

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*	International Organization for Migration				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> UN Agency				
(C) Project Title*	Improving Access to Safe Water, Appropriate Sanitation Facilities and Hygiene (WASH) for 12,000 Internally Displaced Persons (IDPs), Returnees and Urban poor Living in Emergency or Crisis at Urban Kismaayo in Juba Hoose.				
(D) CAP Project Code	SOM-13/WS/56534	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	A - HIGH	Required for proposals during Standard Allocations			
(F) CHF Funding Window*	Standard Allocation 1 (May 2013)				
(G) CAP Budget	\$ 2,985,300.00	Must be equal to total amount requested in current CAP			
(H) Amount Request*	\$ 245,000.00	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*	Water, Sanitation and Hygiene				
(K) Secondary Cluster	Only indicate a secondary cluster for multi-cluster projects				
(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	1800	2400	4200	
	Total beneficiaries include the following:				
	Internally Displaced People/Returnees	3600	5200	8800	
	Urban Poor	1800	1400	3200	
Other (Select)			0		
Other (Select)			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"/> 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				
(N) Implementing Partners (List name, acronym and budget)	1	APD (Agency for Peace and Development)	Budget:	\$ 42,600	
	2		Budget:	\$ -	
	3		Budget:	\$ -	
	4		Budget:	\$ -	
	5		Budget:	\$ -	
	6		Budget:	\$ -	
	7		Budget:	\$ -	
	8		Budget:	\$ -	
	9		Budget:	\$ -	
	10		Budget:	\$ -	
			Total Budget:	\$ 42,600	
		Remaining Budget:	\$ 202,400		
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*	Chiaki Ito	Title	Health Programme Coordinator	
	Email*	cto@iom.int	Phone*	0731861086	
	Address				

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) *	Kismaayo is one of the last towns that have been liberated from Al Shabaab and humanitarian organizations were denied access to the town in the past years to provide assistance to the most vulnerable. According to the humanitarian snapshot for Apr 2013 in Somalia, 1.05 million people are living in Crisis and Emergency. The majority of people that are in crises are in south central Somalia, mainly in urban centers such as Kismaayo. For the past 6 months the security situation has been improving and Kismaayo has been accessible for humanitarian interventions. The total population of Kismaayo is over 180,000 and 31,000 IDPs are scattered over 16 camps and are in need of assistance for basic services such as water, livelihoods and health (UNHCR, Apr 2013 and IOM Jan 2013). The conditions of IDPs and poor urban families living in Kismaayo is 10 times worse than the IDPs in Mogadishu based on IOM's observation. As stability is returning to the town, it also registered spontaneous returns from Kenya, particularly from Dadaab refugee camps through Dhobley and other regions in Somalia. From Mar-Apr 2013, movements in the border regions of Juba was noted to have increased from 2,500 to 3,080 (UNHCR, Apr 2013). Kismaayo is one of the biggest destinations for returnees to go home or seek assistance and now IOM is setting up a transit point at the border point, Dhobley, to assist returnees with health and WASH facilities; this project will be complementary to the ongoing below WASH activities.
(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) *	Water and sanitation conditions in Kismaayo are serious; most people use unprotected shallow wells since civil war has destroyed water infrastructure. There are four privately-owned boreholes that provide water for the entire town and the cost for 20 liter water from the borehole is 8,000 Somali Shillings, which many IDPs, poor urban families and returnees cannot buy. Thus, they have to use water from unprotected shallow wells, which are highly contaminated with human excreta. One shallow well is shared by 3,700 HH as source for drinking water, washing and cooking, which is far beyond Somalia WASH cluster standard for 500 persons per shallow well (IOM 2013). Quantity and quality of water is critical for IDPs, urban poor and returnees and there is no water treatment taking place, resulting in a daily average of 100-150 cases of Acute Watery Diarrhea reported by Kismaayo hospital. Other main factors contributing are lack of basic knowledge on hygiene practices and access to sanitation facilities. A rapid assessment for WASH and health conditions conducted by IOM in Jan. 2013 in Kismaayo shows that 12,000 IDPs, returnees, and urban poor (4,200 girls, 2,400 women, 3,600 boys and 1,800 men) don't have access to WASH services and that more than 50% of them don't treat water before drinking, leading to a high increase in the risk of diarrhea and other water borne disease. Gender equity, especially for females, is crucial for design and location for preventing gender based violence.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	Currently IOM is implementing a WASH and health project in Dhobley in Juba Hoose with WASDA as implementing partner; Activities include: 1) Conduct baseline assessment for daily WASH activity on the ground through Knowledge, Attitude and Practice (KAP) survey, water sampling and testing, Key Informant Interview and Focus Group Discussion. 2) Increase access to clean and safe water every day for 8,500 Returnees, IDPs and host community through piped system connected to borehole. 3) Increase access to appropriate sanitation facilities. IOM is constructing 100 VIP latrines fixed with hand washing facilities and lockable doors and concurrently pilot ecological sanitation facilities in order to use the sanitation facilities sustainably. Gender equality is highlighted from the beginning of consultation, design and implementation. 4) Conduct capacity development training for implementing partner, hygiene promoters and WASH committee with great emphasis on women's participation in order to strengthen the sensitization and gender equality. 5) Consult with local authority, IDP camp leader and different group such as youth and female group to improve hygiene practices through awareness raising in stakeholders and trained hygiene promoters and WASH committee members. 6) Improve drainage system and environmental sanitation at Dobale borehole and surrounding area. 7) Purchasing and distribution of 2,000 Hygiene kits (2 jerry cans, 300 aqua tabs and 1kg of soaps)

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	The overall objective of the project is to contribute to improving environmental health conditions of IDPs, returnees and urban poor f		
(B) Outcome 1*	12,000 IDPs, returnees and urban poor (4,200 girls, 2,400 women, 3,600 boys and 1,800 men) in Kismaayo have sustainable acces		
(C) Activity 1.1*	Conduct detailed baseline assessment including GPS code collection, Knowledge, Attitude and Practice (KAP) survey to identify the		
(D) Activity 1.2	Based on the baseline assessment and feasibility study to construct one borehole in consultation with all stakeholders taking into a		
(E) Activity 1.3	Protect 15 unprotected shallow wells in Farjano and Fanoole districts in Kismayo with hand pumps in consultation with all stakehold		
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of beneficiaries, disaggregated by sex, with access to sa	Target* 12000
(G) Indicator 1.2	Water, Sanitation and Hygiene	Number of wash committee, local authority trained and manaqin	Target 16
(H) Indicator 1.3	Water, Sanitation and Hygiene	Number of pre and post intervention assessments (KAP survey)	Target 2
(I) Outcome 2	12,000 IDPs, returnees and urban poor (4,200 girls, 2,400 women, 3,600 boys and 1,800 men) in emergency or in crisis have acces		
(J) Activity 2.1	Community participatory consultation for design and implementation of appropriate sanitation facilities ensuring women and men eg		
(K) Activity 2.2	Selection and registration of the most vulnerable beneficiaries taking into account needs of women, girls, boys and men. Registratio		
(L) Activity 2.3	Construction of 120 ventilated improved pit latrines with possible dislging considering the different needs of women, girls, boys and		
(M) Indicator 2.1	Water, Sanitation and Hygiene	Number of beneficiaries, disaggregated by sex, with increased ac	Target 12000
(N) Indicator 2.2	Water, Sanitation and Hygiene	Number of community participatory consultation conducted ensu	Target 6
(O) Indicator 2.3	Water, Sanitation and Hygiene	Number of beneficiaries, disaggregated by sex registered and selc	Target 12000
(P) Outcome 3	12,000 (4,200 girls, 2,400 women, 3,600 boys and 1,800 men) IDPs, returnees and urban poor in crisis or emergency situation hav		
(Q) Activity 3.1	IOM will conduct training of trainers (TOT) for an implementing partner (IP) and local authority by PHAST (Participatory hvgiene and		
(R) Activity 3.2	Disseminate kev hvgiene messages to 12,000 IDPs, returnees and urban poor through social activities at health centers and school		
(S) Activity 3.3	Distribute 2,000 hvgiene kits (2 jerry cans, 350 aqua tabs and 1kg bar soap per Household) for 12,000 (4,200 girls, 2,400 women, 3		
(T) Indicator 3.1	Water, Sanitation and Hygiene	Number of community beneficiaries, disaggregated by sex, trains	Target 16
(U) Indicator 3.2	Water, Sanitation and Hygiene	Number of people disaggregated by sex, who have participated i	Target 12000
(V) Indicator 3.3	Shelter and Non-food Items	Number of Household received hvgiene kits (jerry cans, Aquatabs:	Target 2000
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)			

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) *

(B) **Work Plan**
Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

Activity	Timeframe					
	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
1.1*	X					
1.2	X					
1.3	X					
2.1	X					
2.2	X					
2.3	X					
3.1	X					
3.2		X				
3.3		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 Coordination with local authority and ad	IOM will consult and coordinate with the local authorities/administration in Kisma
2 Coordination with WASH Cluster coordin	IOM is an active WASH cluster member currently implementing the project in DH
3 Coordination with other cluster agencies	The project will be coordinated with active cluster agencies on the ground to hav
4	X
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		
Capacity Building		