

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 Rescue Committee				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO International NGO				
(C) Project Title* <small>For standard allocations, please use the CAP title.</small>	Provision of Lifesaving health services to IDP and host community populations in Galkacyo South Hospital, Somalia				
(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*	\$	397,433.31	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	38528	49536	88064	
	Total beneficiaries include the following:				
	Internally Displaced People	11000	16520	27520	
	Children under 5	14035	13485	27520	
People in Host Communities	33024	49536	82560		
Other (Select)			0		
(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:	\$ 115,760	
	2		Budget:	\$ -	
	3		Budget:	\$ -	
	4		Budget:	\$ -	
	5		Budget:	\$ -	
	6		Budget:	\$ -	
	7		Budget:	\$ -	
	8		Budget:	\$ -	
	9		Budget:	\$ -	
	10		Budget:	\$ -	
		Total	Budget:	\$ 115,760	
	Remaining	Budget:	\$ 281,673		
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*	Felix Leger	Title	Country Director	
	Email*	Felix.Leger@rescue.org	Phone*	+254 735 756 213	
	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) *	After two decades of conflict and cyclic drought Somalia continues to face one of the world's most dire humanitarian crises. An estimated 870000 people require urgent humanitarian assistance and an additional 2.3 million require livelihood support until the end of the year (Humanitarian Dashboard September 2013). As of May 2013 there are 1.05 million Somalis in humanitarian emergency and crisis situations with a further 1.67 million people in humanitarian stress (Humanitarian Dashboard May 2013). Malnutrition rates in Somalia remain among the highest in the world with 206000 children under the age of five acutely malnourished (Humanitarian Dashboard September 2013). The U5MR has increased to 1.54/10000/day from 1.06/10000/day reported in January and the CMR stagnated at 1.23/10000/day (FSNAU 2012). Only 56.3% of the children were vaccinated for measles. The situation is worse for IDPs whose U5MR is as high as 2.8/10000/day. Poor immunization rates contribute to outbreaks with polio cases having been reported in Galmudug region as recently as June 2013. IDPS across the three Somalia regions are 1.1-1.36 million (UNHCR Fact Sheet January 2013) with 191000 of these in Galmudug area and 71000 in Mudug region. Amidst the crisis the withdrawal of Medecins Sans Frontieres (MSF) on September 15 2013 is predicted to result in 1.5 million Somalis being vulnerable to a lack of health services according to a presentation given by Dr. Alaa the Health Cluster Coordinator on August 22 2013.
(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) *	The IRC participated in a rapid needs assessment conducted in Galkacyo South hospital in September to determine the gaps in health service provision following MSF's announcement that it would cease all humanitarian operations in Somalia by September 15th. The assessment revealed that MSF Holland had been running a 121 bed capacity hospital consisting of nine departments including maternity, nutrition, pediatric, EPI, pharmacy and laboratory, out and inpatient, operating theater and tuberculosis departments. MSF had employed 210 healthcare workers of whom 45 were fully dedicated to providing primary healthcare (PHC) services. This was in addition to the 20 CHWs and TBAs involved in conducting outreach activities. These staff were still within the Galmudug region and would be promptly recruited once funding was made available. MSF had handed over the hospital to MDO following its departure. The assessment further revealed that the average annual number of outpatient consultations conducted by MSF were 13776 and 31221 for the <5 and adults respectively. These services were no longer available and the populations served had nowhere else to seek services. In addition the hospital had been the only one of its kind providing an integrated package of PHC services and no other organization provides cost free and comprehensive services for the critically ill in Galkacyo South. MSF's withdrawal has therefore created a critical gap in lifesaving care particularly for women and children.
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	The IRC secured funding for reproductive health (RH) care in the hospital, has an agreement with the local Galmudug authority, is currently recruiting for the clinical staff, and will begin to offer RH services from November. The IRC will specifically support the following activities with the SIDA funding: - Recruitment of RH and CCSAS staff - Provision of formal, on the job an continuous medical education training to the staff - Procurement and positioning of essential drugs, medical equipment and family planning supplies to support RH and CCSAS activities - Provision of drug and data management protocols and tools at the health facility - Provision of integrated CEmONC services including: antenatal care and postnatal care services including care of the newborn and breastfeeding support, delivery services including skilled attendance at birth, supporting the referral of women with obstetric complications through provision of ambulance services, provision of neonatal resuscitation and provision of blood transfusion to identified cases - Improved monitoring, reporting and supervisory support - Environmental impact assessment to collect information on environmental effects of the program which will aid in informing the planning authorities' judgments on whether the program development should continue - Training CHWs on awareness raising and community mobilization to promote knowledge and access to health services - Referral of survivors to other relevant services provid

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To provide Integrated outpatient services for the consultation of children under five and adults in Galkacyo South Hospital		
(B) Outcome 1*	Outpatients services at Galkacyo Hospital are established to provide lifesaving interventions for the most vulnerable populations		
(C) Activity 1.1*	Recruitment of outpatient, vaccination, laboratory and pharmacy staff. The MDO will recruit 3 doctors (1 surgeon and 2 medical practitioners)		
(D) Activity 1.2	Procurement and positioning of drugs and medical supplies for the support of outpatient healthcare activities. The IRC will support the procurement of drugs and medical supplies		
(E) Activity 1.3	Support the referral of the critically ill through provision of ambulance referral services. The IRC will continue addressing aspects related to the referral of the critically ill		
(F) Indicator 1.1*	Health	Number of consultations per clinician per day by Health facility	Target* 1
(G) Indicator 1.2	Health	Number of consultations per clinician per day	Target 50
(H) Indicator 1.3	Health	Number of critically ill patients accessing ambulatory services per day	Target 10
(I) Outcome 2	Capacity of healthcare staff to provide quality healthcare services through adequate management of the health management information system		
(J) Activity 2.1	Provision of trainings and continuous medical education sessions to hospital staff. The new health facility staff will receive an initial period of training		
(K) Activity 2.2	Establishment of the use of HMIS at the hospital. To enable collection of timely, accurate and consistent data, the IRC will not only provide training but also support the implementation of HMIS		
(L) Activity 2.3	Support the implementation of HMIS at the hospital. To enable collection of timely, accurate and consistent data, the IRC will not only provide training but also support the implementation of HMIS		
(M) Indicator 2.1	Health	Number of health workers trained on common illnesses and/or injuries	Target 31
(N) Indicator 2.2	Health	Number of staff provided with refresher trainings on data analysis	Target 64
(O) Indicator 2.3	Health	Number of staff provided with refresher trainings on data analysis	Target 64
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Health		Target 0
(U) Indicator 3.2	Health		Target 0
(V) Indicator 3.3	Health		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></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></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.3</td> <td></td> <td></td> <td>X</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			
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																																																																																

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> <p>1 IMC</p> <p>2 Mudug Development Organization</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>Activity</p> <p>IMC running inpatient services in the hospital - coordination to ensure provision</p> <p>MDO will be involved in implementation of healthcare services including the prov</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: 30%;"></td> <td style="width: 40%;">Outline how the project supports the selected Cross-Cutting Themes.</td> <td style="width: 10%;"></td> </tr> <tr> <td>Gender</td> <td>Yes</td> <td>The project supports the gender theme in that it promotes health service</td> <td></td> </tr> <tr> <td>Capacity Building</td> <td></td> <td></td> <td></td> </tr> </table>		Cross-Cutting Themes (Yes/No)		Outline how the project supports the selected Cross-Cutting Themes.		Gender	Yes	The project supports the gender theme in that it promotes health service		Capacity Building			
Cross-Cutting Themes (Yes/No)		Outline how the project supports the selected Cross-Cutting Themes.												
Gender	Yes	The project supports the gender theme in that it promotes health service												
Capacity Building														