

For 'new-line' in text fields press [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'

## Project Document

### 1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	Islamic Relief Somalia		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title*	Provision of strengthened primary health care services to the IDPs and host communities in Mudug Region		
(D) CAP Project Code	29063/8815	Not required for Emergency Reserve proposals outside of CAP.	
(E) CAP Project Ranking	Medium	Required for proposals during Standard Allocations.	
(F) CHF Funding Window*	Standard Allocation 1 (July 2010)		
(G) CAP Budget	\$ 570,000.00	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 333,680.00	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve.	
(J) Primary Cluster*	Health		
(K) Secondary Cluster	please select	Only indicate a secondary cluster for multi-cluster projects.	
(L) Beneficiaries	Total*	Men	Women
	50,000	15,000	35,000
Direct project beneficiaries. Specify target population disaggregated by number.	Children under 18	16,500	
	As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	People in AFLC
	50,000	Indicate group name	Indicate group name
		IDP + HE	IDP + HE
(M) Location	Regions	<input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> L. Juba <input type="checkbox"/> M. Juba <input checked="" 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"/> L. Shabelle <input type="checkbox"/> M. Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W. Galbeed	
	Region(s) and District(s) only, precise locations should be annexed		
(N) Implementing Partners (List name, acronym and budget)	1	Budget:	\$ -
	2	Budget:	\$ -
	3	Budget:	\$ -
(O) Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).			
Agency focal point for project:	Name: *	Dr.M.A.Iffthikar	Title: Health Coordinator
	Email: *	iffthikar.mohamed@islamic-relief.or.ke	Phone: * 071 320 9779
	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.*	<p>The Galkayo town houses half a million population and because it is at the southern border of Puntland and neighbouring central regions of Somalia, it is the gateway of displaced people from south-central Somalia to Puntland and it has one of the largest IDP concentrations (IDPs 69,560; HE 100,000). Apart from displaced people from south-central Somalia, there are so many other IDP from within Puntland and majority of them are destitute nomads who lost their livelihoods to the droughts.</p> <p>Galkayo town has many health infrastructures, though in bad conditions like regional hospital, MCHs, TB centre, VCT centre. Despite presence of these health facilities, the vital health indicators are at very low and in unacceptable status.</p> <p>The overall global acute malnutrition rate is 16% (down from 19% in mid-2009) with 23.7% among Galkaiyo IDPs.</p> <p>The overall mortality rate of children under five has dramatically increased from 142 out of 1,000 in 2009 to 200/1,000 in 2010,</p>
(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.*	<p>All the available health facilities did not satisfy the standard EPHS (Essential Package of Health System) criteria for the respective health facilities. From the experience Islamic Relief gained through the presence in Galkayo and coordination with Ministry of Health Puntland, has identified following needs which needs to be addressed.</p> <p>Measures to increase access to quality Primary Health Care services for IDPs and vulnerable host communities in Mudug</p> <p>Measures to build the capacities of the local health care providers and the communities in outbreak preparedness and response for the prevention of communicable diseases</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>PHC support project in Galkayo:</p> <p>The main activities included providing PHC service and basic secondary health care services through mobile clinics in the IDP locations of Garsoor, Margaga, Hero Dayah, Tawakkal, Siinay and Bulo Doro. This also included raising awareness on HIV/AIDS prevention, CHAST and PHAST among IDPs and Community health workers working in the IDP locations. This project was funded by the Government of Norway and will be completed in June 2010. Presently the Norwegian Government is contributing for CHF pool.</p> <p>WASH:</p> <p>Islamic Relief has implemented integrated programs and projects since 2006. IR has constructed boreholes and network of hygiene promotion for IDPs and host communities with its own drilling rig to provide safe drinking water for avoiding the nutritional</p>

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

(A) Objective*	To provide emergency health assistance including high impact, critical life-saving services for women and children in IDP and host communities		
(B) Outcome 1*	Availability of improved primary health care facilities in Galkaiyo district for 50,000 population		
(C) Activity 1.1*	Rehabilitate 02 health posts and 03 health centres		
(D) Activity 1.2	Provide tools and equipments for 05 health facilities		
(E) Activity 1.3	Provide MCH services, including safe motherhood and safe childhood activities		
(F) Indicator 1.1*	Health	HEALTH - Provision of PHC services within 2 km radius of IDP set	Target: * 9000 Consultations
(G) Indicator 1.2	Health	Health facilities with basic necessary tools and equipments	Target: 5
(H) Indicator 1.3	Health	Number of consultations per clinician per day by administrative unit	Target: 50
(I) Outcome 2	Strengthened capacity for 25 health care providers in the aspects of PHC, including community based MCH services (BEMoC, EPI ect)		
(J) Activity 2.1	Train 25 community health workers and TBA		
(K) Activity 2.2	Carry out Health Promotion activities through BCC (behavior change communication) approaches for community participation		
(L) Activity 2.3	Establish 02 Health Committees and 03 Health Centre Management boards as per the roles given in EPHS (essential package of health services)		
(M) Indicator 2.1	Health	HEALTH - Number of health workers trained in common illnesses,	Target: 25
(N) Indicator 2.2	Health	Health Promotion sessions conducted	Target: 10
(O) Indicator 2.3	Health	Health Committees established	Target: 5
(P) Outcome 3	At least 80% of the outbreak rumors from the catchment areas are investigated together with partners		
(Q) Activity 3.1	Training of 25 Health Committee members (out of which more than 50% shall be female) in basic community based prevention health		
(R) Activity 3.2	Facilitate Immunization activities		
(S) Activity 3.3			
(T) Indicator 3.1	Health	HEALTH - Case Fatality Rate (CFR) for acute watery diarrhoea (AWD) less than 1%	Target: <2%
(U) Indicator 3.2	Health	Number of health workers trained in common illnesses, IMCI, sun	Target: 25
(V) Indicator 3.3	please select		Target:

<p><b>(W) Implementation Plan*</b> Describe how you plan to implement these activities</p>	<p>IR with cordial relationship with the Minister of Health, other health ministry staff of MOH, Puntland and the MCH Coordinator of the Mudug region will share information about the project right from the beginning. The health facilities that require improvement will be identified in coordination with all stakeholders and renovated and supported with necessary human resources and equipments. The</p>
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**5. MONITORING AND EVALUATION (to be completed by organization)**

<p><b>(A)</b> 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. *</p>	<p>Islamic Relief will be monitoring the implementation of the proposed activities throughout the project period and will liaise closely with WHO and partners involved.</p> <p>Depending on the security situation Health Coordinator based in Nairobi will personally visit the field during the project period.</p> <p>Presence of Islamic Relief Somalia office in Galkayo with permanent and project staffs for other projects allows smooth day to day operations and function, as the base for safety and security of staff and other resources. The office with internet and telecommunication facility ensures daily communication and information sharing from the field.</p> <p>Maintenance of clinic registers (OPD clinic register, MCH clinic register, Drug store registers etc) and attendance register maintained in the office for staff and sending them monthly to Nairobi for reviewing and triangulating information with cluster and other INGOs, NGOs and MOH ensures distance monitoring and proper implementation of activities along with daily telephone calls.</p>
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(B) Work Plan Must be in line with the log frame	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* Rehabilitate 02 health po		XXXXX	XXXXXXXXXXXXX	XXXXXX			
1.2 Provide tools and equipm				XXXXXXXXXXXXX			
1.3 Provide MCH services, ir			XXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX
2.1 Train 25 community heal		XXXXXX					
2.2 Carry out Health Promoti				XXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX
2.3 Establish 02 Health Com		XXXXXX					
3.1 Training of 25 Health Cor				XXXXXXXXXXXXX	XXXXXXXXXXXXX		
3.2 Facilitate Immunization A				XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX
3.3							

**6. OTHER INFORMATION (to be completed by organization)**

(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	Organization	Activity
	1 MOH Puntland	To get approval for implementation of the project, get support, Coordination and ad
	2 WHO/Cluster	Weekly surveillance, Training support and cluster coordination
	3 MERLIN	For information sharing at local level and local coordination
	4 INGOs	Information sharing and triangulation of information
	5 Health Committees	Project implementation and beneficiary sensitization
	6 LNGOs	Local coordination
	7 UNICEF	Immunization activities and Support
	8	
	9	
	10	

(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	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	Improving access to health care services and access to information on	1.3.2,1.2.2,3.1,3.2
	Capacity Building	Yes	Training of CHWs, TBAs and Health centre management boards will ensure	1.1,1.2.2,1.2,3,3.1