

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'

Project Document

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

(A) Organization*	WHO & Banadir Hospital			
(B) Type of Organization*	<input checked="" type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO			
(C) Project Title*	Support and strengthen uninterrupted emergency health care services in Banadir hospital through provision of generators			
Please use a precise and informative title that				
(D) CAP Project Code		Not required for Emergency Reserve proposals outside of CAP.		
(E) CAP Project Ranking	please select	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*	\$	250,513.00	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	6 months			
(J) Primary Cluster*	Health			
(K) Secondary Cluster	please select	Only indicate a secondary cluster for multi-cluster projects.		
(L) Beneficiaries	Total*	Men	Women	Children under 15
	1,250,000	612,500	637,500	375,000
Direct project beneficiaries. Specify target population disaggregated by number.				
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)				
	IDPs			
	390,080			
(M) Location	Region(s) and District(s) only, precise locations should be annexed			
	Regions	<input type="checkbox"/> Awdal <input checked="" 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 checked="" 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	UNSOA	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 Omar Saleh - WHO		Title:	EHA Coordinator
Email: *	saleho@nbo.emro.who.int		Phone: *	+254 736661111
Address:	WHO Somalia Office in Nairobi, Warwick Centre, Gigiri, 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.*	<p>Somalia has an ongoing civil strife since early 1990s which continues up to today. 2010 has brought about new and pressing needs in Somalia particularly in South Central Somalia where conflict and displacement have increased the number of trauma cases, disrupted health services, displacing communities and restricting access to the already limited health services. Across Somalia, over 2 million people need humanitarian assistance and estimated 1.46 million people are internally displaced by conflict and live in temporary settlements. The South and Central Zone (SCZ) which is home to over 3 million people including more than 1 million IDPs living in six regions of humanitarian concern bears the greatest burden of communicable diseases. For instance SCZ accounts for over 86% of all reported cases of acute watery diarrhoea and 98% of associated deaths.</p> <p>The Somali capital Mogadishu has recently experienced the worst fighting, clashes between insurgents and transitional government forces and clan militia have resulted in thousands of civilian casualties and hundreds of deaths in recent months. Since January 2010, almost 6000 people have been wounded, (20% being children) and 100 more killed in Mogadishu according to reports from three hospitals. However, WHO estimates that over 500 people have been killed since the beginning of 2010, although deaths on site are not reported. Currently over 300,000 IDPs are residing in Banadir region alone (FSNAU Post GU2010).</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>Banadir hospital, situated in the centre of Mogadishu, is the biggest referral hospital for mother and child health care as well as injured citizens. The hospital has a capacity of more than 600 beds most of which are functional. It has a catchment population of over one million people, most of these have no gainful employment. The hospital sees a very large number of patients due to the lack of basic sanitation and disease prevention programmes, as well as a large number of trauma cases due to the escalated conflict. Every month, over 3000 patients receive treatment and 100 surgical operations are conducted. It is also the main teaching hospital for the medicine faculty of Banadir University. The hospital has a functioning laboratory and x-ray services, operation theatre, maternal services, an eye and dental department and intensive care unit. All these hospital services highly depend on the electricity to function properly. The hospital has three 25-year old-generators of which one was functioning but broke down recently. Due to the unavailability of spare parts they all have subsequently stopped functioning. At the moment none of these generators are working and it has posed major challenges in continuing to deliver life-saving services effectively.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>Provision of medical supplies: drugs and consumables; Support capacity building of hospital staff on integrated management of illnesses & communicable diseases; trauma surgery, trauma management EmOC, CEmOC and infection control.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To increase the availability of essential life saving health services		
(B) Outcome 1*	Access to health services improved		
(C) Activity 1.1*	Procurement of generators and regular consumables (oil & petrol filters)		
(D) Activity 1.2	Installation of the generators		
(E) Activity 1.3	Procurement of fuel tank and fuel for generators		
(F) Indicator 1.1*	Health	No of generators procured	Target:* 2
(G) Indicator 1.2	Health	No of generators installed	Target: 2
(H) Indicator 1.3	Health	Procurement of fuel for six months	Target: 54000 litres
(I) Outcome 2	Maintenance of generators		
(J) Activity 2.1	Initiation of contract to maintain, supervise and monitor the use of the generators		
(K) Activity 2.2			
(L) Activity 2.3			
(M) Indicator 2.1	Health	Maintenance contract finalized and signed	Target: 1
(N) Indicator 2.2	Health		Target:
(O) Indicator 2.3	Health		Target:
(P) Outcome 3	Generator operator trained		
(Q) Activity 3.1	Identification and training of generator operator		
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Health	Generator operator identified and trained	Target: 1
(U) Indicator 3.2	Health		Target:
(V) Indicator 3.3	Health		Target:

(W) Implementation Plan* Describe how you plan to implement these activities	All activities will be implemented in close collaboration with the Ministry of Health and Banadir hospital administration. WHO team on ground will help facilitate the process.
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5. MONITORING AND EVALUATION (to be completed by organization)

evaluate and report on your project activities and achievements, including the frequency of monitoring, methodology (site visits, observations, remote monitoring,	WHO will be monitoring the implementation of the proposed activities throughout the project period and will liaise closely with Banadir hospital administration. The WHO - EHA office will monitor the project on a daily basis, review the implementation plans bi weekly and analyse programme financial data on a monthly basis. Depending on the security situation monitoring mission will be conducted during the project period.
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(B) Work Plan Must be in line with the log frame	Timeframe						
	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months						
	Activity	Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
	1.1* Procurement of generator	X	X				
	1.2 Procurement of fuel tank	X	X	X			
	1.3 Installation of the generators & fuel tank	X		X			
	2.1 Initiation of contract to maintain, supervise	X		X			
	2.2 Training of generator operator		X	X			
	2.3						
	3.1						
3.2							
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 WHO	Procurement of generators and regular consumables
	2 WHO/UNSOA	Procurement of fuel tank and fuel for generators
	3 UNSOA	Installation of the generators
	4 UNSOA	Maintenance of generators
	5 TBD	Training of generator operator
	6	
	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	No	
	Capacity Building	No	

