

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)**

<b>(A) Organization*</b>	International Organization for Migration		
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> UN Agency		
<b>(C) Project Title*</b> <small>For standard allocations, please use the CAP title.</small>	Provision of Health Services to IDPs, host community living in poverty and Migrants in Garowe and its surrounding		
<b>(D) CAP Project Code</b>	SOM-13/H/56530	Not required for Emergency Reserve proposals outside of CAP	
<b>(E) CAP Project Ranking</b>	B - MEDIUM	Required for proposals during Standard Allocations	
<b>(F) CHF Funding Window*</b>	Standard Allocation 1 (May 2013)		
<b>(G) CAP Budget</b>	\$ 2,102,855.00	Must be equal to total amount requested in current CAP	
<b>(H) Amount Request*</b>	\$ 300,000.00	Equals total amount in budget, must not exceed CAP Budget	
<b>(I) Project Duration*</b>	12 months	No longer than 6 months for proposals to the Emergency Reserve	
<b>(J) Primary Cluster*</b>	Health		
<b>(K) Secondary Cluster*</b>	Protection		
<b>(L) Beneficiaries</b> <small>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 (<a href="http://www.fsnau.org">http://www.fsnau.org</a>)</small>		<b>Men</b>	<b>Women</b>
	<b>Total beneficiaries</b>	3075	4525
	<b>Total</b>	7600	
<b>Total beneficiaries include the following:</b>			
	<b>Children under 18</b>	3500	4000
	<b>Internally Displaced People</b>	2000	3000
	<b>Urban Poor</b>	1075	1525
	<b>Women of Child-Bearing Age</b>	0	3000
<b>(M) Location</b> <small>Precise locations should be listed on separate tab</small>	Regions: <input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> 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"/> Salgadood <input type="checkbox"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed		
<b>(N) Implementing Partners</b> <small>(List name, acronym and budget)</small>	1	Ministry of Health of Puntland	Budget: \$ -
	2	Garowe General Hospital	Budget: \$ -
	3		Budget: \$ -
	4		Budget: \$ -
	5		Budget: \$ -
	6		Budget: \$ -
	7		Budget: \$ -
	8		Budget: \$ -
	9		Budget: \$ -
	10		Budget: \$ -
		<b>Total</b>	Budget: \$ -
		<b>Remaining</b>	Budget: \$ 300,000
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>			
<b>(O) Agency focal point for project:</b>	Name*	Dr. Chiaki Ito	Title
	Email*	cito@iom.int	Phone*
	Address	Health Program Coordinator +254737860720	

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

<b>(A)</b> Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	Despite the provision of shelter and planned integration, IDPs in Garowe had limited access to public services. More consistent assistance was approached through nutrition screening conducted by Save the Children, food provision conducted by the Somali Red Crescent Society and WFP, provision of NFI to IDPs from Riga due to an outbreak of fire, return assistance mainly to Riga residents. Moreover, IOM and its local partner GRT assisted victims of GBV by distributing 592 solar lanterns as they are likely to reduce GBV. IOM and its partner referred 88 out of 185 GBV victims to the Garowe Hospital and provided medication. All victims received psychosocial support and counseling services. Besides the immunization campaigns in 2013, health service provision did not exist before 8th of May. The hygiene and sanitation conditions are very poor in and around the IDP settlements in Jowle and Shabelle, with very limited water provision and access. This exposes the population to risk of outbreak of water borne diseases. Further, the lack of CEmOC and Neonatal care Services as well as an insufficient number of BEmOC facilities affect the health status of the population living in IDP settlements as well as in Garowe town itself.
<b>(B)</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) *	During the drought in 2011 Nugaal pastoralist lost their livestock and had to settle in IDP camps. Following relatively calm situation in Puntland, there is a significant number of IDPs from South Central settled in Garowe. Due to distance (over 5 km) and lack of financial resources for transportation to health facilities, IDPs had very limited access to health services. There are 13 registered IDP settlements in and around Garowe town with an estimated population of 10,000 IDPs and 5,000 urban poor, which are exposed to a higher risk of water-borne as well as other communicable disease. The most common diseases that occur are diarrheal disease, Respiratory tract infections, digestive tract disorders and skin disease. The situation among the host community that lives in poverty is a similar one. IOM consulted with the IDP community in September, November, and December 2013 as well as with the health cluster, local authorities MoH, OCHA, Mol, PSAWEN, Community leaders, and NGOs. All stakeholders recommended to support the referral system for patients requiring hospital care and access to free medicines. Thus, IOM temporary placed female Gyn/Obs at the Garowe Hospital to assist in service delivery. Despite this, a need was identified for setting up a CEmOC, Neonatal care, training of the health cadre in service provision, use of equipment and training of MoH staff in management of Emergency Medical Obstetric and Neonatal centers as part of capacity building of MoH staff
<b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs (maximum 1500 characters)	As of 8th of May 2013, IOM is running a Mobile Health Clinic in the IDP settlements in cooperation with the Puntland Ministry of Health and the Garowe General Hospital. IOM conducted comprehensive training of 8 health care providers, which were trained on infection control and prevention, routine and in emergency situation vaccination, vaccine supply management, communicable disease definition and case management, which included TB and HIV/AIDS, Medical Waste Management, as well as Health education and promotion. After setting up and equipping a Mobile Health clinic in Jowle, IOM supported the Mobile Health clinic between 8th and 31st of May 2013 in order to provide medical assistance to 1,100 Patients, of which 450 were children under 5 years and 650 patients over 5. Further, ANC services were provided to 21 pregnant women, while vaccination was given to 25 children (OPV1+Penta1- 22; OPV2+Penta2- 2 and OPV+ Penta3-1). IOM already trained 36 Community Health workers (20 female and 16 male) on First Aid, Community mobilization, Ante/Postnatal care. Danger signs during pregnancy and postpartum, newborn care, breastfeeding, Health education and Promotion, Birth spacing/family planning, nutrition, immunization, most common disease, prevention of communicable disease. As of 12th of June 2013, IOMs Mobile Health Clinic in coordination with MoH and UNFPA started the provision of health services in Ajuran IDP settlement.

**4. LOGICAL FRAMEWORK (to be completed by organization)**

<b>(A) Objective*</b>	Improved access to Primary and Secondary Health Care services for 25,000 beneficiaries in Garowe and surrounding areas includin		
<b>(B) Outcome 1*</b>	70% of Women and newborns in Garowe and the surrounding areas can access and utilize Comprehensive Emergency medical Of		
(C) Activity 1.1*	Restructuring and rehabilitation of Reproductive Health wing of Garowe Hospital, including the procurement of medical supplies, dru		
(D) Activity 1.2	Provision of Comprehensive Emergency medical Obstetric Care Services. These will include Neonatal care through admission and		
(E) Activity 1.3	Support in training of 2 MoH (1 male and 1 female) and one IOM staff on management of CEmONC, and 3 Garowe Hospital affiliate		
(F) Indicator 1.1*	Health	At least 1 health facility with functional comprehensive emergenc	<b>Target*</b> 1
(G) Indicator 1.2	Health	Number of admitted patients in CEmONC	<b>Target</b> 380
(H) Indicator 1.3	Health	Number of staff trained on management and provision of CEmO	<b>Target</b> 6
<b>(I) Outcome 2</b>	Enhanced capacity of Primary health care facility in Garowe, particularly in provision of Basic Emergency services and medical Obs		
(J) Activity 2.1	Restructuring, rehabilitation and support through equipping and provision of medical supplies and consumables to one PHC facility v		
(K) Activity 2.2	Provision of consultation for 3,000 WCBA from Garowe and surrounding areas, including 150 deliveries in Garowe selected PHC fa		
(L) Activity 2.3			
(M) Indicator 2.1	Health	Number of health facilities supported	<b>Target</b> 1
(N) Indicator 2.2	Health	Number of consultations per clinician per day by Health facility	<b>Target</b> 15
(O) Indicator 2.3	Health		<b>Target</b> 0
<b>(P) Outcome 3</b>	60% of targeted 25,000 population living in/around Garowe, in IDP settlements Jowle 1, Jowle 2, Shabelle and World Vision constru		
(Q) Activity 3.1	Maintain and support the provision of Primary health care services with 1 Mobile health Clinic to IDPs, host community living in pove		
(R) Activity 3.2	Training of 3 Community Health Committees members (in total 24 individual representing community and beneficiaries settled in 2 I		
(S) Activity 3.3			
(T) Indicator 3.1	Health	Number of consultations per clinician per day by Health facility	<b>Target</b> 75
(U) Indicator 3.2	Health	Number of health workers trained in common illnesses, integrate	<b>Target</b> 47
(V) Indicator 3.3	Health		<b>Target</b> 0
<b>(W) Implementation Plan*</b>			
Describe how you plan to implement these activities (maximum 1500 characters)			

**5. MONITORING AND EVALUATION (to be completed by organization)**

<p>(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) *</p>																																																																																			
<p>(B) <b>Work Plan</b> Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3">Activity</th> <th colspan="6">Timeframe</th> </tr> <tr> <th colspan="6">Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</th> </tr> <tr> <th>Month 1-2</th> <th>Month 3-4</th> <th>Month 5-6</th> <th>Month 7-8</th> <th>Month 9-10</th> <th>Month 11-12</th> </tr> </thead> <tbody> <tr> <td>1.1*</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.2</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.3</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.1</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.2</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.3</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.1</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.2</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.3</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Activity	Timeframe						Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months						Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12	1.1*	X						1.2	X						1.3	X						2.1	X						2.2		X					2.3		X					3.1		X					3.2		X					3.3		X				
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**6. OTHER INFORMATION (to be completed by organization)**

<p>(A) <b>Coordination with other activities in project area</b> 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</p>	<p><b>Organization</b></p> <ol style="list-style-type: none"> <li>1 Health Cluster</li> <li>2 Ministry of Health of Puntland</li> <li>3 UN Agencies involved in Health Sector</li> <li>4 Disaster Management Agency of Puntland</li> <li>5 Garowe General Hospital</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>10</li> </ol>	<p><b>Activity</b></p> <p>Coordination, cooperation, consultation and info sharing related to health service</p> <p>Coordination, cooperation, consultation related to service delivery through Mobile Health Clinic</p> <p>Coordination, consultation, cooperation related to Mobile Health clinic, BEmOC and other health services</p> <p>Coordination, cooperation, consultation related to Rapid response activities of Mobile Health Clinic</p> <p>Consultation, coordination, cooperation related to establishment and support of CE</p>									
<p>(B) <b>Cross-Cutting Themes</b> Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Cross-Cutting Themes</b> (Yes/No)</td> <td style="width: 40%;"><b>Outline how the project supports the selected Cross-Cutting Themes.</b></td> <td style="width: 30%;"><b>Write activity number(s) from section 4 that supports Cross-Cutting theme.</b></td> </tr> <tr> <td>Gender</td> <td></td> <td></td> </tr> <tr> <td>Capacity Building</td> <td></td> <td></td> </tr> </table>	<b>Cross-Cutting Themes</b> (Yes/No)	<b>Outline how the project supports the selected Cross-Cutting Themes.</b>	<b>Write activity number(s) from section 4 that supports Cross-Cutting theme.</b>	Gender			Capacity Building			
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