

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*	Somali Young Doctors Association			
(B) Type of Organization*	<input checked="" type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO			
(C) Project Title*	Emergency Nutrition Response in Afgoi Corridor IDPs			
(D) CAP Project Code	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	Required for proposals during Standard Allocations			
(F) CHF Funding Window*	Emergency Reserve			
(G) CAP Budget	Must be equal to total amount requested in current CAP			
(H) Amount Request*	155000	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	6 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)		Men	Women	Total
	Total beneficiaries	5223	5023	10246
	Total beneficiaries include the following:			
	Children under 5	5223	5023	10246
		0	0	0
	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"/> 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 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:	\$	155,000
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. Abdiqani Sheikh Omar	Title	Executive Director
	Email*	somyoungdoctors@gmail.com	Phone*	+2526-15577282
	Address	Mogadishu-Somalia, Maka almukaram Street, km4, 1st floor tripiano Building		

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 civil insecurity and the conflict in Mogadishu has resulted in large numbers of IDPs fleeing and settling in Afgoye. The IDPs settled in Afgoye has problems of accessing health and Nutrition services among other problems. An already difficult and serious problem affecting the population has been aggravated by the ongoing drought and harsh restriction imposed by the local authorities which saw many of the actors in Afgoye pulling out. FSNAU Nutrition post Deyr 2010/11 analysis has revealed a sustained critical phase for the IDPs in Afgoye which also indicating GAM rates ranging between 15 to 19.4% and SAM rates ranging between 2.0 to 5.5 %. In addition outbreaks of infectious diseases such as cholera, and diarrhoea have resulted in the deterioration of the precarious malnutrition levels.</p> <p>The failure of deyr rainfall of 2009 / 2010 season in many areas in the region has resulted in poor harvest, loss of animals, low milk production, increased debt burden due to low prices for animals and increased water purchasing costs.</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 Afgoye orridor has in the recent past experienced an influx of IDPs fleeing from the volatile areas and conflict affected areas of Mogadishu. As well, these areas, like other parts of Somalia, are experiencing drought due to failure of deyr rains of 2010. However, since WFP food distribution stopped, the IDPs were face with lack of access to basic house hold food.</p> <p>As per findings FSNAU Post Deyr 2010/11, The nutrition situation among the Afgoye IDPs has deteriorated to Very Critical from Critical levels in post Gu ' 2011. A nutrition assessment conducted in the IDP settlements along the Afgoye corridor in December 2010 reported a GAM rate of 21.6% (18.2 -25.3) and a SAM rate 3.2% (2.2-4.6) indicating a Very Critical nutrition situation and deterioration from the Critical rates reported in July 2010 when GAM and SAM rates were 15.1% (11.4-19.8) and 1.7% (1.0-3.0) respectively. The same survey also revealed a higher proportion of boys (23.4%) than girls (19.8%) were acutely malnourished, although the difference was not statistically significant.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>With funding support from HRF/UNOCHA, SOYDA has been providing basic health services to the IDP population in Afgoye. The project involved the provision of consultation and basic treatment and prevention services.</p> <p>Similarly, the CHF/OCHA Somalia has also supported SOYDA with an emergency health project. The project is a continuation of the previous and has availed vital health services to the IDP population who cannot afford to buy or seek medical attention from the private clinics/pharmacies.</p> <p>SOYDA regularly carries out mobile health clinics, visits and consultations. The organization carried health campaigns and free medical camps in the year 2010.</p> <p>In the execution of its Medical and health project to vulnerable population specially women (including pregnant and lactating), children under five, SOYDA encounters many cases of malnourished children and Pregnant and lactating mothers. We plan</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To Increase access and utilization of Nutrition services among IDPs including provision of appropriate Nutrition treatment services		
(B) Outcome 1*	More than 75% of severely malnourished children receive appropriate and quality Nutrition treatment and services		
(C) Activity 1.1*	Screening of all children under five years and consequently register and admit those meeting the admission criteria of SAM without n		
(D) Activity 1.2	Provision of the appropriate RUTF (ready to use therapeutic foods) to the admitted severely malnourished children without medical con		
(E) Activity 1.3	Referral and follow up of beneficiaries		
(F) Indicator 1.1*	Nutrition	% Coverage of the estimated caseload disaggregated by type of n	Target* 10246
(G) Indicator 1.2	Nutrition	More than 75% of children with severe malnutrition without medic	Target
(H) Indicator 1.3	Nutrition	NUTRITION - SAM treatment programs achieve > 75% cured rate	Target
(I) Outcome 2	Appropriate Basic Nutrition Services package (BNSP) provided and availed		
(J) Activity 2.1	Provision of Vitamin A and iron and other micronutrient supplementation, appropriate IYCF services, deworming for malnourished chil		
(K) Activity 2.2	Immunizations and prevention of common illness including malaria and offer treatment services at the SOYDA health and Nutrition cer		
(L) Activity 2.3	Avail Sanitation and Hygiene information and promote appropriate child feeding and caring practices		
(M) Indicator 2.1	Nutrition	Number of children receiving vitamin A and deworming	Target 10246
(N) Indicator 2.2	Nutrition	% referred to the appropriate programmes	Target
(O) Indicator 2.3	Nutrition	Increased awareness level of Sanitation and Hygiene information	Target
(P) Outcome 3	Capacity of Nutrition staff enhanced through appropriate trainings for nutrition staff and community groups		
(Q) Activity 3.1	SOYDA health and Nutrition staff trained in IMAM		
(R) Activity 3.2	Conduct trainings for mothers, community health workers and other community groups		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition		Target 40
(U) Indicator 3.2	Nutrition	Care givers/mothers	Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	SOYDA will implement this project directly whilst working closely with local authorities and partners at the field. SOYDA is planning to open 3 OTP site centers medical teams to work at 2 different strategic locations in Afgoi corridor (Arbis and Lafole) and one TSFP (Elasha). The Staffs will comprise 3 nutritional officer, 3 nurses, and 3 nutrition screeners, 1 project support officer, 6 community mobilizers and 1 doctor for supervising and consulting with any medical complications for the target site areas. The teams will be operational six days a week with 8 working hours per day. Each day daily attendance sheets registration of the staffs and the patients shall be deployed and managed by the SOYDA field team, while the project coordinator will supervise the activities at the field progress. UNICEF will provide all necessary supplies during the project		

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) *

SOYDA will involve the communities and other stakeholders to participate in the project monitoring including the elders and the IDPs caps leaders, this will make sure the effectiveness and the quality of the work done and the relevancy as well as the acceptance of the project among the beneficiary groups. Monitoring and evaluation will be done through on-site visits and daily supervision.

The main element of programme monitoring is through monthly reporting and, on an individual level, the use of OTP cards. The main indicators to be monitored and reported monthly are;

- Admissions (by criterion (Children younger than 5 years (or less than 110 cm in height) who are severely malnourished (weight-for-height "less than -3 Z-scores" or "less than 70% of median") and/or children with oedema, Accumulation of fluid in inter-cellular spaces of the body related to a deficiency in the diet, Severely malnourished children older than 5 years, Low birth weight (LBW) babies, Live born babies with a birth weight less than 2500 g reflecting inadequate nutrition and ill health of the mother, Mothers of children younger than one year with breastfeeding failure (only in exceptional cases where relaxation through counseling and traditional alternative feeding have failed).)
- Transfers

(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* Screening of all children	X	X	X	X	X	X
1.2 Provision of the appropriate	X	X	X	X	X	X
1.3 Referral and follow up of	X	X	X	X	X	X
2.1 Provision of Vitamin A a	X	X	X	X	X	X
2.2 Immunizations and prevent	X	X	X	X	X	X
2.3 Avail Sanitation and Hyg	X	X	X	X	X	X
3.1 SOYDA health and Nutri	X	X	X	X	X	X
3.2 Conduct trainings for mo	X	X	X	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 JUMB, MUSLIMAID, COSV, HAWA ABDI, N	SOYDA will coordinate and liaise with JUMBO, a local NGO doing supplementary f
2 WHO, UNICEF AND other UN bodes	SOYDA will closely work together with the UN concern bodies who work on the he
3 OXFAM GB/HIJRA	OXFAM GB/HIJRA are involved in livelihoods and WASH programme in some of
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	SOYDA will consider the gender of the project as will involve the female	765,767,768,770,771
Capacity Building		