

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 Relief and Development Society			
(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* <small>For standard allocations, please use the CAP title.</small>	Emergency Nutrition Interventions: Child and Maternal Nutrition Programme for Vulnerable Communities in Buale District			
(D) CAP Project Code	SOM-12/H/48253	Not required for Emergency Reserve proposals outside of CAP		
(E) CAP Project Ranking	Low	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*	\$ 189,785.20	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 <small>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)</small>		Men	Women	Total
	Total beneficiaries	0	986	986
Total beneficiaries include the following:				
	Children under 5	1458	1783	3241
	Pregnant and Lactating Women	0	986	986
		0	0	0
		0	0	0
(M) Location <small>Precise locations should be listed on separate tab</small>	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 <small>(List name, acronym and budget)</small>	1	Budget: \$ -		
	2	Budget: \$ -		
	3	Budget: \$ -		
	4	Budget: \$ -		
	5	Budget: \$ -		
	6	Budget: \$ -		
	7	Budget: \$ -		
	8	Budget: \$ -		
	9	Budget: \$ -		
	10	Budget: \$ -		
	Total	Budget: \$ -		
	Remaining	Budget: \$ 189,785		
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*	Ahmed Abdi Mohamed	Title	Executive director
	Email*	sordesbarbara@yahoo.com, sordessom@yahoo.com	Phone*	+252-699-967241/+254-715417189
	Address	Buale/Hagar town- Middle Juba regions-Somalia		

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>According to FSNAU Post Deyr Nutrition Survey 2011/12, the agro-pastoral population in October '11 reported a GAM rate of 26.1% (22.4-30.1) and SAM rate of 9.1% (7.1-11.5), indicating a sustained Very Critical nutrition. The 90 day retrospective crude and under five death rates reported in October 2011 are 1.37 (0.88-1.86) and 3.43 (2.0-4.87) respectively, indicating alert and emergency situations.</p> <p>The riverse population, reported a GAM rate of 34.5% (29.9-39.5) and a SAM rate of 11.8% (9.4-14.8). This demonstrates a sustained Very Critical nutrition situation. The 90 day retrospective crude and under five death rates are 1.54 (1.02-2.06) and 4.12 (2.53-5.71) respectively, indicating alert and emergency situations.</p> <p>Among the pastoral population, a GAM rate of 27.3% (23.0-32.0) and a SAM rate of 9.5% (7.1-12.8) were reported indicating a sustained Very Critical nutrition situation. The crude and under five death rates are 0.93 (0.52-1.34) and 2.76 (1.41-4.12) respectively, indicating acceptable and alert situations. Nutrition data from health facilities in the Juba riverine, pastoral and agro-pastoral livelihoods all indicate high numbers (>30%) and an increasing trend of acutely malnourished children.</p> <p>However, the results also show a significant decline in the levels of acute malnutrition from the extremely high GAM rates of >40 percent recorded in these livelihoods in July 2011 which is linked to improving food security situation but its way above the WHO emergency threshold.</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 FSNAU Post Deyr 2011/12 showed that in Juba a total number of affected rural population is estimated at 170,000 people up to June 2012. Out of these, 75,000 people are in Crisis (35,000 in Middle Juba and 40,000 in Lower Juba) while 95,000 people are in Emergency (50,000 in Middle Juba and 45,000 in Lower Juba). Thus, the total number of affected population has reduced from the previous season by 41 percent (290,000 people in Gu '11). In the urban areas of both regions, 70,000 people are in Emergency (25,000 in Middle Juba and 45,000 in Lower Juba), which represents a 17 percent increase from last Gu (60,000 people). The sustained poor nutrition situation among the population in Juba region is linked to the cumulative impact of the reduced food access accrued from the drought experienced in 2011 and frequent disease outbreaks such as measles and acute watery diarrhea that have a direct impact on the health and nutritional status of the population. The reduced humanitarian access in the regions due to security constraints has further limited access to food, health and nutrition assistance in the regions. In addition, chronic underlying factors such as inadequate sanitation facilities and lack of access to safe drinking water, poor child care and feeding practices remain a challenge to the health and nutrition well being of the population.</p> <p>Sordes plans to continue running the 10 OTP/SFP sites in Buale, the program still aims to prevent and treat the main causes of morbidity and mortality, through improved nutrition practices and services for maternal, new-born and child health. Activity includes systematic screening, referral and treatment of SAM/MAM children under 5 and PLWs through a already established network of 10 decentralized OTP/SFP sites in Buale district. PLWs will have access to IYCF practices to accelerate positive nutrition outcomes. Other activities will include also involvement of the CNVs in identification and referral of cases of diarrhea, respiratory tract infection and fever. Promotion and support for hand-washing with soap, ash or sand will be strengthened in our activities. Sordes has extensively carried out a light soft ware of IMAM and that includes IYCF activities, screening and referrals for the past year due to food access related issues and profoundly the ban of UNICEF.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>SORDES is currently running 10 OTP/TSFP funded through CHF standard allocation and ERF fund in Buale district and 11 TSFP in Hagar funded through UNICEF. For the past year Sordes did screening and referral of severely malnourished cases and was actively involved in implementing IYCF activities including promotion messages during screenings and established breastfeeding mother groups. Sordes carried out water trucking and food distribution supported by the DIASPORA community (AAYO development foundation-ADF stockholm Sweden), this support came in handy for identified malnourished cases families however there was no CSB, plumpy nuts, drugs in the distribution. SORDES also runs one MCH and 4 health post under UNICEF support and funding in Hagar district in Lower Juba region. Under Mentor Initiative funding Sordes has insofar distributed 2250 protected malaria plastic sheets in Sakow, Buale and Hagar districts.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To prevent and treat the main causes of morbidity and mortality through improved nutrition practices for 60% of the vulnerable group		
(B) Outcome 1*	Malnourished children (boys and girls), pregnant and lactating women receive high-quality treatment through OTPs/SFPs services		
(C) Activity 1.1*	Admission and treatment of 2190 eligible moderately malnourished children 6 months to 59 months (boys and girls) and 986 MAM		
(D) Activity 1.2	Weekly Outpatient therapeutic feeding to 841(80% of SAM) out of 1051 SAM children 6 months to 59 months (boys and girls) with		
(E) Activity 1.3	Referral of 20% (210 out of 1051) SAM cases (boys and girls) with complications to stabilization centres		
(F) Indicator 1.1*	Nutrition	Number of children (6-59months) and pregnant and lactating wo	Target* 3176
(G) Indicator 1.2	Nutrition	SAM treatment programs achieve recovery rate of >75%, death r	Target
(H) Indicator 1.3	Nutrition	Number of SAM children with medical complications referred to	Target
(I) Outcome 2	Pregnant and lactating women have access to and increased awareness of Infant and Young Child Feeding (IYCF) practices		
(J) Activity 2.1	Weekly IYCF education sessions for PLW (integrated into nutrition)		
(K) Activity 2.2	Distribution of IEC materials and monitoring of individual counseling, breast feeding mother groups and focus group discussions in 1		
(L) Activity 2.3	Support the provision and monitoring of micronutrient supplementation activities (Vit A and Multi-micronutrient) for PLWs.		
(M) Indicator 2.1	Nutrition	Number of IYCF promotion sessions held	Target 352
(N) Indicator 2.2	Nutrition	Number of individual IYCF_group counseling and Focus Group I	Target
(O) Indicator 2.3	Nutrition	Number of eligible pregnant women receiving MMN during the ai	Target
(P) Outcome 3	OTP/SFP staff receive refresher training on IMAM and Community Nutrition Volunteers (CNV) are trained on referral of cases in the		
(Q) Activity 3.1	OTP/SFP staff are trained on Integrated Management on Acute Malnutrition and IYCF		
(R) Activity 3.2	Community Nutrition Volunteers trained and supervised in referral of cases of diarrhoea,RTI and fever of U5s		
(S) Activity 3.3	Training and supervision of 25 CNVs who will screen and refer for immunization U5.		
(T) Indicator 3.1	Nutrition	Number of Staff/Community Health Workers/outreach workers tr	Target 40
(U) Indicator 3.2	Nutrition	Number of beneficiaries referred with diarrhoea,RTI and fever	Target
(V) Indicator 3.3	Nutrition	Number of beneficiaries referred for immunization by CNVs	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>The proposed IMAM project will target severely and moderately malnourished children aged 6 to 59 months and PLW's. The IMAM proposed project is a continuation of the existing 10 OTP/SFP in Bualle currently under CHF and ERF funding however it will extend its activity from implementing the IMAM light software to cover the remaining elements of the BNSP and IMAM depending on availability of supplies.</p> <p>OTP/SFP sites in Bualle district will be directly implemented by Sordes via CHF funding. PCA amendment to cover Bualle project has been finalized and its in its final stages and UNICEF will provide OTP/SFP supplies for the 10 sites. UNICEF will also provide technical guidance and Sordes will provide refresher trainings for its nutrition staff nutrition staff as well as Community Nutrition Volunteers (CNVs).Emergency nutrition must be viewed within a wider, multi-sectoral response – cases of malnutrition must be treated whilst also supporting food access, livelihoods and safe, clean water at household level in the most affected areas. A total of 25 CNVs will be trained on referral of cases of diarrhoea,RTI and fever for 4 days. 32 Nutrition staff will receive a refresher 4 day training on IMAM and IYCF so that quality can be realized.The breastfeeding support groups consisting of 50 mothers will be meeting regularly over tea parties instil IYCF knowledge and inform the project on progress.they will also form the FGD. Sordes aims to work with JCC in referring SAM cases with complications to their stabilization center and also ensure that children and PLWs are referred to their MCH for immunization. Sordes will seek ways for its beneficiaries to benefit from JCC livelihood projects.</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) *

A monitoring and evaluation officer will be employed to work within the SORDES project team after funding confirmation to closing, ensuring that appropriate M&E systems will be established from the outset and followed throughout the project period. The M&E officer will facilitate data collection and analysis of the project's performance, which will be measured against the objectively indicators outlined in the log-frame. The M&E officer will also be responsible for leading and facilitating the internal final evaluation of the project. While the M&E officer will lead the monitoring and evaluation processes, all members of the nutrition team will have roles to play in M&E. Standard data will be collected in the project (numbers of admissions, children cured, children referred, deaths, defaulters etc) for monitoring according to the Sphere Standards for selective feeding programs. The information will be collated and analysed monthly by the nutrition officers for discussion within the nutrition team, with program management and with operating partners (e.g. UNICEF, and CHF). Results of the monitoring and follow-up activities will be discussed with the community and project staff as well as with the CHF. Sordes will participate in both regional and national cluster meetings on a monthly basis to enhance coordination and hence reporting. Sordes will participate in the regular regional meetings with other NGOs to avoid programme overlaps. The project will be monitored, evaluated and reported on using a range of mechanisms:
 -Existing and, where appropriate, new / updated FSNAU nutrition surveys in middle Juba to trend.☐
 -Monthly OTP/SFP statistics, screening reports, review of OTP/SFP cards.☐
 -Vitamin and de-worming statistic.☐
 -Training reports re: OTP/SFP staff / CNV's attending training and feedback / learning from training.☐
 -IYCF attendance reports re: weekly education sessions with PLW.

(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* Monthly supplementary	X	X	X	X	X	X
1.2 Weekly Outpatient thera	X	X	X	X	X	X
1.3 Referral of 20% (210 ou	X	X	X	X	X	X
2.1 Weekly IYCF education	X	X	X	X	X	X
2.2 Distribution of IEC mate	X	X	X	X	X	X
2.3 Support the provision an	X	X	X	X	X	X
3.1 OTP/SFP staff are traine	X			X		
3.2 Community Nutrition Vol		X			X	
3.3 Training and supervisor	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 JCC	Runs livelihood, stabilization centre and MCH, coordinate in referral of SAM cases
2 DIAL	Run Nutrition and Capacity building programmes and we do coordinate on the nee
3 AFREC	Run Nutrition and Health programmes. We do have coordination meetings to im
4 Nutrition cluster	Coordinate on gap analysis and reporting
5 APD	Run TSFP program and we do coordination to avoid overlapping or duplication
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	Training of project staff and of CNVs will be gender sensitive. Community
Capacity Building		