



## Sustainable Development Application Form

*Please email this form in MS Word format along with detailed financials of proposed projects to  
Rev. Vy Nguyen, Executive Director ([vy@weekofcompassion.org](mailto:vy@weekofcompassion.org)).*

Submitting Partner: IMA World Health		Date: 10/4/22	
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Project Name, Local Country Partner, and Location:			
Mobile Clinics Providing Healthcare to Internally Displaced Persons			
Our local partners for this project are Yemeni Development Network (YDN), an NGO operating in Yemen, and Building Foundation for Development (BFD), a Yemeni NGO. This project is located at Internally Displaced Persons (IDPs) camps in Marib city and Marib Al Wadi districts.			
Partner's History/Relationship with the Project:			
<p>Yemen remains the largest humanitarian crisis in the world. The protracted conflict in Yemen has led to urgent, widespread humanitarian and development crises and resulted in significant damage to the economy, physical infrastructure, service provision, health and education systems, as well as social fabric. It has also caused hundreds of thousands of deaths - over 18,400 civilians have been killed or injured. While many of these are the result of war's direct violence, others are due to the war's indirect effects, including a lack of food and degraded living conditions. Around 21 million people are in need of humanitarian assistance, including more than 11 million children. The protracted conflict has had a devastating impact on civilians across the country. Civilians suffer from destroyed critical infrastructure especially health facilities, lack of fuel, lack of basic services, abusive local security forces, a weak state, and fragmented governance. Yemen's economy has been ravaged by years of conflict. Millions of people in Yemen have lost their income due to business closures and some working in the public sector have not received their full salaries regularly, leading to increased poverty. Millions of civilians in Yemen depend on humanitarian aid. The health system in Yemen has been extremely weakened. About half of the health facilities in the country are out of service while many of the functioning centers have very limited capacities. Most of the population lack access to health care due to the destruction of the health facilities in their areas or due to lack of financial resources. The availability of health workers in the health facilities is largely dependent on incentives offered by the humanitarian actors to sustain the health services for the population.</p> <p>The healthcare system is functioning at 51%, and 19.7 million people, of which 52% are children, lack adequate access to healthcare. Lack of salaries for health personnel, damage to health facilities and difficulty importing medicines and medical supplies are all accelerating the decline of public health services. Immunization coverage has decreased by 20-30% since the conflict started and only 20% of health facilities provide integrated maternal and child health care. More than 20 million people are food insecure, including nearly 10 million who are suffering from extreme levels of hunger (United Nations Office for the Coordination of Humanitarian Affairs (OCHA) HRP 2021). 2.3 million malnourished children under-five and 1.1 million PLW/Gs require urgent treatment (OCHA 2020). 17.8 million people lack access to safe water and sanitation due to physical damage to infrastructure and lack of resources. 55% of the population lack access to improved water sources, which, results in people being forced to use unimproved water sources and inadequate sanitation which increases the risk of diarrheal disease and deteriorates their nutritional status. Employment and income opportunities have significantly diminished, while the rapidly increased cost of living has a significant impact on the population's food basket and will particularly impact vulnerable populations with poor income and low purchasing power.</p>			

Yemen has faced a series of disease outbreaks over recent years, including cholera, diphtheria, and currently, the COVID-19 pandemic, putting the country's health care system, already strained by years of underinvestment and lack of supplies and equipment for life support, in disarray. Health workers have also faced irregular payments, staffing shortages, and prolonged stress. In addition, many facilities have been damaged, destroyed, or are no longer functional. Only half of health facilities are functioning, and many that remain operational lack basic equipment.

Over the past two years, IMA World Health/Corus in Yemen has completed 7 projects with 4 partners serving 5,134 families (46,197 people). These projects have a total budget of close to \$1 million and have focused on WASH, Food Security and Emergency Relief as well as COVID-19 with flood and conflict-affected populations.

These projects are as follows:

- WASH project focused on reduction of waterborne illnesses, establishment of garbage management system and community awareness on proper sanitation and hygiene practices - in Aden serving 25,000 beneficiaries with a budget of \$150,000 and partnering with Ability for Human Investments (AHI).
- Improvement of water and hygiene conditions among the most vulnerable displaced and host communities – in Lahj benefiting 2,865 people with a budget of \$352,000 and partnering with Nahda Makers Organization (NMO).
- Improvement of health outcomes in a conflict-affected population through provision of safe and adequate WASH services and food cash vouchers – in Taiz serving 2,828 people with a budget of \$202,000 and partnering with Field Medical Foundation (FMF).
- Provision of essential food and improving access to basic food items to 700 displaced families affected by armed conflict – in Marib benefiting 4,200 people with a budget of \$50,000 and partnering with Horizon Foundation for Development.
- Minimizing the spread of COVID-19 by spreading awareness of Ministry of Health COVID-19 protocol, conducting cleaning campaigns and distributing food baskets – in Aden benefiting 7,590 people with a budget of \$100,000 and partnering with AHI.

Both BFD and YDN have been partners of IMA/LWR since 2018, helping to provide assistance focusing on food security, health, WASH, and livelihoods with a focus on indigent and IDPs populations. BFD aims to mitigate the suffering of communities affected by wars and disasters by working nationwide at different levels to promote equitable and sustainable development, humanitarian response, and other relevant interventions for a better life and well-being of communities and individuals. BFD is contributing to reducing the morbidity and mortality rates in remote and the most vulnerable conflict-affected areas by improving access to health services and strengthening health systems. YDN's health work includes providing free medical services in the areas of primary and secondary health care, reproductive health, pediatric health care and vaccines, education and awareness services through supporting health facilities and medical mobile teams with medicines, supplies, and capacity building for health care workers.

### **Description of Project**

Name of Project and Purpose (*agricultural, health, water, micro-credit, education, community development, etc.- and how it might address at least one of the 17 United Nations' Sustainable Development Goals 2015-2030*):

The Mobile Clinics Providing Healthcare to Internally Displaced Persons project will focus on life- saving essential primary health care services in identified IDPs camps based on the minimum service package (MSP) designed and endorsed by the National Health Cluster in Yemen and The Ministry of Public Health and Population (MoPHP). The MSP will include general health services, communicable disease prevention and control, the minimum initial service package for reproductive health and immunization. This project will also provide nutrition technical support within the IDPs camps and host communities which includes screenings of the Mid-Upper Arm Circumference (MUAC) for at risk children, treatment of at risk and Moderate Acute Malnutrition (MAM) with counseling and supplements of Ready-To-Use Therapeutic Food (RUTF), referral of Severe Acute Malnutrition (SAM) to facilities and follow up/monitoring of cases. This project addresses the SDG of Good Health and Well-Being.

Target Population (*children, women, farmers, urban poor, etc.- priority will be given to projects that enable the empowerment of women and children*):

This project targets men, women, boys and girls who are living in IDPs camps. This is the most vulnerable populations group in Yemen.

How many persons are/will be served? (*please give as specific a figure as possible*)?

The target beneficiaries of this project are 2,727 households (HHs) - 1,621 IDPs HHs (11,347 individuals) and 1,105 host community HHs (7,735 individuals) (men, women, boys, and girls) residing in targeted districts in Marib city and Marib Al-Wadi. A total of 19,082 beneficiaries is the target.

Indirect participants are the community health workers who will receive training and then provide information to families and other HHs who may attend health and nutrition awareness raising sessions. The plan is to conduct 5 awareness campaigns in 5 months to reach all target populations with all planned messages. Community and religious leaders who take on the responsibility of community welfare will see healthier recipients, potentially increased social stability, and cohesiveness in the camps when health and nutrition services are accessible.

Key Objectives:

IMA World Health will provide life-saving health and nutrition interventions to Internally Displaced Persons (IDPs) and vulnerable host communities in targeted districts of Marib city and Marib Al-Wadi in Yemen. As an integrated health and nutrition project, activities will focus on preventing disease outbreaks and reducing morbidity and mortality.

The project will deploy mobile health clinics with qualified staff and medical supplies that will ensure targeted beneficiaries have access to and can utilize health services. The mobile health clinics will work with neighboring health facilities by referring complicated and critical cases including malnourished under 5 children, Pregnant and Lactating Women/Girls (PLW/Gs) and suspected COVID-19 cases that need specialized medical consultations and interventions. Mobile health clinics will also contribute to encouraging people to access health facilities as an exit strategic plan.

The project will be implemented with 2 mobile health clinics providing essential primary health care services and referrals through mobile/outreach activities in 6 IDPs camps.

The overall aim of the project will be reduction of morbidity and mortality through enhancing access and coverage of life-saving primary health and nutrition treatment and prevention services in the targeted locations. 70% of the health and nutrition workers in the mobile teams will be female to ensure their access to households and reaching women and girls in the community.

The overall objective of the project will be achieved through:

**Health:** Improving access to and utilization of comprehensive primary healthcare and nutrition services represented in a Minimal Service Package (MSP) for vulnerable IDPs (children under 5 and their families) in conflict affected targeted districts.

**Nutrition:** Enhancing access and coverage of life-saving nutrition treatment and preventive services for IDPs (boys, girls and PLW/Gs) in the conflict affected targeted districts.

The integrated 1-year project will be implemented to enhance access and utilization of priority first line health and nutrition services identified by both health and nutrition clusters in line with the cluster objective for each.

IMA will contribute to achieving the health cluster objective by:

- Increasing access of vulnerable populations including IDPs using a health MSP.
- Supporting the health system and community resilience at all levels.
- Prioritizing reproductive health, severe malnutrition response, and management of non-communicable diseases through the provision of a health MSP with essential COVID-19 Infection Prevention and Control (IPC) measures.

IMA will contribute to achieving the nutrition cluster objective by:

- Providing life-saving and preventive nutrition services among girls and boys under five and PLW/Gs.
- Providing emergency and preventive nutrition services focusing on treatment of severe acute malnutrition, treatment of moderate acute malnutrition among under-fives and PLW/Gs.
- Providing Infant and Young Child Feeding (IYCF) counseling.

#### Preparation and Coordination Stage

- Meeting or coordination with the Director of the Family Health care as well as heads of primary healthcare departments at the Ministry of Public Health and Population (MoPHP) level to conduct all registrations required to launch a mobile clinic.
- Meeting with the Director of Healthcare and Coordinators of the public health office in the governorate to ensure using appropriate equipment and ensure that the staff are available and the policy of the ministry and its branches in the governorates is followed.
- Procure necessary supplies to get the work done starting with items available at the nearest health facility to mobile health clinics.
- Link actions and outcomes to ensure constant follow-up and treatment even after the end of the program and obtain a list of individuals absent from treatment for further monitoring and to bring them back to treatment.
- The project will include two mobile health clinics. Each mobile clinic will serve 3 IDPs camps.
- The Community Health Volunteers (CHVs) will begin working before launching the mobile health clinic activity to ensure that the individuals/beneficiaries in the IDP camps and targeted host communities are aware of the project activities, duration, and purpose.

#### Staff in the mobile health clinic

Based on the services that will be provided as mentioned above, each mobile health clinic will contain the following medical staff:

- Medical Doctor – team leader (1)
- Nurse/Register (1)
- Midwife (1)
- Nutritionist/ Nutrition Field Worker (1)
- Community Health Volunteers (CHVs) (different based on the population of each IDP camps and host communities)

#### Implementation Phase

a) Community mobilization:

CHVs will lead the community mobilization inside the IDPs camps and host communities with proper consultation with the District Health Office (DHO), Camp Coordination and Camp Management (CCCM) and Executive Unit for IDPs Camps Management. IMA will coordinate with all stakeholders to ensure the prior arrangements and preparation to mobilize the targeted IDP sites and host communities. Through coordination and CHVs field deployments, IMA will disseminate key messages on the importance of mobile health clinics, engage the community/IDPs to attend, monitor the absentees from malnutrition treatment, as well as promote health awareness to their respective communities related to reproductive health and communicable diseases.

b) Implementation of an integrated package of health and nutrition services including:

Primary Health consultations and nutrition services which involve the following components:

- Provide primary healthcare services.
- Supervise, support, and assist volunteers while providing services such as examining, referral, and diagnoses.
- Provide full range of promotional, preventative, and curative care services in line with MoPHP guidelines for IDPs settings.
- Maintain strong links between the health center, camp leaders, volunteers, and others working in the community.
- Link the program to other services that address immediate and underlying causes of acute malnutrition such as health education, awareness on nutrition, promotion of the high need of breastfeeding, proper complementary feeding, personal health services and sanitation, food security programs, and basic health services.
- Prescribe and distribute first-line pharmaceuticals such as de-worming/anti-diarrheal medicines, fever reducers, cough, Oral Rehydration Solution (ORS), as well as zinc and vitamin A capsules; in addition to, providing micronutrients for children under 5, and iron/folate for PLW/Gs.
- Conduct first aid to injuries of children and adults and provide treatment and referral when needed.

Reproductive health including family planning, pregnancy, and Gender-Based Violence (GBV) interventions:

- Provide PLW/Gs consultation regarding the pregnancy, delivery, and lactating process including Antenatal Care, HIV screening and Prenatal Care.
- Provide beneficiaries with availability of birth control based on the typical guidance of the MoPHP.
- Conduct a malnutrition measurement activity and prepare referral as required.

Curing/care of diarrheal cases:

- Treatment of water borne or highly infectious diseases - include both respiratory and diarrheal diseases.
- Ensure receiving, examining, and identifying the type of diarrheal diseases and distribute anti-diarrheal medicines, and provide consultations.
- Monitor the cases of diarrheal diseases in the nearest location to the IDPs camp.

Facilitating health and nutrition education and awareness activities:

- Select and train CHVs from the targeted households (HHs) to ensure that they are being involved in the implementation stage during the project lifecycle.
- Conduct hygiene/health & nutrition awareness sessions among targeted IDPs to raise their awareness on recognizing health issues and the significance of the mobile health clinics' activities.

Referral system:

- Conduct a strong relationship and communication with different stakeholders including (nearest health facility, International Non-governmental Organizations (INGOs)/Non-governmental Organizations (NGOs), hospitals and Department Health Office (DHO) to strengthen the referral system.
- Register the cases to be referred as advised by the medical doctor working in the mobile health clinics.

Key Activities:

**Improve IDPs access to primary health care services.**

**Activity 1: Deployment of mobile health clinics.**

IMA will hire two vehicles to act as mobile health clinics at targeted districts in Marib city and Marib Al-Wadi. A medical team of four medical staff for each mobile health clinic will be recruited for each mobile health clinic. The mobile health clinics will work five days per week and will provide essential and integrated health and nutrition services for people in need. They will also refer any cases that need further investigations and specialized medical advice to the health facilities of the targeted area.

**Activity 2: Procurement of medical supplies.**

Procurement of essential medicines that can be delivered to beneficiaries through the medical teams of mobile health clinics will be one of the activities besides procurement of medical devices such as stethoscopes, sphygmomanometers, weight and height scales, thermometer, Mid-Upper Arm Circumference (MUAC) tape, blood sugar measure, and pregnancy tests. Also, through this project there will be procurement of some essential Personal Protective Equipment (PPE) such as gloves, face masks and sanitizers for project staff and medical teams.

**Improve people's awareness on preventing and treating health problems including COVID-19.****Activity 1: Build capacities of local community structures to promote health awareness.**

There will be the recruitment of 24 Community Health Volunteers (CHVs) through this project. They will engage in a five-day training workshop to equip them with the information and skills that can help them to raise community awareness specifically within the IDPs camps. Also, they will be trained to screen the under 5 children and PLW/Gs for malnutrition. All CHVs will be linked with the mobile health clinics to work together helping people access and utilize health services.

**Activity 2: Awareness raising sessions for the IDPs.**

The well trained CHVs will raise awareness of targeted communities on prevention of most common health problems and COVID-19. There will be 5 awareness campaigns in 5 months, each month will consist of 8 CHVs, 24 CHVs will conduct 2 sessions a day with a total of 384 sessions per month. The total targeted beneficiaries are 19,082 individuals including men, women, boys, and girls. COVID-19 preventative measures will be taken by only having a maximum of 10 beneficiaries per session.

Duration of Project: June 2022 – June 2023

**Project Budget**

Total Budget: \$200,000

Amount Requested from Week of Compassion: \$20,000

Is this a one-time request or an on-going request? One-time request

Please attached a detailed, itemized budget and cost breakdown for the requested funds.

Item	Description	Cost
Medical Supplies	First Aid and Micro-Field Surgery Tools, Reproductive Health Medicines	\$3,500
Pharmaceuticals	Antibiotics, Fever and Stomach Medication, Nutrition and Supplementary Food, ORS, De-Worming and Diarrhea Medicines, Chronic Diseases, i.e. diabetes,	\$14,500

	heart, blood pressure, etc. Medicines	
Management/ICR	Project Oversight and Management	\$2,000
<b>TOTAL</b>		<b>\$20,000</b>

Is the project financially supported by ecumenical or outside partners? If so, what percentage does it cover for this project and please list those partners?

Yes, this project is 90% supported by ecumenical and additional partners. These include the Evangelical Lutheran Church in America (ELCA), St. Paul's Lutheran Church, Catonsville Presbyterian Church, and individual donors.

What is the overall percentage of fund requested that will be used for administration/overhead?

10%

If this project has been funded previously or is in the same geographical area, please specifically state when and how much was granted:

This project has not been previously funding by Week of Compassion. Week of Compassion has previously funded in the amount of \$30,000 a livelihood and food security project in the Marib governate. Funding was provided in December 2021.

Dates and project names of previous approved proposal submissions within the last 5 years:

Livelihoods and Food Security in Marib, Yemen – December 2021  
 Flooding in South Sudan – December 2021  
 Haiti 2021 Earthquake Response – December 2021  
 Yemen Personal Care Kits – December 2021  
 COVID-19 Response in Burkina Faso – October 2020  
 Cervical Cancer Treatment and Prevention in Tanzania – November 2019  
 Ebola Response in DRC – November 2019  
 Ebola Response in DRC – August 2018  
 African Christian Health Associations Platform (ACHAP) – August 2018  
 Trachoma Treatment Surgeries in Tanzania - June 2018  
 Ebola Response in DRC – June 2018

How do you plan to monitor, evaluate, and report back to Week of Compassion? *(Please note that future funding is contingent upon reporting, and that reports should be made between 6 months- 12 months after funding. In addition to reporting, please provide at least one story of transformation and photos.)*

This project will be evaluated using the follow criteria:

**Evaluation Criteria**

- Number of medical consultations conducted through mobile health clinics for communicable diseases for IDPs.
- Number of mobile health clinics and health facilities supported by incentives, medicine, medical supplies, and PPE.
- Number of children under 1 year provided with Penta/DPT vaccination (provides protection from 5 life-threatening diseases-Diphtheria, Pertussis, Tetanus, Hep B and Hib).
- Number of antenatal/postnatal care visits.
- Number of mobile health clinics and team/out-reach visits conducted.
- Percentage of beneficiaries satisfied from health services provided.
- Number of post service monitoring conducted.
- Number of boys and girls aged 6-59 months and PLW/Gs screened for acute malnutrition and referred for treatment if needed.
- Number of primary caregivers counselled on IYCF practices in host communities and IDPs sites by CHVs.

Have all reports and stories from previous projects been submitted to WoC?

IMA still needs to provide a report for the following Yemen Personal Care Kits, Haiti 2021, Earthquake Response and Livelihoods and Food Security in Marib, Yemen which will be submitted by December 2022 (1-year post award of funding)

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