

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*	MULRANY INTERNATIONAL				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO				
(C) Project Title*	Prevention and treatment of malnutrition for the most vulnerable Under-5s and Pregnant and Lactating Women in Adan Yabaal district in the Middle Shabelle region				
(D) CAP Project Code	SOM-12/H/48305	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 2 (Oct 2012)				
(G) CAP Budget	\$ -	Must be equal to total amount requested in current CAP			
(H) Amount Request*	\$ 287,351.80	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	0	5662	5662	
	Total beneficiaries include the following:				
	Children under 5	6292	6292	12584	
	Pregnant and Lactating Women	0	5662	5662	
	0	0	0		
	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: \$ 287,352	
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*	Dr Collins OWILI	Title	Health and Nutrition Adviser	
	Email*	owilic@mulranyinternational.org	Phone*	+2547223670977/+252618141913	
	Address	21738, 00505 Adams Arcade, 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) *	According to FSNAU's Gu 2012 analysis, Adan Yabaal district in Middle Shabelle region remain in crisis. Although the number affected has reduced since Deyr 2011/12 due to the improved nutrition situation and positive food security indicators, the degree of gains may depend on the population's exposure to risk factors including seasonal outbreaks of acute watery diarrhoea (AWD) and persistent chronic factors such as limited access to specifically feeding and health programmes. Lack of access, hence lack sufficient data continues to inhibit estimation of the overall nutrition situation which was extreme, however, improvements in nutrition to critical phase were anticipated in parts of Middle Shabelle following improved food security. Malnutrition amongst <5s was estimated to be in very critical phase in the agro-pastoral livelihood zone and critical phase in the riverine area with GAM rates of 20% and high trends >30%. IYCF reported that cholera outbreaks and the food security phase for overall risk to deterioration is still stressed while cumulative estimates for acutely malnourished PLW based on MUAC measurements < 23cm at 81,000 and severe at risk based on MUAC<21cm is 19,000. Compared to Gu 2011, at the peak of famine, cases of acutely malnourished PLW was estimated at 101,000, based on MUAC measurements < 23cm, hence significant progress since then. Despite these improvements, lifesaving humanitarian assistance remains crucial in Adan Yabaal district.
(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 continued prevailing insecurity and lack of access in Adan Yabaal district has contributed to the high malnutrition levels, morbidity, disease incidences and poor diet leading to micronutrient deficiencies, inadequate feeding and care practices for the <5s and PLW in addition to inadequate food security as well as poor access to basic services in the environment with conflict, poverty, increased food prices, poor infrastructure and weak governance. Some of the gender dynamics include traditions of having at most 4 wives as long as the man can afford, as many children as possible, their health not with standing and the practise of feeding the men before the rest of family members which ensures the health of the man compared to the other members of the family. This prevailing situation and the increased negative impact on access to food and basic services with reports of outbreaks of diarrhoea, cholera, measles and whooping cough will be mitigated through provision of treatment for acute malnutrition, focusing on quality and coverage using Somali IMAM guidelines to deal with the underlying causes for acute and chronic malnutrition and addressed through BNSP while the micronutrient deficiencies are tackled. Mulrany International is also engaging with bilateral and other humanitarian donors for this support.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	Since September 2012, Mulrany International is running 9 more facilities to provide services for the vulnerable population who could not access the 5 OTP facilities due to the distances that has to be covered. The new facilities are now located in Ceel muluq, Cali Axmed, maxasacid, Cadanlaxee, Calisaleyman, Dhogonle, Dhabaq labey, Bur qoodhi and Garasia gaab. Mulrany International continues to implement the OTP/Nutrition activities in all the facilities and provide inputs such as trainings, screening services, monitoring and supervision for the OTPs clinics in Adan Yabaal district. WFP was unable to provide the SFP due to the prevailing insecurity and lack of access. However, the integrated programme approach for activities in line with other nutrition interventions (micro nutrient, De Worming & IYCF programmes) has supported and prevented further deterioration of the nutrition situation in the district. In addition, the coordinated approach with the Ministry of Health and partners with village committees are part of the advocacy and sustainability framework to educate and mobilize community members on key Health, Nutrition and Hygiene issues. This integrated, holistic intervention will meet the urgent inter-connected food security, nutrition, and health needs for the vulnerable communities.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To maintain and ensure access for quality nutrition services for children <5 and the Pregnant and Lactating Women in Adan Yabaal		
(B) Outcome 1*	Improved case detection, prevention and treatment for malnourished <5s and Pregnant and Lactating Women		
(C) Activity 1.1*	Provide 9 OTP facilities with skilled staff for support of the malnourished <5s and PLW. Screen, admit and treat the malnourished <5s		
(D) Activity 1.2	Conduct community awareness on prevention and treatment of the malnourished and hygiene promotion in the community		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 18246
(G) Indicator 1.2	Nutrition	Number of malnourished cases referred to OTP	Target 12584
(H) Indicator 1.3			Target
(I) Outcome 2	Expanded Basic Nutrition Services Package for beneficiaries (12584 <5s and 5662 PLW) in Adan Yabal district		
(J) Activity 2.1	Train up to 80% nutrition officers/health workers on BNSP; screening, treatment, referral and follow-up for the <5s and PLW.		
(K) Activity 2.2	Train caretakers of malnourished <5s and PLW attending OTP facilities on IYCF care practises		
(L) Activity 2.3	Provide 80% PLW with micronutrient supplementation		
(M) Indicator 2.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 40
(N) Indicator 2.2	Nutrition	Number of IYCF promotion sessions held	Target 18246
(O) Indicator 2.3	Nutrition	Number PLW receiving micro-nutrient supplementation and brea	Target 4590
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1			Target
(U) Indicator 3.2			Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>The project will be implementation through the International Nutrition Coordinator based in Mogadishu and National staff in Aden Yabaal working closely with Village Health Committees (VHCs) and other collaborating/supporting nutrition partners including UN Agencies: UNICEF (providing medical supplies for OTPs through the PCA), WHO (Provision of Health Kits to support existing MCH clinics) & WFP (provision of SFP supplies through PCA). Capacity of health workers in OTPs targeted nutrition sites will be strengthened through training for the health workers in: screening, treatment and follow-up for malnourished under-5 and PLW. Children will be screened and admitted pegged on weight/height (W/H) Z score, MUAC and/or absence/presence of oedema pre. Any child with <-3WHZ score, MUAC<11.5 cm without oedema will be admitted to the OTP and if accompanied with oedema, will be referred to Stabilization Centres operated by other nutrition partners. Weekly/monthly reports for children screened will be submitted to the Nutrition coordinator for analysis and sharing with counterparts in Nairobi and the Nutrition Cluster forum in Mogadishu. The Nutrition coordinator will provide monthly narrative reports to be shared with the Nutrition cluster/forum while training shall be carried out for health workers in OTPs to update of their knowledge in coordination with the Nutrition Cluster covering the different aspects throughout the project period.</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) *

An International Nutrition Coordinator and nutrition supervisors will make regular field visits to monitor implementation of the project. Daily admissions and discharges will be recorded in each Nutrition facility, compiled and recorded into a database and submitted for review on a weekly basis by the Programme Coordinator based in Mogadishu. Analysed reports will be sent to Nairobi and shared with the Cluster Coordination. Against the approved work plan we will develop a proactive M&E methodology consisting of recommended appropriate tools for collection of relevant implementation information and management of severe acute malnutrition and the Training components. We shall monitor activities in line with the performance indicators: to ensure recovery rate >75%, Death rate<5%, Defaulter rate <15%, coverage >50 % rural areas and >70 % in urban areas. The internal monitoring system will conform to results-based management standards and will include a mid-term review. Periodically we shall update the nutrition cluster and give updates on the project through the monthly cluster meetings. Regular monitoring of activities and outputs will be an integral aspect of programming, thereby ensuring all project activities remains accountable. regular financial verification will be undertaken to ensure the proper use and implementation of allocated project funds while the health workers performance will be assessed in line with trainings provided on IYCF promotions and BNSP components.

(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* Provide 9 OTP facilities	X	X	X	X	X	X
1.2 Conduct community awa	X	X	X	X	X	X
1.3 Train up to 80% nutrition	X	X	X	X	X	X
2.1 Train caretakers of maln	X	X	X	X	X	X
2.2 Provide 80% PLW with r	X	X	X	X	X	X
2.3 Provide 80% PLW with micronutrient supplementation						
3.1 0						
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 UNICEF	Provision of Nutrition Supplies to support the OTP through Project Cooperation A
2 Nutrition Cluster Member (LNGO's, INGO's)	National and Regional Coordination, information Sharing including best practices
3 SAACID	Coordination of Nutrition Services especially in Boos Caduur to ensure beneficial
4 Somali Relief Centre (SRC)	Coordination and Implementation of both Nutrition and Health Services in the Lo
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	This Nutrition project is designed to increase access to an integrated package o
Capacity Building		