

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'
 Mandatory fields are marked with an asterisk

Project Document

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

(A) Organization*	Islamic Relief			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO			
(C) Project Title*	Improve health services to IDPs and Host communities in Mudug			
(D) CAP Project Code	SOM-11/H/39957/8058	Not required for Emergency Reserve proposals outside of CAP		
(E) CAP Project Ranking	High	Required for proposals during Standard Allocations		
(F) CHF Funding Window*	Standard Allocation 2 (Feb 2011)			
(G) CAP Budget	655000	Must be equal to total amount requested in current CAP		
(H) Amount Request*	399005.00	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	12 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 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)		Men	Women	Total
	Total beneficiaries	22000	23000	45000
	Total beneficiaries include the following:			
	Internally Displaced People	12000	17500	30000
	People in Host Communities	6500	8500	15000
Children under 18	2150	3150	5300	
	0	0	0	
(M) Location Precise locations should be listed on separate tab	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 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			
(N) Implementing Partners (List name, acronym and budget)	1		Budget:	\$ -
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
			Total	Budget:
		Remaining	Budget:	\$ 399,005
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*	Dr.M.A.Iffthikar	Title	Country Director
	Email*	cd@islamic-relief.or.ke	Phone*	00254 71320 9779
	Address	Woodlands Road off Argwings Khodok Road, Hurlingham, Nairobi		

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) *	<p>Somalia has been in chaos for two decades since the collapse of the central government 1991 leaving the country's social infrastructure shattered & making the country a nation in humanitarian crisis. Since the collapse of government, the production of new carders of health workforce has since dropped to almost zero level & as a result, Somalia has the worst health indicators in the world. South central Somalia remains the epicenter of the ongoing conflict in Somalia hence originating mass exodus of people & because of the relative peace, Puntland remains an ideal destination for the displaced people. Galkacyo district houses the largest IDP settlement in the entire Puntland state. Despite having hundreds of thousands of IDPs in more than 21 IDP camps, the region lags behind in both health infrastructures and health services. For the 3 years, IRS has been engaged in providing free and accessible health services to the IDPs through mobile clinic. The current drought in the region has aggravated the already dire situation of the people & many pastoral communities are losing their livelihoods & forced to join the IDP camps. IDP communities were also the</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. (maximum 1500 characters) *	<p>Based on Islamic Relief's long time engagement in the health sector of the region, its cordial relationship with regional & central ministry of health and the results of the needs assessment it has conducted in the region in September 2010, the agency has found out that there is a dire need for life-saving health care intervention in the region specially in the IDP camps because IDP settlements are fast expanding due to the continues conflict in the south & there is no parallel surge in the health service provision to match the increasing IDP population size. The other PHC facilities in the region don't meet the EPHS standard in the provision of health services. Coordination mechanisms & CDC surveillance are also weak. Despite this gloomy scenario, there is a committed regional health authority & very cooperative and resilient communities. The following are specific needs identified:</p> <p>Measures to increase access to quality PHC services for IDPs & vulnerable host communities in Mudug</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>Health in Mudug Region</p> <p>Islamic relief has implemented PHC project in Mudug region specially focusing on IDPs in the region with the support of Norwegian embassy in Nairobi from 2008-2010. The project provided PHC service & basic secondary health care services to IDPs and Host communities & also provided medicines, medical equipments & 2 ambulances to Galkacyo regional hospital. Currently IRS is implementing a similar PHC project in the same location with the funding from CHF & services extend to drought affected communities in Jarban district through the rehabilitation & provision of equipment to 3 health facilities in Balibusle, Balanbal & Mayle.</p> <p>WASH</p> <p>Islamic Relief has implemented integrated programs since 2006. IR has constructed boreholes, hygiene & Sanitation facilities &</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To respond to emergency health service needs of 45,000 IDPs and host community in Mudug region		
(B) Outcome 1*	Improved access to emergency and life-saving health services to 45,000 people including 30,000 IDPs in Mudug region		
(C) Activity 1.1*	Provide treatment services and identify referral system for acute illness and risk pregnancies for 6750 children and 1500 pregnant women		
(D) Activity 1.2	Ensure adequate supply of essential drugs and medical supplies for 45000 people with 30000IDPs, 1500Pregnant and 6750 children		
(E) Activity 1.3	Facilitate immunization activities targeting 6750 children under 5 years of age		
(F) Indicator 1.1*	Health	Provision of PHC services within 2 km radius of IDP settlements w	Target* 50
(G) Indicator 1.2	Health	Number of health facilities (Governmental) provided with essential	Target
(H) Indicator 1.3	Health	Number of children under 5 years received DPT3 in the target loci	Target
(I) Outcome 2	Improved access to primary and secondary health service with improved local capacity for better provision of health services to 1500 people		
(J) Activity 2.1	Provide equipments, medicines and furniture for 03 health facilities		
(K) Activity 2.2	Rehabilitate 3 health facilities (2 MCHs in Harfo and Galdogob; 1 health post in Bayra)		
(L) Activity 2.3	Train 13 female and 12 male health workers (CHWs and Auxiliary nurses) in management of common diseases, IMCI, BEMOC & EPI		
(M) Indicator 2.1	Health	At least 1 health facility with functional comprehensive emergency	Target 3
(N) Indicator 2.2	Health	Number of health facilities rehabilitated	Target
(O) Indicator 2.3	Health	Number of community health workers and auxiliary nurses trained	Target
(P) Outcome 3	Strengthened disease surveillance and outbreak control system in Mudug		
(Q) Activity 3.1	Provide regular disease surveillance reports from outreach programs		
(R) Activity 3.2	Training of 20 sentinel health facility workers in standard case definitions, disease surveillance and outbreak investigation and control		
(S) Activity 3.3	Develop and disseminate IEC materials related to communicable disease prevention and vector control measures		
(T) Indicator 3.1	Health		Target 40
(U) Indicator 3.2	Health	Number of health workers trained on standard case definitions, dis	Target
(V) Indicator 3.3	Health	Number of health facilities provided with IEC materials	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	IR with cordial relationship with the MOH Puntland & the MCH Coordinator in Mudug will share information about the project right from the beginning. IR and MOH jointly have identified Harfo and Galdogob MCHs and Bayra HP to be renovated and equipped. The equipments and furniture required for these facilities have been identified. Apart from the health service provision by the renovated health facilities through MOH health workers, IR will continue to provide ongoing curative and preventive health services in the IDP camps through a mobile clinic team (1 clinician, 1 nurse and a midwife) in 05 IDP locations (Haloboqad, Alle-amin 1, Alle-Amin2, Garsoor and Warshad Galey IDP camp) until the end of April 2012. Immunization sessions will be implemented by Islamic relief with the support of UNICEF and the regional cold-chain in Galkacyo. In coordination with MOH, WHO and Bosaso College of health sciences, IR will train 25 CHWs and auxiliary nurses with 20 weeks comprehensive training to build their capacity. Additional 20 health		

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

(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) *

Islamic Relief will be monitoring the implementation of the proposed activities throughout the project period and will liaise closely with WHO, MOH and partners involved. Depending on the security situation the program manager based in Garowe will personally visit the field during the project period. 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. 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. Getting reports from the field (weekly surveillance report, monthly clinic return, monthly stock return) and comparison with clinic attendances help to monitor and evaluate the activities. Frequent field visits by the Project health coordinator of Health project officer of IR for Puntland be the key in monitoring at field level. In addition quarterly review meetings will be conducted involving program and admin staff.

(B) Work Plan
Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

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* Provide treatment service		X	X	X	X	X
1.2 Ensure adequate supply	X	X	X	X	X	X
1.3 Facilitate immunization a	X	X	X	X	X	X
2.1 Provide equipments, med	X	X	X	X		
2.2 Rehabilitate 3 health fac	X	X				
2.3 Train 13 female and 12 n			X	X		
3.1 Provide regular disease		X	X	X	X	X
3.2 Training of 20 sentinel h			X	X		
3.3 Develop and disseminat		X	X			

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 Ministry of Health, Puntland	To get approval for implementation of the project, get support, Coordination, accom
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	Both sexes will benefit from the free medical services though women and children
Capacity Building		