

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*	Iimaan Relief and Development Organization				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO				
(C) Project Title*	Emergency WASH response to Population at high risk of AWD/Cholera epidemic in Hosingo village and its outskirts in Lower Juba of South Somalia.				
(D) CAP Project Code	Not required for Emergency Reserve proposals outside of CAP				
(E) CAP Project Ranking	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*	\$	84,035,76	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	3 months		No longer than 6 months for proposals to the Emergency Reserve		
(J) Primary Cluster*	Water, Sanitation and Hygiene				
(K) Secondary Cluster	Health				
(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	1318	3130	4448	
	Total beneficiaries include the following:				
	People in HE and/or AFLC	3530	5344	8874	
		0	0	0	
	0	0	0		
	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"/> 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"/> 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:	\$ 84,036		
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*	Farah shukri Ahmed	Title	Program Coordinator	
	Email*	farahosmani14@gmail.com	Phone*	+254 710248350	
	Address	Iimaan.org@gmail.com			

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>According to the FSNAU humanitarian report in July 2012, Lower Juba is in crisis phase as mentioned in the IPC classification. These areas were occupied for very long time by armed militia groups which hindered access by both local and International NGOs consequently making humanitarian interventions impossible for the most affected people including women, children, elderly, disabled and the youth who become prey to the armed forces. As a result of the areas vulnerability to withstand shocks, there was AWD/cholera outbreak in Hosingo village on 2nd of Sept, 2012 that left 25 persons dead and 107 affected raising an alarm for rapid interventions. After needs assessment carried out by IRDOs field staff and the community on the suspected cases of the AWD/cholera, IRDO was in the forefront in mobilizing 2 nurses from its maternal and child health care clinics in Garrisa to respond to the situation. It also set up an isolation camp(CTC) to attend to the increasing cases of the AWD/cholera and supplied IV fluids, Oral rehydration Salts with the help of other LNGOs like AFREC and the community.</p> <p>There were 140 patients admitted at CTC, 42 children (20Male, 22Female) under five and 98 adults (Male 55, Female 43) leaving 22 dead (13Female, 9Male). The total number of admitted cases and the deaths are from Kamka, Baqdad, Kola, Qesaanguur, Beenwarer, Korma and Hosingo villages. However, the situation still remains volatile as it requires for long term intervention, a quest for IRDO to promote hygiene practices to reduce WASH related diseases. The planned project targets 1479 households in the seven villages mentioned by providing three water kiosks in Hosingo town, Rehabilitating 1 water tank, 7 plastic water tanks 10,000 m3 and 150 hand washing facilities at the public facilities and the centers of the markets in the villages(40 for Hosingo,30 for Kormi,20 for Beenwarer,30 Baqdad,10 Kola,10 for Waraq and 10 for Qesaanguur - Ref locations GPS in the Database).</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>WASH (Water Sanitation and Hygiene) remains to be a major area of intervention as the capacity of the communities cannot withstand the numerous shocks and threats experienced from different needs. This is seen as a wider community in Hosingo village, Qeesanguur, Beenwarer, Korma, Baqdad, Kola and Kamka share only one borehole whereas the other villages depend on unprotected water pans, some of them privately owned, making it difficult for their accessibility and affordability while others depend on Berkads and dams whose water levels are reduced substantively. However, the access to quality water for women, men, boys and girls remains in question as the existing water sources prove to be risky for contamination due to high dependency for both human and animal consumption. Besides this, lack of household/communal latrines pose another challenge in promotion of WASH activities rendering many people vulnerable to outbreak of diseases associated with WASH. This has been seen by open defecation and improper waste disposals. The various needs were identified through field observations, interviews with key informants in communities, local authority representatives, community elders and households.</p> <p>The GPS of the water supply and institutions supported are as follows</p> <p>Water supply (water and 3 kiosks) - 0 10 35.11 S 41 16 06.75 E</p> <p>Hosingo primary school - 0 10 21.25 S 41 16 16.05 E</p> <p>Health Centre - 0 10 29.91 S 41 16 01.27 E</p> <p>Market centre - 0 10 23.11 S 41 16 10.44 E</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>IRDO set up centre for cholera treatment/isolation camp for the AWD/cholera patients, provided 2 nurses, supplied IV fluids, oral rehydration salts and conducted water chlorination in Hosingo village. It also constructed 1 latrine at the CTC/isolation camp and trained 870 (530 F, 340 M) community hygiene promoters in 7 villages within Hosingo. Provision of 4 plastic water tanks with 1000 litres to schools and health centres in Hosingo village with (GPS 529.811, 526.801) and 14 plastic tanks with 10,000 m3 in Qeesanguur, Beenwarer, Korma, Baqdad, Kola and Kamka and Hosingo village. IRDO will also conduct distribution of hygiene promotion kits (soaps, 20 litre jerry cans, 3 litre jerry cans, aquatabs, chlorination at household and public water treatment to reduce the prevalence of water born related epidemic diseases. IRDO will also conduct intensive public awareness creation/campaigns targeting 1479 households, hygiene promotion training and formation of support groups targeting 315 community hygiene promoters composing of community leaders, women groups, youth and traditional leaders and construction of three (6) latrines in public institutions (schools and health centres) in Hosingo village.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To reduce Acute Water Diarrhea through access to Safe water and Hygiene Promotion activities.		
(B) Outcome 1*	1,479 households consisting of women, men, boys and girls have increased access to hygiene promotion through hygiene promotion		
(C) Activity 1.1*	Conduct training for 1,479 households on hygiene promotion and good sanitation practices with equal participation of women, men		
(D) Activity 1.2	Distribute emergency Hygiene kits (soap, aquatabs, jerrycans-20 litres, 3 litres and basins) to cover all households		
(E) Activity 1.3			
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of people with temporary access to safe water	Target* 1479
(G) Indicator 1.2	Water, Sanitation and Hygiene	1479 households	Target
(H) Indicator 1.3			Target
(I) Outcome 2	Improved access to sanitation through construction of latrines with hand washing in Institutions (schools, CTCs, Health/nutrition centres)		
(J) Activity 2.1	Provide hand washing facilities in schools, health facility and main markets (150 pcs) and sanitary towels/pads to girls both in and out of school		
(K) Activity 2.2	Construction of 6 latrines in public institutions (Health centers, Borehole and schools) with handwashing facilities		
(L) Activity 2.3			
(M) Indicator 2.1	Water, Sanitation and Hygiene	Number of people with increased access to appropriate sanitation	Target 1479
(N) Indicator 2.2	Water, Sanitation and Hygiene	6 latrines constructed with handwashing facilities	Target
(O) Indicator 2.3			Target
(P) Outcome 3	Improved access to safe and clean water for households and public institutions through rehabilitation of water sources, provision of water tanks and kiosks		
(Q) Activity 3.1	Procure and set up plastic water tanks (1 pc) per village and 2pcs at Hosingo health center and 2 pcs Hosingo school		
(R) Activity 3.2	Rehabilitate Hosingo water supply system (repair tanks and construct 3 kiosks with water connection)		
(S) Activity 3.3	Provide routine chlorination of community water sources (as double barrier)		
(T) Indicator 3.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water	Target 1479
(U) Indicator 3.2	Water, Sanitation and Hygiene	1479 households with enhanced access to safe and clean water	Target
(V) Indicator 3.3	Water, Sanitation and Hygiene	1479 households have safe water through chlorination	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>IRDO will perform mass hygiene promotion campaigns targeting people in schools, CTCs, Health centres, market centres and rural villages. Door to door campaigns, village public meetings, hygiene promotion training, institutional campaigns will be carried out as well. Hygiene kits will be distributed at schools, CTCs and households. water sources will be protected, in the short term chlorination at sources and household level will be emphasized. IRDO will repair/construct safe water sources at water points, schools, CTCs, Health centres and public places. Hygiene promotion will be centered on hand washing during critical times. Hand washing facilities will be constructed at all institutions in the community. Distribution of IEC materials will complement the participatory hygiene promotion sessions. Schools will be mostly targeted as ambassadors of change. IRDO will procure hygiene kits within the country or contract suppliers in the target areas in order to procure the hygiene kits. The provision of chlorine and aquatabs whose use will be extensively explained during the training sessions is critical. IRDO staff will apply the hygiene promotion guidelines and other essential materials to train the community on hygiene promotion best practices and community mobilisation and identification of training centres. It will also conduct 3 days workshops targeting villages to sensitize the community and form community support groups to carry out weekly clean up campaigns and community sensitizations. IRDO will also Construct 10 latrines in public institutions (schools, Madrasas, Health posts) in five villages for boys and girls . Procure and set up 4 water tanks each with 1000 litres in public institutions in Hosingo village and its outskirts. This will be used in water collection and storage at public institutions such as schools, CTCs. Health centres and madrasas to improve hygiene and practices and access to safe and clean water. Construction of three separate tap stands for domestic use and separate troughs for animals. The use of aquatabs at household level water treatment will be demonstrated at water sources, during campaigns and trainings to ensure its effective use.</p>		

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) *

To ensure the project achieves its set objectives with positive impact on the target beneficiaries, IRDOs monitoring and evaluation unit will take charge of analyzing the monitoring results to identify where adjustments if deemed necessary or else may need to remain in step with the achievements of the expected results. These are reported in form of recommendations to program team and other stakeholders. During the first month of implementation, a monitoring and Evaluation of the project will be designed based on the project activities, indicators and objectives. Monitoring and Evaluation tools will include: Baseline and final surveys, as well initial and final Knowledge/Attitude/Practices. Assessments, one on one interviews, case studies, and focus group discussions. Monitoring and Evaluation plans to monitor the project's progress, activity reports and updates are completed on a regular basis in line with donor needs. In accordance with reporting IRDO has procedures which enable it to keep track of the projects, reports, and installments all reporting will be completed in close coordination with the executive director and project staff. There will be weekly and monthly reports for project activities. Reports from the monitoring and evaluation findings will be used to feed in future projects and as well as recommendations from the monthly progress reports will be applied where adjustments or amendments will be closely liaised with the project donor. IRDO will share contact telephone of the borehole committee, health facility committee, school committee and community leaders of Hosingo. IRDO will submit 4w matrix to the WASH cluster on monthly basis.

The GPS of the water supply and institutions supported are as follows

Water supply (water and 3 kiosks) - 0 10 35.11 S 41 16 06.75 E

Hosingo primary school - 0 10 21.25 S 41 16 16.05 E

Health Centre - 0 10 29.91 S 41 16 01.27 E

Market centre - 0 10 23.11 S 41 16 10.44 E

(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					
	Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
1.1* Conduct training for 1,47	X	X	X			
1.2 Distribute emergency H	X	X	X			
1.3 Provide hand washing fa	X	X	X			
2.1 Construction of 6 latrine	X	X				
2.2 Procure and set up plas	X	X				
2.3 Rehabilitate Hosingo wa	X	X	X			
3.1 Provide routine chlorinat	X	X	X			
3.2 Rehabilitate Hosingo water supply system (repair tanks and construct 3 kiosks with water connection)						
3.3 Provide routine chlorination of community water sources (as double barrier)						

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 Afrec and solidarities International	Inter agency field support and gap analysis. Liaise with Solidarity International on
2 ARC	Has supporting the CTC with medical supplies
3	
4	
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	Gender issues has been the main consideration of the project where both men,
Capacity Building		