

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*	Somali Development & Rehabilitation Organisation				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO				
(C) Project Title*	Targeted Feeding and Nutrition Education Programme for Moderate and Acutely Malnourished Children under 5 and Lactating and Pregnant Women in South Mudug Region				
(D) CAP Project Code	SOM-12/H/48514	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	Required for proposals during Standard Allocations				
(F) CHF Funding Window*	Standard Allocation 2 (Oct 2012)				
(G) CAP Budget	\$ -	Must be equal to total amount requested in current CAP			
(H) Amount Request*	\$ 165,952.90	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 ( <a href="http://www.fsnau.org">http://www.fsnau.org</a> )		Men	Women	Total	
	Total beneficiaries	0	997	997	
	Total beneficiaries include the following:				
	Children under 5	1652	1789	3441	
	Pregnant and Lactating Women	0	997	997	
	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"/> Galgaduud <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:	\$ 165,953		
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>					
(O) Agency focal point for project:	Name*	Alidahir Mohamud Hersi		Title	Field Coordinator
	Email*	sdro_org@yahoo.com		Phone*	+25290754848
	Address	Galkayo South			

### 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>South Mudug has been suffering successive seasons of below normal rains and seasonal droughts that has not only eroded communities purchasing power but also impacted to severe food insecurity, high malnutrition rates amongst children aged 6-59 months and PLW, increased morbidity and mortality rates and limited access to safe water attributed to frequent outbreak of acute watery diarrhoea and other water borne diseases. The situation is further compounded by increased numbers of sea pirates that harass community members and abduct foreign aid workers coupled by their immoral behaviors and increased criminal activities. The communities are living precariously with limited health and nutrition interventions that are clustered in urban areas. Food insecurity due to death and mass migration of large number of animals in search of water and pastures during long dry spell has significantly reduced milk and meat intake coupled by poor breast feeding patterns amongst PLW thus deteriorating malnutrition rates amongst children aged 6-59 months and PLW from serious to very critical in Hawd and Addun pastoral livelihood. FSNAU post Gu of September 2012 assessment classified Hawd and parts of Addun in AFLC, the nutrition situation remained serious for the Hawd pastoral livelihood with GAM rates of 11.2% (8.9-14.0) and SAM 1.8% (0.9-3.4) and is likely to worsen in the coming months.</p> <p>To mitigate the increasing malnutrition rates in the 5 target villages in South Mudug, SDRO plans to implement an integrated life saving nutrition program to treat the target 1313 children (683 girls and 631 boys) acute malnourished and (1104 girls and 1023 boys) moderately malnourished aged between 6-59 months as well as PLW through OTP and SFP. The organization is in addition planning to increase resilience of the target communities by training of OTP/SFP staff, 20 CHWs (10 male and 10 female) and 35 community members (23 female and 12 male) on management of acute malnutrition as well as improving nutrition awareness to 80 community members (45 female and 35 male) through community education sessions.</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>Increasing malnutrition rates amongst children aged between 6-59 months and pregnant and lactating mothers in South Mudug at GAM rates of 11.2% and SAM rates of 1.8% worsened by poor Gu 2012 season and successive droughts has impacted to loss of communities livelihoods, increased malnutrition, hunger and starvation. The situation has resulted to mass displacements of pastoral communities who have settled near villages with permanent waters in boreholes thus threatening sanitation and hygiene conditions and exposing the communities to water related diseases and malnutrition. A good number of livestock have succumbed to drought while remaining animals have been migrated in search of water and pasture, hence reduction in meat and milk as well as increased food prices in the market due to poor harvest thus increasing malnutrition rates amongst children aged 6-59 months.</p> <p>The project aims providing life saving nutrition intervention for 1313 children (683 girls and 631 boys) acute malnourished aged between 6-59 months with MUAC measurements of &gt;11.5cm and 2127 children (1104 girls and 1023 boys) moderately malnourished aged between 6-59 months with MUAC measurements of &gt;12.5cm as well as 997 malnourished pregnant and lactating women by providing nutrition packages as well as enhancing the capacity of 20 community health workers (10 female and 10 male) on management of acute malnutrition and 35 (23 female and 12 male) community members and increasing awareness of 80 (45 female and 35 male) community members on management of malnutrition in the target 5 villages in Galkayo and Hobyo Districts, South Mudug Region by holding 5 community education sessions. This will build their resilience to manage the increasing malnutrition rates projected to worsen in the coming months by FSNAU due to projected La-nina effect.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>SDRO is currently implementing an OTP programme in five IDP camps in South Galkayo town, TSFP in South Galkayo and Hobyo districts as well as GFD for the communities in Humanitarian Emergency in Hobyo and South Galkayo Districts to mitigate malnutrition as well as hunger and starvation. SDRO plans to treat 16 boys, 1789 girls and 997 pregnant and lactating women by providing nutrition supplies and routine medications as per the IMAM guidelines of Somalia. SDRO will mobilize the community through recruited women mobilizers and explain the importance of the programmes. Nutrition screeners will screen children and admit them into the nutrition programme on a regular basis. Severely malnourished children requiring stabilization centre will be referred to stabilization centres. IYCF promotion will be enhanced through community support groups.</p>

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

<b>(A) Objective*</b>	Reduce mortality and morbidity amongst 3441 children aged between 6-59 months, 997 pregnant and lactating mothers that result f		
<b>(B) Outcome 1*</b>	1314 severely malnourished children and 2127 moderately malnourished children aged 6-59 months and 997 PLW are treated thro		
(C) Activity 1.1*	Children aged 6-59 months are screened and admitted to OTP program		
(D) Activity 1.2	Screening and referrals of Moderate malnourished children aged between 6-59 months		
(E) Activity 1.3	Admit and treat PLWS to SFP programs		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	<b>Target*</b> 1314
(G) Indicator 1.2	Nutrition	Number of children treated through SFP	<b>Target</b> 2127 (1104 girls and 1023 b
(H) Indicator 1.3	Nutrition	Number of PLW admitted into SFP program	<b>Target</b> 997
<b>(I) Outcome 2</b>	Increased BNSP services to the target beneficiaries		
(J) Activity 2.1	Promote IYCF activities particularly exclusive breastfeeding and complementary feeding		
(K) Activity 2.2	Prevention and management of common diseases (anemia, diarrhea and malaria etc)		
(L) Activity 2.3	Hygiene promotion through community beneficiary awareness on hand washing		
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	<b>Target</b> 12
(N) Indicator 2.2	Nutrition	Number of children, pregnant and lactating	<b>Target</b> 3124 (1104 girls and 1023 b
(O) Indicator 2.3	Nutrition	Number of hygiene promotion sessions held	<b>Target</b> 12
<b>(P) Outcome 3</b>	Enhanced capacity of health workers on management of Moderate and severe malnutrition at health and community levels		
(Q) Activity 3.1	Training of OTP staffs and SFP as well as volunteers		
(R) Activity 3.2	Training of community Health workers on nutrition education to enhance their knowledge in malnutrition to mitigate increasing maln		
(S) Activity 3.3	Conducting community education sessions to increase awareness on malnutrition		
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	<b>Target</b> 20
(U) Indicator 3.2	Nutrition	Number of community members trained on nutrition education	<b>Target</b> 35 (23 female and 12 male)
(V) Indicator 3.3	Nutrition	Number of community education sessions held	<b>Target</b> 12 for 80 participants (35 me
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>The project will be implemented in close collaboration with WASH, health and Education partners in the project target locations. SDRO staff in collaboration with community elders will mobilise and sensitize the target communities on the project. 1314 Children (1652 boys and 1789 girls) aged 6-59 months will be screened and admitted to the OTP programme and SFP programme. The treated cases in OTP will be referred for admission in the SFP program. Target 997 malnourished pregnant and lactating women will be registered in the SFP programme. The target beneficiaries 4438 ( 1652 boys, 1789 girls and 997 PLW) will be provided with nutrition packages throughout the project time. UNICEF will provide the supplies including drugs and consumables as well as technical trainings to the OTP and SFP staff. SDRO OTP and SFP staff will carry out community awareness on management of malnutrition to target community members. SDRO will liaise with WFP that they have been implementing FFW and TSFP programmes to provide protection ration to families of malnourished children where possible. There will be 4 OTP/SFP sites and 4 teams, two mobile and one based in South Gaikayo Hospital. All the four teams will comprise of a supervisor, a nurse, a screener and a registrar as well as two community health workers who will mobilize the target beneficiaries. Training of OTP/SFP staffs will be conducted in the first month of the project for two days consecutively for the 20 staff consisting of a nurse, a screener, a supervisor and a registrar prior to commencement of screening, registration and admission of malnourished children aged between 6-59 months in to the program. Training of 35 community health workers including 20 women and 15 men will be conducted for two days, while Community education sessions will be conducted for 80 persons including 45 women and 35 men for five sessions within the first two months of the project to enlighten the target communities on malnutrition and the relevant mitigation measures to scale down the high rates of malnutrition. The project will be implemented continuously for 12 months to mitigate malnutrition in the target locations. Progress reports will be recorded on monthly basis and shared with UNICEF Somalia using UNICEF monthly reporting template in disaggregated data. Interim and final reports will be shared with OCHA. The project will be implemented by SDRO staff who are well acquainted to the project location having successfully implemented several projects and have very good working relationship with the local community. In this regard, any potential risk to the project during the project implementation such as common clan conflict will be easily communicated to the project staff by the local community and an appropriate action taken before it impacts on the project, another kind of risk to the project such as poor turn out of the target beneficiaries to the project sites will be mitigated by comprehensive mobilization and sensitization of the target communities as well as exclusive nutrition education sessions to the target beneficiaries. This will ensure effective implementation of the project where all target beneficiaries will be reached during the project implementation. Any risk encountered during the project implementation will be shared by OCHA through interim and final report. In addition, the information will be shared with the cluster during regular cluster meetings. There are no any financial constraints to the project regarding project planning and design. However, SDRO expects project grant to be remitted in time by OCHA for effective implementation of the project.</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) \*

SDRO project staffs supported by the women household heads, community elders and Galmudug state health representatives will conduct regular monitoring of the project throughout the project time while evaluation will be conducted at the end of the project. Project monitoring will be continuous and will include both monitoring of the impact of the implemented activities, as well as its effectiveness in achieving the result indicators. The health coordinator and field staffs will carefully monitor the project regularly and document all activities to ensure effective implementation and in particular targeting the project beneficiaries. The project manager will produce monthly progress reports on activities till their completion. Monitoring from project start will be supported by the use of a logical framework. The project manager and project staff will ensure that monitoring and evaluation information is recorded in an accurate and consistent way, and that reporting is done in a timely manner. All stakeholders (target beneficiaries, SDRO project staff, community elders and Galmudug state health representatives) will review the project progress to ensure project objectives are achieved. Project activities will be shared with the nutrition cluster on regular basis by updating the 4W matrix as well as sharing project information with the cluster during regular monthly cluster meetings. Since UNICEF will provide the projects nutrition supplies, SDRO will regularly update UNICEF on the project progress on monthly basis till its completion. Documentation of all project activities will be done to ensure effective implementation, progress reports recorded on monthly basis and monitoring and evaluation information is compiled for success stories. Project interim and final reports as well as evaluation report will be shared with OCHA in time as per the project agreement.

(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* Children aged 6-59 months	X	X	X	X	X	X
1.2 Screening and referrals	X	X	X	X	X	X
1.3 Admit and treat PLWSD	X	X	X	X	X	X
2.1 Promote IYCF activities	X	X	X	X	X	X
2.2 Prevention and manage	X	X	X	X	X	X
2.3 Hygiene promotion through	X	X	X	X	X	X
3.1 Training of OTP staffs	X					
3.2 Training of community	X	X				
3.3 Conducting community	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 CISP	OTP and SFP in Hobyo and Galkayo South District
2 COSV	OTP and SFP in Galkayo South
3 SRRDO	OTP and SFP in Galkayo South
4 Nutrition cluster	Coordinating Coordinating nutrition activities in South Mudug
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	The project will benefit severe and moderate malnourished children aged 6-59
Capacity Building		