

For 'new-line' in text fields press [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'

## Project Document

### 1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	RELIEF INTERNATIONAL-UK (RI)		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title*	Selective Feeding and Nutrition Education Program, Mudug Region <small>Please use a precise and informative title that accurately reflects the project.</small>		
(D) CAP Project Code	SOM-10/H/28403/6971	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 1 (July 2010)		
(G) CAP Budget	\$512,643	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 194,702.00	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve.	
(J) Primary Cluster*	Nutrition		
(K) Secondary Cluster	please select	Only indicate a secondary cluster for multi-cluster projects.	
(L) Beneficiaries <small>Direct project beneficiaries. Specify target population disaggregated by number.</small>	Total*	Men	Women
	24,400		8,000
	Children under 18		16,400
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	People in AFLC	Indicate group name
			Indicate group name
(M) Location <small>Region(s) and District(s) only, precise locations should be annexed</small>	Regions	<input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> L. Juba <input type="checkbox"/> M. Juba <input checked="" 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"/> L. Shabelle <input type="checkbox"/> M. Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W. Galbeed	
		Malnourished pregnant/Lactating    Malnourished under five years.	
(N) Implementing Partners <small>(List name, acronym and budget)</small>	1	Ministry of Health	Budget: \$ -
	2		Budget: \$ -
	3		Budget: \$ -
(O) Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).			
Agency focal point for project:	Name: *	Randhir Singh	Title: Regional Program Advisor & Country Director Somalia
	Email: *	randhir@ri.org	Phone: * 254 (0)710 932 098
	Address:	East Africa Regional Office, Unit 5, L.R. 1/833, Lenana Road, NAIROBI-Kenya	

### 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.*	<p>According to the Food Security and Nutrition Analysis Unit (FSNAU) March 2010 Post Deyr Analysis, the overall nutrition situation in urban areas across Somalia have shown limited improvement, with a median Global Acute Malnutrition (GAM) rate of 16.7% and Severe Acute Malnutrition (SAM) rate of 5.0%. (The UN World Health Organization defines the nutrition emergency threshold at 15 percent GAM.) In the urban center of Galkayo, the rates are even higher than the median. Galkayo rates are classified as Very Critical, with GAM of 23.7% and SAM of 6.3%. IDPs continue to be a nutritionally vulnerable group, even in areas of relative peace and improved access; stunting is a specific concern among IDPs – 1 in 4 IDP children are reported not being able to reach their full developmental potential. Nutrition vulnerability, according to FSNAU, is likely to persist and potentially deteriorate unless a combination of emergency nutrition interventions and capacity strengthening of current and new nutrition stakeholders is undertaken.</p>
(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.*	<p>RI's rapid assessment in April 2010 revealed that while there are 13 IDP settlements around Galkayo, there are no OTPs serving the camps directly. To treat this vulnerable population, RI has applied to UNICEF to establish mobile OTP and a stabilization centre (SC) for inpatient therapeutic care. RI is also coordinating with the Somali Development and Relief Agency (SDRA), who is supporting SFP programmes in Galkayo. It should be noted that integrated humanitarian interventions have contributed to the improvement and mitigated further deterioration of the nutritional situation for populations accessed; however, SFP and additional OTP sites are required to service still-excluded populations and newly arriving displaced persons.</p> <p>FSNAU findings further indicate that the key contributors to the chronic nutrition crisis faced by Somali populations include displacement resulting from civil insecurity, the severe and deepening drought, and elevated commodity prices. High morbidity, disease outbreaks, poor WASH practices, limited access to basic services, and poor child care are also driving factors. Children are not exclusively breastfed as recommended by WHO – they are introduced to complementary foods at an early age, sometimes as early as the first hour. These factors contribute to the deterioration of the nutrition status, exposure to pathogens (through consumption of untreated water), and weakening of the immune system. For children already born with low birth weight this translates in the short term to acute malnutrition and in the longer term to stunting; FSNAU reports stunting levels of 30 percent in central region, 36 percent among IDPs.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>Since establishing initial operations in Somalia in 2006, Relief International – United Kingdom (RI) has been implementing WASH, Nutrition, Food Security, Livelihoods, and Education sector programming across the whole of Puntland state and in Galmudug and Galgaduud regions in South Central zone. In Mudug region specifically, the proposed program will link with RI's ongoing interventions in Nutrition, Food Security, Livelihoods, and Education. Through current nutrition activities, RI has an established link with the Ministry of Health, and partners with village committees who are part of the advocacy and sustainability framework to educate and mobilize community members on key health, nutrition, and hygiene issues. Since May 2009 and with support from UNHCR, RI has been implementing the Protection Through Economic Empowerment (PECEM), which provides emergency food security and livelihoods support (e.g. livestock, small business grants, capacity building trainings) for 5,000 IDP households, and pathways to care for victims of human rights abuses. In consortium with ADRA Somalia, RI is implementing a 36 month education program which will increase participation in formal and non-formal quality basic education with particular focus on women and girls -- this project will include rehabilitation of WASH facilities in schools and dissemination of hygiene education. RI will build on the aforementioned interventions in Mudug region to provide a holistic response to the emergency affecting drought and conflict affected populations. RI believes an integrated, holistic intervention is required to meet the urgent and inter-connected food security, nutrition, and WASH needs in gap geographic areas (for example, WASH is considering one of the primary indicators for the poor Nutrition outlook in Somalia; therefore, the Nutrition intervention proposed herein will be complimented by current WASH interventions).</p>

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

(A) Objective*	To reduce child mortality and morbidity due to malnutrition through provision of targeted feeding and nutrition education activities for		
(B) Outcome 1*	2,000 severely malnourished children under five treated through OTP.		
(C) Activity 1.1*	Children under five will be screened and admitted to the OTP program.		
(D) Activity 1.2	Children discharged from the OTP will be referred to existing SFP sites for continued follow-up.		
(E) Activity 1.3			
(F) Indicator 1.1*	Nutrition	NUTRITION - SAM treatment programs achieve > 75% cured rate	Target: 75%
	please select	100% of severely malnourished children discharged from OTP are	Target: 100%
(G) Indicator 1.2			
(H) Indicator 1.3	please select		Target: 100%
(I) Outcome 2	22,400 moderately malnourished children under five and pregnant and lactating women (P&LW) treated through targeted SFP.		
(J) Activity 2.1	Children under five and pregnant and lactating women will be screened and admitted to the SFP program.		

(M) Indicator 2.1	Nutrition	NUTRITION - % Coverage of the estimated caseload disaggregated by gender <b>Target:</b> 75%
(N) Indicator 2.2	Nutrition	MAM treatment programs achieve > 75% cured rates, default rate <b>Target:</b> 14,400
(O) Indicator 2.3	Nutrition	RI achieves 75% cure rates as measured by patient records and patient self-reports <b>Target:</b> 10%
<b>(P) Outcome 3</b>	Exclusive breastfeeding and maternal nutrition promoted via behavior change education approaches	
(Q) Activity 3.1	Train 20 Nutrition Outreach Workers to (1) identify and refer severely acutely malnourished children; (2) deliver key messages on the importance of exclusive breastfeeding and maternal nutrition.	
(R) Activity 3.2	Form two mother groups for facilitating outreach and behaviour change education.	
(S) Activity 3.3	Initiate nutrition education on exclusive breast feeding and good CARE Practices in OTP/SFP sites.	
(T) Indicator 3.1	Nutrition	NUTRITION - Number of Staff/CHW trained on the management of acute malnutrition <b>Target:</b> 20
(U) Indicator 3.2	Nutrition	Number of Mother Groups formed to facilitate outreach and education <b>Target:</b> 2
(V) Indicator 3.3	please select	20 Nutrition Outreach Workers trained to identify malnourishment, <b>Target:</b> 20
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities	<p>The action addresses the Nutrition Cluster objectives and is in line with RI's unfunded project sheets for the Somalia 2010 Consolidated Appeal. RI will fully coordinate with the Nutrition clusters, WFP, UNICEF, Ministry of Health (MoH) and local administrations. RI will continue to participate in cluster meetings at the field and Nairobi levels. Moreover, RI will use the internationally agreed criteria to admit and discharge beneficiaries to SPF and OTP programs.</p> <p>RI's strategy will follow international and Somalia-specific nutrition protocols and SPHERE standards. RI will implement the selective feeding program by use of the Community Management of Acute Malnutrition (CMAM) approach including supplementary feeding programs (SFP) and outpatient therapeutic programs to be established at existing health facilities. CMAM strategies are based on RI's successful implementation of the same in conflict areas of Darfur, Sudan in partnership with WFP and UNICEF. Where possible, appropriate community engagement aspects are included for Galkayo and the surrounding area with sensitivity to the constraints in the context that may not be as permissive for a full rotation of education / community managed activities.</p> <p>During the program period, RI will obtain commodities required for SFP from WFP, and for OTP from UNICEF. RI will submit monthly food requests and the commodities will be dispatched by WFP and UNICEF on a monthly basis. WFP and UNICEF will be responsible for maintaining the quality and safety of the food until taken over from their warehouse by RI. For stock maintenance, RI will adhere to the Food Storage Manual published in 2003 for WFP. RI will carry out a survey of existing available stores in Galkayo before confirming the number and location of warehouses for storage. The store will remain under lock and key at all times, with guards to enforce security. Food items / supplies delivered coming into or leaving the store will be officially recorded, and the Logistician will prepare monthly stock reports.</p> <p>RI will work within established health facilities and will ensure that local nutritionists and health staff are trained to enhance their capacity in the management of acute malnutrition. MOH training will be for MCH based staff who will be trained on MAM and SAM for sustainability after the Project. Staff will be drawn from all the MCHs in three Districts which are vast and facilities far apart. MOH from regional level will facilitate too. This will ensure institutional capacity and continuity post RI's interventions. In addition, RI will implement the project in collaboration with the Ministry of Health to ensure their ownership gradually and for post-project periods. RI is cognizant that all discharge and maintenance standards (GAM is &lt; 10% with limited aggravating factors) may not be fully owned by MoH and other key stakeholders at the project end. RI's monitoring and evaluation process will include an analysis of whether this threshold has been reached or if further support is needed from RI to ensure stability.</p>	

#### 5. MONITORING AND EVALUATION (to be completed by organization)

<b>(A)</b> 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.	<p>Monitoring will occur via weekly reporting analysis conducted and compiled from sector coordinators and program management staff for review at the Nairobi Regional and United Kingdom Headquarters Offices. Monthly reporting directly measures performance and coverage indicators against SPHERE standards, and also for progress to plan. Weekly and monthly reporting is compiled for routine progress reports to donors with sufficient information on perceived challenges and solutions. Workplan monitoring / updates will be focused on noting necessary contingencies or changes as necessary, with explanation provided in accompanying progress report narratives.</p> <p>RI will evaluate results through measuring achievements against data compiled through RI's baseline assessment, UNICEF, and the WASH Cluster. Pre- and post-project KAP surveys will be conducted for training activities to measure impact and uptake of education activities. All relevant data, lessons learned, and best practices will be regularly shared with stakeholders through the clusters and government ministries and used for course correction. Additionally, RI can share with the CHF monthly reports to be submitted to WFP and UNICEF, which gives information on beneficiary numbers (according to gender), information on the current situation, and information on commodities received and any losses incurred.</p>
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(B) Work Plan Must be in line with the log frame	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 community sensx							
1.2 Children under five will b	x		x	x	x		
1.3 Children discharged from the OTP will be referred to existing	x		x	x	x	x	
2.1 Children under five and p	x	x	x	x	x	x	
2.2 Moderate cases will be is	x	x	x	x	x	x	
2.3 All families having malno	x	x	x	x	x	x	
3.1 Train 20 Nutrition Outrea							
3.2 Form two mother groups for facilitating ou	x		x	x	x	x	
3.3 Initiate nutrition education on exclusive br	x		x	x	x	x	

#### 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	1	<b>Organization</b>	<b>Activity</b>	
	2	MSF-Holland	In patient program for malnourished children	
	3	Merlin	OTP program	
	4	SRCS/IFRC	MCH clinics	
	5	SDRA	SFP program	
	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	<b>Cross-Cutting Themes</b> (Yes/No)		<b>Outline how the project supports the selected Cross-Cutting Themes.</b>	<b>Write activity number(s) from section 4 that supports Cross-Cutting theme.</b>
	<b>Gender</b>	Yes	RI maintains gender balance in all proposed activities. Community leaders will	1.1, 1.2, 2.3, 3.3
	<b>Capacity Building</b>	Yes	RI supports and increases the capacity of local ministries, non-state actors, and	3.3