

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)

(A) Organization*	International Medical Corps			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO			
(C) Project Title* <small>For standard allocations, please use the CAP title.</small>	Provision of Lifesaving Healthcare to Vulnerable Populations at Galkayo South Hospital, Southern Mudug Region			
(D) CAP Project Code	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	Required for proposals during Standard Allocations			
(F) CHF Funding Window*	Emergency Reserve			
(G) CAP Budget	\$	-	Must be equal to total amount requested in current CAP	
(H) Amount Request*	\$	400,000.00	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	6 months No longer than 6 months for proposals to the Emergency Reserve			
(J) Primary Cluster*	Health			
(K) Secondary Cluster	Only indicate a secondary cluster for multi-cluster projects			
(L) Beneficiaries <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 (http://www.fsnau.org)</small>		Men	Women	Total
	Total beneficiaries	600	600	1200
	Total beneficiaries include the following:			
	Children under 5	465	465	930
	Staff (own or partner staff, authorities)	35	35	70
Internally Displaced People	527	528	1055	
People in Host Communities	527	528	1055	
(M) Location <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"/> Galgaduud <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			
(N) Implementing Partners <small>(List name, acronym and budget)</small>	1	Mudug Development Organization (MDO)	Budget:	\$ 47,761
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ 47,761
	Remaining	Budget:	\$ 352,239	
Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).				
(O) Agency focal point for project:	Name*	Christine Forster	Title	Program Coordinator
	Email*	cforster@InternationalMedicalCorps.org	Phone*	+254 724562318
	Address			

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

(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	Like elsewhere in south-central Somalia, the situation in Galkayo South (GAS), southern Mudug Region, is characterized by recurrent natural disasters, insecurity, fluid population movement, a high burden of communicable diseases, low immunization coverage, and limited access to and availability of health and nutrition services. GAS Hospital is the only referral hospital in southern Mudug Region. Discussions with multiple stakeholders, including other NGOs, local authorities, community leaders, etc., combined with an analysis of facility-based data provided by Médecins Sans Frontières (MSF), indicate that MSF's withdrawal from Somalia in August 2013 has expanded an already critical gap in health services in the target area, particularly for inpatient and secondary care. This gap threatens to exacerbate the vulnerability of a highly fragile population struggling to recover from decades of conflict compounded by the 2011/12 drought and famine. According to UNHCR, there are approximately 9,863 IDP families (59,178 people) and 21 IDP settlements in and around Galkayo. The Somalia Health Cluster estimated that unless service gaps were quickly filled by reliable partners, MSF's withdrawal would have serious humanitarian consequences that could include up to 15,000 additional women dying in childbirth and 30,000 additional children younger than 5 years of age dying of infectious diseases annually in Somalia.
(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) *	Given the urgency of this action, IMC was unable to conduct an on-the-ground assessment of the health needs and gaps prior to submission of this proposal. Nevertheless, careful measure was taken to ensure that the proposed action was carefully informed by a thorough review and triangulation of information collected from multiple sources, most notably MSF and national NGO Mudug Development Organization (MDO). Multiple meetings and ongoing communication with MSF, careful analysis of MSF facility-based data, and coordination with International Rescue Committee (IRC) were fundamental to the design of this intervention. Furthermore, this action was based on requests made by MSF and local authorities, consultations with the Health Cluster, and internal analysis of where and how IMC was best-placed to help address the gaps left by MSF's departure. MSF estimated that GAS hospital served an immediate catchment population of 120,000, but the actual catchment population was likely much larger, particularly for inpatient/secondary care services. Between January and mid-August, nearly 2,300 individuals were admitted to GAS Hospital IPD, including 1,170 children younger than five. Additionally, MSF recorded a minimum of 10 major and 30 minor surgeries per month at GAS Hospital, the majority of which were trauma-related. At program inception, IMC will initiate patient mapping to better define the catchment population and understand its needs, including by gender and age.
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	Throughout the past two decades, IMC has provided immediate, lifesaving assistance to thousands of individuals in Somalia through implementation of health, nutrition, livelihoods, and WASH programs. This current action is designed as an urgent measure to take over life-saving services previously provided by MSF. CHF funding for GAS Hospital will be programmed during the first six months and will supplement ECHO funding to allow for the delivery of high-quality health services to the GAS population. ECHO funding in the amount of \$400,000 will support approximately 75% of hospital staff positions during the first six months, as well as medical supplies/equipment and transport; community outreach and mobilization through CHWs (focusing principally on TB); waste management; and hospital and office support costs. CHF funding will allow for the extension of ECHO funding into a second six-month period. IMC will continue to seek additional co-funding to help ensure uninterrupted service provision at GAS Hospital for at least one year. IMC will coordinate closely with IRC and MDO to finalize an MoU that delineates specific roles/responsibilities of each party to ensure smooth operation of the hospital, eliminate duplication, & minimize service gaps. Parties will also coordinate to develop a hospital management plan that allocates responsibility for hospital support services, including waste management and hygiene/sanitation.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Women, men, and children from IDP and host communities receive life-saving healthcare services at Galkayo South Hospital, south		
(B) Outcome 1*	High-quality, lifesaving, healthcare services are available to men, women, girls, and boys at Galkayo South Hospital.		
(C) Activity 1.1*	Provision of essential pharmaceuticals and medical supplies required for high-quality patient care and service delivery in the pediatric		
(D) Activity 1.2	Provide free, high-quality healthcare (including assessment, diagnosis, treatment, and necessary follow-up) to 600 men, 600 women		
(E) Activity 1.3	Provide skills-based didactic and on-the-job clinical training for 25 male and 25 female healthcare staff based on key training needs		
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 1
(G) Indicator 1.2	Health	Number of consultations per clinician per day by health facility	Target 5
(H) Indicator 1.3	Health	Number of healthcare workers trained	Target 50
(I) Outcome 2	Men, women, girls, and boys in Galkayo South area have timely access to lifesaving healthcare at GAS Hospital through		
(J) Activity 2.1	Collaborate with IRC and MDO to verify and map current health and nutrition services available in greater GAS area.		
(K) Activity 2.2	Collaborate with IRC and MDO to establish standard policy and protocol for referrals and counter-referrals between primary healthc		
(L) Activity 2.3	Operate an ambulance to transport male and female emergency cases identified by referral health facilities to GAS Hospital for lifes		
(M) Indicator 2.1	Health		Target 10
(N) Indicator 2.2	Health	Number of health workers trained and supported to follow stand:	Target 50
(O) Indicator 2.3	Health	Percentage of patients in the GAS area for whom an ambulance	Target 80
(P) Outcome 3	Capacity of male and female hospital staff improved to prevent, identify, and respond to diseases of outbreak potential.		
(Q) Activity 3.1	Work with IRC and MDO to adopt and implement universal precaution and infection control protocol at the hospital; train 25 male ar		
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Health	Number of health workers trained on common illnesses and/or in	Target 50
(U) Indicator 3.2			Target 0
(V) Indicator 3.3			Target 0
(W) Implementation Plan* 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) Work Plan 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>Week 1-4</th> <th>Week 5-8</th> <th>Week 9-12</th> <th>Week 13-16</th> <th>Week 17-20</th> <th>Week 20-24</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>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.3</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.1</td> <td>X</td> <td></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						Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24	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) Coordination with other activities in project area 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>Organization</p> <ol style="list-style-type: none"> 1. GPHCC (local NGO) 2. Mercy Corps 3. Mudug Development Organization 4. Cesvi 5. International Rescue Committee 6. 7. 8. 9. 10. 	<p>Activity</p> <p>referrals/counter-referrals referrals/counter-referrals Overall hospital management referrals/counter-referrals RH & OPD services/daily hospital operations</p>									
<p>(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</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Cross-Cutting Themes (Yes/No)</td> <td style="width: 40%;">Outline how the project supports the selected Cross-Cutting Themes.</td> <td style="width: 30%;">Write activity number(s) from section 4 that supports Cross-Cutting theme.</td> </tr> <tr> <td>Gender</td> <td>Yes</td> <td>IMC will aim to achieve gender balance in its recruitment and training of staff for</td> </tr> <tr> <td>Capacity Building</td> <td></td> <td></td> </tr> </table>		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	IMC will aim to achieve gender balance in its recruitment and training of staff for	Capacity Building		
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