

## Project Document

## 1. COVER (to be completed by organization submitting the proposal)

· · · · ·										
(A) Organization*	Somali Y	oung Docto	ors Assocaition	n SOYDA						
(B) Type of Organization*	🗌 UN Ag	gency	International NO	60 🗹 Loca	I NGO					
(C) Project Title*	Emergeno	cy Primary H	ealth care Prov	ison in Mogadis	shu and Afgo	i Corridor	ior IDPs			
Please use a precise and informative title										
that accurately reflects the project.										
(D) CAP Project Code					0		ve proposals o	utside of CAP.		
(E) CAP Project Ranking		please se		Required for p	roposals duri	ng Standa	rd Allocations.			
(F) CHF Funding Window*		mergency R						_		
(G) CAP Budget	\$		-			•	ted in current CA			
(H) Amount Request*			Equals total amount in budget. Grey cells are completed automatically.							
(I) Project Duration*		6 months		No longer than 6 months for proposals to the Emergency Reserve.						
(J) Primary Cluster*		Health								
(K) Secondary Cluster		please se	ect	Only indicate		y cluster	for multi-cluster		1	
(L) Beneficiaries	Total*		Men		Women		Children under 18			
Direct project beneficiaries. Specify target population disaggregated by number.	91854		13442		45223		33189			
As part of the beneficiaries, list any	People in HE		People in AFLC		Indicate group name		Indicate group name			
other groups of relevance (e.g. children under 5, IDPs, pastoralists)							л. 			
M) Location		Awdal	✓ Banadir	🗌 Bay	Gedo	🗌 L Jut	a 🗌 M Juba	Mudug	Sanaag	Togdheer
Region(s) and District(s) only, precise ocations should be annexed	Regions	Bakool	🗌 Bari	Galgaduud	🗌 Hiraan	🗸 L Shi	abelle 🗌 M Sha	belle 🗌 Nugaal	Sool	W Galbeed
(N) Implementing Partners	1							Budget:		
(List name, acronym and budget)	2							Budget:	\$	
(O) Frank Brief and Details	3	L						Budget:	\$	
(O) Focal Point and Details - Provid	1	n agency and		<b>pint for the proje</b> ni Sheikh Omar H		ail, phone).			Executive Dire	
Agency focal point for project:	Name: * Email: *	som	Dr. Abdiqa			om	Title: Phone: *		+2526-15577	
	Address:	SUIT	younguoclors@gr				m Street, km4, 1s	floor tripiano Buili		202
	Address:	I		woyadishi	u-Sorriana, Mak	a dimundia	in Street, Kiii4, TS	noor urplano Bull	ung	

## 3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)

the humanitarian situation in the area, and list groups consulted.*	and Afgoi corridor (Elasha and Lafole health centers) which has commenced on 10th June 2010 and has ended the project officially on 10th September 2010. The project essence was to provide essential health care services to the Somali massive influx. The project has been consulted with the other intervention organization in the same area with the health activities but the health demand is higher than the presence of health care providers due to massive influx of IDPs. Such organizations include, Islamic relief, Muslim Aid. The project were agreed to be significant and the dire need currently to be covered and acted upon the emergency crises in health cluster especially in this area of Somalia. The continuing and recently escalating conflict in Mogadishu is raising concerns in the wider humanitarian community. Resulting risks for the health of the conflict-affected and displaced population in and around Mogadishu have been outlined in the contingency plan for South Central Somalia. As part of the joint effort to ensure and scale up health services to the increasing numbers of people displaced by the conflict, this project aims to tackle some of the major gaps mentioned above in order to contribute towards the overall aim of improving access to primary healthcare services particularly for vulnerable populations such as IDPs who predominantly live in female-lead households. SOYDA has decided to continue the project until the end of September which means 20 more days of the official contracted project. This has risen after having seen the massive influx, new IDPs, and double if not thrice the needs from the poor grass roots, and we could not manage to close that easily. We are proposing six months for purposely, the fact that the needs is so much and the beneficiaries are daily bases increasing, and in Mogadishu and afgoe corridor the emergency on health custer. This requested project is a continuation of the previous HRF implemented project by SOYDA at the same previous health custers. SOYDA was founded 4th April 20
and needs in the proposed project	Continued conflict in Greater Mogadishu and afgoe corridor has had a debilitating effect on the social services infrastructure, particularly on health (e.g. casualties and weapon-related injuries, destruction of health facilities, interruption of referral networks and coverage with life-saving health services in conflict areas, displacement of health workforce, etc.). The data available for the related weapon injuries is (Reported from 2 major hospitals in Mogadishu between January and August 2010). Total admissions: 2,774; including 538 children under the age of 5 years; deaths in hospitals: 98) (source: WHO World Health Statistics 2010). Conflict-affected populations are in dire need of health services addressing trauma and other emergency medical interventions, such as insufficient of basic health service in the target areas of the project. The provision of health services has become increasingly difficult due to access restrictions, including suspension of humanitarian agencies in South Somalia, and lower and slower funding flows. Inadequate access to safe water and sanitation, eroded livelihoods and mass displacement are further contributing to life-threatening gaps in urgently needed health services. Women and children, the displaced and people in Mogadishu the conflict area, are the most affected by the poor coverage and quality of essential health care (including maternal, neonatal and child care), and shortages of life-saving medicines and trauma supplies for both primary and secondary health care. Low immunization rates, high levels of malnutrition, disease outbreaks and the high incidence of communicable diseases are
	Low immunization rates, high levels of malnutrition, disease outbreaks and the high incidence of communicable diseases are aggravating the public health risks. Malnutrition among lactating women also contributes to low levels of breastfeeding, which in turn impacts on the immune status of the children. Therefore, SOYDA presumes that if the target area is covered with the current planned health emergency intervention will somehow contribute the health cluster overall objectives. Also SOYDA will contribute to render volunteer emergency staffs respond at any time when the situation is in critical and doctors are required. More so, currently SOYDA most staffs are attach to the local medical hospitals and assist the communities and war affected as especial as volunteer.

(C) List and describe the activities that your organization is currently implementing to address these needs.	has attended 45,927 project bene attended and provided the medica: SOYDA Establishment of the three operational for the whole of the pr SOYDA has recruited 27 project s graduated Medical Doctors, 9 Que with 8 working hours per day. for bases Awareness raising on HIV/, communities and the beneficiaries	Aff has been recruited and gender respect has been observed. The project employed 12 alifed Nurses, 3 pharmacist and 3 lab technicians, The teams was operational five days a week he entire project life span which was three months period SOYDA was doing consecutive weekly AIDs and gender as well hygiene promotion has been consecutively been sensitized to the s by the project team/staffs as cross cutting issue
		project beneficiaries of 91854 of which 45223 will be women, 33189 children under 18-years,
	13442 men. SOYDA centers will a	ttend approximately 5000 in each health center per month during the project implementations.
A LOCICAL EDAMEWORK	- he completed by conceins	4iam)
4. LOGICAL FRAMEWORK (to		
(A) Objective* (B) Outcome 1*		mortality and morbidity amongst vulnerable populations through provision of emergency essentia ced among IDPs affected by recent conflict in Mogadishu and Afgoi corridor through improved ac
(C) Activity 1.1*		Addical health teams, one Wadjir District-Mogadishu and two in Afgoi Corridor (Elasha and Lafole)
(D) Activity 1.2		vous emergency health centers (Wadajir, Elasha and Lafole Center) with accessible locations and
(E) Activity 1.3	Procurement of additional medica	
(F) Indicator 1.1*	Health	HEALTH - Number of consultations per clinician per day by admiTarget:* Average 50 Patie
		······································
(G) Indicator 1.2	Health	Health teams present and delivering the required services (free (Target: 91,854 in 6 mon
(H) Indicator 1.3	Health	Essential medicines available in all 3 health centers Target:
(I) Outcome 2		
(J) Activity 2.1 (K) Activity 2.2		
(L) Activity 2.3		
(M) Indicator 2.1	please select	please select Target:
	please select	
(N) Indicator 2.2	please select	Target:
(O) Indicator 2.3	please select	Target:
(P) Outcome 3		
(Q) Activity 3.1		
(R) Activity 3.2 (S) Activity 3.3		
(T) Indicator 3.1	please select	Target:
	please select	
(U) Indicator 3.2	please select	Target:
	please select	Target:
(V) Indicator 3.3		
(W) Implementation Plan*	SOYDA will implement this projec	t directly whilst working closely with local authorities and partners at the field. SOYDA is planning
Describe how you plan to	to deploy and continue three healt	th centers medical teams to work at three different strategic locations- two in Afgoi corridor
implement these activities	(Elasha Biyaha and Lafole cluster	) and one in Mogadishu (Wadajir Disrict). The Staffs will comprise 12 graduated Medical Doctors,
5. MONITORING AND EVALU	ATION (to be completed by	organization)
	SOYDA will monitor implementation	on of the proposed activities throughout the project period and will liaise closely with WHO and
(A) Describe how you will monitor,	partners through information shari	ng and attending meetings. In particular, SOYDA will carry out regular monitoring of the project
evaluate and report on your project		for M&E which will especially conducted by the SOYDA project team. The project executive
activities and achievements,		involved in monitoring the project team by supervising the mobile team while conducting weekly
including the frequency of		regular weekly and monthly report with the donor so as to provide ground information and level
monitoring, methodology (site		rill also use to monitor the project through indicators and input cross check level. SOYDA will also
visits, observations, remote		e of clinic registers (OPD clinic register, Health center clinic register, Drug store registers etc) an
monitoring, external evaluation,	attendance register.	
etc.), and monitoring tools (reports,	SOVDA will opply stondard and	t control machanisms to ansure project affectiveness and afficiency in its anarotics
statistics, photographs, etc.). Also describe how findings will be used		t control mechanisms to ensure project effectiveness and efficiency in its operating environment. igh consideration and seek community involvement and support through community committees
to adapt the project implementation		ecessary. Likewise, SOYDA will collaborate with other external agent responsible on behalf of th
strategy. *	donor or WHO.	seessary. Encoded, oo i bra will conaborate with other external agent responsible of belidir of th
(B) Work Plan		Timeframe
Must be in line with the log frame		Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months
-	Activity	Week 1-4 Week 5-8 Week 9-12 Week 13-16 Week 17-20 Week 20-24

donor or WHO.						
			Timefra	me		
	Please selec	t 'weeks' for proje	ects up to 6 month	s, and 'months	s' for projects u	p to 12 months
Activity	Week 1-4	Week 5-8 V	Neek 9-12 Wee	ek 13-16 Wee	ek 17-20 We	ek 20-24
<ol> <li>1.1* Deployment of Medical s</li> </ol>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXX
1.2 Previous Health Center	continuation	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXX
1.3 Procurement of medical	XXXXXXXXXX					
2.1						
2.2						
2.3						
3.1						
3.2						
33						

6. OTHER INFORMATION (to b	e completed by organization)	
	Organization	Activity
	1 Muslim Aid	Has been doing health activities in the afgoe corridor, SOYDA has been coordina
(A) Coordination with other	2	and sharing information with all the partner and implementing agencies with the
activites in project area	3	
List any other activities by your or any	4 WHO, UNICEF AND other UN bodes	SOYDA will closely work together with the UN concern bodies who work on the
other organizations, in particular	5	SOYDA will also share information with the working health cluster and other age
those in the same cluster, and	6 SOYDA	SOYDA is currently doing free health centers service and lab technical
describe how you will coordinate your	7	
proposed activities with them	8 ISLAMIC RELIEF	Has been working at the afgoe corridor and lower shabelle region. The partner
	9	we share information in regards project and do cluser mate consultations, and
	10	how effective we can implement the project.

(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	Yes	The project will give senergy and encouragement to the project staffs. As	
	-		•	