

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 Emergency Primary Health Care with Referral at Xamar Jabjab, Mogadishu		
(D) CAP Project Code	SOM-11/H/40024	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 (Feb 2011)		
(G) CAP Budget	343720	Must be equal to total amount requested in current CAP	
(H) Amount Request*	109650.00	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 beneficiaries	0	0
	Total beneficiaries include the following:		
	People in HE and/or AFLC	6000	7000
	Internally Displaced People	12500	12500
	People in Host Communities	27000	27000
	Children under 5	11500	11500
		13000	25000
		54000	23000
(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"/> 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 <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:	\$ 109,650
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*	Mr. Abdilkadir Mohamed	Title
	Email*	wardiorg@yahoo.com	Phone*
	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) *	Banadir region is the most affected region in South and Central Somalia for humanitarian crisis. The region experiences chronic crisis, civil conflict, repeated fighting, droughts, flooding, inadequate or absent health services and is affected by high influx of IDPs. According to UNOCHA, more than 32% of Mogadishu community were displaced (UNOCHA, 2009). The remaining community in Mogadishu are further dispersed into safer districts within Mogadishu mainly in the 5 districts controlled by the TFG and AMISON including Hamarjabjab. In Mogadishu there are high demands and challenges of access to quality basic health care services, shortage of life-saving essential medicine; recurrent disease outbreaks including cholera; malnutrition and low coverage of immunization. Xamar Jajab is one of 16 districts in Banadir Region. According to a rapid MUAC assessment conducted at six districts in Mogadishu indicated the nutrition situation is likely Critical reporting 11.7% of children with MUAC<12.5 cm or oedema and 0.3% with MUAC <11.5 cm or oedema. In addition to that, HIS data from four health facilities in Medina, Waberi, Hamarweyne
(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 Banadir region reflects the humanitarian crisis in many regions in south and central Somalia where there has been less access of humanitarian aids and health delivery are deeply affected by cumulative effects of extended conflict and recurrent natural disasters including droughts and displacement of vulnerable communities. Insecurity, unemployment, stressed livelihoods, poor child feeding practices and poor access to health services remain the main underlying causes of malnutrition. It should be emphasized that the latest nutrition survey results continue to highlight that the rates of acute malnutrition in the region have been and still remain at unacceptable levels for over 12 years. Banadir region accommodate the highest number of IDPs in Somalia which are the most vulnerable community since displacement disrupted their access to social services such as health, water and sanitation and they should depend on humanitarian assistance. Main health problems in Mogadishu are the maternal and neonatal health, 80% of the deliveries are still attended by unskilled staff. High incidence rate of communicable diseases whose
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	WARDI is currently supporting Xamar Jabjab Referral Health Center. The Referral Health center provides antenatal and postnatal care, immunization of children and pregnant/child bearing age women, grown monitoring, micro nutrient supplementation, nutrition screening, deliveries, treatment of common diseases, BEmOC, CEmOC Services, health education messages and soap distribution in the facility to attract more people seeking services at the facilities. In addition, WARDI is the health cluster focal point for Banadir region and organize meeting, prepare the agenda with other partners and share the minutes with other partners.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Provision of quality life saving service , emergency health care services and access to sanitation programme for conflict- and drought-	
(B) Outcome 1*	115,000 indirect beneficiaries (including 23,000 children under 5 years and 9,200 pregnant/lactating mothers) in the project catchment	
(C) Activity 1.1*	Provide EMOC services (both BeMOC and CeMOC) in Xamar Jabjab health center in Mogadishu	
(D) Activity 1.2	Ensure adequate emergency medical supplies to Xamar Jabjab referral health center	
(E) Activity 1.3	Rehabilitation of Xamar Jabjab health center (2 toilets, 2 rooms).	
(F) Indicator 1.1*	Health	At least 1 health facility with functional comprehensive emergency Target* 1
(G) Indicator 1.2	Health	The centre is supposed to serve > 70% of the expected pregnant Target
(H) Indicator 1.3	Health	Number of rooms and latrines rehabilitated Target
(I) Outcome 2	The capacity and skills of local health workers and community members improved through training and workshops	
(J) Activity 2.1	15 health staff will be trained on trauma counseling, emergency surgery, treatment in common illness and emergency obstetric care services	
(K) Activity 2.2	A total of 100 community members will be sensitized for outbreak prevention, hygiene and sanitation	
(L) Activity 2.3		
(M) Indicator 2.1	Health	Number of health workers trained in common illnesses, integrated Target 15
(N) Indicator 2.2	Health	Number of community members educated Target
(O) Indicator 2.3		Target
(P) Outcome 3		
(Q) Activity 3.1		
(R) Activity 3.2		
(S) Activity 3.3		
(T) Indicator 3.1		Target
(U) Indicator 3.2		Target
(V) Indicator 3.3		Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	WARDI will implement this project directly, while collaborating with local community including women groups, traditional leaders as well as local authority (i.e. MOH). Since our main beneficiaries are women and children, WARDI will work with women CBOs who will act as a primary entry point and in some cases as the delivery channel for activities. Therefore it is necessary to build the capacity of women groups. WARDI will facilitate the women participation in health education workshops and provide IEC materials. The planned project interventions are intended to save lives, mitigate emergencies and promote access to economic opportunities at the same time trying to alleviate poverty within the community. WARDI has a wealth of technical experience in various sector interventions. This project will scale up its activities while building on lessons learned from previous years. A baseline survey was undertaken by the project as a way to assess the current situation and come up with viable strategies on how to best implement the	

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 will effectively apply standard participatory monitoring and evaluation approach based on project cycle methodology with full involvement of the target beneficiary, community representatives and MOH that will be done on monthly basis through site visits, number of therapies, household interviews and documentation of implementation process based on action plan and judging by the project log-frame. Project Manager in the field with collaboration and leading field implementation staff [all in full time based at WARDI office located in Mogadishu] will be responsible to monitor and document all activities planned, he/she will be also responsible to ensure that daily, weekly and monthly reports for the project activities are properly documented and incorporated to the interim and final report. Project finance officer will be responsible for project financial recordings and assisting to the project manager ensuring that financial reports are incorporated into the interim/final project reports. In conclusion, the project manager will be responsible to produce interim and final project reports ensuring to submit on time to UNOCHA on time as per the agreement.

WARDI has qualified staff according to EPHS standard and cadre of staff running this facility:
 Project manager(Grade A)
 Medical Doctor (Grade A)
 Senior Midwives and Nrses(Grade B9)

(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 EMOC services	X	X	X	X	X	X
1.2 Ensure adequate emergency services	X	X	X	X	X	X
1.3 Rehabilitation of Xamar	X	X				
2.1 15 health staff will be trained		X				
2.2 A total of 100 community health workers will be trained	X		X			
2.3 0						
3.1 0						
3.2 0						
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 Banadir Hospital	Referral
2 Beletweyne Hospital	Referral
3 SAACID	Nutrition programme
4 AVRO	Referral transportation in Mogadishu.
5	
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	Yes	The overall proposed project activities are specifically targeting to women and
Capacity Building		