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* | MULRAN | VY INTERI | VATIONAL | | | | | | | |
|---|--|---|--------------------|--|-------------|---------------------|-----------------|-------------------|-----------------|--------------------|
| (B) Type of Organization* | UN Ag | jency | International NG |) Local | NGO Ir | nternational | NGO | | | |
| (C) Project Title* | Provision | and Suppo | rt of Primarv Hea | Ith Care Service | | | | tions of Adaar | Yabaal District | in Middle Shabelle |
| For standard allocations, please use the | | | | | | | | | | |
| CAP title. | | | | | | | | | | |
| (D) CAP Project Code | | SOM-12/H/ | 48423 | Not required | for Emerg | ency Reserv | e proposals ou | tside of CAP | | |
| (E) CAP Project Ranking | | High | 1 | Required for pr | oposals du | iring Standard | Allocations | | | |
| (F) CHF Funding Window* | Standa | rd Allocation | n 1 (Mar 2012) | Must be equal to total amount requested in current CAP | | | | | | |
| (G) CAP Budget | | | | | | | | | | |
| (H) Amount Request* | \$ | | 553,584.00 | Equals total arr | nount in bu | dget, must no | t exceed CAP Bu | ıdget | | |
| (I) Project Duration* | | 12 mon | ths | No longer than | 6 months | for proposals | to the Emergenc | y Reserve | | |
| (J) Primary Cluster* | | Healt | ı | | | | | | | |
| (K) Secondary Cluster | | | | Only indicate a secondary cluster for multi-cluster projects | | | | | | |
| (L) Beneficiaries | | | | | | | | | | |
| Direct project beneficiaries. | | | | Men | v | Vomen | Total | | | |
| Specify target population | | Total benef | ciaries | 2233 | 36 | 27998 | 50334 | | | |
| disaggregated by number, and | | | | | | | | | | |
| gender. If desired more detailed | Total beneficiaries include the following: | | | | | | | | | |
| information can be entered about | Children under 5 | | | 6292 | | 6292 | 12584 | | | |
| types of beneficiaries. For | Pregnant and Lactating Women | | | 0 | | 5662 | 5662 | | | |
| information on population in HE and AFLC see FSNAU website | | | | 0 | | 5002 | 3002 | | | |
| (http://www.fsnau.org) | People in Host Communities | | | 22336 | 1 | 22336 | 44672 | | | |
| (http://www.isilad.org) | | | | 0 | | 0 | 0 | | | |
| (M) Location | | Awdal | Banadir | Bay | Gedo | L Juba | M Juba | Muduq | Sanaag | Togdheer |
| Precise locations should be listed | Regions | - | _ | | - | - | _ | | | |
| on separate tab | - | Bakool | Bari | Galgaduud | Hiraan | Hiraan 🔲 Shabelle 🕅 | | e <u>I</u> nugaai | _pooi | W Galbeed |
| (N) Implementing Partners | 1 | | | | | | | Budget: | \$ | |
| (List name, acronym and 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 a | agency and | Cluster focal poin | t for the project (| name, ema | il, phone). | | | | |
| (O) Agency focal point for project: | Name* | ne* Dr Collins OWILI Title Health and Nutrition Advisor | | | | | | | | |
| | Email* | | | | | | | | | |
| | Address | 62 Alexandra Road, Unit 6 Enfield, Middlesex, EN3 7EH | | | | | | | | |
| | | | | | | | | | | |

3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)

| based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) * | 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 humaintarian 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 mainutrition, 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 mainutrition 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 devasting 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 cacle, 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. |
|---|---|
| (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) * | 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 exists 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 Menjin 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 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 needs of Middle Shabelle. |
| (C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters) | Mulrany International is running 5 MCH/OPD/facilities in Adan Yabaal Area were 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 Wardhigleey 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. |

| Besche how you plan to mplement these activities maximum 1500 characters) 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. Mulrary International Health Coordinator will supervise the implementation. Cadre of staff will consist of both Technica personnel and Auxiliary staff. The Technical staff who will be involved in direct implementation will be Medical Assistants, Nurses Midwifes, Registration staff and community health workers, while the Auxiliary staff will consist of Cleaners, Guards et CThe projec will use the following approaches: 1. Curative services for common minor ilnesses will be provided at the MCH clinics and also a 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 under five at the MCH. 4. Health Education will be cared out at the MCH clinica and village leve 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. Mulrary International values a storage into programs et al. | (C) Activity 1.1* (D) Activity 1.2 (E) Activity 1.3 (F) Indicator 1.1* (G) Indicator 1.2 (H) Indicator 1.2 (H) Indicator 1.3 (I) Outcome 2 (J) Activity 2.1 (K) Activity 2.2 (L) Activity 2.3 | Provision of outpatient treatu Reduce Maternal and Neon Ensure the established Trar Health Health Health Continue Strengthening diss Improve and sustain immun Maintain and expand the int | ment services and ensure continued supply of adequate atal-Infant mortality in the project area through improvin sport and referral system is Operational. Number of health facilities supported At least each Sentinel Clinic has a functional Inst Ambulance system is strengthened from MCH/P ease Surveillance and outbreak control system in the pr ization coverage for under 5 years children and women | essential Drugs /Medicines and Medical Equipm g Institutional Deliveries at the Sentinel Sites. Target* 5 itutional Deliven Target HC to Secondar Target oject area. | | | | | |
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| | | 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 | | | | | | | |

| 5. MONITORING AND EVALU | ATION (to be completed by | organization | a | | | | |
|---|---|---|---|---|---|--|---|
| (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 Inter He will supervise and work with NA and track the progress towards th patient attendance and diseases s submitted for review to the Health sent and shared with dthe Nairobi monitoring and evaluation method of project activities. Our internal m reviews. We will ensure a constar information, including an update o documentation with other humanit Regular monitoring of activities an accountable. We will carry out reg Mulrany International programmer our activities, and also end of proje | national Health tational staff base een at the each Coordinator base office and share onitoring system at flow of informa f baseline data, tarian organisatio d outputs will be ujular financial ve s are subject to a | Coordinator based and in the field that v its. All health activit health facility will to ede in Mogadishu o ed with the Health (of recommended or will conform to re ation about the inte information on the ons and agencies o an integral aspect rification to ensure an annual audit by | vill be responsibl ites will be monit be compiled and an a weekly basis Sluster coordinat and appropriate sults-based mar rvention to and f evolution of pote pperating in the r of programming the proper use a Deloitte and Tou | e for direct im ored against ti recorded into for analysis. ' ion. We have tools for colle lagement stam rom the local ential beneficia egion through g, ensuring all and implemen icché. We will p | plementation o he approved wo a database wh The analysed n an established ction of relevar idards and will i community and any numbers an the health clus project activitie tation of allocat | f the activities ork plan; daily ich will be eports will be proactive ti implementation include midterm a n exchange of d photo ter forum. s remain ied project funds. |
| (B) Work Plan | | | | Timefra | mo | | |
| Must be in line with the log frame. | | Please selec | t 'weeks' for projec | | | s' for proiects u | p to 12 months |
| Mark "X" to indicate the period | Activity | | | | | onth 9-10 Mo | |
| activity will be carried out | 1.1* Provision of outpatient tr | Х | Х | Х | Х | Х | Х |
| ŕ | 1.2 Reduce Maternal and N | х | Х | Х | Х | х | х |
| | 1.3 Ensure the established | Х | Х | Х | Х | Х | Х |
| | Improve and sustain improve | Х | | Х | | Х | |
| | 2.2 Maintain and expand the | | Х | Х | Х | Х | Х |
| | 2.3 Reduce morbidity and m | | Х | Х | Х | Х | Х |
| | Capacity building of Heat | | | х | | х | |
| | 3.2 Coordination with Health | | Х | Х | Х | Х | X |
| | 3.3 Dissemination of key IEC | | Х | | Х | | Х |
| OTHER INFORMATION (to (A) Coordination with other activites 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 | be completed by organizati Organization 1 Health Cluster Members 2 UN Agencies(WHO, OC 3 SRC(Somali Relieve Ce 4 5 6 7 8 9 10 | s (LNGO''s, INGO HA, UNICEF, U | | vision of quality e | emergency kits | s, medicines an | d equipment and |
| (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) Yes | Outline how the pr Themes. | | | - | Write activity number(s) from section 4 that supports Cross- Cutting theme. |
| | Gender | 162 | rma nealuri project is c | leargined to inicitease | access to an integ | гахой раскаде ог | |
| | Capacity Building | | I | | | | I |