

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*	Cooperazione Internazionale - COOPI			
(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*	Improving access to safe WASH Services for populations in Crisis at Baidoa and Dollow towns to control AWD and promote resilience			
(D) CAP Project Code	SOM-12/WS/48520	Not required for Emergency Reserve proposals outside of CAP		
(E) CAP Project Ranking	High	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*	\$ 596,727.66	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	8 months	No longer than 6 months for proposals to the Emergency Reserve		
(J) Primary Cluster*	Water, Sanitation and Hygiene			
(K) Secondary Cluster	Food Security			
(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	5100	8400	13500
Total beneficiaries include the following:				
	People in HE and/or AFLC	7128	9072	16200
	Internally Displaced People	4752	6048	10800
	Children under 5	1320	1680	3000
		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"/> M 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:	\$ 596,728
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*	Damiano Lotterita	Title	Regional Representative
	Email*	coord.nairobi@coopi.org	Phone*	020 2585370/1/2
	Address	P.O. BOX 3857 00100 NAIROBI		

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>Baidoa and Dollow are key urban centres in Bay and Gedo regions with large concentration of poor HH in crisis (IDPs and urban poor). Access to basic WASH services is very limited in both towns and is almost non-existent for poor HH in crisis. Baidoa town relies on hand dug wells, boreholes and seasonal ISHA spring for water supply. Only 6 out of 14 boreholes serving Baidoa town are not functioning due to borehole or equipment failure. Water supply in town is inadequate. Centralized water distribution network for Baidoa town is inadequate, in poor condition and hardly extends to settlements of poor HH in crisis and key public institutions (MCH and schools). Wells are unprotected and treatment of town water supply is intermittent. Management and maintenance of the water supply system is poor, resulting in under-performance. Poor HH in Baidoa mostly rely on unprotected wells or purchase from donkey cart water vendors. While water costs Sosh1000/= per jerry can at piped water kiosks, the donkey cart vendors sell to poor IDP and urban poor areas at town periphery at Soshs 3000/=. The target locations in sub-urban Dollow rely on river Dauwa for water supply. Situation in both towns is exacerbated by poor water handling, sanitation and hygiene practices especially amongst poor HH in crisis. Seasonal outbreaks of AWD/cholera is endemic in both towns mostly affecting poor HH in crisis, and are attributed to lack of basic safe WASH services. FSNAU estimates 24,000 and 5000 persons in Baidoa and Dollow towns respectively are in crisis. Malnutrition levels for the target groups are very critical affecting mainly children, sick and aged. GAM and SAM rates for Baidoa IDPs are estimated at 15.5% and 5.1% respectively. In Baidoa, women from poor neighbourhoods often have to carry water on their backs from wells or distant water kiosks in town. This exposes them to violence and takes most of their productive time as primary care givers for children. Women in Dollow also have to collect water from the river. Children, elderly, men and women from poor HH in crisis suffer from frequent AWD outbreaks reinforcing vulnerabilities. Lack of basic WASH services forms a reinforcing loop for malnutrition in the two towns. This project seeks to improve safe water supply for poor HH in crisis at the two towns, and key public institutions (MCH and schools), and also conduct extensive hygiene promotion and cholera preparedness measures. COOPI has consulted with the target groups in both locations: OCHA regional focal point, Baidoa water company management, Baidoa hospital director, UNICEF regional focal point, and WASH cluster NGOs (INTERSOS, NCA, ASEP and World Vision).</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>Limited access to basic WASH services particularly amongst poor HH in crisis (including IDPs) is the main cause of frequent seasonal outbreak of AWD in Baidoa and Dollow towns. COOPI conducted rapid WASH gaps assessments for poor HH in crisis in the Baidoa and Dollow in September and June respectively. To improve water supply for Baidoa town, Bonkey IV and Somafone boreholes require fishing or replacement, and equipment to bring back to operation. Pumping equipment is needed for Siligga II and Barahnoy boreholes to improve performance. The 500m3 elevated steel tank at Mursal is connected to seasonal ISHA spring. The tank requires repairs and more reliable source for supply. The main supply pipeline from Bonkey boreholes to storage tanks is inadequate and requires repair and upgrading. To improve safe water access to poor HH in crisis and key public institutions, extending piping connections, storage tanks and water kiosks points are needed. Capacity building training in administration, operation and maintenance of water supply is needed for Baidoa Water Company and also at community level for management of the public water kiosks to strengthen effectiveness and sustainability. Main water sources in Dollow town is the town piped supply and river Dauwa. Proposed locations rely entirely on the river for their water supply. Infiltration wells installed with hand pumps are required to provide access to safe water supply, and stop reliance by residents on contaminated water from river Dauwa. Users will also need training in effective management and maintenance of the wells. Low latrine coverage for target HH is very low and open defecation practice is widespread. Target HH have limited knowledge on spread of diarrheal diseases, and how to minimize the risks. Extensive hygiene promotion and social marketing is required in both towns as an AWD/cholera preparedness measure. It should focus on few key practices such as hand washing, safe water for drinking, and disposal of faeces. The hygiene promotion should be complemented by distribution of hygiene kits to affected or most poor HH in crisis during periods of outbreak or high risk, and chlorination of unprotected water sources. Social marketing of HHWTS through radio, bill boards and other campaign channels is necessary to promote adoption. The planning, design and subsequent management of the interventions should be participatory and including women. Women are involved in water collection (access) and usage at HH level, and are primary caregivers for children (hygienic practices). This project integrates assistance to poor HH in crisis with health and education interventions.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>COOPI is implementing a multi-donor programme providing integrated assistance to rural vulnerable populations in humanitarian crisis both Bay and Gedo regions. The assistance covers both emergency needs and early recovery and livelihood strengthening actions. The programme provides the following support: emergency WASH assistance (water vouchers at critical moments, hygiene promotion and hygiene kits, construction/rehabilitation of WASH facilities at health facilities, OTPs and schools); Emergency food assistance through vouchers; livelihood recovery and enhancement support (provision of seeds and treatment of livestock).</p> <p>Within Baidoa town, COOPI is also supporting operations at the Baidoa referral hospital. COOPI has also received funding to rehabilitate infrastructure at the hospital, including the water supply system. This project will benefit from and link closely with COOPI health interventions at the hospital. This could include aspects such as targeting areas affected by AWD outbreaks, and also health and hygiene promotion activities at the hospital and health extension services.</p> <p>In Dollow, COOPI through a partnership with UNICEF is planning intervention for IDP population which will entail: extending water supply network and providing infrastructure for Qansalley and Kabasa camps; emergency water supply through vouchers; construction of latrines (that can be emptied) and hygiene promotion. This proposed project will expand and complement assistance being provided by COOPI and other actors in the Baidoa and Dollow towns.</p> <p>COOPI is also implementing a WASH project with UNICEF that has contingency component to leverage in case of WASH emergencies in Bay and Gedo regions, and has been considered in design of this project.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To reduce incidence of diarrheal diseases and build resilience of vulnerable urban women, girls, boys and men in crisis at Baidoa ar		
(B) Outcome 1*	At least 24,000 vulnerable persons (6720 women, 6720 girls, 6480 boys, and 4080 men) in Baidoa and Dollow towns have increased		
(C) Activity 1.1*	Provide emergency water supply through vouchers to 2000HH in Baidoa and Dollow towns in crisis and affected or at risk of AWD: f		
(D) Activity 1.2	Chlorinate unprotected water sources in Baidoa and Dollow towns benefiting 4000HH: Activity aimed at preventing or controlling out		
(E) Activity 1.3	Construct/upgrade strategic water sources and promote HHWTS for increased and sustained access to safe water supply for 4000H		
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of people with sustained access to safe water	Target* 12000
(G) Indicator 1.2	Water, Sanitation and Hygiene	Number of beneficiaries disaggregated by sex, receiving support	Target (24000 persons) 6720 women
(H) Indicator 1.3	Water, Sanitation and Hygiene	Number of beneficiaries disaggregated by sex, with access to ref	Target (24000 persons) 6720 women
(I) Outcome 2	1000 vulnerable persons, (279 women 279 girls, 270 boys, 172 men) facing crisis in Baidoa town have access to improved sanitation		
(J) Activity 2.1	Construct 30 gender sensitive institutional latrines with hand washing facilities at public institutions (MCH and schools) in Baidoa for		
(K) Activity 2.2			
(L) Activity 2.3			
(M) Indicator 2.1	Water, Sanitation and Hygiene	Number of people with increased access to appropriate sanitation	Target 1000
(N) Indicator 2.2			Target
(O) Indicator 2.3			Target
(P) Outcome 3	30,000 vulnerable persons (8400 women, 8400 girls, 8100 boys, and 5100 men) in Baidoa and Dollow towns (including IDPs) receiv		
(Q) Activity 3.1	Conduct KAP Survey, select and train 60 Community Hygiene Promoters (at least 50% are women). Appraisal of hygiene Knowled		
(R) Activity 3.2	Carry out hygiene promotion to promote behaviour change for vulnerable households: Activity targets 4000HH in Baidoa and 1000H		
(S) Activity 3.3	Distribute of Hygiene Kits to 2000 families in humanitarian crisis: Activity is part of AWD preparedness and response. Completions		
(T) Indicator 3.1	Water, Sanitation and Hygiene	Number of people who have participated in interactive hygiene pi	Target 60
(U) Indicator 3.2	Water, Sanitation and Hygiene	Number of beneficiaries disaggregated by sex participating in hvc	Target 30,000 persons (8400 women
(V) Indicator 3.3	Water, Sanitation and Hygiene	Number of beneficiaries disaggregated by sex receiving soap	Target (12000 persons) 3360 women
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>The action will be implemented as per guidelines and standards in the cluster SOF 2012, seeking to provide integrated assistance to target groups. Activities will be coordinated with those of other actors, and target groups (and especially women as main users of WASH services) involved in targeting, design and implementation. Gender sensitive management and maintenance systems will be clearly defined and capacity building done, and the emergency actions shall have clear exit strategy. Surveys at project inception and end will measure changes in access to safe water supply, sanitation, open defecation, handwashing and diarrhea in U5. Hygiene kits will be pre-positioned to complement supplies for cluster hubs. Project will target populations at greatest AWD risk and lacking basic WASH services, and also target through OTPs/health centres. Minority groups, poor female headed HH and other marginalized vulnerable groups will be prioritized. Emergency water supply through voucher system is anticipated for 2 months to control or prevent AWD outbreak, and targets 2000HH at greatest risk including HH affected by malnutrition. Water tanks and jerry cans will be provided for safe water collection and storage. Emergency chlorination of unprotected water sources will be done through CHPs to contain or prevent AWD outbreaks. Water quality surveillance will be done continuously at sources and HHs. Exit strategy for emergency water supply is promotion of HHWTS, provision of chlorine dispensers and rehabilitation of strategic water sources. Physical works will be preceded by technical, social, economic, environmental and local capacities assessment to strengthen sustainability and avoid causing conflicts. Design of infrastructure will involve and consider needs of women and children ensuring they are safe, appropriate to local context, gender and child friendly, and considering risks to floods and other hazards. Infrastructural works will be contracted to local artisans and supervised by project engineers. All relevant technical information will be shared with SWALIM to update SWIMS. COOPI training officers will conduct management and maintenance training for water committees and mentor them throughout the implementation period. Hygiene promotion is through trained CHPs (at least 50% women) and includes distribution of complementary hygiene kits (soap, aquatabs). Promotion will be through home visits, bill boards, radio messages and organizing events. COOPI hygiene and sanitation facilitators will train, support and monitor CHP activities. Training for National staff, community (CHP and WES), teachers, local artisans/contractors on different aspects focusing on enhancing delivery of WASH services. The Action staff will supervise and monitor all activities using participatory approaches, and regular feedback provided to the stakeholders including cluster and 4W matrix filled up. COOPI will also participate in coordination, learning and knowledge sharing events.</p>		

5. MONITORING AND EVALUATION (to be completed by organization)

<p>(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) *</p>	<p>Participatory M&E system is planned with close involvement of women who are most affected by WASH access issues. The aim of monitoring will be to get feedback to improve on the implementation process. Target groups will be sensitized on project objectives, targeting criteria, approaches and their beneficiary entitlements at inception, and summary of project details provided in Somali language. Beneficiary complaints/feedback systems will be agreed upon. MoU will be signed with settlement committee (WES or otherwise) detailing project deliverables and implementation plans, and will be witnessed by authorities. Telephone contacts of committee members and authorities will be provided. Beneficiary lists and project deliverables will be placed at pinned at public notice boards to allow scrutiny and any feedback. Registration of beneficiaries will also include their contact details to allow independent verification. Baseline surveys (HH survey complemented by KI and FGDs) will be carried out at inception to form basis for monitoring project impacts. Water vouchers will be pegged to market rates, and COOPI will monitor prices to avoid market distortions. Project staff and settlement committee will supervise activities, staff will prepare supervision reports indicating progress and any constraints being faced. Monthly progress report by district team to Nairobi, informs COOPI management on progress and support requirements. The reports include photographic evidence. The target locations are accessible and the project manager will make regular missions to supervise and monitor progress. COOPI management will also make monitoring missions. Each quarter, the settlement committee provides certification of achievements of the project. This certification is also countersigned by respected elders and district authorities. COOPI will also regularly update the 4W matrix and inform the WASH cluster and OCHA on the progress. Joint monitoring missions with OCHA and other WASH cluster agencies in target areas are anticipated. Triangulation of feedback is cornerstone of the M&E strategy. Structured quarterly monitoring and internal end of project evaluation is anticipated using same tools as baseline survey to measure differences made by the project and learn lessons accordingly. All reports required to CHF secretariat will be provided and any suggestions fed back into the implementation process.</p>																																																																																								
<p>(B) Work Plan Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out</p>	<table border="1"> <thead> <tr> <th rowspan="3">Activity</th> <th colspan="6">Timeframe</th> </tr> <tr> <th colspan="6">Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months</th> </tr> <tr> <th>Month 1-2</th> <th>Month 3-4</th> <th>Month 5-6</th> <th>Month 7-8</th> <th>Month 9-10</th> <th>Month 11-12</th> </tr> </thead> <tbody> <tr> <td>1.1* Provide emergency water</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.2 Chlorinate unprotected</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.3 Construct/upgrade strata</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>2.1 Construct 30 gender ser</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.2 Conduct KAP Survey</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.3 Carry out hygiene prom</td> <td>X</td> <td></td> <td>X</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>3.1 Distribute of Hygiene Kit</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.2 Carry out hygiene promotion to promote behaviour change for vulnerable households: Activity targets 4000HH in Baidoa and 1000HH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.3 Distribute of Hygiene Kits to 2000 families in humanitarian crisis: Activity is part of AWD preparedness and response. Complements h</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							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 emergency water	X	X					1.2 Chlorinate unprotected	X		X				1.3 Construct/upgrade strata	X	X	X	X			2.1 Construct 30 gender ser	X		X				2.2 Conduct KAP Survey	X						2.3 Carry out hygiene prom	X		X	X			3.1 Distribute of Hygiene Kit	X	X					3.2 Carry out hygiene promotion to promote behaviour change for vulnerable households: Activity targets 4000HH in Baidoa and 1000HH							3.3 Distribute of Hygiene Kits to 2000 families in humanitarian crisis: Activity is part of AWD preparedness and response. Complements h						
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6. OTHER INFORMATION (to be completed by organization)

<p>(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</p>	<p>Organization</p> <ol style="list-style-type: none"> COOPI NCA/ASEP/UNICEF WORLD VISION INTERSOS 	<p>Activity</p> <p>COOPI is currently implementing intergrated livelihoods and WASH programme Project for rehabilitation and expansion of Dolow town Water supply system. The Provision of safe water access via vouchers to the two IDP camps in Dolow (Kat Intersos has protection and education programmes in Baidoa. Intersos has also</p>									
<p>(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</p>	<table border="1"> <thead> <tr> <th>Cross-Cutting Themes (Yes/No)</th> <th>Outline how the project supports the selected Cross-Cutting Themes.</th> <th>Write activity number(s) from section 4 that supports Cross-Cutting theme.</th> </tr> </thead> <tbody> <tr> <td>Gender</td> <td>Yes</td> <td>1. Ensuring that there is equal participation and decision making of women,</td> </tr> <tr> <td>Capacity Building</td> <td></td> <td></td> </tr> </tbody> </table>		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	1. Ensuring that there is equal participation and decision making of women,	Capacity Building		
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