

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*	Emergency Health Care Provision for the Vulnerable population/ IDPs in Mogadishu and Afgoi corridor			
(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*	102300.00	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*	Health			
(K) Secondary Cluster	Only indicate a secondary cluster for multi-cluster projects			
(L) Beneficiaries Direct project beneficiaries. Specify target population disaggregated by number, and gender. If desired more detailed information can be entered about types of beneficiaries. For information on population in HE and AFLC see FSNAU website (http://www.fsnau.org)		Men	Women	Total
	Total beneficiaries	7600	30400	38000
	Total beneficiaries include the following:			
	Pregnant and Lactating Women	0	0	6500
	Children under 5	0	0	12500
	0	0	0	
	0	0	0	
(M) Location Precise locations should be listed on separate tab	Regions	<input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> L Juba <input type="checkbox"/> M Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> L Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed		
(N) Implementing Partners (List name, acronym and budget)	1	Budget:	\$	-
	2	Budget:	\$	-
	3	Budget:	\$	-
	4	Budget:	\$	-
	5	Budget:	\$	-
	6	Budget:	\$	-
	7	Budget:	\$	-
	8	Budget:	\$	-
	9	Budget:	\$	-
	10	Budget:	\$	-
		Total	Budget:	\$
	Remaining	Budget:	\$	102,300
Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).				
(O) Agency focal point for project:	Name*	Dr. Abdiqani Sheikh Omar	Title	Executive Director
	Email*	somyoungdoctors@gmail.com	Phone*	+2526-15577282
	Address	Mogadishu-Somalia, Maka almukaram Street, km4, 1st floor 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) *	<p>The civil insecurity and the conflict in Mogadishu has resulted in large numbers of IDPs fleeing and settling in Afgoye. The IDPs settled in Afgoi 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 Afgoi pulling out. □</p> <p>□ The UNDP 2005 population census indicated that Mogadishu City had a population of 901,183 people. Since that time, there has been very significant displacement within the city, and from the city. In 2011, SOYDA intends to provide emergency healthcare services to IDPs subsisting in Wadajir-District Mogadishu that have seen very significant rises in IDPs in the past 4 years. □</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>Since June 2010, SOYDA has been implementing emergency primary health services for conflict-affected populations in Mogadishu-Wadajir District and Afgoi corridor (Elasha and Lafole health centers). The organisation planned to provide daily essential free health service and drug distribution to around 300 people, we are experiencing more than the planned number, hence every day the beneficiaries, community elders are encouraging and informing their relatives and close friends to come. In fact the number always doubles due to the closure of Hawa Xabdi and MSF-run health facilities which are non-functional. Due to displacement to remote areas which has very poor infrastructure facilities including transport and lack of health facilities in the closest vicinity, these IDPs are denied access to emergency, primary and secondary health care services. Immunization activities are carried out only on Child Health Days. In addition to the displacement, poverty and poor literacy these have marginalized these IDPs have little access to any form of health care services. According to the Islamic culture in which women are more confined to the house, it is difficult to access</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>The CHF/OCHA Somalia has also supported SOYDA with an emergency health project for six months which was continuation of previous HRF project, SOYDA has been 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 and has attended 87,871 project beneficiaries of which 45,490 are women and 34,030 are children have been effectively and efficiently attended and provided the medical supplies that were meant to be provided and project intended. The project is a continuation of the previous and has availed vital health services to the IDP population who cannot afford to buy or seek medical attention from the private clinics/pharmacies. □</p> <p>In the execution of its Medical and health project to vulnerable population specially women (including pregnant and lactating), children under five, SOYDA encounters many cases of RTI, Skin Infections, AWD, malnourished children and Pregnant and lactating mothers. We are proposing five months for purposely, the fact that the needs is so much and the beneficiaries are daily</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Increase access to Primary and Secondary life-saving health care services and emergency assistance amongst vulnerable populations	
(B) Outcome 1*	Morbidity and mortality rates reduced among IDPs affected by recent conflict in Mogadishu and Afgoi corridor through improved access to health services	
(C) Activity 1.1*	Support and scale up operations and maintenance of Wadajir, Elasha and Lafole Health centers through provision of free consultation services	
(D) Activity 1.2	Provision of basic antenatal and post-natal services to under 5 children (12500) consultations and Pregnancy, Lactating Women (6500) consultations	
(E) Activity 1.3	Provision of essential medical supplies to Wadajir, Lafole and Elasha Health centers	
(F) Indicator 1.1*	Health	Number of consultations per clinician per day by administrative unTarget* 50
(G) Indicator 1.2	Health	Increased Number of delivery health service for antenatal and postnatal Target
(H) Indicator 1.3	Health	Essential medicines available in all 3 health centers Target
(I) Outcome 2	Improved Capacity of Men and Women of SOYDA local health workers and communities in IMCI, trauma management and management of common illnesses	
(J) Activity 2.1	Conduct trainings of SOYDA local health workers and communities in IMCI, trauma management and management of common illnesses	
(K) Activity 2.2	Develop and Disseminate IEC Materials on prevention and home management of Diarrheal Diseases and Vector Control Measures	
(L) Activity 2.3	Establish 2 male and 4 Female Community Mobilizers for trained on basic primary health care package to provide health Education, Health Promotion and IEC	
(M) Indicator 2.1	Health	Number of health workers trained in common illnesses, integrated Target 15
(N) Indicator 2.2	Health	IEC Materials are available in all target areas Target
(O) Indicator 2.3	Health	Number of community mobilizers trained on basic primary health care Target
(P) Outcome 3		
(Q) Activity 3.1		
(R) Activity 3.2		
(S) Activity 3.3		
(T) Indicator 3.1		Target
(U) Indicator 3.2		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 deploy and continue three health centers with medical teams to work at three different strategic locations- two in Afgoi corridor (Elasha Biyaha and Lafole cluster) and one in Mogadishu (Wadajir District). The Staffs will comprise 6 Medical Doctors, 6 qualified nurses, 3 pharmacists and 1 Project Officer. 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. □	

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 monitor implementation of the proposed activities throughout the project period and will liaise closely with WHO and partners through information sharing and attending meetings. In particular, SOYDA will carry out regular monitoring of the project activities by using developed tools for M&E which will especially conducted by the SOYDA project team. The project executive director of SOYDA will be directly involved in monitoring the project team by supervising the mobile team while conducting weekly meetings. SOYDA will also share regular weekly and monthly report with the donor so as to provide ground information and level activities achievement. SOYDA will also use to monitor the project through indicators and input cross check level. SOYDA will also monitor the project by Maintenance of clinic registers (OPD clinic register, Health center clinic register, Drug store registers etc) and attendance register. □

□

SOYDA will 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 committees and the health authorities where necessary. Likewise, SOYDA will collaborate with other external agent responsible on behalf of the donor or WHO. □

□

(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* Support and scale up op	X	X	X	X	X	
1.2 Provision of basic antena	X	X	X	X	X	
1.3 Provision of essential me	X	X	X	X	X	
2.1 Conduct trainings of SO		X		X		
2.2 Develop and Disseminat	X			X		
2.3 Establish 2 male and 4 F		X				
3.1 0						
3.2 0						
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 MUSLIM AID, IR, WHO, UNICEF □	All these organizations are involved in the provision of health services.SOYDA will
2	
3	
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(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		