



## Project Proposal

Organization	IMC (International Medical Corps)			
Project Title	Ensuring Access to Quality Emergency Health Services at Beletweyne Hospital			
CHF Code	CHF-DMA-0489-441ER			
Primary Cluster	Health	Secondary Cluster		
CHF Allocation	Emergency Reserve	Project Duration	12 months	
Project Budget	451,756.00			
CAP Details	CAP Code	SOM-13/H/56521/5160	CAP Budget	0.00
	CAP Project Ranking		CAP Gender Marker	
Project Beneficiaries		<b>Men</b>	<b>Women</b>	<b>Total</b>
	Beneficiary Summary	2000	3000	5000
		<b>Boys</b>	<b>Girls</b>	<b>Total</b>
		2500	2800	5300
		<b>Total</b>		<b>10,300</b>
	<b>Total beneficiaries include the following:</b>			
	Children under 5	1000	1500	2500
Implementing Partners				
Organization focal point contact details	<b>Name:</b> Hakan Bilgin <b>Title:</b> Somalia Country Director <b>Telephone:</b> +254738160700 <b>E-mail:</b> hbilgin@internationalmedicalcorps.org			
<b>BACKGROUND INFORMATION</b>				
<b>1. Project rationale.</b> Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)	The political and humanitarian situation in Beletweyne has remained tenuous, with fighting between the government and opposition groups for control of the town. This has limited other humanitarian interventions, including medical interventions. The absence of a central government for the past twenty years and resulting total lack of a national health system and the absence of NGOs with funding to provide health care in Beletweyne will have a catastrophic impact on the town and region's health. After discussion with the Health Cluster, it was decided that a prospective consortium of international partners, namely IMC and CESVI and local counterpart organizations was the most effective solution for Beletweyne Hospital to be able to provide ongoing healthcare for Beletweyne and Hiran, with partners each providing a set of core activities necessary for the hospital, including hospital management, direct service provision in various units (including OPD, emergency, maternity, paediatrics, surgery, adult inpatient, and laboratory) and staff training. CESVI and IMC have been active partners in development of the consortium and division of roles. IMC's role in the consortium is due to its extensive national, regional and global experience in hospital management as well as previous experience taking over MSF hospital in similar situations. Consultations with the community have helped prioritize service delivery, as each group has been impacted differently by the ongoing crisis.			
<b>2. Needs assessment.</b> Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	Beletweyne has 70,000 inhabitants and 300,000 inhabitants in Hiran Region overall. Since late 2011, the TFG have controlled Beletweyne, though tensions have remained high after years of control by Al-Shabaab. Additionally, Beletweyne suffered the effects of severe drought in 2011 and continues to be prone to severe annual flooding, including flooding in October 2012 that displaced more than 8,000 people. As many as 50,000 IDPs reside in Beletweyne. MSF Swiss began providing health services in Beletweyne in 2007, first focusing on emergency surgery and later including obstetrics, paediatrics and adult medical care. Remote support management has been used since 2008. This is the only hospital in Hiraan region that has surgical services, and serves surrounding regions (Bakool and Galgaduud) and southern Ethiopia as well. The hospital currently employs 135 people. 1500 patients are screened in the emergency room each month and there are 100 in-patient department admissions each month. Additionally, 60 women deliver at the hospital per month and there are 80 surgical interventions per month. The nutritional program (ITFC and ATFC) sees 150 new admissions per month. However, MSF departed and all funding to the hospital ended in December 2012 and activities at the hospital must be funded and provided by other organizations to keep it operational. MSF provided a stock of medical consumables to cover through the end of March 2013 based on current consumption rates.			
<b>3. Activities.</b> List and describe the activities that your organization is currently implementing to address these needs	IMC UK has been operating in Somalia since 1991 when it became the first American NGO to arrive in Mogadishu following President Siad Barre's overthrow. Since 1992, IMC UK has worked in South-Central Somalia implementing programs that build local capacity while serving the immediate health, nutrition and WASH needs of the most vulnerable. Through this long-term presence, IMC UK has built strong relationships with communities and local organizations throughout Somalia, making it possible to effectively work in highly unstable conditions. IMC UK has also maintained close relationships with the health, WASH and nutrition clusters to ensure that all programs are in line with cluster priorities. Current health projects in Somalia include direct operation of two primary health care clinics in Mogadishu that service IDP camps and host communities and operation of the outpatient and A&E departments of Al-Shifa Hospital in Mogadishu through an implementing partner as well as extensive support for developing the management systems at Al-Shifa. International Medical Corps has extensive hospital management experience in hospital facilities in the region and around the world, including current hospital management projects in Dadaab Refugee Camp, Kenya; Darfur Region, Sudan; and Kabul, Afghanistan. MSF has successfully handed operation and management of their hospitals to IMC on multiple occasions in similar situations, including most recently in Darfur Region, Sudan.			
<b>LOGICAL FRAMEWORK</b>				
<b>Objective 1</b>	Providing access to quality emergency health care to women, children and men in Belet Weyne			
Outcome 1.1	High-quality, life-saving pediatric (including stabilization sub-unit), emergency surgical and maternity patient care services provided			
Activity 1.1.1	Provision of pediatric (including stabilization center), emergency surgical and maternity patient care (including assessment, diagnosis, treatment, and necessary follow-up) in the surgery, pediatric and maternity units at Beletweyne Hospital. CESVI will provide outpatient antenatal care in the OPD but not delivery services.			
Activity 1.1.2	Provision of essential medical equipment, supplies and pharmaceuticals required for patient care and service delivery in pediatric, maternity and surgical units and development and management of a stock management system for this equipment, supplies and pharmaceuticals			
Activity 1.1.3	Provision of skills-based didactic and on-the-job clinical training for staff members in the pediatric, surgical and maternity units based on identified key training needs required for provision of high-quality care in these units			

Indicators for outcome 1.1		Cluster	Indicator description	Target
	Indicator 1.1.1	Health	Number of consultations per clinician per day by administrative unit	16
	Indicator 1.1.2	Health	Stock management system developed	1
	Indicator 1.1.3	Health	Number of pediatric, maternity and surgical unit staff trained	20
Outcome 1.2	Essential health needs of Beletweyne town and Hiraan region met through consortium approach to continued operation of Beletweyne Hospital and linkages to other health services operating in the town and region			
Activity 1.2.1	Finalization of interested local and international partners and allocation of roles based on key areas of expertise in health care service delivery and subsequent development of a cohesive hospital management plan led by IMC/CESVI with input from all consortium members that allocates clear responsibility for core patient care delivery and services critical for operation of the hospital (including waste management, WASH services, etc.) and ongoing daily coordination of consortium partners to ensure the hospital is able to function at a high level without overlaps or gaps in service delivery and overall operation			
Activity 1.2.2	Mapping of health, maternity, and nutrition services in Beletweyne and surrounding region, with an emphasis on understanding access to these services by age and gender and the differing needs by age and gender			
Activity 1.2.3	Development and implementation of and training of staff from referring facilities on a standard referral policy and protocol for referral to Beletweyne emergency services, including CEmONC services for women and girls			
Indicators for outcome 1.2		Cluster	Indicator description	Target
	Indicator 1.2.1	Health	Number of health facilities supported	1
	Indicator 1.2.2	Health	Number of regional hospitals with established referral system	1
	Indicator 1.2.3	Health	Number of health workers in Beletweyne area trained on referral system	50
Outcome 1.3				
Activity 1.3.1				
Activity 1.3.2				
Activity 1.3.3				
Indicators for outcome 1.3		Cluster	Indicator description	Target
	Indicator 1.3.1			
	Indicator 1.3.2			
	Indicator 1.3.3			

#### WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description	Month	Month	Month	Month	Month	Month
		1-2	3-4	5-6	7-8	9-10	11-12
	<b>Activity 1.1</b> Provision of pediatric (including stabilization center), emergency surgical and maternity patient care (including assessment, diagnosis, treatment, and necessary follow-up) in the surgery, pediatric and maternity units at Beletweyne Hospital. CESVI will provide outpatient antenatal care in the OPD but not delivery services.	X	X	X	X	X	X
	<b>Activity 1.2</b> Provision of essential medical equipment, supplies and pharmaceuticals required for patient care and service delivery in pediatric, maternity and surgical units and development and management of a stock management system for this equipment, supplies and pharmaceuticals	X	X	X	X	X	X
	<b>Activity 1.3</b> Provision of skills-based didactic and on-the-job clinical training for staff members in the pediatric, surgical and maternity units based on identified key training needs required for provision of high-quality care in these units		X	X	X	X	X
	<b>Activity 2.1</b> Finalization of interested local and international partners and allocation of roles based on key areas of expertise in health care service delivery and subsequent development of a cohesive hospital management plan led by IMC/CESVI with input from all consortium members that allocates clear responsibility for core patient care delivery and services critical for operation of the hospital (including waste management, WASH services, etc.) and ongoing daily coordination of consortium partners to ensure the hospital is able to function at a high level without overlaps or gaps in service delivery and overall operation	X					
	<b>Activity 2.2</b> Mapping of health, maternity, and nutrition services in Beletweyne and surrounding region, with an emphasis on understanding access to these services by age and gender and the differing needs by age and gender	X	X				
	<b>Activity 2.3</b> Development and implementation of and training of staff from referring facilities on a standard referral policy and protocol for referral to Beletweyne emergency services, including CEmONC services for women and girls	X	X	X			

#### M & E DETAILS

<b>Implementation:</b> Describe for each activity how you plan to implement it and who is carrying out what.	Assessment of existing facilities and develop setup workplan including a) community involvement, b) purchase of necessary equipment, c) selection & induction of staff, d) establishment of procedures. Maintenance of existing MSF structure (1. Hospital management committee (HMC) of doctors, skilled staff and community members who manage day-to-day issues in running the hospital. 2. Regional Health Committee (RHC), the primary link between the community and the hospital. Building strong relations will ensure direct community involvement in major hospital decisions. 3. Ugas. Meet with the clan leader of dominant clan in Beletweyne who is based in Nairobi to obtain his support in project implementation & ideas for community involvement). Risk Mitigation 1. CESVI/IMC formation of a consortium with international and local NGOs to ensure minimal disruption in activities following MSF departure, mitigating the risk of negative community feedback. 2. Continuation of existing structures (HMC, RHC, etc) to support interaction with the community and minimize disruption between MSF and the new implementing partners and reduce risk of poor community involvement in the hospital and negative feedback following change in providers 3. M&E officer to minimize the risk of corruption and poor performance through regular reporting to CESVI/IMC country and regional offices. 4. To mitigate financial risk, seeking co-funding from other donors, specifically ECHO and the formation of the consortium.
<b>Monitoring:</b> Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo,	M&E will be jointly implemented by IMC/CESVI during all phases of the project. CESVI has already a M&E officer travelling regularly to BW and reporting to CESVI/IMC Nairobi Regional Offices. The CESVI PM monitors daily outpatient activities, overall hospital issues and data and the IMC Medical Administrator monitors daily inpatient activities. The IMC MA will be in charge of supervising all the inpatient activities, verify patients and prescriptions registers, referral logbooks, and medicines stock register. The CESVI PM will travel to Galkayo monthly to update and inform on project

questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	implementation. The CESVI project logistic officer will update an already functional MCH and drug utilization data base regularly. The IMC medical coordinator will travel to Beletweyne every 3 months, focusing on hospital management monitoring as IMC has more experience with this. During these visits, the IMC MC will hold meetings with the staff, local authorities and partners to collect information and verify the progress of the overall management and operation of the hospital. A monthly activity report will be shared with the CESVI PM and IMC MC including problems faced and if monthly objectives were met. The information will be public and shared with UNOCHA, UNICEF, WHO and the other health partners. Regional and national MoH officials will also play a critical role in M&E and visit regularly supported by IMC, which will also build MoH capacity to operate the hospital in the future.										
<b>OTHER INFORMATION</b>											
Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th>Organization</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1. CESVI</td> <td>OPD (complimentary activity) and Coordination/Implementation</td> </tr> <tr> <td>2. GEELO</td> <td>Health and WASH</td> </tr> <tr> <td>3. MSF CH</td> <td>Coordination and referral system</td> </tr> <tr> <td>4. Save the Children</td> <td>Coordination</td> </tr> </tbody> </table>	Organization	Activity	1. CESVI	OPD (complimentary activity) and Coordination/Implementation	2. GEELO	Health and WASH	3. MSF CH	Coordination and referral system	4. Save the Children	Coordination
Organization	Activity										
1. CESVI	OPD (complimentary activity) and Coordination/Implementation										
2. GEELO	Health and WASH										
3. MSF CH	Coordination and referral system										
4. Save the Children	Coordination										
Gender theme support	Yes										
Outline how the project supports the gender theme	This project aims to include a substantial number of women health care providers, particularly for the maternity unit. Men and women staff will both receive training. Men and women will both be representatives on hospital management committees. The delivery of health services through maternity and pediatric will focus on care to women and children. Men and women and boys and girls as relevant will be included in community consultation with regard to hospital activities.										
Select (tick) activities that supports the gender theme	<input checked="" type="checkbox"/> <b>Activity 1.1:</b> Provision of pediatric (including stabilization center), emergency surgical and maternity patient care (including assessment, diagnosis, treatment, and necessary follow-up) in the surgery, pediatric and maternity units at Beletweyne Hospital. CESVI will provide outpatient antenatal care in the OPD but not delivery services. <input type="checkbox"/> <b>Activity 1.2:</b> Provision of essential medical equipment, supplies and pharmaceuticals required for patient care and service delivery in pediatric, maternity and surgical units and development and management of a stock management system for this equipment, supplies and pharmaceuticals <input checked="" type="checkbox"/> <b>Activity 1.3:</b> Provision of skills-based didactic and on-the-job clinical training for staff members in the pediatric, surgical and maternity units based on identified key training needs required for provision of high-quality care in these units <input checked="" type="checkbox"/> <b>Activity 2.1:</b> Finalization of interested local and international partners and allocation of roles based on key areas of expertise in health care service delivery and subsequent development of a cohesive hospital management plan led by IMC/CESVI with input from all consortium members that allocates clear responsibility for core patient care delivery and services critical for operation of the hospital (including waste management, WASH services, etc.) and ongoing daily coordination of consortium partners to ensure the hospital is able to function at a high level without overlaps or gaps in service delivery and overall operation <input checked="" type="checkbox"/> <b>Activity 2.2:</b> Mapping of health, maternity, and nutrition services in Beletweyne and surrounding region, with an emphasis on understanding access to these services by age and gender and the differing needs by age and gender <input checked="" type="checkbox"/> <b>Activity 2.3:</b> Development and implementation of and training of staff from referring facilities on a standard referral policy and protocol for referral to Beletweyne emergency services, including CEmONC services for women and girls										

**BUDGET**

<b>1.1 Supplies, commodities, equipment and transport</b>		<b>1.1.1 Supplies (materials and goods)</b>								
Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total		
1.1.1.1	Drugs and Medical Supplies	34010	1	1	34,010.00	0.00	34,010.00			
1.1.1.2	Awareness Campaigns and Material Supplies	3000	1	1	3,000.00	0.00	3,000.00			
1.1.1.3	IT Equipment	3400	1	1	3,400.00	0.00	3,400.00			
1.1.1.4	Security upgrade and training costs	2000	1	1	2,000.00	0.00	2,000.00			
1.1.1.5	Food Ration (Inpatient)	14990	1	1	14,990.00	0.00	14,990.00			
<b>Subtotal Supplies</b>							57,400.00	0.00	57,400.00	13.6
<b>1.1.2 Transport and Storage</b>		<b>1.1.2 Transport and Storage</b>								
Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total		
1.1.2.1	Flight costs Travel - Somalia - Nairobi Somalia	1000	1	12	12,000.00	0.00	12,000.00			
1.1.2.2	Motor Vehicle Rental - Somalia	2000	1	12	24,000.00	0.00	24,000.00			
1.1.2.3	Motor Vehicle Rental and Maintenance - NBO (10%)	0	1	12	0.00	0.00	0.00			
1.1.2.4	Supplies/Material transportation (GIK included)	1100	1	12	13,200.00	0.00	13,200.00			
1.1.2.5	Office/Warehouse Rental and Utilities (10%)	0	1	12	0.00	0.00	0.00			
<b>Subtotal Transport and Storage</b>							49,200.00	0.00	49,200.00	11.7
<b>1.2 Personnel (staff, consultants, travel and training)</b>		<b>1.2.1 International Staff</b>								
Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total		
1.2.1.1	Country Director (5%)	913.1711	1	12	10,958.05	0.00	10,958.05			
1.2.1.2	Program Coordinator (5%)	550.16351	1	12	6,601.96	0.00	6,601.96			
1.2.1.3	Security Officer (5%)	518.91351	1	12	6,226.96	0.00	6,226.96			

Subtotal International Staff					23,786.98	0.00	23,786.98	5.6
<b>1.2.2 Local Staff</b>								
Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
1.2.2.1	Program Support Officer (5%)	156	1	12	1,872.00	0.00	1,872.00	
1.2.2.2	Logistics Coordinator (5%)	156	1	12	1,872.00	0.00	1,872.00	
1.2.2.3	Cash Custodian (5%)	65	1	12	780.00	0.00	780.00	
1.2.2.4	Finance and Admin. Director (5%)	305.5	1	12	3,666.00	0.00	3,666.00	
1.2.2.5	IT Officer (5%)	65	1	12	780.00	0.00	780.00	
<b>Subtotal Local Staff</b>					8,970.00	0.00	8,970.00	2.1
<b>1.3 Training of Counterparts</b>								
Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
1.3.1	Monitoring and Evaluation	7000	1	1	7,000.00	0.00	7,000.00	
1.3.2	Training of staff on paediatrics, surgery and maternity	2100	1	1	2,100.00	0.00	2,100.00	
<b>Subtotal Training of Counterparts</b>					9,100.00	0.00	9,100.00	2.2
<b>1.4 Contracts (with implementing partners)</b>								
Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
1.4.1	Medical Coordinator (30%)	3333.2305	1	12	39,998.77	0.00	39,998.77	
1.4.2	Medical Administrator	3150	1	12	37,800.00	0.00	37,800.00	
1.4.3	Doctor - Surgeon	2812.5	1	12	33,750.00	0.00	33,750.00	
1.4.4	Lab Technicians	450	2	12	10,800.00	0.00	10,800.00	
1.4.5	Anesthetists	450	2	12	10,800.00	0.00	10,800.00	
1.4.6	Radiology Technicians	450	1	12	5,400.00	0.00	5,400.00	
1.4.7	Senior Nurse	393.75	6	12	28,350.00	0.00	28,350.00	
1.4.8	Midwife	393.75	4	12	18,900.00	0.00	18,900.00	
1.4.9	Auxiliary Nurse	281.25	14	12	47,250.00	0.00	47,250.00	
1.4.10	Security Guards	281.25	6	12	20,250.00	0.00	20,250.00	
1.4.11	Local Support Staff - Somalia	357.75	1	12	4,293.00	0.00	4,293.00	
1.4.12	Somalia Travel Per diem	25	6	12	1,800.00	0.00	1,800.00	
<b>Subtotal Contracts</b>					259,391.77	0.00	259,391.77	61.4
<b>1.5 Other Direct Costs</b>								
Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
1.5.1	Office Supplies	450	1	12	5,400.00	0.00	5,400.00	
1.5.2	Equipment Maintenance (50%)	46.0935	1	12	553.12	0.00	553.12	
1.5.3	Bank and Cash facilitator (50%)	300	1	12	3,600.00	0.00	3,600.00	
1.5.4	Office/Warehouse Rental (10%)	400	1	12	4,800.00	0.00	4,800.00	
<b>Subtotal Other Direct Costs</b>					14,353.12	0.00	14,353.12	3.4
<b>TOTAL</b>					422,201.87	0.00	422,201.87	
<b>2.0 Indirect Costs</b>								
Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
2.0.1	Indirect Costs				29,554.13	0.00	29,554.13	7.0000
<b>GRAND TOTAL</b>					451,756.00	0.00	451,756.00	100.0

**Other sources of funds**

Description	Amount	%
<b>Organization</b>	0.00	0.00
<b>Community</b>	0.00	0.00
<b>CHF</b>	451,756.00	100.00
<b>Other Donors</b>	a)	0.00
	b)	0.00
<b>TOTAL</b>	<b>451,756.00</b>	

**LOCATIONS**

Region	District	Location	Activity	Beneficiary Description	Number	Budget	Latitude	Longitude	P.Code
Hiraan	Belet Weyne	Belet Weyne	Hospital	Men, women, girls and boys	10300		4.735984	45.204268	NB-3815-G05-001

**DOCUMENTS**

Document Description
1. Bill of Quantities
2. Updated BoQs 21 Feb 2012
3. boq imc final