

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*	Oxfam Novib		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title*	Prevention and Treatment of Acute Malnutrition in Mogadishu through Community-based Therapeutic Care.		
(D) CAP Project Code	SOM-10/H/28443/R	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	\$ 936,783.00	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 331,604.39	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	Livelihoods	Only indicate a secondary cluster for multi-cluster projects.	
(L) Beneficiaries	Total*	Men	Women
	44520	0	6120
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
	44,520	44,520	PLW
(M) Location	Regions	<input type="checkbox"/> Awdal <input checked="" type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> L. 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"/> L. Shabelle <input type="checkbox"/> M. Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input checked="" type="checkbox"/> W. Galbeed	
	Budget:	\$ 286,927	
(N) Implementing Partners (List name, acronym and budget)	1 SAACID	Budget:	\$ 286,927
(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: *	Peter Kamalaingin	Title: Representative, Humanitarian Planning
	Email: *	Peter.Kamalaingin@oxfamnovib.or	Phone: * 254-20-3741926
	Address:	Oxfam Novib, P.O.Box 491-00600, Nairobi, Kenya	

3. BACKGROUND AND NEEDS

(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted.*	Mogadishu, Banadir Region, is considered a priority region of Somalia, due to acute humanitarian needs stemming from conflict, displacements, insecurity, human rights violations, and a very fragile political and economic situation. This project is a community-based therapeutic care network of 8 MCHN sites located in 8 districts of Mogadishu city, with an OTP and SFP at each district site. In addition, having rehabilitated another 8 MCHN sites in the remaining districts of Mogadishu in early 2010, the project has the capacity to expand to 16 district sites, or shift amongst the sites, depending on needs, resources and population movement. Presently, within the city itself, the large majority of the population are displaced (regardless of economic status). UNHCR currently estimates there are 371,960 IDPs in Mogadishu. The project especially reaches out to IDPs with 160 (and which has just been increased to 240 based on new FLA with WFP and SAACID). These outreach workers are compensated with food-for-work provided by WFP to screen, identify, refer and follow up on cases in their designated communities. The outreach workers do NOT work at the sites but in the community and they do MUAC screening, education messaging, home visits and SC visits on a day to day basis. All 240 outreach workers are IDPs (including Traditional birth attendants, religious leaders, traditional healers) and 87.5% are women, serving as advocates for their vulnerable neighbors. In addition, considering the current conflict, the entire population of the city is living in a state of humanitarian emergency, while the figure is 55,000 formally. In the first project year in 2009, Oxfam Novib worked with the implementing partner, SAACID, to initiate the first Mogadishu-based field nutrition cluster. Since January the group - made up of nearly all the nutrition actors in Mogadishu - has met monthly, providing minutes to UN-OCHA and the IASC Nutrition Cluster. Members of the Mogadishu-based nutrition cluster collaborate in referring cases to one another depending on programmes offered and geographic area, in addition to sharing information regarding population movement, and situation updates on nutrition, health and food security. Oxfam Novib is also a key member of the IASC Nutrition Cluster and since the project's initiation in 2009, Oxfam Novib has been in regular consultation with the IASC chair, UNICEF, WFP and other organizations (such as ACF and MSF who have had nutrition interventions in nearby areas). All of these groups are aware of Oxfam Novib's operations in Mogadishu and have expressed awareness of the need for continuing (and possibly expanding) these nutrition interventions in the region. This is also reflected in the
(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.*	The humanitarian situation in Banadir Region is so terrible that FSNAU has not been able to conduct complete rapid urban nutrition assessments across the region, and the population is constantly changing due to displacement. It has been therefore difficult to obtain reliable baseline data or determine project targets. However, Oxfam Novib's nutrition intervention in the last project year demonstrated that the situation and the need for upscaled nutrition intervention is even worse than expected. The projected figures for the first project year (planned for 12 months) were 13,500 MAM and 3,000 SAM children, while 28,140 MAM and 5,985 SAM children were treated during the first 7 months of actual operations (from September 2009-March 2010). These figures are approximately 200% of the targeted figures over 58% of the planned period, and during a time when the overall population figures are known to have decreased due to the conflict. With the suspension of dry food distributions in the neighboring Afgoye Corridor, the admission trends have continued to increase, as families from the surrounding areas of Mogadishu visit the sites in search of humanitarian assistance. Over the following quarter (April-June), as of 17/6/10, OTP admissions have reached another 4,132 and SFP admissions have reached 16,748 thus far. All indicators point to the critical need in the region, and the need for building the capacity of Somali NGOs - such as SAACID - that have a comparatively (comparatively) better ability to implement in such a context. (Monthly and consolidated reports for each of the 8 sites are available on request).
(C) List and describe the activities that your organization is currently implementing to address these needs.	As stated above, this project plans to continue OTP and SFP operations at 8 rehabilitated, community-owned MCHN sites in Mogadishu City, including the following districts of Banadir region: Dharkeynley, Wadajir, Waberi, Hodan, Hamar-jajab, Hamar-weyne, Shingani, and Karaan. WFP is supporting 160 outreach workers for case finding and follow-up with monthly food-for-work payments and has an in principle commitment to increase this to 240. The FFW outreach workers also deliver key messages on health and sanitation while conducting their case-finding and follow up. Each OTP/SFP site is operational 5 days a week, screening and admitting severely and moderately malnourished children under 5 years of age, and treats malnourished pregnant and lactating women as part of this request. There is 1 overall head nurse, 8 site leader nurses (1 per site) and 16 site nurses (2 per site). Each site also 2 weighers and measurers who screen and measure the children using MUAC criteria. 4 guards per site are there to not only manage crowd but also to secure and keep watch over the sites 24 hours a day and 7 days a week. The context of Mogadishu make this absolutely necessary. On average, each site handles a caseload of 2000 (means upto 16,000 for all the 8 sites). At each site and as part of agreement with UNICEF, other general treatment for the children and the pregnant mothers are provided including measles vaccinations and general clinical services. All admissions and discharges are based on MUAC criteria, although the project is open to

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Reduce malnourishment among P&LW and children < 5 years of age in Mogadishu through a community-based programme.		
(B) Outcome 1*	8 community-owned MCHNs are functional with 6,120 (P&LW), 9600 children <5 (SAM) and 28,800 children <5 (MAM) screened and		
(C) Activity 1.1*	Provision of appropriate anthropometric and clinical assessment and treatment based on set guidelines and protocols.		
(D) Activity 1.2	Equipping the 8 MCHN (OTP/SFP) sites with the required equipment, supplies, furniture and staff for operations and maintenance.		
(E) Activity 1.3	Securing and safeguarding the MCHN sites through community-initiated security and safety mechanisms.		
(F) Indicator 1.1*	Nutrition	NUTRITION - SAM and MAM treatment programs achieve > 75% Target:*	44,520
			P&LW, 9,600 SAM, and 28,800
(G) Indicator 1.2	Nutrition	8 community-owned MCHN sites functional > 5 days/month	Target: > 5 days/week

(I) Outcome 2	Trained community outreach workers are able to identify, refer, and follow up on acute malnourished children <5 and P&LW.	
(J) Activity 2.1	Identification and training of additional 80 community outreach workers (to be maintained through FFW as per FLA with WFP).	
(K) Activity 2.2	Continued community sensitization and mobilisation on the CTC programme.	
(L) Activity 2.3	Screening, identification, referral and follow up of cases to MCHN sites.	
(M) Indicator 2.1	Nutrition	NUTRITION - Number of CHW (FFW outreach workers) trained or Target: 240 CHWs 1 workers (CHWs - >75% women)
(N) Indicator 2.2	Nutrition	CHW outreach workers focus on and spread 1 key message/month Target: 1 message/month
(O) Indicator 2.3	Nutrition	NUTRITION - % Coverage of the estimated caseload disaggregated by gender Target: 70% coverage
(P) Outcome 3	Capacity of the implementing Somali NGO is built, with the project properly managed by experienced and trained local staff.	
(Q) Activity 3.1	Maintain competent project staff to oversee, coordinate, manage & monitor the project to achieve intended results.	
(R) Activity 3.2	Carry out real time project reviews and evaluations and on time project budget tracking, with M&E by Oxfam Novib.	
(S) Activity 3.3	Continued technical support, oversight and training by Oxfam Novib and Valid International	
(T) Indicator 3.1	Nutrition	NUTRITION - Number of Staff/CHW trained on the management of acute malnutrition Target: 121 people field nutrition-focused administrator
(U) Indicator 3.2	Nutrition	Compliance with work plan, and submission of accurate and timely Target: Monthly
(V) Indicator 3.3	Nutrition	Trained staff, field visits and SQUEAC investigation Target: Quarterly
(W) Implementation Plan* Describe how you plan to implement these activities	Oxfam Novib will build upon the CTC network established in Mogadishu in partnership with SAACID, UNICEF and WFP in 2009-2010 in which 16 community-owned MCHNs were rehabilitated - 8 of which have been operating OTPs and SFPs since September 2009. The 25 nutrition and clinical staff based at the sites and 240 FFW outreach workers (working at the community) who have already received technical training and gained significant Mogadishu-specific experience through lessons learned thus far, will continue to provide life saving treatment to the severely malnourished children and women as described above, while Oxfam Novib provides the technical backstop, monitoring & evaluation, and supports the implementing partner through continuing capacity building and complementary financial resources. As and when resources allow and needs persist, expansion into the other 8 sites will be	

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.	Operationally, the project's 8 district OTP/SFP sites admit and treat cases 5 days a week, with the 6th day for administrative purposes and Friday off. Weekly SFP and OTP reports, documenting daily admissions and discharges are scanned and entered into a database for ongoing monitoring of trends, while individual cases are entered into another database as time and resources allow. Weekly reports are combined to complete the required monthly OTP and SFP reports by UNICEF and WFP respectively. Each site has a camera and photos are taken daily of OTP cases as well as site activities, burned on DVD and sent to Nairobi for review. Oxfam Novib project managers and nutritionist will make field visits to the project sites. Security allowing, we have provided for at least one visit every three months at the minimum. The previous phase proved that with good planning and risk analysis, this is possible. Outreach worker reports on the number of SAM and MAM referrals in the community, and the number of successfully admitted referrals are also prepared on a monthly basis to track the effectiveness of the outreach efforts. Security incidents and supply distribution is also tracked and monitored on a weekly basis. In addition to the regular weekly and monthly reports, overall quarterly financial and narrative project reports are provided to Oxfam Novib by the implementing partner. A SQUEAC investigation by Valid International is being planned that will help review and evaluate the effectiveness and impact of the project, as well as determine coverage. The intention is to carry out the SQUEAC in the field but in case the security risks make these extremely hard, remote application of SQUEAC will be carried out by Valid. The results of the SQUEAC will be shared with the nutrition cluster and with
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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* Treatment	X	X	X	X	X	X	
1.2 Operation of Sites	X	X	X	X	X	X	
1.3 Safeguarding Sites	X	X	X	X	X	X	
2.1 Train Outreach Workers	X						
2.2 Community Sensitization	X	X	X	X	X	X	
2.3 Case finding and follow up	X	X	X	X	X	X	
3.1 Management oversight & reporting	X	X	X	X	X	X	
3.2 Reporting and M&E			X			X	
3.3 Technical Support	X	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	Organization	Activity
	2	ACF	Receive cured SAM cases from ACF's OTPs for SFP follow up, and send complicated cases to other sites
	3	SORRDO, HACDA, JUMBO, Zamzam	Collaborate and share information at the Mogadishu field nutrition cluster meetings
	4	Banadir Hospital	To refer SC cases unable to send to ACF sites
	5	UNICEF and Implementing partners	collaborate and partner including provision of RUTF and other supplies and cash.
	6	WFP and implementing partners	collaborate and partners on provision of RUSF supplies to SAACID
	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	In addition to the targeted beneficiaries being pregnant and lactating women, and the majority of malnourished children under 5 seen at our site to date being female, the nutrition outreach workers are > 70% women that receive training and are empowered in their community with employment and skills. In addition, the trained MCHN staff are at least 50% women	1.1, 1.2, 2.1, and 3.1
	Capacity Building	Yes	The programme is completely implemented by an indigenous Somali NGO (SAACID) that receives technical training and equipment, and managerial control over the MCHN infrastructure. The site staff and outreach workers receive training and employment and skills going forward. Oxfam Novib has long term partnership commitments with SAACID and provides complimentary	All of the activity numbers in section 4