

<b>Requesting Organization :</b>	Somali Young Doctors Association				
<b>Allocation Type :</b>	Reserve 2016				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Health		100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of Life-saving Primary Healthcare to Internally Displaced Persons (IDPs), and their Host Communities at Horsed, Halgan and Kordamac IDPs in Daynile District, Benadir Region				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/H/NGO/3752		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	214,990.49		
<b>Planned project duration :</b>	12 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/12/2016	<b>Planned End Date :</b>	30/11/2017		
<b>Actual Start Date:</b>	01/12/2016	<b>Actual End Date:</b>	30/11/2017		
<b>Project Summary :</b>	<p>Somali Young Doctors Association (SOYDA) is planning to establish one primary health care at Horsed sub district IDPs and 2 outreach sites at Halgan and Kordamac IDPs of Daynile District. This project intends to ensure access to basic primary and life-saving health care services for 4,055 Women, 2000 boys, 2000 girls, 1440 Men affected in Horsed, Halgan and Kordamac Internally Displaced Persons IDPs/Host Communities in in Daynile District. The project aims to revitalize the primary health facility in Horsed and two mobile clinics (Halgan and Kordamac) in Daynile Internally Displaced Persons IDPs and scale up the health care through skilled health professionals. SOYDA through this project will provide life-saving medical consultations and drugs to the health facility, establish referral mechanisms between SOYDA facilities and secondary healthcare providers in Banadir region, improve the coverage of measles vaccinations and Vitamin A; and support safe motherhood and reproductive health while also ensuring readiness to prevent and respond to outbreaks such as malaria, measles or Acute Watery Diarrhea AWD/Cholera and promote health update through health education and beneficiary sensitization as well as linking this with the nutrition program in order to enable provide a holistic services within the organization target site. The project will further bridge the gap from the 2015 SHF Emergency funding which ended in May 2016. SOYDA intends to use the proposed project to build on the previous SHF project and continue to run the one static health facility with outreach services with in Daynile District. In this project SOYDA will support one fixed Basic Emergency Obstetric Neonatal Care (BEmONC) health center (Horseed) and two outreach services (Halgan and Kordamac IDPs) . The primary health care center will provide ante-natal and post-natal care, skilled delivery birth attendants and services, micro nutrient supplementation, nutrition screening of children U5 years, immunization, treatment of common diseases, and health education. Capacity building of local health staffs will be strengthened in order to provide quality health care to the community. The Maternal Child Health (MCH) will be operational for all days due to the facility delivery needs and emergency referral.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	1,440	4,055	2,000	2,000	9,495
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	2,000	2,000	4,000
<b>Indirect Beneficiaries :</b>					
<p>Since many Internally Displaced Persons (IDPs) are integrated with the host communities, the project shall assist the host community in Horsed, Halgan and Kordamac IDPs at Daynile District who are also vulnerable in nature and have no any other services provided. The community within Daynile will benefit from health promotion activities that will be conducted and offered.</p>					
<b>Catchment Population:</b>					
<p>Putting into consideration the poor urban population in the catchment area, an estimated 18,467 in the surrounding areas will have access to health facilities in Daynile District in which SOYDA was implementing health project and intends to continue under this grant.</p>					
<b>Link with allocation strategy :</b>					

SOYDA's proposal is in line with the SHF strategy number 2: Lifesaving and life-sustaining integrated response to Internally Displaced Persons IDPs and host communities as well as SHF strategy number 3: Acute Watery Diarrhea (AWD/Cholera) response in Mogadishu Internally Displaced Persons IDPs. The proposed activities are in line with the 2016 Somalia Humanitarian Plan's health priorities of number 1: Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality and number 2: To contribute to the reduction of maternal and child morbidity and mortality.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Ubah Ahmed Haji	Program Manager	somyoungdoctors@gmail.com	+252615881993

**BACKGROUND**

**1. Humanitarian context analysis**

According to 2016 Gu season nutrition surveys among Internally Displaced Persons (IDPs) in Somalia among 12 IDP sites including Mogadishu conducted between May 28th to June 3rd where a total of 7 683 children (6-59 months) and 3,710 of women in the reproductive age group (15-49 years) were taken from 4,520 households shows Critical levels of Global Acute Malnutrition (GAM rate  $\geq 15\%$ ) were observed among six IDPs of 12 surveyed during Gu 2016 assessment. These are Dholey, Baidoa and Dollow Internally Displaced Persons IDPs in South-Central regions and Garowe, Bosasso and Galkayo. Other contextual factors on food security, water and sanitation WATSAN, household and child diversity, maternal health and nutrition data were collected have shown greater needs for these services. The above recent assessment shows Mogadishu Internally Displaced Persons IDP needs have been increasing based on a previous joint assessment that undertaken in Mogadishu town. In 12 sampled IDPs camps out of 22 Internally Displaced Persons IDPs Camps, 6 out of 12 sections of the town, with main purpose being to get a better understanding of the level of existing humanitarian situation, vulnerability of the Internally Displaced Persons IDPs, host community and related immediate needs of Humanitarian Aid services in Daynile district. According to the Food Security and Nutrition Analysis Unit FSNAU recent Assessment on the Current Situation of Internally Displaced Persons IDPs and Vulnerable Host Communities Affected by Conflicts and Droughts in Banadir region, there are about 12 Internally Displaced Persons IDPs camps covering 8 sections of the town. The military operations led by the Somali Governments troops alliance with AMISOM troops against Al Shabaab is still continuing in Afgooye corridors exacerbating the situation. All districts of Middle and lower Shebelle are now liberated but still in siege. The majority of the Internally Displaced Persons IDPs have fled from the areas of conflict to the safe areas in Mogadishu district, where they can access and get immediate response from Humanitarian Aid services in Mogadishu. The majority of the Internally Displaced Persons IDPs have created new temporary shelters in the corridors of the city while many of them joined their family in the town. Poor living conditions and insufficient healthcare has led to measles and acute watery diarrhea AWD outbreaks and other communicable diseases that afflict the Internally Displaced Persons IDPs.

**2. Needs assessment**

Recent HMIS data collected from Mogadishu Internally Displaced Persons IDPs partner's facilities for the month of January to March 2016, shows high trends of communicable diseases, negligible deliveries in Mother Child Care MCH/HC and a high number of moderately and severely under nourished children. With IDP women having low facility based delivery in Somalia, the lives of pregnant women remain in danger and women of child bearing age have no access to much needed life-saving healthcare. Somali young doctors association (SOYDA) intends to operationalize a fully functioning one health centre with Basic emergency neonatal care BEmONC services and two mobile clinics to reduce maternal mortality rates and have more children immunized. SOYDA participated in needs assessment conducted in Mogadishu IDPs to determine the gaps in health service provision for the IDPs and host communities in the area where the need for immediate life-saving healthcare provision was acutely noticed. The need increased as Internally Displaced Persons IDPs has recently seen an upsurge of measles and AWD outbreak. Somali Young doctors association (SOYDA) is one of the key humanitarian agencies providing Health services in Mogadishu IDPs. As the Internally Displaced Persons IDPs in the area have led to increased population movements there is need to increase response in the Internally Displaced Persons IDPs, and SOYDA plans to continue the static primary health care at Horsed IDPs and outreach mobile teams in Halgan and Kordamac in Daynile District Internally Displaced Persons IDPs/host community through provision of primary health care service. SOYDA will ensure equal access population living in nearby villages through providing integrated basic health outreach service. The estimated IDP population living in the target locations is 18,467 persons. An additional population will also have access to these services. SOYDA was running one health facility and also two mobile clinics serving IDPs and host communities offering basic emergency neonatal care BEmONC services in Daynile, in Mogadishu Internally Displaced Persons IDPs in Benadir region and since the project was successfully implemented and ended on May 2016 in same area. SOYDA intends to use that experience and relations established to roll out the same services or rather accelerate the previous health activities to enable build on the existing lessons learnt and provide better services to the vulnerable IDPs in the area. However, SOYDA shall use its existence facilities to better the services delivery as well as the already trained personnel to enable provide adequate service to the vulnerable Internally Displaced Persons IDP and host community.

**3. Description Of Beneficiaries**

The target population shall be mainly drawn from Internally Displaced Persons IDPs and the affected and displaced population by the fighting in the adjusted areas as well as the drought. The target beneficiaries shall be boys, girls, women and men irrespective of their status. Beneficiaries are mainly the Internally Displaced Persons IDPs and all the people who were affected by the drought in the area. The beneficiaries include girls, boys, women and men irrespective of status and needs. Especial emphasis is given to pregnant and lactating women and children under-five who face the biggest danger of morbidities and mortality due to pregnancy-related complications and childhood illnesses. Men will be encouraged to seek healthcare to create healthy communities and due to their role as bread winners in a difficult situations and circumstances.

**4. Grant Request Justification**

SOYDA through the funding from SHF in 2015 has established 3 outreach mobile clinic in Daynile District Internally Displaced Persons IDPs in Mogadishu and the project has since improved the status of the Internally Displaced Persons IDPs in the target area, however the project ended on 15 May 2016 and the services were disrupted due to lack of some essential services and hence increased needs from the Internally Displaced Persons IDPs. This grant will be able to reignite and operationalize through continuity 3 outreach/mobile clinics. SOYDA will use the existing staff that have been trained as well as the facilities to better the services of the Internally Displaced Persons IDPs in Daynile District. Furthermore, since the 80% of all gender based violence (GBV) incident occurred in IDPs settlement, SOYDA shall work in liaison with other partners and sector active service providers to provide protection through the support of medical services and the needed referral services in case of complication cases to further treatment to Banadir Hospital.

## 5. Complementarity

SOYDA will work in close collaboration with all humanitarian actors as well as the nutrition, WASH and Protection cluster to better the life of the vulnerable Internally Displaced Persons IDPs and host communities in Mogadishu, Banadir region. Since 2010, CHF Somalia has supported. Somali Young Doctors Association (SOYDA) with six Nutrition projects in Benadir and Lower Shebelle, and four Health projects, currently we are implementing 2 Health sites in Mogadishu (Bondhere and Wadajir) and 2 Health Centers in Elasha and Lafole which we opened in June 2010 through support of UNICEF, WHO and CHF. The projects involved the provision of consultations, anti natal care ANC and post natal care (PNC) care, and other basic treatment and prevention services. Through complementarity with clusters and other actors all the malnourished children will be referred to Somali Young Doctors Association (SOYDA) managed Outpatient therapeutic programme (OTP) in the same Internally Displaced Persons IDPs as well as referral of all women with complicated cases to the other nutrition partners working on supplementary feeding program.

To address Acute Watery Diarrhea AWD response, sanitation and hygiene matters, SOYDA will closely partner with WASH agencies, to address protection issues since 80% of all Gender Based Violence (GBV) incidents recorded occurred in Internally Displaced Persons IDP settlements. SOYDA will also mainstream health activities in linkage with protection cluster activities to realize an integrated response and shall work in partnership with other secondary health providers in Mogadishu to enable better the referral services.

Through complementarity with these clusters and humanitarian actors in Banadir region, all acutely malnourished children will be referred to Outpatient Therapeutic Program managed by SOYDA and other nutrition partners in the area. Children who are acutely malnourished with complicated cases will be referred to Benadir Hospital Stabilization Centre. To address Acute Watery Diarrhea AWD response, sanitation and hygiene matters, SOYDA will partner with protection partners and to address protection issues since 80 per cent of all Gender Based Violence (GBV) incidents recorded occurred in Internally Displaced Persons IDP settlements, SOYDA will mainstreaming health activities in linkage with nutrition and protection cluster and activities to realize an integrated response.

## LOGICAL FRAMEWORK

### Overall project objective

To ensure access to basic primary and life-saving health care services for affected 4,055 Women, 2000 boys, 2000 girls, and 1440 men in Internally Displaced Persons IDPs and Host Communities at Horsed, Halgan and Kordamac IDPs in Daynile District, Benadir Region.

### Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	Somalia HRP 2016	50
To contribute to the reduction of maternal and child morbidity and mortality	Somalia HRP 2016	30
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	Somalia HRP 2016	20

**Contribution to Cluster/Sector Objectives :** Increased coverage of life-saving primary and emergency health care services to IDPs and members of their host communities in Horsed, Halgan and Kordamac in Daynile District, with special provision for pregnant women, mothers, women of child-bearing age, and children under five years.

### Outcome 1

Improved accessibility to primary Health Care service for 4,055 Women, 2000 boys, 2000 girls, 1440 Men through fixed health center HC and Outreach mobile teams in IDPs/Host Communities in Horsed, Halgan and Kordamac in Daynile District.

### Output 1.1

#### Description

Enhanced access to Primary Health Care services such as immunization, antenatal care (ANC), Prenatal care (PNC) and treatment of common and chronic disease for underserved and vulnerable women, girls, boys and men in Horsed, Halgan and Kordamac IDPs in Daynile District.

#### Assumptions & Risks

Adequate supply for the treatment of the target group.

#### Activities

##### Activity 1.1.1

##### Standard Activity : Primary health care services, consultations

Support and scale up operations and maintenance of community static and outreach services in Horsed, Halgan and Kordamac in Daynile District IDPs/Host Communities for 4,055 Women, 2000 boys, 2000 girls, 1440 Men through provision of Outpatient Department OPD services, trauma management, health education and management of common illness diseases

##### Activity 1.1.2

##### Standard Activity : Primary health care services, consultations

Provide basic antenatal and post-natal , under five consultations and immunization of 2000 boys, 2000 girls, and 527 pregnant and lactating women at Horsed, Halgan and Kordamac in Daynile District,

**Activity 1.1.3**

**Standard Activity : Awareness campaign**

Improve community awareness on safe motherhood, nutrition, health and WASH practices through regular health education sessions.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of boys, girls, men and women provided Outpatient Department OPD services, trauma management, health education and management of common illness diseases through project period					9,495

**Means of Verification** : Weekly and Monthly reports, HMIS data, patient registers, patient cards, field photos.

Indicator 1.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					4,527
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**Means of Verification** : Weekly and Monthly reports, HMIS data, patient registers, patient cards, field photos.

Indicator 1.1.3	Health	Number of target population who received awareness on safe motherhood, nutrition, health and WASH practices through regular health education sessions.					5,495
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**Means of Verification** : Weekly and Monthly reports, HMIS data, patient registers, patient cards, field photos

**Outcome 2**

Improved maternal and child health through provision of quality Antenatal/postnatal, Basic Emergency Obstetric and Newborn Care) through strengthening the referral system between Primary Health Care and Secondary health care.

**Output 2.1**

**Description**

Improved maternal and child health through provision of quality Antenatal/postnatal, Basic Emergency Obstetric and Newborn Care) through strengthening the referral system between Primary Health Care and Secondary health care.

**Assumptions & Risks**

**Activities**

**Activity 2.1.1**

**Standard Activity : Primary health care services, consultations**

Strengthen referral system between Primary Health care facilities and the Mogadishu referral hospitals ensuring prompt treatment for severely ill patients will be managed within the project period.

**Activity 2.1.2**

**Standard Activity : Disease surveillance**

Conduct Disease Surveillance and Response activities in Horsed, Halgan and Kordamac Health sites

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health facilities supported					3

**Means of Verification** : Weekly and Monthly reports, HMIS datas, patient registers, patient cards, GMS mobile online data, field photos

Indicator 2.1.2	Health	Number (40%)of cases detected and referred through active and passive response					3,798
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**Means of Verification** : Weekly and Monthly reports, HMIS datas, patient registers, patient cards, GMS mobile online data, field photos

**Outcome 3**

Improved service delivery through capacity building of health care providers as well as community volunteers and target beneficiaries

**Output 3.1**

**Description**

Enhanced capacity of health staff and community health workers on effective management of Community case management and IMCI.

**Assumptions & Risks**

**Activities**

**Activity 3.1.1**

**Standard Activity : Capacity building**

Conduct one refresher training for 15 Male and 25 female SOYDA staff on integrated management of childhood illness IMCI and communicable diseases management

**Activity 3.1.2**

**Standard Activity : Capacity building**

Conduct one training to 30 Female and 25 Male community health workers CHWs on prevention and Integrated community case management (CCM) for communicable diseases for selecting our target operation areas/sites.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					40

**Means of Verification** : Training participant list, per diem payment vouchers, training report, attendance sheet, GPS mobile data, Photos

Indicator 3.1.2	Health	Number of community health workers (CHWs) trained on prevention and community integrated case management (ICCM) in the project sites.					55
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**Means of Verification** : Training participant list, per diem payment vouchers, training report, attendance sheet, GPS mobile data, Photos

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

The overall monitoring and reporting responsibility will rest on the Primary Health Care (PHC) Supervisor and the Health Management Information System (HMIS) Officer based in Mogadishu and continuously goes to field to monitor the activities. The field supervisor will be supervising and monitoring the health teams on a daily basis and provide statistics and reports on the activity on a weekly basis. Photos will be taken to capture the distribution as a means of verification. The HMIS Officer will review monthly monitoring data against the indicators and targets set in the Results Framework as well as the detailed work plans developed by the PHC Supervisor. To ensure total inclusivity in its interventional approach, SOYDA will strengthen health service provision to the vulnerable population; work closely with Ministry of Health, UNICEF and other partners in Mogadishu. The objective is a holistic and all-inclusive approach since Mogadishu's Afgoye corridor that hosts the Internally Displaced Persons IDPs is a densely populated area that cannot be adequately covered by one partner. SOYDA has put in place a variety of Monitoring and Evaluation (M&E) tools that will be used to assess programme activities in the health service. SOYDA Primary Health Care Supervisor will provide support for supportive supervision of MoH staffs, training and other capacity building activities. Joint monthly supervision and monitoring visits between SOYDA and Ministry of Health will be scheduled.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Support and scale up operations and maintenance of community static and outreach services in Horsed, Halgan and Kordamac in Daynile District IDPs/Host Communities for 4,055 Women, 2000 boys, 2000 girls, 1440 Men through provision of Outpatient Department OPD services, trauma management, health education and management of common illness diseases	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.2: Provide basic antenatal and post-natal , under five consultations and immunization of 2000 boys, 2000 girls, and 527 pregnant and lactating women at Horsed, Halgan and Kordamac in Daynile District,	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Improve community awareness on safe motherhood, nutrition, health and WASH practices through regular health education sessions.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 2.1.1: Strengthen referral system between Primary Health care facilities and the Mogadishu referral hospitals ensuring prompt treatment for severely ill patients will be managed within the project period.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 2.1.2: Conduct Disease Surveillance and Response activities in Horsed, Halgan and Kordamac Health sites	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 3.1.1: Conduct one refresher training for 15 Male and 25 female SOYDA staff on integrated management of childhood illness IMCI and communicable diseases management	2016												X
	2017												
Activity 3.1.2: Conduct one training to 30 Female and 25 Male community health workers CHWs on prevention and Integrated community case management (CCM) for communicable diseases for selecting our target operation areas/sites.	2016												
	2017			X									

**OTHER INFO**

**Accountability to Affected Populations**

SOYDA will ensure that it is accountable to the Affected Populations by providing leadership through the demonstration of commitment and ensuring feedback and accountability mechanisms are integrated into response mechanism ,programme implementation, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting. Transparency by providing accessible and timely information to affected populations on organizational procedures, structures and processes. By having a feedback and complaints mechanism that actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly. By ensuring participation and enabling affected populations to play an active role in the decision-making processes that affect them and by designing, a monitoring and evaluation goals and objectives that are meant for the programmes with the involvement of affected populations.

**Implementation Plan**

SOYDA will implement this project directly whilst working closely with local authorities and partners at the field. SOYDA is planning to continue the current ended CHF project in Daynile District by continuing one static and 2 Outreach Mobile teams in Horsed, Halgan and Kordamac in Daynile District IDPs in Mogadishu. SOYDA will continue the already exist qualified human resources at the mobile teams to implement the proposed activities. SOYDA will use the same technical Staffs of the project that composed of 3 qualified nurses, 3 Auxiliary nurses, 3 mid wives , 6 Community Mobilizers, 3 Out patient registers, 1 Health Management Information system (HMIS) officer , 1 Admin Finance, 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 set up and managed by the SOYDA field team, while the program manager will supervise the activities at the field progress. During the Project, SOYDA Will conduct one refresher trainings for 40 health staff on integrated management of childhood illness (IMCI), trauma management and management of common illness training for 5 days during the project period, and also will carry out 30 Female and 25 Male Community Health Workers (CHWs) for hygiene promotion and breastfeeding wariness for one sessions.The training will enhance the capacity of the project staff to enable provide the primary health care services to the most vulnerable IDPs and host communities in Horsed, Halgan and Kordamac in Daynile District, in Mogadishu. Through this project SOYDA shall provide daily consultation services, Antinatal care (ANC), postnatal care ( PNC) and outreach services to the affected populations in the target district project locations.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	SOYDA will share all this partners to weekly and monthly reports
Ministry of Health	SOYDA will work closely in terms of supportive supervision and reporting
WHO	Provision staff training and work related guidelines
UNFPA	Provides training and RH kits
UNOCHA	Interim and Final Narrative Financial report sharing
UNOCHA	Issue related with IDPs and returnees Delete

**Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

**Gender Marker Of The Project**

2a- The project is designed to contribute significantly to gender equality

**Justify Chosen Gender Marker Code**

Gender mainstreaming will be ensured in Health programming to provide equal access to health services for boys and girls, women and Men in the Health programme. The project will serve and respond to the gender needs of the IDPs by designing special interventions that respond to women and girls' needs, timeframes of services, toilets and water availability and locations and delivery by women wasn't supported. Also for capacity building both men and women will have equal opportunities and this includes also during capacity building of staff and CHWs. Recruitment of staff will also ensure equal opportunities for both men and women. Efforts will be made so that there is good representation of women and men during meetings at community level and supervision visits. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. SOYDA strongly supports equal employment opportunities for men and women and sees the inclusion of female staff as a tool for better addressing gender related matters of the beneficiaries. Therefore, an equal number of women and men will be trained and also SOYDA will maintain and ensure the current 50% Male and 50% Female staffing in all project activities. SOYDA has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of projects. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. The project will empower women and girls by including them in the training, social mobilization and activities.

**Protection Mainstreaming**

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries. The project will look at all in need as clients who have to be treated fairly and with dignity in particular children, the elderly, and persons with disabilities, widows, and female-headed households. They will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. SOYDA will apply a rights-based approach where the needs of ethnic minorities, women, the elderly, and people living with disability are promoted. Because of that, SOYDA will consult with the beneficiaries on the location of the health facilities so that they are chosen strategically in order to reduce gender based violence and other forms of violence and in a neutral location so that people from all ethnic groups in the area may be able to access healthcare. Through the provision of outreach services, SOYDA will be able to reach the underserved, the elderly and the weak and will be able to transport them to their dwellings when necessary. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health committees which foster participation, empowerment and accountability.

**Country Specific Information**

**Safety and Security**

SOYDA staff has access to the area and will be directly manning the facilities and providing services. However, security is unpredictable in Somalia and SOYDA will closely monitoring the situation and will closely work with other actors to monitor the situation. SOYDA has local based security plan so that its staff and facilities are safe and secure. Staff are informed to be on the look for any suspicious elements and report to authorities and also evacuate as necessary. SOYDA will be participating in cluster forums and will be implementing all security advisories and shared briefings. In the event of untoward activities, SOYDA will immediately notify the communities, MOH, the Health Cluster and UNOCHA and any other concern actors in the area.

**Access**

SOYDA has been working in Mogadishu since 2007 and enjoys the support of the community and the authorities. SOYDA expects to keep good relationships with all actors in Mogadishu and expects that this will allow SOYDA to work in Mogadishu IDP camps without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all SOYDA interventions. SOYDA has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. SOYDA's services will be strategically placed and thus easily accessible to all the target IDPs and vulnerable population and shall be accountable to all affected population in its area of operation.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Primary Health Care (PHC ) Program Supervisor	D	1	700.00	12	100.00	8,400.00
	<i>Primary Health Care (PHC) Program Supervisor will be based in Mogadishu and travel regularly to all districts and villages, will have direct communication with local communities and local authority, will be responsible field based health and nutrition activities. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary.</i>						
1.2	Midwives	D	3	400.00	12	100.00	14,400.00
	<i>Midwives provide advice, care and support for pregnant and lactating women, their partners and families before, during and after childbirth. They help women make their own decisions about the care and services they access. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary.</i>						
1.3	Qualified Nurses	D	3	400.00	12	100.00	14,400.00
	<i>Qualified nurse will perform day to day work of treatment and medical check of for the patients and provide the treatment/refer cases that need referral to health activities, the cost/incentive of Qualified nurses will be covered from CHF grant. The person will spend 100% of his time on this project and CHF will contribute 100% of the salary</i>						
1.4	Auxiliary nurse	D	3	200.00	12	100.00	7,200.00
	<i>Auxiliary Nurse supports the Qualified nurses and medical officers in the centers by providing assistance to patients include appetite test preparation for the children under five years before admission to avoid the children to vomit after treatment, daily hygiene assistance and they overall conditions of patients with hourly temperature checks and do blood pressure testing. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.5	Outpatient Department (OPD) Registerer	D	3	200.00	12	100.00	7,200.00
	<i>They do early morning patient registration and they give numbers for first come first serve, Also they will record daily admissions in the sites for the new patients. The person will spend 100% of his time on this project and CHF will contribute 100% of the salary</i>						
1.6	Admin/Finance	D	1	1,000.00	12	50.00	6,000.00
	<i>Responsible the financial and administration issues in Mogadishu. he person will spend 50% of her/his time on this project and SHF will contribute 50% of the salary</i>						
1.7	Community Health and Nutrition Promoters	D	6	250.00	12	100.00	18,000.00
	<i>Works at the community by providing promotion and community awareness, as well as preventive services such as health education and mobilization. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.8	Health Management Information System (HMIS) officer	D	1	400.00	12	100.00	4,800.00
	<i>Health Management Information System (HMIS) Responsible for managing data that will be shared with the cluster and regularly prepare weekly and monthly surveillance datas. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.9	Cleaners for the sites	D	3	150.00	12	100.00	5,400.00
	<i>Cleaning and responsible for cleanliness of the sites. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.10	Security guards for the sites	D	3	150.00	12	100.00	5,400.00

	<i>Responsible for taking care of the Security of the commodities and the staffs at the site. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
	<b>Section Total</b>						<b>91,200.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Medical Supply	D	1	12,000.00	1	100.00	12,000.00
	<i>Medicines procured in the field for free distribution to the patients diagnosed. SHF will contribute 100%</i>						
2.2	Vehicle Rent for staff, referral, and supervision	D	2	1,800.00	12	100.00	43,200.00
	<i>There are one static and 2 outreach teams, and will be assigned a vehicle for the period of the project everyday which carries out staff of the project, supervision team and. The cost of hiring the vehicle is \$1800 for 12 months. CHF will contribute 100% of the vehicle cost.</i>						
2.3	Truck Rent for Transportation of Medical Supplies	D	1	2,000.00	4	100.00	8,000.00
	<i>During project implementation period, SOYDA will hire truck to transport supplies from Mogadishu warehouse to the sites, by transporting medical supplies to field. The cost of per Cargo truck rent is 2000\$ for four times during the project. As the two project supplies, delivery schedules, durations of the two projects, and locations of the projects are all different, SHF will contribute 100% for each project</i>						
2.4	Storage Costs (Central Store for Nutrition and Health Project, (15m x 20m)	D	1	1,000.00	12	75.00	9,000.00
	<i>The warehouse will be used to store the Ready-to-use therapeutic food (RUTF) and medical equipment and will be used central station for the monthly supply order from Mobile outreach teams. The SHF for this project will contribute 75% Effective apportionment over 12 month period and 25% Effective apportionment for the nutrition project over 10 month period.</i>						
2.5	Training for Community Health Workers (CHWs) Training on Community Case Management (CCM)	D	1	6,682.00	1	100.00	6,682.00
	<i>This will cover the cost of conducting Community Health Workers (CHWs) and Community Mobilizers Training on Community Case Management (CCM), Refreshment and Training Materials (30 Female, 25 Male), participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ will \$ 6682. The participants will be from community. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on treatment guidelines of Community Case Management (CCM). SHF will contribute 100% of this Community Case Management (CCM) Training.</i>						
2.6	Training for Integrated management of childhood illness (IMCI) and communicable disease management	D	1	7,458.00	1	100.00	7,458.00
	<i>This will cover the cost of conducting Integrated Management of Childhood Illness (IMCI) and communicable disease management (15 Male and 25 female) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ will \$ 7458. The participants will be SOYDA health staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on treatment guidelines of IMCI Integrated Management of Childhood Illness and communicable disease management. SHF will contribute 100% of this Integrated Management of Childhood Illness (IMCI) and communicable disease management Training.</i>						
2.7	Medical Related Stationary	D	1	310.00	12	100.00	3,720.00
	<i>Medical stationers are stationaries provided on of monthly bases to the health sites like medical prescriptions/papers, admission cards, referral slips, registers and Follow up files, this are stationaries required day to day health sites using each new patient for the site needs a copy to be filled an admission card, Follow Up card through monitoring day to day weight of the patient, discharge card giving the patient after cured, also the cases that are suffering additional complications needs referral card or transfer card or Hospital, this are all medical related stationaries used in the sites. SHF will contribute 100% for this specific health related stationaries.</i>						
	<b>Section Total</b>						<b>90,060.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Stationary and office materials (BoQ Attached)	D	1	3,042.60	1	100.00	3,042.60
	<i>Stationary for easy operations of the projects and Office materials (A4 Papers, Print Ink, Stapler, M and E printing tools. The SHF for this project will contribute 55% Effective apportionment for over 12 month period and for the nutrition project 45% Effective apportionment over 10 month period</i>						
7.2	Utilities (Electricity, water bill for Central office )	D	1	600.00	12	75.00	5,400.00
	<i>Utilities using for office particular water and electricity bill. The SHF for this project will contribute 75% Effective apportionment for over 12 month period and for the nutrition project 25% Effective apportionment over 10 month period</i>						
7.3	Communications (Internet and telefon Bill)	D	1	600.00	12	75.00	5,400.00
	<i>Communication cost for staff in the field and also for the office for easy communication and monitoring of project. The SHF for this project will contribute 75% Effective apportionment for over 12 month period and 25% Effective apportionment over 10 month period for the nutrition project</i>						



7.4	bank charges	D	1	2,000.00	1	100.00	2,000.00
<i>2% bank charges for funds transfered to dahabshil for the project. 100% will cover by SHF</i>							
7.5	Office Rent	D	1	1,000.00	12	92.00	11,040.00
<i>This is the cost of paying office rent in Mogadishu. The office will be utilized on both health and Nutrition SHF projects. The SHF for this project will contribute 92% Effective apportionment for over 12 month period and 8% Effective apportionment over 10 month period for the nutrition project</i>							
<b>Section Total</b>							<b>26,882.60</b>
<b>SubTotal</b>			40.00				<b>208,142.60</b>
Direct							208,142.60
Support							
<b>PSC Cost</b>							
PSC Cost Percent							3.29
PSC Amount							6,847.89
<b>Total Cost</b>							<b>214,990.49</b>

#### Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu-Daynile -> Mogadishu/Daynile	100	1,440	4,055	2,000	2,000	9,495	<p>Activity 1.1.1 : Support and scale up operations and maintenance of community static and outreach services in Horsed, Halgan and Kordamac in Daynile District IDPs/Host Communities for 4,055 Women, 2000 boys, 2000 girls, 1440 Men through provision of Outpatient Department OPD services, trauma management, health education and management of common illness diseases</p> <p>Activity 1.1.2 : Provide basic antenatal and post-natal , under five consultations and immunization of 2000 boys, 2000 girls, and 527 pregnant and lactating women at Horsed, Halgan and Kordamac in Daynile District,</p> <p>Activity 1.1.3 : Improve community awareness on safe motherhood, nutrition, health and WASH practices through regular health education sessions.</p> <p>Activity 2.1.1 : Strengthen referral system between Primary Health care facilities and the Mogadishu referral hospitals ensuring prompt treatment for severely ill patients will be managed within the project period.</p> <p>Activity 2.1.2 : Conduct Disease Surveillance and Response activities in Horsed, Halgan and Kordamac Health sites</p> <p>Activity 3.1.1 : Conduct one refresher training for 15 Male and 25 female SOYDA staff on integrated management of childhood illness IMCI and communicable diseases management</p> <p>Activity 3.1.2 : Conduct one training to 30 Female and 25 Male community health workers CHWs on prevention and Integrated community case management (CCM) for communicable diseases for selecting our target operation areas/sites.</p>

#### Documents

Category Name	Document Description
Project Supporting Documents	Outreach Health Sites and GPS Cordinates copy.pdf
Budget Documents	CCM BoQ Training For Health Project Final Revised .xlsx
Budget Documents	Medical Supply BoQ For SOYDA CHF Health-1.xlsx

Budget Documents	SOYDA Stationary BoQ For CHF Health.xlsx
Budget Documents	Staff Training IMCI BoQ.xlsx
Budget Documents	BoQ Breakdowns of Utilites Commination and Other Direct Costs.xlsx
Budget Documents	Staff Training IMCI BoQ Revised After CRC 3 Oc 16.xlsx
Budget Documents	Disregard this BoQ
Budget Documents	Final 3752 SOYDA BoQ- 11.11.16.xls
Budget Documents	Final 3752 SOYDA BoQ- 14.11.16.xls
Budget Documents	Final 3752 SOYDA BoQ- 18.11.16.xls
Budget Documents	CCM BoQ Training Revised after CRC 03 Oct 2016.xlsx
Budget Documents	3752 SOYDA BoQ- 12.10.16.xlsx
Budget Documents	3752 SOYDA BoQ- 17.10.16.xls
Budget Documents	3751 & 3752 SOYDA Shared Costs- 17.10.16.xlsx
Budget Documents	3752 SOYDA BoQ- 03.11.16.xls
Budget Documents	3751 & 3752 SOYDA Shared Costs- 03.11.16.xlsx
Audit and Closure Documents	SOYDA 504 Final Signed Audit Rep March 2016 copy.pdf
Grant Agreement	3752- SOYDA.pdf
Grant Agreement	signed GA 3752- SOYDA fin.pdf