

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*	WARDI Relief and Development Initiatives			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO			
(C) Project Title* <small>For standard allocations, please use the CAP title.</small>	Provision of Live Saving Health Care Services to flood affected population in Belet Weyn district.			
(D) CAP Project Code	SOM-12/H/48445	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 2 (Oct 2012)			
(G) CAP Budget	\$ -	Must be equal to total amount requested in current CAP		
(H) Amount Request*	\$ 250,000.00	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 <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	14000	16000	30000
Total beneficiaries include the following:				
	Children under 5	5800	7200	13000
	Internally Displaced People	6000	7300	13300
	People from Riverine Communities	6665	7500	14165
		0	0	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		Budget:	\$ -
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ -
		Remaining	Budget:	\$ 250,000
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*	Hussein Abdi Isak	Title	Chairman
	Email*	wardiorg@yahoo.com	Phone*	+252618701120
	Address	P.O. Box 71750-00622, Nairobi - Kenya		

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) *	The humanitarian situation in Somalia has been critical for the last 20 years. Due to continuous conflicts, draughts and flooding, communities in many parts in south and central Somalia are vulnerable for malnutrition, communicable diseases including malaria, AWD, Measles and ARI among others. Although the data from FSNAU in 2012 shows some improvement in the mortality and malnutrition, more than 2.12 million people still remaining in crises. Hiraa region is one of the regions hit hard by the emergency situation. The emergency situation in the region is aggravated by the recent flooding and high number of IDPs. Beledweyne town has flooding history which has been effectively managing with the available capacity of the former government of Somalia collapsed in 1991, but due to the lack of the flood prevention and management measures during the civil war period compounding with uncontrolled and excessive land use and tree cutting for either use of fire wood, charcoal production, construction and furniture making has been doubled the weakness of the river embankments which results the recurrent floods. Due to recent flooding, 6,247 households were displaced from Beletweyne town with the death of 55 individuals including women and children. In addition, the flooding destroyed all houses of the displaced people; large number of livestock causing the death of 4800 goats, 150 cattle, 98 donkeys and 23 camels. WARDI has been mobilizing all available resources to address the emergency. WARDI mobile clinics have reached hundreds of people in the town with medical treatment, cholera prevention and hygiene awareness messages. WARDI runs health center, 12 health posts (rural villages) and mobile clinic. The health care situation in the town is in dire need of urgent intervention. WARDI is planning to strengthen the referral system between primary health units/HPs and MCHs and to the hospital; communicable disease surveillance and prevention will be improved; WARDI will provide health care services to vulnerable people in IDPs through mobile clinics and medical supplies. WARDI, as health focal point, strengthened coordination among partners to address the needs of population in the affected areas. By the end of this project, WARDI is planning to reach about 70465(22000 girls, 18465 boys ,14000 men and 16000 women) have increased access to health care services and reduced risk of AWD/Cholera.
(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 health situation in Hiraa region, especially in Beletweyne town is one of the worst. The situation is aggravated by the recent flooding which has created more IDPs increasing the vulnerability of the community. WARDI is one of the LNGOs which are operational in Beletweyne; WARDI has already started emergency intervention since the start of the flooding. Despite ongoing intervention by WARDI and other partners, the health services at target locations are in adequate and need to be scaled up before the situations deteriorate further. According to FSNAU post GU survey, the GAM and SAM rates were 17% and 3.3% respectively. WARDI made a rapid assessment, in order to look the need of the affected men, women, girls and boys. In the assessment the team has observed that around 17850 households are displaced who has either left or destroyed their household assets due to the flooding and are highly in need of emergency assistance of food, water, health and shelter and the majority of them has no capacity to meet their basic needs. 85% of population were affected of which about 3500HHs (21,000 people) are displaced outside the town in the four locations in the town excluding the IDP settlement population. In addition, an estimated 1700HHs (10,200 people of 2100 children under five, and 2500 WCBA) of the IDPs are affected by the floods and are displaced outside as well. The total flood displaced population are 5,200HHs (31,200 people of 10800 girls, 8700 boys, 6360 women, 5028 men) including the affected IDPs. As a coping mechanism, communities resort to unsafe water sources thus exposing them to water borne disease outbreaks. The capacity to respond to the AWD/cholera outbreak is weak. This has been precipitated by shortages of medical supplies, insufficient resources including staff; access to health facilities is inadequate, lack of cholera treatment centers even for those in urgent need of care. WARDI recognizes that women, girls, boys and men play different roles within the family and community, and have different levels of access to power and resources. Thus, during assessment all groups were consulted and actively participated in needs assessments and design-making to meet the needs of young and old, male and female, and ensure that all have equal access to the health care services. In this project, WARDI is planning to implement integrated emergency PHC services in Beletweyne and surrounding villages through strengthening the existent MCH and 12 HPs ,mobile clinic and establishment of new MCH,six HPs and mobile clinics.the project also integrated with nutrition and WASH activities (29 OTPs,SC and BSPF, chlorination of 30 wells, distribution of hygiene kits (soap ,aqualabs, jerricans),rehabilitation of wells implementing by organization. WARDI's priority is support women and children as well as vulnerable people including men. WARDI will provide ANC/PNC to pregnant and lactating mothers; TT vaccine will be provided to target WCBA. WARDI will increase the EPI coverage for <5 children to reach 13000(7200 girls and 5800 boys).
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	WARDI is implementing integrated health, nutrition and WASH intervention. NFI Shelter in Beled Weyn district. Health center with SC,12 health posts and mobile clinic, 29 OTP services and BSF (CSB and Oil) for 10000 HHs in Belet weyn district. on going emergency flood interventions to address the needs: 1. Water trucking (45cubic meter at Israac and Suuqa xoolaha sites 2. Hygiene promotion at Israac and suuqa xoolaha sites 3. Dispatched health mobile teams at Israac and suuqa xoolaha sites 4. Distribution of FRKs to 900HH in Suuqa xoolaha sites 5. Burning and burying death animals

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To increase access to emergence PHC services to vulnerable men, women (including lactating and pregnant women), boys and girl		
(B) Outcome 1*	morbidity & mortality rate is reduced through a comprehensive approach to health and hygiene promotion targeting 70465 people (2		
(C) Activity 1.1*	Communicable disease surveillance and response will be supported and maintained in all 20 WARDI facilities(two MCH/Health cen		
(D) Activity 1.2	Scale up seven health facilities (MCH/HC , six health posts) with mobile clinics in Belet weyn district		
(E) Activity 1.3			
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 20
(G) Indicator 1.2	Health	Number of facilities scaled up	Target 7
(H) Indicator 1.3	Health		Target
(I) Outcome 2	Maternal and child health services increased(including 1300 children under five and 6500 PLW) in Belet Weyn district		
(J) Activity 2.1	Conduct routine and outreach EPI services targeting 13000 children under five(7200 girls ,5800 boys) in Belet weyn district		
(K) Activity 2.2	Provide reproductive health services to 6500 pregnancy and lactating women in Belet Weyn district..		
(L) Activity 2.3			
(M) Indicator 2.1	Health	Number of children below five years and women of child-bearing	Target 13000
(N) Indicator 2.2	Health	Number PLW provided with reproductive services	Target 6500
(O) Indicator 2.3	Health		Target
(P) Outcome 3	The capacity of of 20 health staff (12 male and 8 male) and 90 (55 female 35 male) community improved through training in Belet		
(Q) Activity 3.1	Conduct training for staff (8 male and 12 female) on common illness and emergency preparedness of communicable diseases , pre		
(R) Activity 3.2	Conduct three sessions of community health education awareness of utilization of health services ,AWD and communication behav		
(S) Activity 3.3			
(T) Indicator 3.1	Health	Number of health workers trained on common illnesses and/or ir	Target 20
(U) Indicator 3.2		Number of people disagregated by sex benefitted the 3 sessions	Target 90
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	To achieve the proposed project objectives and activities, WARDI will promote community participatory approach enhancing participation and involvement of target beneficiaries. WARDI will provide necessary supplies and equipment to diagnosis and treat diarrheal diseases, acute respiratory illness, malaria, measles, anemia, skin diseases, mobile clinics, referral system will improve between health posts, mobile team and health centers. two strategies will continue of existing health services (MCH/HC, 12 health and mobile clinic) and scaling up MCH/HC, six health posts and mobile clinic. The health facilities provide care during delivery as well as post natal care. Normal deliveries are assisted by qualified midwives who are also trained in the management of complications such as post partum sepsis and hemorrhage and in the active management of the third stage of labour. Moreover, the Department will provide essential newborn care and staffed who has skills for the management for newborn babies. The facilities has EWARS and reports, on weekly basis, suspected cases of modifiable diseases to WHO and will provide laboratory samples for disease confirmation. Mobile clinic consist qualified nurses, auxiliaries will carry medical supplies and provide medical treatment for target villages twice a week. The team will be responsible to report disease surveillance, caseloads , drug supply and refer severe illness to nearest facilities. there will be five days training for 20 health staff as well as three seasons of education for 90 community members on utilization of health services , AWD/cholera prevention methods. The project manager will ensure implementation of proposed activities and management in place on time and have in close consultation and working hand by hand with respective target community leaders as well as coordination among partners in the field. WARDI has qualified health staff according to EPH Standard and the cadre of staff running fixed health facilities and mobile clinics. (1)Project manager, (1)PHC (Grade A), 2qualified Midwives(Grade B9), 4 qualified Nurses(Grade B9), 28auxiliaries(C11), (3)lab technician(Grade B) , 3 lab assistance(C11), and admin/finance officer.		

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) *

WARDI monitoring framework that employs multiple systems which collectively ensures continued quality monitoring despite the complexity of the context and constant changing nature of emergencies has been adapted. Prior to the start of implementation, a set of indicators and a time plan will be set and the project will be measured against these. Achievements will be measured against objectives and impact of the project on lives and health status of the beneficiaries will be assessed continuously during the implementation. WARDI will effectively apply standard participatory monitoring & evaluation approach based on the approved project logical frame work with full involvement of the target beneficiary community representatives that will be done on monthly basis through site visits, household interviews & documentation of implementation process based on action plan and judging by the project log-frametracking accomplished activities, indicators as planned in the work plan. A detailed project implementation plan will be developed before the start of the project activities. A Technical person (health specialist) will implement the project and Monitoring tools used will include supervision checklists for MCH/OPD clinics. All health facilities work 6 days per week, while Friday is off day. Weekly reports are entered in WARDI data base and submitted to all stakeholders. The project manager in collaboration with the field project staff will be responsible to ensure that the planned project activities are achieved as per approved logical framework properly documented and incorporated in to the interim and final report applying standard CHF interim and final reporting formats. WARDI has financial policy and procedures which all the staffs should adopt. The most identified financial management risks include misuse of the funds and corruption within key management staff. Therefore, to avoid the identified risks WARDI will use its Internal financial control System (see attachment). Each project there is a project coordinator who is also budget holder. WARDI will submit a financial report to donor on quarterly basis (interim and final report). After the end of the project, there will be an audit (both internal and external).

(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* Communicable disease	X	X	X	X	X	X
1.2 Scale up seven health fa	X	X	X	X	X	X
1.3 Conduct routine and out	X	X	X	X	X	X
2.1 Provide reproductive hea	X	X	X	X	X	X
2.2 Conduct training for staff	X					
2.3 Conduct three sessions	X		X		X	
3.1 Conduct training for staff (8 male and 12 female) on common illness and emergency preparedness of communicable diseases . prev						
3.2 Conduct three sessions of community health education awareness of utilization of health services ,AVD and communication behavio						
3.3 0						

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 HIRAAN WATER SUPPLY	WASH, BSFP
2 SOMPLAN	NUTRITION
3 ICRC	WASH
4 GEELO/CESV	Health and input distribution to Belet Weyne district
5 AADSOM	Food Aid
6 HAPO CHILD	WASH
7	
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	The over all project activities are especially targeting children less than 5yrs
Capacity Building		