

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'
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*	Provision and Support of Primary Health Care Services for Conflict and Famine affected Populations of Adaan Yabaal District in Middle Shabelle			
(D) CAP Project Code	SOM-12/H/48423	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 (Mar 2012)			
(G) CAP Budget		Must be equal to total amount requested in current CAP		
(H) Amount Request*	\$ 553,584.00	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*	Health			
(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)			
	Total beneficiaries	Men	Women	Total
	22336	27998	50334	
	Total beneficiaries include the following:			
	Children under 5	6292	6292	12584
	Pregnant and Lactating Women	0	5662	5662
	People in Host Communities	22336	22336	44672
		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:	\$ 553,584
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 Advisor
	Email*	owilic@mulranyinternational.org	Phone*	+2547223670977/+252618141913
	Address	82 Alexandra Road, Unit 6 Enfield, Middlesex, EN3 7EH		

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) *	<p>The latest assessment findings (FSNAU/FEWSNET, FEBRUARY 3, 2012) shows Mogadishu IDPs, Afgoye IDPs, and agropastoral households in Middle Shabelle (populations formerly classified as IPC Phase 5 – Famine) have now improved to Emergency-level food insecurity (IPC Phase 4). This is the result of substantial humanitarian assistance provided and the start of the Deyr harvest, which is expected to be substantially higher than average. The massive scale-up of emergency response since September/October has also had a significant impact on food access, acute malnutrition, and mortality levels. Death rates have declined since August but remain at the Famine threshold of 2 deaths per 10,000 population per day, highlighting the continued impacts of the 2011 famine and insecurity. Due to security restrictions, updated nutrition and mortality data was not collected in December/January. However, indirect information from health centers and feeding programmes suggests an improved situation from August 2011, though acute malnutrition levels likely remain higher than 20%. In the most-likely scenario, FEWS NET and FSNAU assume that the April-June Gu rains will be average. However, risk of a poor season remains, and populations continue to be extremely vulnerable following the devastating effects of the recent famine. Large numbers of people are likely to remain in Crisis until the August 2012 Gu- season harvest, the number of people in Crisis is likely to increase from May in Juba, Shabelle, and Bay regions, when the benefit of the current harvest will be reduced. To mitigate this aggravating factors a multi sectoral response, at scale, is still required for all those in crisis and any significant interruption to humanitarian assistance or trade could result in a reversal of the gains made.</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. (maximum 1500 characters) *	<p>The delivery of health services has been deeply affected by the long crisis, drought and security problems in Somalia. The location under the proposed programme is in a critical health & Nutritional situation with little or no access to health facilities. Capacities in Place. Mulrany International has set up 5 MCH/PHC clinics and 5 Nutritional centers offering health and Nutritional services in Aden Yabaal District. There is no Hospital in the District to cater for major Secondary referral cases from the sentinel clinic sites. Health actors are faced with various challenges in working to react and reverse the situation due to limited capacity and availability of qualified personnel. Training is required for National staff (women and Men) in order to manage effectively health programs. Due to lack of Health Facilities problems of maternal and neo natal health are still existing, it is still estimated that between 60% to 75% of the deliveries are still attended by unskilled staff. There is low EPI coverage and the resulting high numbers of vaccine preventable diseases continue to present challenges to efforts to alleviate the critical health situation in the regions. We shall coordinate and work with UNICEF to provide vaccines and supplies to increase the EPI coverage. Mulrany International has been working very closely with the Health Cluster and other health partners WHO, UNICEF and sharing key information captured in the sentinel clinics. Our close network of working with Community leaders has also assisted in ensuring we cover and provide key information gathered from the community on the general health situation of the communities we are serving. Over the last 3 months we have been working very closely with the health workers and community to gather information aimed at improving health services and health needs of Middle Shabelle.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>Mulrany International is running 5 MCH/OPD/facilities in Adan Yabaal Area where we are providing the full package of Basic essential Service. Through our health activities we are providing inputs that include technical, training assistance and , monitoring/supervision of health services. We have an integrated programme hence offering services which prevent morbidity and mortality. We have established a link with MOH and also health partners in the region and also we work very close with various village committees who are part of the advocacy and sustainability framework to educate and mobilize communities' members to key Health, hygiene and Nutrition issues. We shall build on the afore mentioned interventions in Wardhiigleey to provide a holistic response to the emergency affecting the drought conflict affected populations in Middle Shabelle. We believe an integrated and holistic intervention is required to meet the urgent and inter connected food security, Nutrition and WASH needs in the gap geographical areas.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To Continue to improve the effectiveness of and access to the curative and preventive elements of PHC Services in the project area		
(B) Outcome 1*	Continued Access to PHC and Maternal Child health is improved in the 5 project locations.		
(C) Activity 1.1*	Provision of outpatient treatment services and ensure continued supply of adequate essential Drugs /Medicines and Medical Equipm		
(D) Activity 1.2	Reduce Maternal and Neonatal-Infant mortality in the project area through improving Institutional Deliveries at the Sentinel Sites.		
(E) Activity 1.3	Ensure the established Transport and referral system is Operational.		
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 5
(G) Indicator 1.2	Health	At least each Sentinel Clinic has a functional Institutional Delivem	Target
(H) Indicator 1.3	Health	Ambulance system is strengthened from MCH/PHC to Secondar	Target
(I) Outcome 2	Continue Strengthening disease Surveillance and outbreak control system in the project area.		
(J) Activity 2.1	Improve and sustain immunization coverage for under 5 years children and women of child bearing age.		
(K) Activity 2.2	Maintain and expand the integrated disease surveillance and reporting network(IDSR) for diseases early warning alert ad network res		
(L) Activity 2.3	Reduce morbidity and mortality rates of outbreak prone diseases like Malaria, Pneumonia, Cholera and Diarrhoea through provision		
(M) Indicator 2.1	Health	Number of children below five years and women of child-bearing	Target 5000
(N) Indicator 2.2	Health	Provide 240 weekly integrated surveillance reports and >75% of	Target
(O) Indicator 2.3	Health	Case Fatality Rates (CFR) for Acute Watery Diarrhoea) less thar	Target
(P) Outcome 3	Strengthening of Coordination Mechanisms for Health Emergency Responses in Middle Shabelle through Training, Active participati		
(Q) Activity 3.1	Capacity building of Health workers on Health Education and awareness sessions, Training on basic obstetric care and identificati		
(R) Activity 3.2	Coordination with Health Cluster is Strengthened, through health facility mapping, provision of health information from Sentinel Clini		
(S) Activity 3.3	Dissemination of key IEC materials related to communicable diseases and also ensure health medical supplies are prepositioned in		
(T) Indicator 3.1	Health	Number of health workers trained on common illnesses and/or ir	Target 100
(U) Indicator 3.2	Health	All Sentinel Clinics sites Mapped and provide health Information.	Target
(V) Indicator 3.3	Health	Number of IEC Materials distributed	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	Our Health activities will be in line with the general Essential Package of Health Services (EPHS) and built on increasing coverage of the Core Programs of the EPHS provided by qualified personnel, proper and efficient use of HMIS, use of the standard salary scales, adoption of essential drug list and the institutionalization of manuals and protocols for the treatment of most common diseases. Mulrany International Health Coordinator will supervise the implementation. Cadre of staff will consist of both Technical personnel and Auxiliary staff. The Technical staff who will be involved in direct implementation will be Medical Assistants, Nurses, Midwives,Registration staff and community health workers, while the Auxiliary staff will consist of Cleaners, Guards etcThe project will use the following approaches: 1. Curative services for common minor illnesses will be provided at the MCH clinics and also at the HPs, complemented by regular health education given at all health facilities and at the community level by the CHW's; 2. To improve maternal health, Medical assistant will focus on enhancing comprehensive antenatal care, clean and safe deliveries, vaccination of mothers and Children and supplementation of vitamin A and iron. 3. Immunization services will be provided among pregnant women and children under five at the MCH. 4. Health Education will be carried out at the MCH clinic and at village level by EPI teams and CHW s. 5. Training of Health workers to improve their skills to enable them efficiently manage patients. The training will be conducted targeting health staff workers on various fields. The training will run for between 5-7days focused on different topics to improve the Primary Health Care. Mulrany International values a strong link between the Nutrition programmes, Water and Sanitation and the Health programme. We will enhance transparency in its implementation and ensure an integrated approach to ensure the community is served well.		

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) *

Mulrany International has an International Health Coordinator based in Mogadishu and be responsible for the health programme. He will supervise and work with National staff based in the field that will be responsible for direct implementation of the activities and track the progress towards the expected results. All health activities will be monitored against the approved work plan; daily patient attendance and diseases seen at the each health facility will be compiled and recorded into a database which will be submitted for review to the Health Coordinator based in Mogadishu on a weekly basis for analysis. The analysed reports will be sent and shared with the Nairobi office and shared with the Health Cluster coordination. We have an established proactive monitoring and evaluation methodology consisting of recommended and appropriate tools for collection of relevant implementation of project activities. Our internal monitoring system will conform to results-based management standards and will include midterm reviews. We will ensure a constant flow of information about the intervention to and from the local community and an exchange of information, including an update of baseline data, information on the evolution of potential beneficiary numbers and photo documentation with other humanitarian organisations and agencies operating in the region through the health cluster forum. Regular monitoring of activities and outputs will be an integral aspect of programming, ensuring all project activities remain accountable. We will carry out regular financial verification to ensure the proper use and implementation of allocated project funds. Mulrany International programmes are subject to an annual audit by Deloitte and Touché. We will prepare mid-project reports of our activities, and also end of project reports, and share them with the Health Cluster.

(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* Provision of outpatient tr	X	X	X	X	X	X
1.2 Reduce Maternal and N	X	X	X	X	X	X
1.3 Ensure the established	X	X	X	X	X	X
2.1 Improve and sustain imr	X	X	X	X	X	X
2.2 Maintain and expand the	X	X	X	X	X	X
2.3 Reduce morbidity and m	X	X	X	X	X	X
3.1 Capacity building of Hea	X	X	X	X	X	X
3.2 Coordination with Health	X	X	X	X	X	X
3.3 Dissemination of key IEC	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

Organization	Activity
1 Health Cluster Members (LNGO's, INGC)	National and Regional Coordination, information sharing including best practices
2 UN Agencies(WHO, OCHA, UNICEF, UN	Coordination, provision of quality emergency kits, medicines and equipment and
3 SRC(Somali Relieve Centre)	Coordination and Implementation of Health and Nutrition activities
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	This health project is designed to increase access to an integrated package of
Capacity Building		