

Republic of Yemen

Ministry of Social Affairs and Labor - Yemen

Efadah Organization for Development

and Humanitarian Relief - Hajjah



## PROJECT DOCUMENT

Efadah Organization for Development and Humanitarian Relief

Yemen Republic of Yemen – Hajjah



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## Project Information

### A. Context Analysis.

According to UN-OCHA in Yemen, 80 percent of the entire population in Yemen requires some form of humanitarian assistance and protection. Three years ago, Yemen experienced the worst cholera outbreak in modern times and for the past 18 months. Yemen has the fourth largest number of displaced persons in the world. Two-thirds of all Yemenis are hungry, and nearly half do not know when they will next eat. Twenty-five percent of the population, suffer from either moderate or severe malnutrition, including 2.1 million children and 1.2 million pregnant and lactating women. Yemen WASH cluster indicated a high prevalence of life-threatening WASH related disease, as 60-65% of Yemenis lack adequate hygiene items, and only 40% - 45% of IDPs in sites have access to soap and handwashing, while 45-50% Yemenis had access to sufficient water quantities. Deteriorating WASH conditions in rural areas, and lack of means to maintain personal hygiene and purchase safe drinking water all contributed to the spread of outbreaks.

### B. Needs Assessment

Efadah organization conducted a need assessment in Aslam district, where 6,728 local host families, and 2,356 IDPs families are living, according to official figures. Aslam district located in north-west Hajjah governorate. In the district, there was 8 health facilities, one health centre and one rural hospital, and according to health office in Hajjah, a 8 health facilities is function, while 2 not. These two health facilities (un-function) located in Bani Amer, and Bani Essa villages, where 19,851 Individual living (health facilities zone), this is including 903 pregnant and lactating women, 850 children under one year and 2,062 children under 5 years, 1,267 out the total children are malnourished children. The key assessment finding show that, both health facilities in need for urgent rehabilitation and provision of necessary equipments, as 80% of necessary equipments are not available. 73% of the essential materials and requirements such as chairs, cupboard, cleaning, hygiene materials, and sterilization kits also not available. 47 household interviewed answered that, most of health services not available, the families there is suffering, pregnant, lactating women and children without health care, the affected family need to travel between 35 to 50 km to the nearest health facility in emergency case. Also, they indicated that, they have never heard about health messages.

### C. Project Summary

Through this project, Efadah organization aim to offering support and rehabilitation services to build a sustainable health facility in the target areas, provision of required equipments to ensures that, the target health facilities functional again and delivering primary health care for the affected population, especially pregnant, lactating women and children with moderate or severe malnutrition. This is including capacity building of 20 community health workers on nutrition and health care to mobilize and educate the affected population to act and share their new knowledge with their neighbors in order to reduce the morbidity & mortality.



**Key recommended Action:**

1. Rehabilitation of the two health facilities, improving water, sanitation and hand washing facilities.
2. Provision of the required medical equipments for the targeted health facilities, to ensure that, the affected population are accessing the basic health services.
3. Building capacity of health worker and community volunteers to promote nutrition, hygiene activities and key hygiene messages, to contribute for health prevention and diseases controls

**D. Organization Information**

Efadah organization for development a local non-governmental and non-profit organization, established & registered officially on 19/08/2016, based in Yemen - Hajjah governorate, under registration number (318). The organization vision (Community without Poverty, morbidity and mortality, Efadah organization seeks to fulfill its mission through contributing and working with others humanitarian actors to save lives of the conflict affected populations in its geographical areas. Since established, Efadah organization completed several projects such as WASH & EFSL project in partnership with NRC and funded by UN OCHA – Yemen, Child protection project funded by Seyajj organization, and Cholera project funded by Hodeidah Fly Institute. Efadah organization have a strong internal control policies, safeguarding policy, Anti corruption and Fraud policy, in addition to applying a best practices in all financial, logistic and management process, including accountability, programs monitoring & evaluation.

Efadah organization reached a total 58,642 individuals beneficiaries in cumulative since established, with a total expenditure 102,700 USD, from different donors & partners within Yemen country

**Beneficiaries Tracking**



**Our Partners**





## E. Involved Stakeholders

The foundation designed this project in collaboration & consultation with key actors & stakeholders in Hodeidah and target districts such as:

- a) Vulnerable conflict affected population, Marginalized & disabled people
- b) Community stakeholders,
- c) UN agencies, WASH Cluster – Health Cluster.
- d) (I)NGOs working in the areas
- e) SCAMCHA, Executive Units for IDPs.
- f) Head of district and local councils.
- g) Health office.

The foundation team involved the above groups, organisations and stakeholders in the project designing, needs identification and planning the project activities for respond to the accurate needs, and ensuring that, the vulnerable affected people has been listened, engaged, consulted and represented well in the project designing and planning.

## F. Project Logframe

<b><u>Overall Project Objective:</u></b>		
Contributing to enhance the public health status of the affected population in Aslam district - Hajjah		
<b><u>Project Outcome</u></b>		
a) Contributing to build a sustainable health facilities in order to delivering the primary healthcare and vaccination services for the targeted affected population in Aslam.		
b) 19,851 Individual living in the health facilities zone, especially vulnerable families, pregnant, lactating women and children got access to healthcare services in the time of need.		
<b>Activities</b>	<b>Output</b>	<b>Indicator</b>
<b>Act 1:</b> Provision the transportation cost for relocation the severe malnourished children to the nearest health facility.	300 Severe malnourished children was provided with transportation cost.	# of relocated children severe malnourished. # of admitted, treated and recovered children
<b><u>Means of Verification :</u></b> (1) Beneficiary receiving lists (2) Health facilities data record. (3) Photos		
<b>Act 2:</b> Rehabilitation two health facilities in Aslam, improving water, sanitation and hand washing facilities.	Two health facilities were rehabilitated, improved the WASH facilities & provided with required medical equipments.	# of rehabilitated & improved health facilities.
<b><u>Means of Verification :</u></b> (1) Signed MoUs with health office & facilities. (2) Signed contract with rehabilitation contractor. (3) Baseline & Endline Assessment Report. )4) Completion reports, Photos.		



<p><b>Act 3:</b> Provision the medical equipments for the targeted health facilities</p>	<ul style="list-style-type: none"> <li>• Two health facilities were provided with the necessary medical equipments.</li> <li>• 6,817 vulnerable, pregnant, lactating women and children have access to healthcare services in the time of need.</li> </ul>	<ul style="list-style-type: none"> <li>• # of health facilities provided with necessary equipments.</li> <li>• # of individual accessing healthcare and benefited from supported health facilities services.</li> </ul>
<p><b>Means of Verification :</b> (1) Signed MoUs with health office &amp; facilities. (2) Distribution/ delivering medical equipments report and photos (3) Baseline &amp; Endline Report. (4) Health facilities data record</p>		
<p><b>Act 4:</b> Building capacity of 20 community health worker on proper nutrition, child health care &amp; diseases prevention and diseases controls</p>	<p>20 community health workers was trained on nutrition and healthcare.</p>	<p># of trained health workers (male, female). # of conducted training courses</p>
<p><b>Means of Verification :</b> (1) Training materials (2) lists of participants. (3) Training reports, photos and videos.</p>		
<p><b>Act 5:</b> Carry out health education &amp; hygiene activities in order to improve the nutrition knowledge, adopted best nutrition behaviors and child care.</p>	<p>2,000 families in Aslam was educated &amp; improved their knowledge on proper nutrition and child health care.</p>	<p># of conducted awareness session at villages level. # of educated families. % of families with improved nutrition knowledge.</p>
<p><b>Means of Verification :</b> (1) Baseline &amp; Endline Assessment Report. (2) Awareness sessions and implementation report.</p>		



## G. Project Plan

Project Activities	Implementation Timeline											
	Oct 2020				Nov 2020				Dec 2020			
	WE 1	WE 2	WE 3	WE 4	WE 1	WE 2	WE 3	WE 4	WE 1	WE 2	WE 3	WE 4
<b>Act 1:</b> Coordination with local authorities, health office, stakeholders (I) NGOs and affected population, introducing the project goals and activities.	√	√										
<b>Act 2:</b> Provision the transportation cost for relocation the severe malnourished children to the nearest health facility.		√	√	√	√	√	√	√				
<b>Act 3:</b> Rehabilitation two health facilities in Aslam, improving water, sanitation and hand washing facilities.			√	√	√	√						
<b>Act 4:</b> Provision the medical equipments for the targeted health facilities							√	√				
<b>Act 5:</b> Building capacity of 20 community health worker on proper nutrition, child health care & diseases prevention and diseases controls			√	√								
<b>Act 6:</b> Carry out health education & hygiene activities in order to improve the nutrition knowledge, adopted best nutrition behaviors and child care.				√	√	√	√	√	√	√	√	√
<b>Other Activities</b>												
<b>Act 7:</b> Monitoring & Evaluation Activities				√				√				√



## H. Project Budget

Project Activities	Qty	Units	Period	Unit cost (USD)	Total (USD)
<b>Act 1:</b> Coordination with Authorities, health office, stakeholders (I) NGOs and population, introducing the project goals and activities.	2	Coordination meeting	3 months	150	300
<b>Act 2:</b> Provide transportation cost to relocate the severe malnourished children to the nearest health facility for treatment	300	Severe malnourished children	3 months	5	1,500
<b>Act 3:</b> Rehabilitation two health facilities in Aslam, improving water, sanitation and hand washing facilities.	2	Health facilities	3 months	1,250	2,500
<b>Act 4:</b> Provision the medical equipments for the targeted health facilities	1	Lump sum	3 months	2,500	5,000
<b>Act 5:</b> Building capacity of 20 community health worker on proper nutrition, child health care & diseases prevention and diseases controls	1	Training course	3 months	200	200
<b>Act 6:</b> Carry out health education & hygiene activities in order to improve the nutrition knowledge, adopted best nutrition behaviours and child care.	1	Lump sum	3 months	300	300
<b>Subtotal</b>					<b>\$ 9,800</b>
<b>Other Cost</b>					
Monitoring & Evaluation Activities	1	Lump sum	3 months	850	850
Operation cost	1	lump sum	3 months	1,100	1,100
<b>Subtotal</b>					<b>\$ 1,950</b>
<b>Overall Total Project Budget</b>					<b>\$ 11,750</b>

End