

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)**

<b>(A) Organization*</b>	Active Development Aid		
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO		
<b>(C) Project Title*</b>	Increased Access to Safe Water and Sanitation for Vulnerable Communities at risk in Lower Juba Region		
<small>For standard allocations, please use the CAP title.</small>			
<b>(D) CAP Project Code</b>	SOM-12/WS/48355	Not required for Emergency Reserve proposals outside of CAP	
<b>(E) CAP Project Ranking</b>	Low	Required for proposals during Standard Allocations	
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Oct 2012)		
<b>(G) CAP Budget</b>	\$ -	Must be equal to total amount requested in current CAP	
<b>(H) Amount Request*</b>	\$ 700,000.00	Equals total amount in budget, must not exceed CAP Budget	
<b>(I) Project Duration*</b>	8 months	No longer than 6 months for proposals to the Emergency Reserve	
<b>(J) Primary Cluster*</b>	Water, Sanitation and Hygiene		
<b>(K) Secondary Cluster</b>	Agriculture and Livelihoods		
<b>(L) Beneficiaries</b>	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 ( <a href="http://www.fsnau.org">http://www.fsnau.org</a> )		
	<b>Total beneficiaries</b>	<b>Men</b>	<b>Women</b>
	12247	13267	25514
	<b>Total beneficiaries include the following:</b>		
	<b>Pastoralists</b>	7105	7465
	<b>Agro-Pastoralists</b>	6875	7340
	<b>People from Riverine Communities</b>	1910	2100
	<b>Urban Poor</b>	9773	10587
			20360
<b>(M) Location</b>	Precise locations should be listed on separate tab		
	<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"/> Salgadood <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		
<b>(N) Implementing Partners</b>	(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:	\$ -
	<b>Total</b>	Budget:	\$ -
	<b>Remaining</b>	Budget:	\$ 700,000
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>			
<b>(O) Agency focal point for project:</b>	Name*	Title	Executive Director
	Address	Phone*	+252615219440+254722458120

**3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)**

<b>(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *</b>	Moderate Elnino is anticipated in most parts of Somalia according to FSNAU post GU assessment. SWALIM estimates about 329,000 people will be affected by flooding and consequently Acute Water Diarrhoea (225,000 in Lower Juba and 104,000 in Middle Juba. Flush floods as well as river flooding would submerge shallow wells that are the main source of safe water for Afmadow, Kismayo Jamame and Badhaade districts of Lower Juba. This would escalate the ongoing AWD outbreaks in Lower Juba in parts of Badhaade and Afmadow districts where 73 people died out of 224 diarrhoea cases reported in Hosingo, waraq and Doble. Most of the affecte are children and women. Statistics compiled by the WASH and Health cluster for 15000 cases in Somalia indicates that Chloera / AWD is endemic in Lower Juba region and ia attributed poor protection of water sources coupled with poor hygiene practices among the population probably due to low hygiene education base. Assessments conducted by Active Development Aid (ADA) indicates that over 80% of surveyed shallow wells are contaminated and require rehabilitation while household water treatment practice is less than 10%. Majority of households who practice use boiling and filtering of water with cloth. A few households in Afmadow had biosand filters but were not continuous used casting doubt on its effectiveness of treatment due to loss of the biological layer. ADA assessment also revealed that water catchments remain a major source of water in the region particularly in Hagar where nearly all boreholes have high salinity levels. However most of these water pans dry before the next season throwing people in chaos and reliance on expensive water trucking. These early drying is attributable to low volume of the water catchments where most are very shallow with volumes of 1000 to 2000 cubic metres of water as well as siltation. Sanitation coverage remains very low and is a major cause of pollution of shallow wells and water pans and a reason for the area been chloera endemic. Apart from disease outbreaks and imminent flooding, the population coping capacity is weakened by series of displacements due to the ongoing fight between AL Shaabab and the KDF section of AMISOM forces who have just taken over Kismayo. The target population have also suffered cumulative impact of AL Shaabab occupation that restricted mobility of both pastoralists and traders.
<b>(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) *</b>	From ADA assessment there is urgent need to provide life saving interventions in water supply, sanitation and hygiene for vulnerable women, men, boys and girls population cuurently under AWD attack and with high likelihood of flooding. There is need to protect wells that are the main sources of water, increase rain and flood water harvesting through deepening and expansion of water catchment ponds, provide 100% coverage of household water treatment through a combination of emergency such as chloro floc /aqua tabs and long term solutions such as variety of filters. The target groups are pastoralists, agro-pastoralists and riverine communities with pockts of IDPs in the main trading centres of Afmadow, Doble and Kismayo. The needs assessment is a combination of secondary information obtained from FSNAU, FEWSNET and SWALIM as well as ADA field team assessment based in Jamame and Kismayo consisting of field water engineer, agronomist and hygiene promotion expert. The actors in the area funded under the CHF are Oxfam GB supporting boreholes, one large water catchment construction and a few wells rehabilitation, Solidarites supporting boreholes and constructing water catchments as well as AFREC also doing well rehabilitation and chlorination. However the need is great and there remains a huge number of villages that is not covered by these agencies. These areas with huge gaps include Hagar of Afmadow district which is a subdistrict where ground water is saline and needs water catchments, many villages within Kismayo that require protection fo wells due to the high population and potential for pollution, parts of Badhaade that require water catchments, parts of Jamaame district that require water catchments and well rehabilitation. Household level water treatment is a cross cutting need in all the villages. Apart from emergency distribution of household water treatment there is need to provide sustained household filters and couple this with social marketing to enhance sustrainability and utilization. This includes monitoring of the extent to which this filters will be utilized by beneficiaries and changes in their lives over time. ADA consulted community leaders, water user association, schools, nutrition centre committees including women, disabled and other vulnerable groups as well as households in this assessment. water sources are far away from schools and health facility and thus institutions users are unable to observe good hygiene practice due to acute lack of acces to safe water.  The GPS of the institutions proposed FOR water supply system in Afmadow town are:- (i) Dobale primary school - 0 31 02.96 N, 42 04 20.84 E (ii) Waamo intermediate and secondary school - 0 31 04.85 N, 42 04 20.64 E (iii) Afmadow district hospital - 0 31 01.90 N, 42 04 16.83 E  The project is expected to provide safe water, sanitation and hygiene promotion to 53,155 persons. This is pegged on the water supply rehabilitations as follows:-  (i) 31,155 persons benefitting from rehabilitation of 7 water catchment with seasonal water impoundment of 6000m <sup>3</sup> (ii) 10,000 persons through piping to community, two schools and healt facility in Afmadow town (iii) 12,000 persons through rehabilitation of 0 shallow wells
<b>(C) List and describe the activities that your organization is currently implementing to address these needs (maximum 1500 characters)</b>	ADA has constructed 9 water catchment in Jamaame, Afmadow, Hagar, Badhaade and Kismayo through funding from UNDP and FAO under cash for work programme. ADA is also conducting hygiene promotion to the users of the water catchments as part of the training package given to the farmers. This includes sensitization to discourage open defecation and encouraged people to construct their own latrines. ADA is also supporting the agro-pastoralists with seeds to enhance crop production as well as desilting irrigation canals in the riverine to enhance food production. ADA is active WASH agency and has submitted its activities in the 4w matrix regularly. The WASH activities proposed is meant to reinforce this initiatives and bring about multi-cluster approach to address the needs of the beneficiaries. ADA has CAP activity under food security and nutrition and intends to submit proposal for this s also to enhance complementarity of interventions and foster greater impacts of the interventions. ADA has operational offices in Jamaame, Jilib and Kismayo and has been working in both AL Shaabab controlled areas and AMISOM/Somali Government areas.

#### 4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Increase access to life saving, sustained and reliable safe drinking water, sanitation and promotion of good hygiene practices to prevent		
(B) Outcome 1*	Enhance equitable access to safe and portable drinking water for at least 53,155 women, men, girls and boys (total population of the		
(C) Activity 1.1*	Rehabilitate 7 water catchments through deepening to at least 4m and increase volume by 6000 cubic metres. Gravel filter bed will		
(D) Activity 1.2	Construction of water supply system to connect 2 primary schools and one health facility in Afmadow town to benefit 1200 pupils and		
(E) Activity 1.3	Rehabilitation of 30 shallow wells, the wells will be lined to a minimum depth of 3m, well head and apron constructed including drainage		
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of people with sustained access to safe water	Target* 53155
(G) Indicator 1.2	Water, Sanitation and Hygiene	Women, men, boys and girls using the water supply system including	Target 10000
(H) Indicator 1.3	Water, Sanitation and Hygiene	women, men, boys and girls benefitting from shallow wells, about	Target 12000
(I) Outcome 2	Improved access to sanitation for women, men, girls and boys through community led total sanitation approaches in 14 villages to reach		
(J) Activity 2.1	Training of pastoralists, agro-pastoralists and riverine communities on community led total sanitation to trigger open defecation villages		
(K) Activity 2.2	Construction of 122 appropriate gender sensitive latrines targeting public institutions with handwashing (schools, markets, nutrition centres)		
(L) Activity 2.3	Provision of sanitation tools to 10 women groups in each of 14 project target villages to enhance environmental sanitation and reduce		
(M) Indicator 2.1	Water, Sanitation and Hygiene	Number of people with increased access to appropriate sanitation	Target 37155
(N) Indicator 2.2	Water, Sanitation and Hygiene	schools, health facilities, markets, nutrition centres and IDP camps	Target 122
(O) Indicator 2.3	Water, Sanitation and Hygiene	140 women groups	Target 10
(P) Outcome 3	Improved hygiene practices for 53155 women, men, boys and girls through capacity building and soap distribution in Lower Juba River		
(Q) Activity 3.1	Conduct KAP survey at start and end of the project, conduct community mobilization, awareness raising and training on good hygiene		
(R) Activity 3.2	Distribution of 800gram bar soap per household per month for a period of 3 months for vulnerable IDPs, households with children and		
(S) Activity 3.3	Conduct hygiene promotion demonstrations in schools, nutrition centres, markets, health facilities on periodic events to enhance awareness		
(T) Indicator 3.1	Water, Sanitation and Hygiene	Number of people who have participated in interactive hygiene promotion	Target 53155
(U) Indicator 3.2	Water, Sanitation and Hygiene	host communities represented by schools and nutrition centres	Target 2000
(V) Indicator 3.3	Water, Sanitation and Hygiene	About 200 participants and over 10,000 audience through mass media	Target 200
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>An Executive director based in Nairobi will be responsible for the project to OCHA as well as coordinate with the WASH cluster. A project manager based in Jamaame district will be responsible for all field activity implementation assisted by a WASH engineer, Hygiene promotion officer and four field officers based in the respective target districts. Specific project activities will be implemented according to Somalia WASH cluster standards and sound engineering and public health principles as follows: Water supply: Shallow wells will be sited in consultation with women and men as well as local institutions such schools and health facilities to maximize benefits. Well tripod complete with pulley, concrete ring steel mould and dewatering pump will be hired from local vendors while local community artisans will be trained on rehabilitation work. The Engineer will provide overall technical direction and daily supervision by field supervisors. The well heads will be constructed to minimum height to prevent seasonal flood water entering the well. The water supply for schools and health facility will be designed in consultation with the institutions and a management committee bringing together all actors will be formed and trained. The wells will be disinfected upon completion with 50- 100mg/l chlorine solution. Hand pumps will be installed preferably of Afridev type but a manhole will be provided to allow access in case of pump breakdown. To sustain the wells committees will be formed / reconstituted and trained on safe water handling, operation and management of the well and pump and management to ensure equitable distribution of water. About 12 members will be trained and will be gender and ethnic representative. Water catchment with optimal characteristics for water impoundment as stated in the WASH cluster guidelines will be selected, ground level survey will be conducted before and after completion of works to determine actual volume increased, water pans will have infiltration wells. Water purification will be distributed during critical periods until the wells are fully protected to ensure access to safe water, communities dependent on water pans will be given more sustainable filters for household water treatment. Sanitation: ADA will engage a consultant to train on CLTS approaches to its engineer and field officers. The field officers will in turn train a group of TOTs who will conduct massive community mobilization and trainings. A WASH officer will be based in Afmadow to supervise and report on the urban activities. Communities will celebrate open defecation free (ODF) upon reaching successful trigger levels. Standard pit latrines will be prioritized for IDPs and constructed through community participation that will be responsible for digging; they will be shared between 5 to 6 households as well as for schools, nutrition centres, markets and health facilities. Assessment will be conducted in consultation with community leaders to identify active groups to undertake environmental sanitation. The groups will be mobilized on safe solid waste disposal using existing dumping sites and issued with kits. Hygiene promotion: Will focus on key messages hand washing at critical times, excreta disposal, safe water and safe food preparation conducted by field officers using approved Somalia IEC materials. Soap distribution will be targeted to the most vulnerable and IDP households; beneficiary listing will be developed and approved in public meeting.</p> <p>The GPS of the institutions proposed FOR water supply system in Afmadow town are:-                      (i) Dobale primary school - 0 31 02.96 N, 42 04 20.84 E                      (ii) Waamo intermediate and secondary school - 0 31 04.85 N, 42 04 20.64 E                      (iii) Afmadow district hospital - 0 31 01.90 N, 42 04 16.83 E</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) \*

Comprehensive household survey will be conducted upon project approval to establish baseline indicators for availability and access to safe water supply, sanitation and hygiene practices. About 5% of the beneficiary households will be surveyed by proportion from target villages which is equivalent to 443 households. The KAP survey will be conducted at the start of the project as baseline and at the end as evaluation. ADA will develop baseline questionnaire that will capture the key indicators in the sphere standards which includes time to collect water, queuing, amount of water accessed, quality of water, whether water is treated, access to latrines, utilization of latrines, hand washing at critical times, access to soap etc. Household data will be supplemented with Focus Group Discussions and own observation by enumerators. Process monitoring will be done jointly with WASH committees focussing on quality of rehabilitation against plans, distributions including clear disaggregated list of beneficiaries and receipt of goods and community mobilization & trainings. A memorandum of Understanding will be signed with WASH committees describing roles and responsibilities for the management of the water supply on behalf of the community. All WASH facilities shall be equitably available and accessible to the beneficiary community. ADA will share names showing male /female and telephone contact of WASH committees in each site to OCHA and WASH cluster. ADA will be active in submission of 4W matrix to the WASH cluster as implementation continues to keep track of progress, prevent overlap of interventions with other actors. Evaluation will be conducted at the end of the project for the same sample household size at baseline to assess improvement levels and findings shared with OCHA and WASH cluster. In addition ADA will profile beneficiaries and compile success stories and share with stakeholders. Prompt reports according to donor time/frequency and format will be provided to OCHA and WASH cluster.

ADA will provide report every two months (financial and narrative/technical report) to CHF and the WASH cluster as well as provide every month updates for the WASH Cluster 4W-matrix. The first financial and narrative report will include report on the KAP survey. Its important to note that ADA will collaborate with the WASH cluster and OCHA to organize a joint monitoring visit 2 months after the start-up of the project to review how activities are carried out as well as towards completion of the project.

(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* Rehabilitate 7 water catchment	X	X	X			
1.2 Construction of water supply	X	X	X	X		
1.3 Rehabilitation of 30 shallow wells	X	X	X	X		
2.1 Training of pastoralists	X	X	X	X		
2.2 Construction of 110 app	X	X	X			
2.3 Provision of sanitation to	X	X	X	X		
3.1 Conduct KAP survey at	X	X	X	X		
3.2 Distribution of 800gram	X	X	X			
3.3 Conduct hygiene promotion	X	X	X	X		

**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 ADA	Water catchment rehabilitation proposed under Food security cluster through ca
2 Oxfam GB in partnership with WASDA	Borehole drilling and rehabilitation, shallow well rehab, sanitation and hygiene pr
3 AFREC	Shallow well rehabilitation, Chlorination, CTCs, Nutrition centres; will support their
4 Solidarites	Borehole rehabilitation, water catchment rehabilitation and household water treat
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	Promote gender equality in ADA internal practices (recruitment, staff training)
Capacity Building		