

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 type="checkbox"/> Local NGO		
(C) Project Title* <small>For standard allocations, please use the CAP title.</small>	Emergency Nutrition services provision for Bondhere and Hawl-Wadag District-Mogadishu		
(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*	95500.00	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	5 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 beneficiaries	2300	8990
	Total beneficiaries include the following:		
	Children under 5	2300	2990
	Pregnant and Lactating Women	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"/> 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 <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	\$ -
		Remaining	\$ 95,500
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
	Email*	somyoungdoctors@gmail.com	Phone*
	Address	Mogadishu-Somalia, Maka almukaram Street, km4, 1st floor tripano 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 ongoing conflicts, extended droughts and lack of humanitarian access has created more new influx IDPs settled in Hawl-Wadag and Bondhere District-Mogadishu that 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 Mogadishu and Lower Shabelle pulling out. FSNAU Nutrition post Deyr 2010/11 analysis has revealed a sustained critical phase for the IDPs in Mogadishu which also indicating GAM rates ranging between 39.4% and SAM rates ranging between 15.3 % in recent August 2011 FSNAU report. In addition outbreaks of infectious diseases such as cholera, and diarrhea have resulted in the deterioration of the precarious malnutrition levels. □ 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
(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) *	According to the latest official figures from the UNHCR on Mogadishu influx, Boondhere has received 1,200 IDPs from 1 July to date and Hawl Wadag 80 between April - June! Mogadishu has received 28,300 in Moga from 1 July to date, 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. □ As per findings FSNAU Post Deyr 2010/11, The nutrition situation among this IDPs has deteriorated to Very Critical from Critical levels in post Gu ' 2011. A nutrition assessment conducted in the IDP settlements in Mogadishu in June 2011 reported a GAM rate of 39% and a SAM rate 15.3% indicating a Very Critical nutrition situation and deterioration from the Critical rates reported. These results all indicate deterioration from previous analysis (6 months earlier) when GAM was estimated at ~25 percent. 4.37/10,000/day
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	SOYDA, in partnership with UNOCHA and UNICEF currently carrying out nutrition interventions in three OTP/SFP sites in Afgoi Corridor particularly Elasha, Lafole and Arbis improving access to out patient therapeutic assistance for severely malnourished children through the provision of ready to use foods and micronutrient supplements. With funding support from CHF/UNOCHA, SOYDA also providing basic health services to the IDP population in Afgoye and Mogadishu. The project involved the provision of consultation and basic treatment and prevention services. □ Both Bondhere and Hawl-Wadag, SOYDA is going to open 2 OTP/SFP for the response current drought situation and Massive new influx in this areas

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Reduce malnutrition and improve nutrition levels of children < 5 and pregnant/lactating women through 2 OTP/SFP (Bondhere and Ha		
(B) Outcome 1*	Improved nutritional status of children < 5 yrs and pregnant / lactating women.		
(C) Activity 1.1*	Screening of all children under five years and consequently register and admit those meeting the admission criteria of SAM and MAM		
(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* 11290
(G) Indicator 1.2	Nutrition	More than 70% of children with severe malnutrition without medic	Target
(H) Indicator 1.3	Nutrition	SAM treatment programs achieve > 70% cured rates, default 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 child		
(K) Activity 2.2	Immunizations and prevention of common illness including malaria and offer treatment services at the SOYDA health and Nutrition cen		
(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 receiving vitamin A and deworming	Target 5290
(N) Indicator 2.2	Nutrition	% referred to the appropriate programmes	Target
(O) Indicator 2.3	Nutrition	% number of Increased awareness level of Sanitation and Hygier	Target
(P) Outcome 3	Capacity of Nutrition staff enhanced through appropriate trainings for nutrition staff and community groups		
(Q) Activity 3.1	Conduct five sessions of SOYDA health and Nutrition staff training in IMAM and IYCF during the project		
(R) Activity 3.2	Conduct 2 sessions of trainings for mothers, community health workers and other community groups for promotion of breast feeding (I		
(S) Activity 3.3			
(T) Indicator 3.1	Nutrition		Target 15
(U) Indicator 3.2	Nutrition	Number of Care givers/mothers trained for promotion of breast fe	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 2 OTP/SFP site centers medical teams to work at 2 different strategic locations in Mogadishu (Bondhere District and Hawl-Wadag District). The Staffs will comprise 2 nutritional officer, 2 nurses, and 2 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. □ During the Project, SOYDA trained IMAM Experts Will support 15 Staff, IMAM training for the SOYDA Health and Nutrition Staffs		

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 relactation through counseling and traditional alternative feeding have failed).) and also referel of MAM with complications. □
 SOYDA will also apply standard project control mechanisms to ensure project effectiveness and efficiency in its operating environment.. Moreover, SOYDA will also give high consideration and seek community involvement and support through community

(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	
1.2 Provision of the appropriate	X	X	X	X	X	
1.3 Referral and follow up of	X	X	X	X	X	
2.1 Provision of Vitamin A	X	X	X	X	X	
2.2 Immunizations and prevention	X	X	X	X	X	
2.3 raise awareness on Sanitation	X	X	X	X	X	
3.1 Conducting Five sessions	X	X	X	X	X	
3.2 Conduct 2 sessions of training	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 COSV and SAACID	SOYDA will coordinate and liaise with COSV and SAACID. All these organizations are involved in livelihoods and WASH programme in some of the IDP camps with
2 NRC AND UNICEF	
3	
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	#####
Capacity Building		