

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 type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> Local NGO | | | | |
| (C) Project Title* <small>For standard allocations, please use the CAP title.</small> | Emergency Nutrition Provision for conflict affected underfive children pregnant and lactating women in Afgooye Corridor of Lower Shabelle | | | | |
| (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* | \$ | 157,682.00 | 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 <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 | 3500 | 3500 | |
| | Total beneficiaries include the following: | | | | |
| | Children under 5 | 4100 | 4100 | 8200 | |
| | Pregnant and Lactating Women | 0 | 3500 | 3500 | |
| | 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: | \$ 157,682 | | |
| 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-Aimukarama Street, km4, 1st floor Trepiano 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) * | The humanitarian response for IDPs in Afgooye is greatly reduced since Al-Shabab declared a ban in November 2011 on UN and key international organizations operating in the area. There was a limited response for IDPs in Afgooye in almost all sectors but after the TFG liberated the area, the accesses seems improving and both IDPs and hosting are started to return, however Though the nutrition situation in Somalia is estimated to have improved from the famine levels experienced in 2011. The Nutrition status of Afgooye corridor IDPs and urban populations in April 2012 show a GAM prevalence of 20% and 16.3% down from the 30% and 21.1% in October 2011 respectively but the prevalence remains above the emergency threshold and can easily slide back to famine levels if access hampers delivery of humanitarian services and also if the rains do not perform well. The nutrition situation in Lower Shabelle region is likely very critical. Aggravating factors include poor shelter, water and sanitation, poor access to health services, civil insecurity and displacements in the surrounding poor urban settlements. It is expected that nutritional vulnerability is likely to persist in most parts, based on the aggravating factors, prevailing insecurity which limits humanitarian access, and projected below average rains. This project aims to tackle some of the problems mentioned above in order to contribute towards the overall aim of improving access to nutrition services particularly for vulnerable populations such as IDPs children and pregnant and lactating women to the increasing numbers of people displaced by the conflict and the devastating impact of drought. |
| (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) * | Afgooye corridor has in the recent past experienced an influx of IDPs fleeing from the volatile areas and conflict affected areas and experiencing again war between AMISOM/TFG and Al-Shabab and recently has been liberated from Al-Shabab. Since under Al-Shabab control, the security context and the humanitarian operational environment that both local and international aid agencies face have severely restricted humanitarian activities, particularly in areas under the control of the radical Islamist group, al Shabab. Trace of the drought and failure of deyr rains of 2011 . SOYDA already established and working in among the IDPs in Afgooye in 3 OTP/SFP sites in Elasha, Lafole from support from UNOCHA and UNICEF through the emergency reserve. SOYDA request to continue the provision of nutrition services that have been implemented in the last 6 months and have reached tangible results and has benefited nearly 14,000 including Women, Pregnant and under five children and also to avoid emergency gaps that can easily turn back the increase of Malnutrition cases in under five and PLW. |
| (C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters) | Since June 2011-May 2012 SOYDA, in partnership with UNOCHA and UNICEF currently carrying out nutrition interventions in three OTP/SFPs in Afgoye corridor and also 2 OTPs in Mogadishu, the first project in Afgoye corridor started Dec 11 and ended May 12 which was six month project, Also with the help of UNOCHA SOYDA established in September 2011 2OTP sites in Bondhere and Hawl-Wadag, as a response to the drought and a massive influx of new IDPs into these areas. The project ended in January 2012. Since then until May 12 SOYDA runs the sites from its own funds. Due to its limited financial resources SOYDA would not be able to continue the activities any further. That is why Polish Aid Huminterian (PAH) has decided to enter into the partnership with SOYDA to ensure the continuation of the project for the next 5 months. Since SOYDA Nutrition sites started Both Mogadishu and Afgooye corridor Nutrition sites, more than 22,450 children both SAM and MAM have admitted and treated accordingly and made strong referral network that refers complicated cases to the Benadir and SOS SC. supplies will be provided by UNICEF and a PCA agreement has already been signed 2012-2013. |

4. LOGICAL FRAMEWORK (to be completed by organization)

| | | | |
|--|---|---|----------------------|
| (A) Objective* | Reduce SAM and prevent MAM from further deteriorating among girls and boys under-5 and pregnant and lactating women (PLW) | | |
| (B) Outcome 1* | Improved access to, and utilization of, quality services for the management of malnutrition in 8200 children U5 and 3,500 pregnant and lactating women | | |
| (C) Activity 1.1* | Screening of all children under five years and consequently register and Admit 8,200 U5 girls and boys meeting criteria for OTP/SFP | | |
| (D) Activity 1.2 | Provision of the appropriate RUTF/RUSF to the admitted moderate and severely malnourished children without medical complications | | |
| (E) Activity 1.3 | Referral within and outside the programme and follow up of beneficiaries | | |
| (F) Indicator 1.1* | Nutrition | Number of children (6-59months) and pregnant and lactating women | Target* 11700 |
| (G) Indicator 1.2 | Nutrition | Number of children with severe malnutrition without medical complications | Target |
| (H) Indicator 1.3 | Nutrition | Number of beneficiaries followed up | Target |
| (I) Outcome 2 | Appropriate Basic Nutrition Services package (BNSP) provided and availed | | |
| (J) Activity 2.1 | Provision of Vitamin A, iron and other micronutrient supplementation through appropriate IYCF services, deworming for malnourished children | | |
| (K) Activity 2.2 | prevention of common illness including malaria and offer treatment services at the SOYDA Nutrition centres | | |
| (L) Activity 2.3 | Provide Sanitation and Hygiene education and promote appropriate infant and young child feeding and caring practices | | |
| (M) Indicator 2.1 | Nutrition | Number of children (6-59months) and pregnant and lactating women | Target 11700 |
| (N) Indicator 2.2 | Nutrition | Number of patients treated common illness | Target |
| (O) Indicator 2.3 | Nutrition | Number of community sessions to provide Sanitation and Hygiene | Target |
| (P) Outcome 3 | Improved capacity of staff and community groups to manage acute malnutrition and refer cases to SC | | |
| (Q) Activity 3.1 | Trainings for female and male MCH and OTP/SFP staff in management of acute malnutrition according to IMAM guidelines for one day | | |
| (R) Activity 3.2 | Conduct 2 sessions of trainings for mothers /chws/community group training for promotion of breast feeding (IYCF) | | |
| (S) Activity 3.3 | Setting up mother to mother support groups for strengthening of nutrition, feeding and family care practices | | |
| (T) Indicator 3.1 | Nutrition | Number of Staff/Community Health Workers/outreach workers trained | Target 15 |
| (U) Indicator 3.2 | Nutrition | Number of IYCF sessions, trainings for mothers /chws/community groups | Target |
| (V) Indicator 3.3 | Nutrition | Number of mother to mother support groups for strengthening of nutrition, feeding | Target |
| (W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters) | <p>SOYDA will implement this project directly whilst working closely with local authorities and partners at the field. SOYDA is planning to continue 3 OTP/SFP site centers in Afgooye corridor (Elasha, Lafole and Arbis). SOYDA will utilize the facilities and human resources already in place at the 3 OTP/SFP in Afgooye corridor to implement the proposed activities. Since 2011 SOYDA has been implementing a comprehensive nutrition project in for Mogadishu and Afgooye corridor and the key human resources are currently in place to continue with this vital work, the staff will comprise 1 project Manager-will do all monitoring and evaluation of the project, 1 Nutrition Officer who will treat and refer all complicated cases, 3 OTP Supervisors, 3 Nutrition Screeners, 3 Nurse, 3 Auxiliary and 6 community mobilizers for the three 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 and a PCA agreement has already been signed for 2012-2013. During the Project, SOYDA trained IMAM Experts will carry out Staff IMAM Refresher training for the 15 SOYDA Health and Nutrition Staffs for one sessions during the project, and also will carry out Breast feeding and PHC promotion training on 15 mothers /chws/community group training will be conducted twice during 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) *

SOYDA Managers team will have the overall responsibility for this project. The programme will be managed at by Project Manager based in Mogadishu and who will supervise the field staff in the implementation of the activities for this project. SOYDA will report on the progress of activities, achievement of project objectives and finances on both Interim and final report. Monitoring of nutrition activities will take place through regular supervision visits to the project sites, admission cards, ration cards and ways of doing discharges. Beneficiary accountability is an important part of SOYDA's system to monitor quality and will be developed according to the needs of the community. Information on complaint mechanisms for the programmes will be a standard component of all community level workshops, meetings or training sessions, also SOYDA will report to UNICEF monthly OTP and SFP reports. Throughout the implementation of this project, there will be ongoing evaluation of performance and achievement, and also will do monthly statistic reports and interim and final narrative reports during the six months. Project Manager and SOYDA managers will have initial responsibility for evaluating progress in their sectors, including through the use of participatory methods such as focus FGD. SOYDA will collaborate with other external agent responsible on behalf of the donor.

(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 | | | | | |
| | Week 1-4 | Week 5-8 | Week 9-12 | Week 13-16 | Week 17-20 | Week 20-24 |
| 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 within and outside | X | X | X | X | X | X |
| 2.1 Provision of Vitamin A | X | X | X | X | X | X |
| 2.2 prevention of common illness | X | X | X | X | X | X |
| 2.3 Provide Sanitation and Hygiene | X | X | X | X | X | X |
| 3.1 Trainings for female and | X | X | X | X | X | X |
| 3.2 Conduct 2 sessions of training | X | X | X | X | X | X |
| 3.3 Setting up mother to monitor | 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 WOCAA, FERO, MUSLIM AID | SOYDA will coordinate and liaise with Muslim Aid, WOCCA, FERO through information sharing. They are also involved in livelihoods and WASH programme in some of the IDP camps. SOYDA will participate in cluster meetings in both Mogadishu for lower shabelle area. |
| 2 DRC, NRC | |
| 3 Cluster | |
| 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 | Gender will be mainstreamed into the planning and implementation of all project activities. |
| Capacity Building | | |