranking	Medium			Not required for Emergency Reserve proposals outside of CAP Required for proposals during Standard Allocations					
(F) CHF Funding Window*	Standar	rd Allocation 2 (Oct 2012)						
(G) CAP Budget (H) Amount Request*	\$		165,444.00		total amount request unt in budget, must r				
(I) Project Duration*	3	12 months	103,444.00		months for proposal				
(J) Primary Cluster*		Nutrition		Ů			•		
(K) Secondary Cluster		Nutrition		Only indicate a	secondary cluster	for multi-cluster	projects		
(L) Beneficiaries Direct project beneficiaries.				Men	Women	Total			
Specify target population		Total beneficiari	es	20	2495	2515			
disaggregated by number, and	Total her	neficiaries inclu	ide the foll						
gender. If desired more detailed information can be entered about		ant and Lactating			I		T		
types of beneficiaries. For	riogia	ant una Euotating	,	0	2495	2495			
information on population in HE				0	0	0			
and AFLC see FSNAU website		Children under	5	2700	2700	5400			
(http://www.fsnau.org)	l	Committees		10	10	20	L		
(M) Location	_	Awdal	Banadir	Bay	Gedo L Juba	M Juba	Mudug	Sanaag	Togdheer
Precise locations should be listed on separate tab	Regions		Bari		 Hiraan			Sool	W Galbeed
(N) Implementing Partners	1			•			Budget:	\$	-
(List name, acronym and budget)	2						Budget:	\$	
	3						Budget: Budget:	\$	
	5						Budget:	\$	
	6 7						Budget: Budget:	\$	
	- 8						Budget:	\$	
	9						Budget: Budget:	\$	
	10					Total	Budget:	\$	
						Remaining	Budget:	\$	165,444
Focal Point and Details - Provide (O) Agency focal point for project:	details on a	Ahmed Hassan	ter focal poin	t for the project (na	me, email, phone).	merca.	Chief Executive	Director	
(o) rigorio) roodi point for project.									
	Email*		cansom.org			Phone*	+25224424838	Director	
	Email* Address		cansom.org	n Garowe & Mugadis	ho			Director	
	Address	HQ Hargeisa and	cansom.org					Director	
3. BACKGROUND AND NEED	Address S ANAL	HQ Hargeisa and	cansom.org	row size as	needed)	Phone*	+25224424838		
(A) Describe the project rationale	Address S ANAL The nutri	HQ Hargeisa and YSIS (pleastion situation for	cansom.org d field offices i	row size as	needed) people in and aro	Phone*	+25224424838	Serious and C	iritical levels
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A) Objective*	To reduce the burden of se	vere acute malnutrition in urban poor settlements in and arour	nd Hargeisa			
(B) Outcome 1*	Optimal IYCF practices increased among the target population					
(C) Activity 1.1*	Conduct baseline assessment, identify and train community IYCF counselers					
(D) Activity 1.2	Develop and disseminate re	elevant IEC materials for IYCF promotion				
(E) Activity 1.3	Identify and register all preg	gnant and lactating mothers and provide individual and group of	ounselling sessions			
(F) Indicator 1.1*	Nutrition		Target*	20		
(G) Indicator 1.2	Nutrition	# of IEC materials developed and disseminated	Target	3000		
(H) Indicator 1.3	Nutrition	Number of IYCF promotion sessions held	Target	2495		
(I) Outcome 2		ve standard OTP services and 80% Pregnant and Lactating wo				
(J) Activity 2.1	Establish two OTP mobile	teams for the treatment of SAM children and provision of MN s	supplementation to pr	egnant and lactating		
(K) Activity 2.2	Select and train community	-based female nutrition social mobilizers to undertake house-t	o-house MUAC scree	ening for the identific		
(L) Activity 2.3	Conduct weekly mobile clin	ic OTP services in all target areas for SAM children and MN su	applementation of pre	gnant and lactating		
(M) Indicator 2.1	Nutrition	Number of children (6-59months) and pregnant and la	ctating wo Target	324		
(N) Indicator 2.2	Nutrition	# of < 5 children screened with MUAC	Target	5400		
(O) Indicator 2.3	Nutrition	# of visits per site per year	Target	48		
(P) Outcome 3	The technical and operation	nal capacity of Nutrition team, community mobilazer, supervise	ors , IYCF Communit	counsulers enhan		
(Q) Activity 3.1	Provide training for project s	staff, community counsellers, 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 Target	45		
(U) Indicator 3.2	Nutrition		Target			
(V) Indicator 3.3	Nutrition		Target			
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	the project activities. ANPP and UNICEF-Hargeisa. OT closely work with the target provide guidance and supp UNICEF and MOH for the p constituted between the tea SAM children with medical measuerer, 1 regristrar, 1 s mobilizer who works closely Both teams will be manage	betent technical and management support team to lead the pla CAN will also hire OTP staff and supervisors in close collabors P staff and supervisors will receive standard OTP training and communities for the identification of community-based social not for the community-based social mobilizers in their respective reparation of necessary supplies and materials to the teams and mel-eaders and SC in charges in their respective areas of word complications. Two mobile teams of 5 staff each (1 team lead torekeper) will implement OTP services in 10 sites each. Each y with the community and keeps a register of all children in the d by a nutrition officer under the overall supervision of the proj se covered by 20 trained IVCF counsellors. The number of co	ation with nutrition deprotocols. ANPPCAN mobilizers. The OTP we areas. ANPPCAN-nd to the field. Direct k for easy referral and ler, 1 OTP nurse, 1 a site will have an app programme in that pect manager. In the I's	partments of MOH I-SOM will also mobile teams will SOM will liaise with contacts will be d transfer back of nthropomentry ointed community articular location. /CF prpogramme		

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.). Als 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. Found to support of the s 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

ate and Non responder rate (also Transfer rate).

rate and Non responder rate (also Transfer rate).

ANPCAN-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 microplanning 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. the partners, local health authority and the community to act on should there be shortfalls, delays or any other financial constrain. Joint programme monitroring will be done with UNICEF and MOH quarterly to all project sites to ensure adherence to programme guidelines and protocols.

(B) Work Plan		Timeframe							
Must be in line with the log frame.	Must be in line with the log frame.		Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months						
Mark "X" to indicate the period	Activity	Month 1-2	Month 3-4 N	Month 5-6 M	onth 7-8 Mo	onth 9-10 Mo	nth 11-12		
activity will be carried out	1.1* Conduct baseline assess	X	X						
	1.2 Develop and disseminat	X	X						
	1.3 Identify and register all p		X	X	X	X	X		
	2.1 Establish two OTP mol	X	X	X	X	X	X		
	2.2 Select and train communication	X	X						
	2.3 Conduct weekly mobile	X	X	X	X	X	X		
	3.1 Provide training for proje	X	X	X					
	3.2 0								

6. OTHER INFORMATION (to be completed by organization)

(/	a) Coordination with other
ac	ctivites in project area
Li	st any other activities by your or
ar	ny other organizations, in
pa	articular those in the same
cl	uster, and describe how you
w	ill coordinate your proposed
ac	ctivities with them

	Organization	Activity
1	MOH, WVI, SRCS, ANPPCAN-SOM	WVI and SRCS undertake OTP activities in the adjacent districts of the target are
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			