

Application: Preparatory Study

1. Basic Information

Project pool and types of projects		
Which project pool are you applying?	MENA Pool	
	Project Pool	x
Type of project to be subsequently applied for:	Pilot Project	x
	Partnership Project	

Preparatory Study information	
Project title	IMCC Uland and EMSA preparatory study
Applying DUF member organization(s)	IMCC
Partner organization(s)	Ethiopian Medical Student's Association
Preparatory Study locality	Ethiopia
Preparatory Study period	8 days
Amount applied for (max 40.000 DKK)	28.688

Summary of the preparatory study and the proposed project (5-10 lines)

The primary objective of this preparatory study is to build upon the experiences from the Partner Identification together with our local partner in Ethiopia called Ethiopian Medical Student's Association (EMSA). EMSA is a nationwide volunteer organization consisting of medical students at different levels in Ethiopia carrying out primary health care activities in different parts of Ethiopia. Since summer 2014 EMSA and our organization has been building the frames for a partnership in order to establish a future project with a focus on reproductive health.

The concrete product of the preparatory study is a final project idea and an overall framework for the partnership so that we together in the future can create sustainable changes for youth and adolescents of Ethiopia.

2. The Partners

The Danish member organization

2.1 Vision and work of the Danish member organization

International Medical Cooperation Committee (hereafter IMCC) is a student-based organization with approximately 1700 members in Denmark. IMCC is a voluntary-based organization that works for health promotion in both Denmark and abroad. The organization is composed of a national board, four regional boards, approximately 30 activity groups and a secretariat with four employees of which one is working directly to support international development projects implemented by the activity groups and their partners. IMCC Uland is one of the 30 activity groups and all activities share an overall health promoting aim and are planned, organized and implemented by volunteers.

IMCC Uland envisions a world where marginalized people in low-income countries have access to primary health care services. The primary goal of IMCC Uland is to improve the health of local populations in rural/poor areas. All projects are based on "primary health care" meaning that IMCC Uland carry out projects that aim to provide basic health care to marginalized populations. Based on voluntary efforts and participatory methods IMCC Uland works to promote a sustainable civil society development through the strategic capacity building of peer partners in low and middle income countries.

This vision corresponds with the proposed pilot project which aims to improve knowledge on reproductive health in the regions where our partner organization, Ethiopian Medical Student's Association (hereafter EMSA), carry out activities. EMSA's main focus is primary health and its vision is to improve the health of marginalized populations in Ethiopia and to provide its volunteers with skills and experiences within the field of primary health.

Our goal for the Preparatory Study is to develop common ideas for a future project and to analyze the needs and the context the project will be based on. A Preparatory Study will give the knowledge and tools it takes for IMCC Uland and EMSA to develop and finalize a specific project application.

Our goal for our future project is to focus on primary health, sustainability, capacity building of both partners and a equal cooperation between IMCC Uland and EMSA hoping that both partners can learn and grow together. We wish to achieve this goal by carrying out activities with participatory methods, creating a stronger volunteer culture in EMSA and carrying out health related activities to improve local people's knowledge on reproductive health. We believe that this work will reflect the vision of both organizations and will motivate more volunteers to become active in EMSA. The increased knowledge on primary health will furthermore benefit the local communities in Ethiopia and create better use of the existing health system locally.

2.2 The capacity and experience of the Danish member organization

IMCC has a long tradition with development projects. Currently, several activity groups in IMCC run DUF funded projects in Rwanda, Tanzania, Nepal etc. IMCC Uland is one of the more experienced activity groups with a long history of implementing large health promoting international development projects in collaboration with many different partner organizations in Africa and South-America and because of a focus on knowledge sharing and a sustainable volunteer structure we have great benefits from these former experiences.

IMCC Uland is currently implementing a Danida funded primary health care project in Bolivia that was first initiated in July 2001. The project aims to improve the overall health status among the Quechua Indians of San Lucas. The project in Bolivia has a documented positive impact on the capacity of both regional public health authorities and the civil society.

Throughout the years, IMCC Uland has developed an organizational structure that permits knowledge sharing between the different project groups. East African Group is a smaller group in IMCC Uland and is currently working to develop a project in Kenya, with Medical Student Association Kenya (hereafter MSAKE) which is another student organization that also carry out health promoting activities. Furthermore the activity groups in IMCC Uland works strategically with volunteer recruitment and skill enhancing training,

maintaining a group of highly qualified and long term committed volunteers. Through participatory methods, widespread knowledge about public health and experiences with building capacity in local civil societies as well as undertaking advocacy activities, IMCC Uland has offered value to its previous and current partners.

The current East African Group consists of six IMCC Uland volunteers with different educational backgrounds and experiences which have proven to be beneficial for IMCC Uland's activities in Denmark and abroad. A majority of the group members have previously worked with organizational capacity building within IMCC Uland, budget planning, leadership and management of other development projects in our organization. We believe these experiences and the interdisciplinarity represented by the different educational backgrounds of the group members, improve the dynamics and capacity of the group to carry out the preparatory study as well the work on developing a future partnership project. Furthermore, the group receives advice from the former IMCC Uland President who also have experience working as a volunteer for a 15-month period on a former 3,5 year long Danida funded project in the Tominian district in Mali.

2.3 Learning and anchoring of the project in the Danish member organization

In IMCC Uland we prioritize the value of exchanging and sharing the experiences each activity group gains in order to learn from each other. Therefore, the learning from the proposed pilot project will be anchored in IMCC Uland at our quarterly meetings as well as on our bi-yearly meetings on the strategic development of IMCC Uland. At a national level, our knowledge from this partnership will be spread through different channels: monthly newsletters and exchange of knowledge with thematically peer activity groups in the IMCC network (e.g. IMCC Rwanda). Furthermore, we will contribute with our learnings in a cross-cutting committee for development projects within IMCC. As part of our external anchoring of the project, we will write articles and posts for both our public facebook site as well as IMCC Uland's website.

The partner organization

2.4 Vision and work of the partner organization

EMSA's main focus is primary health and its vision is to improve the health status of marginalized social groups in Ethiopia and to impact the Ethiopian health system by providing the individual volunteer with relevant skills and experience within the field of primary health. EMSA aims to provide medical students with non-medical skills such as communication, leadership and project management. EMSA wishes to support and empower medical students through experience and participation in public and reproductive health issues and hope that these future medical professionals will feel well-equipped to contribute and improve the health and well being of Ethiopians.

2.4 The capacity and experience of the partner organization

EMSA has led and organized different projects with different target populations in collaboration with its Standing Committees. The activities are carried out by the volunteers who work directly with the specific target group.

The activities held by the different committees is as follows; The Standing Committee of Reproductive Health has educated High School students on HIV/AIDS. The Standing Committee of Public Health has organized and led campaigns such as "Stop TB Campaign" and "Hand Washing Campaign". In addition, EMSA also works to empower medical students by providing different educational programs on topics like stress management, life skills, study methodologies and time management. EMSA has in collaboration with SAMA (Students Association for Medical Aid) from Canada held a screening program in Elementary Schools and Orphanages for malnutrition and common paediatric illnesses.

2.6 The structure and the organization of the Partner Organization

EMSA consist of a Team of Officials of volunteer students who are elected each by the members (all medical students who wish the vote) and consist of different post such as president, vice president, internal and external affairs, secretary and treasurer. The Team of Officials delegate or carry out activities in cooperation with different standing committees who are responsible for different areas, e.g. Reproductive Health and

Aids or Rights and Peace. The volunteers carrying out the activities are students who wish to carry out different health promoting activities under the different standing committees.

We view EMSA as a like-minded partner, where volunteering and a participatory approach for the youth is prioritized. A future project with EMSA would be a great opportunity to establish a partnership with equal and like-minded partner who also work within the field of Public Health. We believe that IMCC Uland and EMSA are two organizations whose vision and work resemble each other and who can develop an equal partnership and a sustainable primary health project.

2.7 Learning and anchoring of the project in the partner organization

The learning from the project can benefit both the Standing Committee of Reproductive Health in EMSA that IMCC will be working the most with and EMSA as a whole in a future collaboration. The Standing Committee will get experience planning and conducting an international project in cooperation with a like-minded partner. By possibly inspiring other Standing Committees in EMSA to seek similar partnership projects the proposed project could create the foundation for further capacity building of more of the standing committees in EMSA.

Partnership and cooperation

2.8 Previous cooperation

In March of 2015, two Danish volunteers went on a Partner Identification trip to visit EMSA in Ethiopia on the behalf of the East African Group group. The two Danish volunteers worked with group leaders and active volunteers from EMSA in Addis Ababa and in Harar in Ethiopia. The trip was very fruitful for both organizations because it established mutual understanding, social relations, potential future project ideas and gave a good insight into the capacity of EMSA's organization and their local context. Furthermore, IMCC Uland and EMSA also managed to clarify future roles, responsibilities and communication strategies for the future cooperation for both organizations.

During the trip, EMSA volunteers gave the two Danish volunteers a tour of EMSA's facilities at their universities and at their university hospitals. The visit was a good mixture of professional and social activities and the volunteers got to know each others organization in more detail and also as fellow volunteers. During the trip, we also studied the organization's capacity, which was done by a SODA-analysis, context analysis and problem analysis in collaboration with the activity leaders and active volunteers in EMSA.

During the SODA-analysis it became clear that EMSA had a very loose volunteer culture. In EMSA every medical student in the respective country is seen as a member. Meanwhile it is clear that there is a big difference between the active and inactive members. EMSA described the loose culture of volunteering as a hindrance of further development. The lack of a strong culture of volunteering is mainly caused by the fact that EMSA have experienced difficulties finding financial funds to live out activities continuously. We aim to create a stronger volunteerism culture by carrying out activities continuously and making young medical students aware of their options in EMSA.

A broader context analysis gave our organization a good insight into which social circumstances the young people in EMSA face, including their perspective and understanding of volunteerism and their medical schools in Ethiopia. Furthermore we gained knowledge on the political situation in the country. For example, the socialist government in Ethiopia has some clear requirements for an organization like EMSA. There are specific precautions and requirements that EMSA have to fulfill in order to be a registered organization in Ethiopia. For instance, EMSA has to hand in a yearly report to the government where all their activities are accounted for. This shows that the political context in Ethiopia is important for IMCC to be aware off in a future partnership with EMSA. In IMCC Uland we spent a lot of time analyzing the political context in Ethiopia but for the preparatory study we want to have more focus on how religion and gender in Ethiopia affect EMSA as an organization but also developmental issues like reproductive health.

Despite the loose culture of volunteering in EMSA, the SODA-analysis also showed that there is still a large group of competent and dedicated students in the organization. One of the major strengths of the group is that EMSA is a nation wide organization, which means that they have activities covering the whole country.

The active volunteers in EMSA expressed a clear motivation and dedication to carry out more of these activities. They expressed that there is a need for financial funds that can finance project activities and secure that EMSA in the future can strengthen their volunteer culture, get training together with planning and carrying out future activities.

2.9 Perspectives of the cooperation

The partner identification revealed a great match between EMSA and IMCC Uland regarding visions and areas of interest. Both IMCC Uland and EMSA consists of young students working as volunteers in well established health promoting nationwide organizations. IMCC Uland has experience with organizational development, sustainable activities and volunteer recruitment. EMSA will complement a future pilot project well with their medical knowledge about reproductive health and a general local understanding.

During the trip we became aware that EMSA is very challenged regarding internet connection especially in the more rural areas where EMSA's President resides. In order to solve this problem, we made an agreement to have an active volunteer, Changkuoth Yier Bol from St. Pauls University in Addis Ababa, as the main contact person. This way we could ensure an ongoing communication in the future. We have also created profiles on the social media Viber because this method of communication has proven to be more efficient in Ethiopia. The EMSA volunteers expressed that this method of communication was easier for them instead of limiting the communication through emails only.

Our former experiences with EMSA created an opportunity to identify which areas and activities EMSA believes could be improved in their health related work and how IMCC Uland could contribute. The trip also resulted in possible project ideas for a future collaboration and some of the ideas mentioned was:

- Training programs on family planning in rural areas
- School clinics in Primary and High Schools
- Promote antenatal care and prevent birth-giving at home
- Promote safe abortion

EMSA is motivated to start a collaboration with IMCC Uland and to work with their organizational capacity. We wish to visit EMSA again for a preparatory study to select a final project idea and find a location for the project. If IMCC Uland and EMSA should start a future project, IMCC Uland will recruit more volunteers to the East African Group.

3. The project to be studied

3.1 Description of the project to be studied

From the partner identification trip and the experiences of EMSA we met a relatively small but a very dedicated group of young people who wish to participate in the development of Ethiopia. EMSA is as earlier mentioned facing problems regarding the volunteerism culture and having a hard time making a larger group of medical students motivated to participate in health promoting activities. Participation and volunteerism culture will therefore be one of the main focus points during the preparatory study. Once an organization is recognized by the Ethiopian government (like EMSA is) it seems there are many opportunities to actively combat the major developmental issues of Ethiopia. However, there are some specific guidelines because of the political context, which we need to have a greater understanding of when working with reproductive rights. So far this political context has not interfered with any of EMSA's activities and we need to make sure this will be the same case for the activities proposed in the future pilot project. A health strategy from the health ministry in Ethiopia from 2006 stated that up til 6,7 million women in Ethiopia became pregnant unwillingly. This indicates that a part of the young Ethiopian female population still lack reproductive rights and an ability to make informed choices on when to start or expand a family. By empowering both young/adolescent men and women in Ethiopia to make informed choices on their reproductive health there is a potential to motivating them to stand up for their reproductive rights and thereby participating in the development of Ethiopia regarding reproductive health.

Ethiopia is a country facing a lot of different developmental issues (e.g. corruption, lack of health facilities, poor infra structure, low level of education etc.) and unfortunately our project will not be able to target all

these issues. Therefore we wish to have a specific focus on a developmental issue proposed by the volunteers in EMSA as the biggest obstacle for improving health status in rural and poor areas in Ethiopia. During the Partner Identification trip, EMSA volunteers expressed a major concern for the reproductive health of the rural Ethiopian population and especially in terms of family planning in their target areas.

Reproductive health among youth and adolescents has been a priority since 2006 when the Health Ministry of Ethiopia together with stakeholders like UNICEF and WHO made a strategy called '*National Adolescent and Youth Reproductive Health Strategy 2007 – 2015*' (Ministry of Health, 2006). Even though the strategy is coming to an end this year it still shows a willingness from important stakeholders to work within this area of developmental issues and members of EMSA still believe there is a long way to go with this particular issue.

One of the major causes of poor reproductive health is that many women (up to 6,7 million in 2006) unwillingly becomes pregnant and one way to come to terms with this issue is to empower youth and adolescents in rural areas in Ethiopia to make informed choices about their reproductive health, including their desired fertility (WHO, 2011). During a longer period Ethiopia has experienced rapid population growth of up to 2,6 % and even in rural areas the rate is 2,3 %. The proportion of the population under the age 15 was 45 % in 2009 (WHO, 2011). Therefore EMSA and IMCC Uland believe it is very important to focus on activities that target reproductive health among young people in rural areas.

We wish for the preparatory study to further investigate the underlying causes of poor reproductive health in rural areas of Ethiopia. EMSA has previously carried out activities concerning reproductive health and we hope that their experiences with prevention within and knowledge about reproductive health together with information from stakeholders and people in the target group can help us to obtain a better understanding of the underlying causes. Thereby helping us to more specifically identify the relevant activities and the relevant target group to include in our future project.

We wish to capacity build EMSA by trying to help the active group of volunteers to organize in order to create a better and stronger volunteerism culture. We want to improve the board of EMSA's skills by facilitating workshops and carry out training of trainers to make sure EMSA is able to teach other medical students to carry out activities on health promotion. By creating a better volunteerism culture among the young medical students of Ethiopia and engaging them in an organization with health promoting activities we ensure they take responsibility in the reproductive health challenges in Ethiopia.

We wish for the health promoting activities in the pilot project to create better knowledge and awareness about reproductive health and family planning among the youth and adolescents in the civil society given from the medical students of Ethiopia and this way gaining a sustainable relation with people in the target group.

As earlier mentioned the strategy from 2006 shows that the Ethiopian government is already prioritizing reproductive health. We hope that activities within this area will create a relation and hopefully a future corporation with relevant stakeholders such as the health ministry. When EMSA is getting more experience with these activities and learn about the specific needs of the target group it will create better legitimacy for EMSA to promote the target groups interest to the relevant stakeholders.

We hope EMSA's health promoting activities in the long run will create better frames to empower youth and adolescents in rural areas in Ethiopia to make informed choices on their reproductive health, including their desired fertility and together with the members of EMSA participate fully in the development of Ethiopia.

To ensure better reproductive health and rights we wish to create more knowledge among the target group. Since the average age for giving birth in Ethiopia is under 20 years old and most sexually transmitted diseases creating reproductive complications are among young people we wish to target young adults

between the ages of approximately 13-23 (Ministry of Health, 2006). This age span is chosen because we wish to create knowledge and empower the young people to make the right decisions when the time comes to start a family and not after they already started one. So far we have an idea that our activities will mainly be preventive which is why we find it important with a young target group. However, we do not wish to settle on a specific age group until after the preparatory study when we hopefully have gained more knowledge about the relevant target group for reproductive health interventions.

We wish to target both young women and young men because we find it equally important that both genders understand the benefits of for example family planning, spacing and safe abortion for the health status of the whole family.

We intend to use the preparatory study to gain more knowledge about a specific target group in terms of geographical placement, ethnicity, educational background and social conditions.

Our target group will also be young medical students in Ethiopia who we wish to empower by capacity building EMSA and giving them the opportunity to be involved in health promoting activities.

IMCC Uland is as earlier mentioned working strategically with volunteer recruitment and skill enhancing training, maintaining a group of highly qualified and long term committed volunteers. We wish to use these experiences in a pilot project and during the preparatory study discuss with EMSA how we can improve the volunteer culture among the medical students in Ethiopia.

We intend to present some of IMCC Ulands ideas on how to engage students who are dedicated for a longer time by for example giving proper certificates for attending training workshops with an approved stamp from the university or setting up some sort of terms and conditions for being a member of EMSA.

3.2 Questions to be investigated during the preparatory study

We want the preparatory study to address questions about the target group, communication, the volunteerism culture and future activities because we wish to gain more knowledge about these specific areas. These questions will be our guidelines for the preparatory study and our goal is to get all these questions answered.

About the target group:

- How can we define our target group (age, gender, social status, location etc) to make sure it is the most relevant for activities on reproductive health?
- In which regions can we reach the target group?
- Does our age specification make sense in terms of how to make contact with the target population?

About volunteerism culture:

- How can we motivate more medical students to be active members of EMSA?
- How can we improve the communication between the different regions in Ethiopia?
- How do we ensure that the volunteers continue to be motivated and active members of EMSA?
- What are the medical students needs and interest in engaging in the project activities?
- How can IMCC help build capacity in EMSA that will allow the organisation to benefit from long term engaged volunteers?

About the activities:

- Which health promoting activities are the most relevant to address the specific issues on reproductive health facing Ethiopia?
- Should the activities be aimed at a larger or a smaller target group?
- Which channels (schools, radio, teachers, TV etc) will most efficiently spread the message of the promoting activities?
- Which challenges could there be carrying out these activities and how do we minimize these challenges?

4. The preparatory study

4.1 Objectives and expected results of the preparatory study

The primary objective of the preparatory study is to build upon the experiences from the Partner Identification and learn more about the context of the possible target group. By doing this we gain a good basis upon which we cooperate in finalizing an idea for a pilot project. We wish for the preparatory study to give us answers on the specific questions listed above to ensure that that future pilot project will be sustainable and focused. At the same time we wish to strengthen the bond between IMCC Uland and EMSA and in particular improve the communication between the two organizations when visits are not conducted.

The concrete product of the preparatory study is a final project idea and an overall framework for the partnership. This framework includes division of responsibilities, expectations for the project as well as reliable communication channels. We also wish to establish a well-defined target group and come to an agreement on which activities would be relevant to improve the reproductive health status of this target group.

4.2 Activities and working methods

To further strengthen the partnership we would conduct more workshops that investigate the perspectives of the future collaboration. Different tools from DUF can give us a better perspective on the volunteerism culture and how to motivate volunteers, such as 'Dialogue on how to motivate volunteers' and 'Organizational landscape and volunteers'. We also wish to carry out a context analysis with a specific focus on the target group to help identify the characteristics of this group.

We will integrate our experiences from both the Partner Identification and the preparatory study in developing a future framework for the partnership. It will also identify areas of possible capacity building in both organizations that could be very useful in a pilot and partnership project. We would also conduct field visits to possible members of the target group and relevant stakeholders, such as primary and high schools, rural areas, public authorities etc.

During these visits we want to do interviews to identify which issues they perceive as the most important issues regarding reproductive health. By engaging the target group and EMSA in the process of choosing the theme of the pilot project and maybe suggesting possible solutions to these issues, we hope the target population will be more likely to embrace the initiatives of a larger project.

Both partners agree an equal partnership where both organizations take part in the planning process of the preparatory study is the most fruitful approach. We prepared a programme for the trip where both partners are responsible for different activities and workshops. This will ensure that the trip will be effective and match expectations for the trip before arrival.

4.3 Composition of the study team

The preparatory study will be prepared in a joint effort between the East African sub-group in IMCC Uland and EMSA. Prior to the execution of the preparatory study, EMSA will plan some of the workshop activities as well as prepare the field visits. It is important that the two organizations participate equally in the planning and conducting of the preparatory study to ensure an equal partnership in future projects.

EMSA has experience with carrying out health promoting activities in many parts of Ethiopia and therefore have a relevant network with different stakeholders and members of a target group. EMSA's experiences and local understanding will give them a good opportunity to set up relevant meetings on our field visits. Both members of EMSA and IMCC Uland has experiences with carrying out workshops and using tools

recommended by DUF to have constructive and valuable discussions on how to establish a sustainable partnership and sustainable activities for a future pilot project.

The main study team for the preparatory study will be from EMSA Changkuoth Yier Bol, Vice-President of external affairs and Habtumu, President and from IMCC Uland Maj Back Nielsen, Vice-President and Andreas Moses Appel, Treasurer. The main study team have mandate to make decisions regarding the execution of the preparatory study but all relevant decisions about the future project will be made based on workshops with the rest of members in both groups. Changkuoth and Habtumu are medical students and have both been members of EMSA for a longer period and have carried out activities and are currently active members of the Team of Officials. They both expressed a motivation to work with reproductive health and especially reproductive health and especially family planning during the partner identification trip and will help to set up field visits to relevant stakeholders and possible target group members within this area of reproductive health. Maj and Andreas study public health and both have both gained knowledge about global partnerships, sustainable development, health promoting activities, project framework, training of trainers and etc through the extensive training program in IMCC uland.

4.4 The process leading towards development of a project

After the preparatory study we want to carry out a workshop in the East African Group and present the results from the discussions from the workshop. On the basis of these results we will evaluate the possibilities of a future partnership and how best to move forward towards applying for a pilot project. Our goal is to apply for a pilot project by the 1st of february 2016.

We will be doing a lot of sparring with the other part of the East African Group working with a similar project with a partner in Kenya, also applying for a preparatory study around the same time as us. If both applications are approved we see a great potential for a fruitful collaboration and sparring among the two groups. We also hope that their partner MSAKE together with our partner also could do some sparring and that we on the further run could apply for some of DUF's networking activities so that our two partners could meet and share experiences on their projects.

4.5 Risk and challenges

The biggest challenge we have come across so far is the lack of communication between the organizations. As noted earlier the coverage of Internet is very poor in some parts of Ethiopia and the continuity in communicating, primarily by mail, has been challenged due to that reason. This could be a possible issue in planning both the preparatory study and the subsequent pilot project. We therefore hope to make a partnership agreement during the preparatory study where communication strategies will be one of the main focus points. During the partner identification we not only learned about the members of EMSA as volunteers in a health promoting organization but also as fellow students with many hours of studying each and especially during examination periods. This is important to be aware of when planning a timeframe for future project activities so that they do not overlap with the volunteer's studies.

References

Ministry of Health – Federal Democratic Republic of Ethiopia. *National Adolescent and Youth Reproductive Strategy 2007-2015*. 2006.

WHO. *Accelerating universal access to reproductive health: Countries leading the way*. 2011. Geneva Policy Dialogue Series.

4. Signatures

I hereby confirm that my organization fully supports this partnership and this project application, that we have knowledge about the DUF guidelines as well as the financial guidelines and that we are prepared to take on all obligations that an approval of the application will put on us as an organization. I furthermore confirm that I have the authority to take decisions and sign agreements on behalf of my organization.

On behalf of the Danish member organization	On behalf of the Partner Organization
International Medical Cooperation Committee (IMCC)	ETHIOPIAN MEDICAL STUDENTS' ASSOCIATION (EMSA)
Date/Place	Date/Place
31/8/2015	28/8/2015
Name	Name
Tomas Gehlert	Changkuoth Yier Bol
Position in organization	Position in organization
Organizational consultant	Vice-president for external affairs
Signature	Signature
	
Stamp (optional)	Stamp (optional)

5. Contact information

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List of annexes

Obligatory annexes

- Budget (DUF format)
- Detailed program and time plan for the study