

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*	International Medical Corps				
(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* <small>For standard allocations, please use the CAP title.</small>	Provision of life-saving nutrition services to vulnerable populations in Galkayo South, southern Mudug Region, central Somalia				
(D) CAP Project Code	Not required for Emergency Reserve proposals outside of CAP				
(E) CAP Project Ranking	Required for proposals during Standard Allocations				
(F) CHF Funding Window*	Emergency Reserve				
(G) CAP Budget	\$	-	Must be equal to total amount requested in current CAP		
(H) Amount Request*	\$	201,067.35	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	6 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	20	1985	2005	
	Total beneficiaries include the following:				
	Children under 5	350	350	700	
	Pregnant and Lactating Women	0	1265	1265	
Staff (own or partner staff, authorities)	20	20	40		
Promoters, Caretakers, committee mem	0	700	700		
(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"/> Galgaduud <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:	\$ 201,067		
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*	Christine Forster	Title	Program Coordinator	
	Email*	cforster@InternationalMedicalCorps.org	Phone*	+254 724562318	
	Address				

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) *	Galkayo South (GAS) is characterized by recurring natural disasters, insecurity, fluid population movement, a high burden of infectious disease, and low literacy, particularly among women. The nutrition situation remains precarious, with residents struggling to meet acceptable standards of nutritional health. Similar to elsewhere in Somalia, there is a limited availability of population-based health and nutrition data for GAS. Estimates as of September 2013 indicate persistently high levels of acute malnutrition, with 19% prevalence of GAM among IDPs in GAS. Results of the rapid preliminary Gu season field assessment conducted in June 2013 and monthly monitoring reports on the food security and nutrition situation released by FSNAU, suggest that there remains a sustained "Critical-Very Critical" nutrition phase for all IDPs in GAS. Based on an analysis of Medecins Sans Frontieres (MSF) facility-based data from GAS Hospital, morbidity and mortality among children with SAM is posed to increase with the withdrawal of MSF from the area. In addition to operating an outpatient therapeutic program (OTP) from the hospital, MSF had been the only organization operating a stabilization center (SC) in southern Mudug, with a total of 508 new admissions between January and mid-August 2013. The gap left by MSF's withdrawal threatens to exacerbate the vulnerability of a highly fragile population struggling to recover from decades of conflict and the recent drought/famine crisis.
(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) *	Given the urgency of this action, IMC was not able to conduct a thorough, on-the-ground assessment of the nutrition needs and gaps prior to submission of this proposal. Nevertheless, IMC took careful measure to ensure that this proposal was informed by a thorough review and triangulation of information collected from multiple sources, most notably MSF and local NGO Mudug Development Organization (MDO). Multiple meetings and ongoing communication with MSF, as well as a careful analysis of MSF facility-based data from GAS Hospital, informed the design of this intervention. This action was based on requests made by MSF and local authorities, consultations with the Nutrition Cluster, and thorough internal analysis of where and how IMC was best-placed to help address the gaps left by MSF's departure. MSF estimates that the hospital serves an immediate catchment population of approximately 120,000 people, both IDPs host community members. However, as the only referral hospital in southern Mudug Region, the actual catchment population is thought to be much larger, particularly for inpatient departments, including the stabilization center. Ensuing program inception, IMC will initiate beneficiary mapping to better define the catchment population and (with ECHO funding) will conduct surveys including a Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) to assess access to and coverage of the IMC-operated OTP and SC, and to identify boosters and barriers to program coverage.
(C) List and describe the activities that your organization is currently implementing to address these needs (maximum 1500 characters)	Although IMC does not currently operate any activities in Mudug Region, it is fully operational in south-central Somalia, including Mogadishu, providing critical primary healthcare services to a primarily IDP population. Additionally IMC has worked in Galkayo in the past, and is currently working in nearby Abudwak. In Abudwak, IMC works through national NGO, Access Aid and Development, to operate a nutrition program to address underlying causes of malnutrition through the community-based promotion of infant and young child feeding (IYCF). This proposal is designed as an urgent measure for the takeover of MSF services that would otherwise be handed over to local authorities with insufficient resources and capacity to effectively run these services. CHF funding will complement ECHO funding for nutrition activities in GAS Hospital. ECHO funding in the amount of approximately \$100,000 will cover roughly 30% of nutrition program costs during the first six months, including a SQUEAC survey, Barrier Analysis, M&E, hospital/office support costs, etc. ECHO funding remaining at the end of 6 months will be carried into the second six-month period; IMC is seeking additional funding to ensure continuation of the full package of nutrition services for at least one year.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Contribute to the reduction of malnutrition-related morbidity and mortality among vulnerable boys, girls, and pregnant and lactating women.		
(B) Outcome 1*	Improved access to therapeutic feeding programs for 350 boys and 350 girls with severe acute malnutrition (SAM).		
(C) Activity 1.1*	Screen and admit 125 boys and 125 girls younger than 5 years of age with SAM in the outpatient therapeutic program (OTP) at Galkayo.		
(D) Activity 1.2	Screen and admit 225 boys and 225 girls younger than 5 years of age with SAM + medical complications in the stabilization center at Galkayo.		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating women	Target* 700
(G) Indicator 1.2	Nutrition	Number of SAM treatment programs achieve >75% cured rates.	Target 2
(H) Indicator 1.3			Target 0
(I) Outcome 2	Improved resilience of 350 boys, 350 girls, and 1,265 PLW through supplementation and deworming.		
(J) Activity 2.1	Provide multiple-micronutrient (MMN) supplementation to 1265 PLW receiving antenatal and postnatal care services at Galkayo So.		
(K) Activity 2.2	Provide vitamin A supplementation to 350 girls and 350 boys with SAM between 6 and 59 months of age and to 130 lactating women.		
(L) Activity 2.3	Provide anthelmintics to 300 girls and 300 boys with SAM between 12 and 59 months of age and to 1,265 pregnant women.		
(M) Indicator 2.1	Nutrition	Number of women receiving micronutrient supplementation	Target 1265
(N) Indicator 2.2	Nutrition	Number of boys and girls younger than 59 months of age and lactating women	Target 830
(O) Indicator 2.3	Nutrition	Number of boys and girls younger than 59 months of age and pregnant women	Target 1865
(P) Outcome 3	PLW and caregivers of <5 adopt behaviors for improved nutrition outcomes among PLW, infants, young children (<2), and children <5.		
(Q) Activity 3.1	Conduct group nutrition promotion sessions, focusing on IYCF, targeting 250 caregivers (male and female) of <5 enrolled in the OTP.		
(R) Activity 3.2	Provide individual nutrition counseling and support (including on IYCF) to 450 caregivers (male and female) of <5 with SAM + medical complications.		
(S) Activity 3.3	Train and support 8 female community nutrition workers (CNWs) to conduct community-based nutrition education and promotion, targeting <5.		
(T) Indicator 3.1	Nutrition	Number of IYCF promotion sessions held	Target 100
(U) Indicator 3.2	Nutrition	Number caregivers of <5s with SAM and PLWs that receive individual counseling	Target 1715
(V) Indicator 3.3	Nutrition	Number of female CNWs trained to conduct community-based nutrition education and promotion, targeting <5	Target 8
(W) Implementation Plan*	Describe how you plan to implement these activities (maximum 1500 characters)		

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>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<p>Timeframe Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</p>						
	Activity	Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
	1.1*	X					
	1.2	X					
	1.3	X					
	2.1	X					
	2.2	X					
	2.3	X					
	3.1	X					
	3.2	X					
	3.3		X				

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>	<p>Organization</p> <ol style="list-style-type: none"> 1 UNICEF 2 GPHCC (Local NGO) 3 IRC 4 Mercy Corps 5 CESVI 6 GPHCC 7 8 9 10 	<p>Activity</p> <p>In-kind support for the OTP and SC Coordination in the hospital referrals, MMN and education through RH services referrals/counter-referrals TSFP referrals/counter-referrals</p>									
<p>(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</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="365 772 649 871"> <p>Cross-Cutting Themes (Yes/No)</p> </td> <td data-bbox="649 772 1128 871"> <p>Outline how the project supports the selected Cross-Cutting Themes.</p> </td> <td data-bbox="1128 772 1185 871"> <p>Write activity number(s) from section 4 that supports Cross-Cutting theme.</p> </td> </tr> <tr> <td data-bbox="365 871 649 892"> <p>Gender</p> </td> <td data-bbox="649 871 1128 892"></td> <td data-bbox="1128 871 1185 892"></td> </tr> <tr> <td data-bbox="365 892 649 926"> <p>Capacity Building</p> </td> <td data-bbox="649 892 1128 926"></td> <td data-bbox="1128 892 1185 926"></td> </tr> </table>		<p>Cross-Cutting Themes (Yes/No)</p>	<p>Outline how the project supports the selected Cross-Cutting Themes.</p>	<p>Write activity number(s) from section 4 that supports Cross-Cutting theme.</p>	<p>Gender</p>			<p>Capacity Building</p>		
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