

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*	Feeding Programmes to Prevent and Treat Malnutrition for the Most Vulnerable Under-5 years, and Pregnant and Lactating Women through an integrated Outpatient Therapeutic and Supplementary Feeding programmes in Adan Yabaal district in Middle Shabelle			
(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 1 (Mar 2012)			
(G) CAP Budget		Must be equal to total amount requested in current CAP		
(H) Amount Request*	\$ 245,351,50	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)			
	Total beneficiaries	Men	Women	Total
	0	5992	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"/> Salgaduud <input type="checkbox"/> Hiraan <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:	\$ 245,352
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 Advisor
	Email*	owilic@mulranyinternational.org	Phone*	+254722367097/+252618141913/+447867317044
	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) *	According to the FSNAU post-Gu 11 assessments, Middle Shabelle riverine population reported a GAM rate of 19.6% (16.4-23.2) and SAM rate of 8.2% (5.7-11.6). The riverine population was classified as Very Critical due to the high rate of severe acute malnutrition. A crude death rate of 1.71 (1.1-3.2) and under five mortality rate of 5.19 (2.96-7.41) were reported. The findings indicated a significant deterioration in the nutrition situation since Deyr '10/11. The agro-pastoral population, reported extremely high GAM and SAM rates of 35.3% (24.9-47.3) and 17.1% (10.3-27.1) which were above famine threshold (>30%) Death rates were also high crossing the famine threshold (2/10,000/day) with a crude death rate of 2.28 (1.71-2.86) and under five death rate of 6.84 (4.91-8.76). The nutrition situation of the Middle Shabelle agro-pastoral and riverine population is classified as likely Very Critical. Nutrition surveys conducted in both livelihood zones in August and October '11 indicated sustained acute malnutrition rates. The data collected during both surveys did not meet the required quality standard and therefore the actual GAM point prevalence cannot be published. However, it can be considered that the rates are likely unchanged, indicating GAM rates estimated at >30% and ~20% among the agro-pastoral and riverine populations. The crude death rates among the agro-pastoral and riverine livelihoods also remain stable at <2.0. The districts of Adan yabal and Adale have currently been classified in Emergency (HE), this is an improvement, from the famine in the previous season. Close monitoring of the food security and nutrition indicators still remain vital in this population.
(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) *	Mulrany International has set up 5 OTPs in the area offering nutritional services (We were unable to open the SFP due to the prevailing security situation in the location and our partner WFP were unable to provide the SFP supplies to support her program activity of SFP). With the already limited humanitarian space existing and restriction of humanitarian intervention. The immediate causes of malnutrition include high morbidity, high disease incidences, poor diet leading to micronutrient deficiencies, inadequate feeding and care practices for children and women, inadequate food security as well as poor access to basic services in an environment with conflict, poverty, increased food prices, poor infrastructure and weak governance. Due to this prevailing situations—there is increased negative impact on access to food and basic services (IDPs health posts and feeding centers). There is also increased population displacements. Outbreaks of diarrhoea, cholera, measles and whooping cough have already been reported in the region. The community still needs to be served with the following; (a) There is Provision treatment services for acute malnutrition, focusing on quality and coverage and using the Somali IMAM guidelines. (b) Through a basic nutrition services package ensure that the underlying causes of acute and chronic malnutrition are addressed, while also tackling micronutrient deficiencies. (c) Ensure that all nutrition partners have an improved skills and knowledge base and are prepared and supported to deliver quality and equitable nutrition interventions.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	Currently we are implementing OTP Nutrition activities in 5 locations in Aden Yabaal which we opened in January 2012 in the 5 locations of Aden Yabaal, Boos Caduur, Xirka Dhare, Nur Dugle and Dhogonle. This coupled with our (Mulrany International) existing and functioning 5MCH/ PHC clinics in Middle Shabelle we are currently providing inputs that include technical/training assistance/monitoring/supervision/Screening services. Our integrated programme approach offers activities in line with other nutrition interventions (micro nutrient, De Worming & IYCF programmes) to prevent further deterioration of the nutrition situation in the area. We have 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. We shall build on the aforementioned interventions in District to provide a holistic response to the emergency affecting drought and conflict affected populations. We believe an integrated, holistic intervention is required to meet the urgent and inter-connected food security, nutrition, and health needs in gap geo graphic areas.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Maintain and ensure access to quality Nutrition services for children < 5 years and PLW in Adan Yabaal.		
(B) Outcome 1*	Increased Case Detection, Prevention and Treatment of Malnourished < 5 years, and Pregnant and Lactating Women.		
(C) Activity 1.1*	Ensuring Case Detection, Prevention and Treatment of Malnourished < 5 years, and Pregnant and lactating women ; is done . Scre		
(D) Activity 1.2	Ensure the full operation of the 5 OTP & SFP with qualified skilled nutrition staff trained on various aspects of malnutrition and that t		
(E) Activity 1.3	Continue to strengthen and ensure active Nutrition surveillance system exists in the 5 locations, by providing regular nutrition reports		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 18246
(G) Indicator 1.2	Nutrition	SAM, MAM treatment programs achieve >75% cure rates, default	Target
(H) Indicator 1.3	Nutrition	% Coverage of the estimated caseload disaggregated by type of	Target
(I) Outcome 2	Expand the existing Basic Nutrition Service Package (BNSP) to beneficiaries (Children and Women) in Adan Yabaal.		
(J) Activity 2.1	Up to 80% of Caretakers of Malnourished to receive awareness on appropriate infant and young child feeding practices.		
(K) Activity 2.2	80% PLW (Pregnant and Lactating women) receive micronutrient supplementation		
(L) Activity 2.3	Caretaker(s) of malnourished children and pregnant and lactating women attending MCH & Feeding centers are trained on IYFC Ca		
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	Target 10067
(N) Indicator 2.2	Nutrition	Number of mothers who receive micro nutrient supplementation	Target
(O) Indicator 2.3	Nutrition	Number of community member sensitized and mobilized	Target
(P) Outcome 3	The 5 OTP/SFP sites have skilled staff trained on detection and treatment of Malnutrition for < 5 years.		
(Q) Activity 3.1	Training of 100 health workers in Community Management of Acute Malnutrition (CMAM)		
(R) Activity 3.2	Training of 105 Nutrition health workers in Basic Nutrition Service Package, Screening, treatment, referral and follow up.		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 100
(U) Indicator 3.2	Nutrition	Number of Health workers trained on BNSP	Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>Mulrany International will implement this project directly through its International Nutrition Coordinator based in Mogadishu and National supervisors staff based in Aden Yabaal, while also working closely with Village Health Committees (VHCs) and also close collaboration with other supporting UN Agencies like UNICEF (who will provide supplies for the OTPs through a signed PCA), WHO (though provision of Health Kits to support the existing MCH clinics) & WFP (assist in provision of SFP supplies through an agreed and signed PCA) and Nutrition partners. Capacity of health workers in the 5 OTPs and 5 SFPs targeted nutrition sites will be strengthened through continuous on-the-job training. The Nutrition staff working in these facilities will provide screening, treatment and follow-up to malnourished under-5 children, and pregnant/lactating women. All children will be screened and admission pegged on weight/height (W/H) Z score, MUAC and or the absence of presence of oedema pre. Any child with a W/H z score of between > -3 & < -2 without oedema and MUAC between 11.5-12.5 cm will be admitted to the SFP and those with < -3 WHZ score, MUAC <11.5 cm and without oedema will admitted to the OTP and if accompanied with oedema referred to Stabilization Centres operated by other nutrition partners. A weekly and monthly report on the children screened will be submitted to the Nutrition coordinator by the nutrition supervisors, who will then analyse and share with counterparts in Nairobi, and the Nutrition Cluster coordination forum in Mogadishu. At the end of each month the Nutrition coordinator will write a narrative report which will be shared with the stakeholder and Nutrition clusters. Training shall be carried out by Mulrany to the health workers wiring in the OTP/SFP to ensure that their day to day knowledge is updated, this will be in coordination with the Nutrition Cluster and the training will be throughout the project period covering different aspects.</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 the implementation of the project. Daily admissions and discharges will be recorded in each Nutrition facility, compiled and recorded into a database which will be submitted for review to the Programme Coordinator based in Mogadishu on a weekly basis for analysis. The 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 in Nairobi and the region. Regular monitoring of activities and outputs will be an integral aspect of programming, thereby ensuring all project activities remains accountable. We shall carry out regular financial verification to ensure the proper use and implementation of allocated project funds and prepare mid-project reports of our activities and also end of project reports.

(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* Ensuring Case Detection	X	X	X	X	X	X
1.2 Ensure the full operation	X	X	X	X	X	X
1.3 Continue to strengthen	X	X	X	X	X	X
2.1 Up to 80% of Caretakers	X	X	X	X	X	X
2.2 80% PLW (Pregnant and	X	X	X	X	X	X
2.3 Caretaker(s) of malnour	X	X	X	X	X	X
3.1 Training of 100 health w	X		X		X	
3.2 Training of 105 Nutrition		X		X		X
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)	National and Regional Coordination, information Sharing including best practices
3 SAACID	Coordination of Nutrition Services especially in Boos Caduur to ensure beneficial
4 WFP	Provision of Supplementary food Provisions (SFP) Supplies to support our SFP p
5 SRC (Somali Relive Centre)	Coordination and Implementation of both Nutrition and Health Services in the Lo
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		