

Organization	ARC (American Refugee Committee)			
Project Title	Developing Sustainable WASH infrastructure to respond to the needs of the Women, Men, Boys and Girls IDPs, urban poor, agro-pastoralists and pastoralists in Lower Juba			
CHF Code	CHF-DMA-0489-482			
Primary Cluster	Water, Sanitation and Hygiene	Secondary Cluster		
CHF Allocation	Standard Allocation 1 (May 2013)	Project Duration	12 months	
Project Budget	379,998.10			
CAP Details	CAP Code	SOM-13/WS/56410	CAP Budget	4,791,616.00
	CAP Project Ranking	A - HIGH	CAP Gender Marker	
Project Beneficiaries		Men	Women	Total
	Beneficiary Summary			
		Boys	Girls	Total
		Total		
	Total beneficiaries include the following:			
	Trainers, Promoters, Caretakers, committee members, etc.	110	90	200
	Internally Displaced People/Returnees	4,900	5,100	10,000
	Pastoralists	2,450	2,550	5,000
Urban Poor	6,370	6,630	13,000	
Implementing Partners				
Organization focal point contact details	Name: Shadrack Onyango Title: WASH Coordinator			
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BACKGROUND INFORMATION				
1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)	<p>The last two decades of armed conflicts, absence of functioning government, economic collapse, and the disintegration of the health system and other public services - together with recurrent droughts, flooding and famine - have turned Somalia into one of the world's most difficult environments for survival . According to the World Health Organization (WHO), the rates of child morbidity and mortality are among the highest in the world (under-five mortality (m/f): 197/200 per 1,000), and one in three Somalis is affected by trauma-induced mental illness 1.7 million group of women, men, boys and girls who are emerging from the crisis are likely to fall back if humanitarian support is not sustained. Due to recent security incidents in Garissa, coupled with growing insecurity in Dadaab refugee camp, a steady stream of refugees have been returning to Somalia through the border town of Dhobley. Most of the returning refugees have taken shelter in spontaneous settlements within Lower Juba, including Dhobley, Afmadow and Badhaadhe. Additionally, according to an ARC rapid assessment in Lower Juba, only 29% of people in rural areas have access to and use improved water sources and sanitation facilities, while in some areas only 20% use sanitary means for excreta disposal, creating the conditions for disease to spread rapidly as IDPs and returning refugees continue to overburden the already insufficient water and sanitation systems. ARC has been present in Lower Juba since August 2011.</p>			
2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	<p>In assessments conducted in urban areas of Afmadow in Oct 2012, with follow up in Feb and Jun 2013, ARC found gaps when comparing population to Sphere Standards. Availability of potable water is chronically low (>7 lppd avg/yr) and from damaged, unprotected wells. Females face risk of attack as they travel outside of town in search of alternative sources. Poor water quality is attributed to open defecation, hardness, siltation, livestock use and surface runoff. Dhobley Hospital has lacked a functional water supply system for over 5 years, with water currently brought in on an ad hoc basis by container, making it challenging to provide sanitary care of complicated cases, such as caesarian delivery or trauma care, and contributing to high maternal mortality. Poor hygiene contributes to transmission of diseases, with a confirmed outbreak of cholera occurred in 9.12 and suspected cases reported in Week 6-7, 2013. An avg of 4 suspected cases of dysentery/week in Week 9-12 were also reported from the hospital. Lack of clean water supply at the hospital created a challenge for treating these cases. Sanitation only meets emergency minimum standard of 50 people/communal latrine and are not properly gender disaggregated. Environmental sanitation is also dire; despite being an urban centre, there are no central refuse areas for solid waste. Rubbish builds allowing insect and rat populations to flourish, according to local women's groups working in market areas. See attached assessment.</p>			
3. Activities. List and describe the	<p>With support from OFDA, ARC is rolling out the following WASH activities: To improve access to safe water, ARC is rehabilitating a community water pan in Waraq area, a well in Hosingo and is supporting one strategic water point through provision of maintenance kits, rehabilitation of water kiosk, and fuel subsidies</p>			

activities that your organization is currently implementing to address these needs for operation of the borehole situated in Tabda Town Center. In sanitation sub-sector, ARC is mobilizing women and men to build latrines on their own through CLTS approach. CLTS in Lower Juba is being done with the understanding that women, men, boys and girls returnees have had an opportunity to use improved latrines when in refugee camps and therefore appreciate the benefits of using such facilities. The construction of hand washing facilities is an integral part of a sanitation unit during the CLTS and PHAST sessions. In total, ARC plans to reach 5 villages (3 in Dhobley, 1 in Hosingo, 1 in Waraq and 1 in Tabda) with a total population of 45,000 persons. ARC is working with two women and men sanitation committees in Dhobley to set up designated waste disposal pits and mobilize women and men to clean their homes and keep drainages free of solid waste. To address poor hygiene practices in Cholera prone areas like Hosingo, ARC has an integrated approach using its WASH and Health teams to conduct sessions designed around three main messages: hand washing with soap at critical times, proper excreta disposal and proper water storage.

LOGICAL FRAMEWORK

Objective 1	To ensure that the most vulnerable IDPs, Returnees, Urban poor and host community (disaggregated by sex) have equal access to enhanced, sustainable and reliable safe water, appropriate sanitation facilities and are aware and practice good hygiene (WASH Cluster Objective 1)			
Outcome 1	Women, men, girls and boys have equal access to enhanced, sustainable and reliable safe water for personal, domestic and livelihood use. The beneficiaries will include Urban poor, IDPs, returnees, host community (pastoralists/traders) and refugee returns from Dadaab, Kenya and surrounding areas. (CAP Cluster strategic objective 2/3/4-1)			
Activity 1.1	Diesel engine power system in Guhweyane BH will be replaced with solar powered submersible pump and pump accessories to improve efficiency in order to ensure reliable and affordable supply of water to Dhobley Hospital, urban poor, IDPs, returnees and pastoralists. The activity will include retrieval of the old power system, test pumping of the BH to establish the actual current yield and determine the specific solar system appropriate for the BH, purchase and installation of the solar equipment and accessories. The WASH Committee and the larger community have been sensitized on the benefits of solar power. ARC plans to replace all diesel engines with Solar energy pumping equipment in the other remaining 2 BHs in Dhobley (Dowale, Damajale). The system has been successful in other parts of Somalia resulting in huge savings though the initial cost may appear high.			
Activity 1.2	Extension of the piped water supply to Dhobley Hospital To maximize the impact of its ongoing hygiene and sanitation interventions in Dhobley, ARC plans to introduce a 600 meter long piped water connection from Guhweyane Bore-hole in Dhobley town to the Hospital. The activity will include digging of approximately 600 metres long trench, purchase and laying of 600 metres of 2" PVC pipes, purchase and installation of the elevated plastic tank (capacity of 10 m3). To ensure reliable supply of water to Hospital elevated tank, a surface water lifting pump (booster) will be installed within the hospital and this will be Solar powered to cut down on cost of fuel. A group of 5 hospital staff including an equal number of men and women will be trained on the management of hospital water system. This intervention will benefit approx. 15,000 patients mainly IDPs, urban poor and pastoralists from Dhobley and outlying villages who visit the hospital in a year.			
Activity 1.3	Support to the strategic water point in Dhobley (Damajale BH) This borehole has been identified by local authorities and representatives of women's groups WAMO and HURIYO as one of the strategic water points to be supported with repair/maintenance kits & fuel subsidy during the 2 months of Sep/Oct when the bore-hole is put to optimal use in the dry spell. To enhance safety and security of the pumping equipment, the pump house and tap stands will be repaired. A WUC representative in terms of gender and affiliation, such as sub-clan and livelihood source, will be trained on good governance and equitable distribution of water resources to mitigate risk of conflict at water points. ARC will work with the WUCs to form linkages with major spare parts shops in Kismayo, Garissa and Nairobi to facilitate affordable access of spare parts and service parts and hence ensure sustainability. Local authorities will be included in training to build their water management capacity.			
Indicators for outcome 1		Cluster	Indicator description	Target
	Indicator 1.1	Water, Sanitation and Hygiene	Number of beneficiaries, disaggregated by sex, with access to rehabilitated or newly constructed water facilities	10000
	Indicator 1.2	Water, Sanitation and Hygiene	Number of beneficiaries (patients) disaggregated by sex with access to quantity and quality of water in Dhobley Hospital per WHO and Sphere minimum standards	15000
	Indicator 1.3	Water, Sanitation and Hygiene	The number of beneficiaries disaggregated by sex with access to an identified and supported strategic water point to ensure supply during dry spell.	10000
Outcome 2	Women, men, girls and boys have equal access to appropriate sanitation facilities and live in a healthy and sound environment. The beneficiaries will include Urban poor, IDPs, returnees, host community (pastoralists/traders) and people on transit from or to Dadaab refugee camps. (CAP Cluster strategic objective 2/3/4-2)			
Activity 2.1	Construction of 160 flood proof latrines with hand wash facilities to meet the needs of 8,000 IDPs and transiting returns through Afmadow. There will be a deliberate effort to design 10% of the IDPs latrines to meet needs of physically disabled (ramp, wide doors). ARC will construct 3 institutional latrines with hand wash units and provision of soap. Of the 3 latrines, 2 will be built in Dhobley Hospital where ARC had previously built 2; the 3rd will be built in one of the largest madrassa in Dhobley with over 80 pupils. The latrines will have separate boys and girls cubicles for schools and separate males and females cubicles in health facilities. M/F users will be consulted in situating latrine cubicles. The latrines in school & health facilities will be designed to allow for de-sludging/re-use and raised against possible flooding. The superstructure will be built away from the pit and connected with a flush pipe to the pit with removable concrete cover to facilitate de-sludging.			
Activity 2.2	ARC will conduct and promote Community Lead Total Sanitation (CLTS) in at least 3 of the 6 villages that fall within the 15 km radius of Dhobley Urban Center. It is planned that this activity take place in 3 villages in the urban hinterland around Dhobley (Koowaad, Bulla Kutur and Waberi) and by project end they will have attained an ODF status. ARC will conduct both CLTS and PHAST simultaneously to trigger interest among the target beneficiaries and prepare them for participatory approaches respectively.			
Activity 2.3	Improving environmental health / sanitation: ARC will support three community based Sanitation committees in Urban Dhobley with sanitation tools, excavation and fencing of 3 designated dumping pits and training to improve the environmental sanitation of the township. Equal representation from men and women will be sought, and local authorities engaged in meetings to encourage leadership and ownership of community level sanitation. Due to issues of land tenure, ARC will facilitate a dialogue between the Local Authorities and the Sanitation committees to identify and designate appropriate dumping sites that will be fenced off to ensure the safety of both children and animals. ARC plans to target a group of 60 (10 HHs) persons for each set of Sanitation tool that comprises 1 wheel barrow, 5 rakes, 3 shovels, 1 panga, 1 mattock and a set of protective clothing of 1 dust coat.			
Indicators for outcome 2		Cluster	Indicator description	Target
	Indicator 2.1	Water, Sanitation and Hygiene	Number of people with increased access to appropriate sanitation facilities	8000
	Indicator 2.2	Water, Sanitation and Hygiene	Number people disaggregated by sex who live in ODF environment and the number of people disaggregated by sex who have built their own latrines	6000
	Indicator	Water, Sanitation	Number of beneficiaries disaggregated by sex, who are participating in solid waste management and environmental	9000

	2.3	and Hygiene	sanitation activities and have received and use sanitation tools.	
Outcome 3	Women, men, boys and girls are aware and practice good hygiene, have equal and reliable access to Hygiene kits including soap for hand washing and ORS, Chlorine tablets, aquatabs for those living in AWD/Cholera high risk areas for emergency preparedness against communicable disease outbreaks. (CAP Cluster strategic objective 1-1, Output 3; strategic objective 1-2)			
Activity 3.1	ARC targets 85% (23,970) affected population with messages developed around 3 main themes: (i) Hand washing with soap at critical times - this will be supported by distribution of soap which is part of the Hygiene kits to be distributed. (ii) Proper excreta disposal and environmental sanitation- latrines to be constructed in IDPs camp, schools and health facilities (iii) Water Hygiene- Hygiene promotion at water points and distribution of jerrycans for fetching and storage and distribution of sanitation tools for solid waste disposal. (iv) Conduct a pre- intervention and post intervention KAP surveys to establish baseline data of the objective and outcomes and to accurately evaluate changes in WASH behaviors, awareness of WASH-associated health risks, and knowledge of prevention/mitigation techniques.			
Activity 3.2	ARC will work with affected community to identify suitable and volunteer oriented members for training as WASH Committee members and Hygiene promotion volunteers. The training will equip the 57 volunteers and 20 WASH Committee members with skills in WASH related disease surveillance, use of IEC materials for Hygiene promotion and monitoring and reporting besides the general hygiene promotion techniques. WASH Committee and volunteer members will distribute hygiene kits at HH & community level, as well as in schools. IEC materials will be provided to volunteers to assist in hygiene demonstrations and to facilitate improved learning techniques.			
Activity 3.3	In rainy seasons, Dhobley and surrounding areas have been at risk of cholera outbreaks and suspected shigellosis. As the only functional hospital in Afmadow & Badhaadhe Districts, Dhobley Hospital receives and treats cholera outbreaks that are frequent in rural Afmadow & Hoosingo Town. Arriving patients carry the disease and bring the risk of transference. Dhobley also hosts many people transiting to or from Dadaab refugee camps that are known to suffer frequent outbreaks. ARC will work closely with other stakeholders and AWD/Cholera focal points through WASH and Health Cluster, ARC's cross-border disease surveillance program with iOM, and other coordination mechanisms to pre-position AWD/Cholera supplies, promote prevention techniques through hygiene awareness, and provide response when epidemic outbreaks from water-transferred/borne diseases occur, such as AWD/Cholera.			
Indicators for outcome 3		Cluster	Indicator description	Target
	Indicator 3.1	Water, Sanitation and Hygiene	Number of people who have participated in interactive hygiene promotion activities	23970
	Indicator 3.2	Water, Sanitation and Hygiene	Number of members of WASH Committee and Hygiene volunteers trained and are promoting good Hygiene practices	200
	Indicator 3.3	Water, Sanitation and Hygiene	Number of AWD/CHOLERA cases reported and attended to	60

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
	Activity 1.1 Diesel engine power system in Guhweyane BH will be replaced with solar powered submersible pump and pump accessories to improve efficiency in order to ensure reliable and affordable supply of water to Dhobley Hospital, urban poor, IDPs, returnees and pastoralists. The activity will include retrieval of the old power system, test pumping of the BH to establish the actual current yield and determine the specific solar system appropriate for the BH, purchase and installation of the solar equipment and accessories. The WASH Committee and the larger community have been sensitized on the benefits of solar power. ARC plans to replace all diesel engines with Solar energy pumping equipment in the other remaining 2 BHs in Dhobley (Dowale, Damajale). The system has been successful in other parts of Somalia resulting in huge savings though the initial cost may appear high.		X	X	X		
	Activity 1.2 Extension of the piped water supply to Dhobley Hospital To maximize the impact of its ongoing hygiene and sanitation interventions in Dhobley , ARC plans to introduce a 600 meter long piped water connection from Guhweyane Bore-hole in Dhobley town to the Hospital. The activity will include digging of approximately 600metres long trench, purchase and laying of 600metres of 2" PVC pipes, purchase and installation of the elevated plastic tank (capacity of 10 m3). To ensure reliable supply of water to Hospital elevated tank, a surface water lifting pump(booster) will be installed within the hospital and this will be Solar powered to cut down on cost of fuel. A group of 5 hospital staff including an equal number of men and women will be trained on the management of hospital water system. This intervention will benefits approx.15,000 patients mainly IDPs,urban poor and pastoralists from Dhobley and outlying villages who visit the hospital in a year.		X	X	X		
	Activity 1.3 Support to the strategic water point in Dhobley (Damajale BH) This borehole has been identified by local authorities and representatives of women's groups WAMO and HURIYO as one of the strategic water points to be supported with repair/maintenance kits & fuel subsidy during the 2 months of Sep/Oct when the bore-hole is put to optimal use in the dry spell.To enhance safety and security of the pumping equipment, the pump house and tap stands will be repaired. A WUC representative in terms of gender and affiliation, such as sub-clan and livelihood source, will be trained on good governance and equitable distribution of water resources to mitigate risk of conflict at water points. ARC will work with the WUCs to form linkages with major spare parts shops in Kismayo, Garissa and Nairobi to facilitate affordable access of spare parts and service parts and hence ensure sustainability. Local authorities will be included in training to build their water management capacity.					X	
	Activity 2.1 Construction of 160 flood proof latrines with hand wash facilities to meet the needs of 8,000 IDPs and transiting returns through Afmadow. There will be a deliberate effort to design 10% of the IDPs latrines to meet needs of physically disabled (ramp, wide doors). ARC will construct 3 institutional latrines with hand wash units and provision of soap. Of the 3 latrines, 2 will be built in Dhobley Hospital where ARC had previously built 2; the 3rd will be built in one the largest madrassa in Dhobley with over 80 pupils. The latrines will have separate boys and girls cubicle for schools and separate males and females cubicles in health facilities. M/F users will be consulted in situating latrine cubicles. The latrines in school & health facilities will be designed to allow for de-sludging/re-use and raised against possible flooding. The superstructure will be built away from the pit and connected with a flush pipe to the pit with removable concrete cover to facilitate de-sludging.	X	X	X	X	X	
	Activity 2.2 ARC will conduct and promote Community Lead Total Sanitation (CLTS) in at least 3 of the 6 villages that fall within the 15 km radius of Dhobley Urban Center. It is planned that this activity take place in 3 villages in the urban hinterland around Dhobley (Koowaad, Bulla Kutur and Waberi) and by project end they		X	X	X		

Gender theme support	Yes
Outline how the project supports the gender theme	Additional Gendered Needs Assessment Information: ARC's end of project assessment for previous WASH programming in Afmadow found that protection risks, such as that of sexual assault or physical attack, were uniquely experienced by young girls and women when collecting water. While water sources are located in Dhobley Town within walking proximity, their situation is often unlit. Poor functionality of existing water points due to damage in times of conflict often pushes females to fetch water along the outskirts of town, leaving them vulnerable to harm by rural militias or competing/conflicting sub-clans. While males are not responsible for collecting water and do not face harm from this perspective, gender consideration of male involvement in conflicts is necessary, noting that most sub-clan rivalries and conflicts are associated with access to water for personal or animal use. Thus, the tendency of young boys and men to engage in violence over water management suggests a critical need to incorporate conflict de-escalation and resolution techniques, particularly for males involved in water governance. Gender Considerations in Implementation: Through its WASH technical designs, ARC strives to reduce the risks from exposure to GBV, to create safe and friendly environments for women, female adolescents and girls to access WASH services and to rehabilitate facilities to be accessible to individuals with disability. Illustrative actions ARC takes to ensure protection and gender are mainstreamed in WASH programming include: <ul style="list-style-type: none"> • Positioning of water points, public latrines at the sites that are easily accessible (under 500m from shelters) and highly visible to reduce incidence of GBV and other forms of violence. • Sufficient number of water taps/ hand pumps to minimize waiting time at the water points and reduce the risk of violence while collecting water, traditionally and most often the role of the girl child or mother. • Technical designs that feature adequate separation of latrine and shower cubicles/ blocks for men and women to ensure dignified access and reduce risks from GBV, with particular attention to consideration of the unique needs of girls and women, and culturally appropriate separation; • Latrines and bathing cubicles are equipped with locks and privacy screens/ walls, and culturally appropriate in their disaggregation and separation by sex; • Ensuring participation of men and women in design of the WASH facilities through committee work in order to ensure privacy and dignified use of facilities by women; • Ensure women and men have equitable influence on hygiene promotion using the PHAST methodological approach; • Sensitivity to the particular needs of children in designing WASH facilities and hygiene promotion activities at schools and other public places (using the CHAST methodology).
Select (tick) activities that supports the gender theme	<p>Activity 1.1: Diesel engine power system in Guhweyane BH will be replaced with solar powered submersible pump and pump accessories to improve efficiency in order to ensure reliable and affordable supply of water to Dhobley Hospital, urban poor, IDPs,returnees and pastoralists. The activity will include retrieval of the old power system, test pumping of the BH to establish the actual current yield and determine the specific solar system appropriate for the BH, purchase and installation of the solar equipment and accessories. The WASH Committee and the larger community have been sensitized on the benefits of solar power. ARC plans to replace all diesel engines will Solar energy pumping equipment in the other remaining 2 BHs in Dhobley (Dowale, Damajale). The system has been successful in other parts of Somalia resulting in huge savings though the initial cost may appear high.</p> <p>Activity 1.2: Extension of the piped water supply to Dhobley Hospital To maximize the impact of its ongoing hygiene and sanitation interventions in Dhobley , ARC plans to introduce a 600 meter long piped water connection from Guhweyane Bore-hole in Dhobley town to the Hospital. The activity will include digging of approximately 600metres long trench, purchase and laying of 600metres of 2" PVC pipes, purchase and installation of the elevated plastic tank (capacity of 10 m3). To ensure reliable supply of water to Hospital elevated tank, a surface water lifting pump(booster) will be installed within the hospital and this will be Solar powered to cut down on cost of fuel. A group of 5 hospital staff including an equal number of men and women will be trained on the management of hospital water system. This intervention will benefits approx.15,000 patients mainly IDPs,urban poor and pastoralists from Dhobley and outlying villages who visit the hospital in a year.</p> <p>Activity 1.3: Support to the strategic water point in Dhobley (Damajale BH) This borehole has been identified by local authorities and representatives of women's groups WAMO and HURIYO as one of the strategic water points to be supported with repair/maintenance kits & fuel subsidy during the 2 months of Sep/Oct when the bore-hole is put to optimal use in the dry spell.To enhance safety and security of the pumping equipment, the pump house and tap stands will be repaired. A WUC representative in terms of gender and affiliation, such as sub-clan and livelihood source, will be trained on good governance and equitable distribution of water resources to mitigate risk of conflict at water points. ARC will work with the WUCs to form linkages with major spare parts shops in Kismayo, Garissa and Nairobi to facilitate affordable access of spare parts and service parts and hence ensure sustainability. Local authorities will be included in training to build their water management capacity.</p> <p>Activity 2.1: Construction of 160 flood proof latrines with hand wash facilities to meet the needs of 8,000 IDPs and transiting returns through Afmadow.There will be a deliberate effort to design 10% of the IDPs latrines to meet needs of physically disabled (ramp, wide doors). ARC will construct 3 institutional latrines with hand wash units and provision of soap. Of the 3 latrines, 2 will be built in Dhobley Hospital where ARC had previously built 2; the 3rd will be built in one the largest madrasa in Dhobley with over 80 pupils.The latrines will have separate boys and girls cubicle for schools and separate males and females cubicles in health facilities. M/F users will be consulted in situating latrine cubicles. The latrines in school & health facilities with be designed to allow for de-sludging/re-use and raised against possible flooding. The superstructure will be built away from the pit and connected with a flush pipe to the pit with removable concrete cover to facilitate de-sludging.</p> <p>Activity 2.2: ARC will conduct and promote Community Lead Total Sanitation (CLTS) in at least 3 of the 6 villages that fall within the 15 km radius of Dhobley Urban Center. It is planned that this activity take place in 3 villages in the urban hinterland around Dhobley (Koowaad, Bulla Katur and Waberi) and by project end they will have attained an ODF status. 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ARC plans to target a group of 60 (10 HHs) persons for each set of Sanitation tool that comprises 1 wheel barrow, 5 rakes, 3 shovels, 1 panga, 1 mattock and a set of protective clothing of 1 dust coat.</p> <p>Activity 3.1: ARC targets 85% (23,970) affected population with messages developed around 3 main themes: (i) Hand washing with soap at critical times - this will be supported by distribution of soap which is part of the Hygiene kits to be distributed. (ii) Proper excreta disposal and environmental sanitation- latrines to be constructed in IDPs camp, schools and health facilities (iii) Water Hygiene- Hygiene promotion at water points and distribution of jerrycans for fetching and storage and distribution of sanitation tools for solid waste disposal. (iv) Conduct a pre- intervention and post intervention KAP surveys to establish baseline data of the objective and outcomes and to accurately evaluate changes in WASH behaviors, awareness of WASH-associated health risks, and knowledge of prevention/mitigation techniques.</p> <p>Activity 3.2: ARC will work with affected community to identify suitable and volunteer oriented members for training as WASH Committee members and Hygiene promotion volunteers. The training will equip the 57 volunteers and 20 WASH Committee members with skills in WASH related disease surveillance,use of IEC materials for Hygiene promotion and monitoring and reporting besides the general hygiene promotion techniques. WASH Committee and volunteer members will distribute hygiene kits at HH & community level, as well as in schools. IEC materials will be provided to volunteers to assist in hygiene demonstrations and to facilitate improved learning techniques.</p> <p>Activity 3.3: In rainy seasons, Dhobley and surrounding areas have been at risk of cholera outbreaks and suspected shigellosis. As the only functional hospital in Afmadow & Badhaadhe Districts, Dhobley Hospital receives and treats cholera outbreaks that are frequent in rural Afmadow & Hoosingo Town. Arriving patients carry the disease and bring the risk of transference. Dhobley also hosts many people transiting to or from Dadaab refugee camps that are known to suffer frequent outbreaks. ARC will work closely with other stakeholders and AWD/Cholera focal points through WASH and Health Cluster, ARC's cross-border disease surveillance program with iOM, and other coordination mechanisms to pre-position AWD/Cholera supplies, promote prevention techniques through hygiene awareness, and provide response when epidemic outbreaks from water-transferred/borne diseases occur, such as AWD/Cholera.</p>

BUDGET

1.1 Supplies, commodities, equipment and transport	1.1.1 Supplies (materials and goods)								
	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total

	Replacement of diesel Engines with Solar power in Guhweyna BH (Quote attached)	44000	1	1	44,000.00	0.00	44,000.00	
	Service kits for Boreholes Guhyewna Dhobley	3440	1	1	3,440.00	0.00	3,440.00	
	Excavation and fencing of 3 dumping sites within Dhobley	1493	3	1	4,479.00	0.00	4,479.00	
	Sacks for Bore-hole and dam protection	1	0	1	0.00	0.00	0.00	
	Extension of water to Dhobley Hospital + solar panel and accessories	14400	1	1	14,400.00	0.00	14,400.00	
	Sanitation tools (set)	90.054	150	1	13,508.10	0.00	13,508.10	
	Latrines construction in schools and Health facility + Handwash facility	2319	3	1	6,957.00	0.00	6,957.00	
	Hygiene Kits to support Hygiene promotion	25	1200	1	30,000.00	0.00	30,000.00	
	IEC materials design, production and distribution	20	57	1	1,140.00	0.00	1,140.00	
	Hygiene kits in schools	23	262	1	6,026.00	0.00	6,026.00	
	Latrines for IDPs including hand wash facility	325	160	1	52,000.00	0.00	52,000.00	
	Subtotal Supplies				175,950.10	0.00	175,950.10	49.5

1.1.2 Transport and Storage

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	Vehicle rental	2100	1	10	21,000.00	0.00	21,000.00	
	Freight and transport	950	1	4	3,800.00	0.00	3,800.00	
	Storage costs	500	1	4	2,000.00	0.00	2,000.00	
	Vehicle for security Escort	2100	1	5	10,500.00	0.00	10,500.00	
	Subtotal Transport and Storage				37,300.00	0.00	37,300.00	10.5

1.2 Personnel (staff, consultants, travel and training)

1.2.1 International Staff

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	Wash Coordinator (50%)	2880	1	12	34,560.00	0.00	34,560.00	
	Subtotal International Staff				34,560.00	0.00	34,560.00	9.7

1.2.2 Local Staff

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	Wash Officer	1610	1	10	16,100.00	0.00	16,100.00	
	Hygiene Promotion supervisor	750	1	10	7,500.00	0.00	7,500.00	
	Subtotal Local Staff				23,600.00	0.00	23,600.00	6.6

1.3 Training of Counterparts

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	training of water user committees on Governance	120	20	1	2,400.00	0.00	2,400.00	
	CLTS/PHAST training in 3 villages	800	3	1	2,400.00	0.00	2,400.00	
	Training of Hygiene volunteers	120	57	1	6,840.00	0.00	6,840.00	
	Subtotal Training of Counterparts				11,640.00	0.00	11,640.00	3.3

1.4 Contracts (with implementing partners)

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	Security guards - office, escort, field, cleaner office	250	5	10	12,500.00	0.00	12,500.00	
	Hygiene promoters	550	2	10	11,000.00	0.00	11,000.00	
	Community mobilizers	350	2	10	7,000.00	0.00	7,000.00	
	Pre & Post intervention KAP Survey (external consultant)	4000	1	1	4,000.00	0.00	4,000.00	
	Water technician	650	1	10	6,500.00	0.00	6,500.00	
	Sanitation technician	650	1	10	6,500.00	0.00	6,500.00	
	Water quality monitor	550	1	10	5,500.00	0.00	5,500.00	
	Assistant water & sanitation technician	200	1	10	2,000.00	0.00	2,000.00	

		Subtotal Contracts				55,000.00	0.00	55,000.00	15.5
1.5 Other Direct Costs	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
		Stationary and office materials	200	1	10	2,000.00	0.00	2,000.00	
		Rent	600	1	10	6,000.00	0.00	6,000.00	
		Communications	310	1	12	3,720.00	0.00	3,720.00	
		Utilities	275	1	10	2,750.00	0.00	2,750.00	
		Bank Transfer Costs	2619	1	1	2,619.00	0.00	2,619.00	
	Subtotal Other Direct Costs						17,089.00	0.00	17,089.00
TOTAL						355,139.10	0.00	355,139.10	
2.0 Indirect Costs						Amount(USD)	Organization	CHF	% of CHF Total
	Indirect Costs					24,859.00	0.00	24,859.00	6.9998
	GRAND TOTAL					379,998.10	0.00	379,998.10	100.0

Other sources of funds

Description	Amount	%
Organization	0.00	0.00
Community	0.00	0.00
CHF	379,998.10	100.00
Other Donors	a)	0.00
	b)	0.00
TOTAL	379,998.10	

LOCATIONS

Region	District	Location	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Lower Juba	Afmadow	Dhobley	Guhyewna BH in Dhobley has been identified as the source from which Dhobley hospital will draw its water.To make it more efficient and ensure reliable supply of water from the source, ARC plans to replace the diesel Engine will Solar power and Solar powered submersible pump.This would ensure that the hospital and the community are freed from the burden of provision of fuel and frequent servicing of the water pumping equipment. This technology will be extended to the 2 other BHs within town when more funds are made available.	Urban poor, IDPs, patients visiting Dhobley hospital and pastoralists	15000	0.40627	41.01238	NA-3716-Q12-001
Lower Juba	Afmadow	Dhobley	The WASH committees for the 3 facilities namely: the hospital, Guhweyna BH and Damajale BH all in Dhobley will be trained on the management of water facilities and governance to enable them manage the facilities efficiently and in line with WASH cluster guidelines.All will be introduced to care and maintenance of the solar system as a new concept.	WASH Committees in hospital and the BHs	200	0.40627	41.01238	NA-3716-Q12-001
Lower Juba	Afmadow	Dhobley	Dhobley town has 3 operational BHs. ARC will support (Damajale) one of the 3 BHs with service kits and fuel subsidy during the 2 peak dry seasons of September and October to meet the increased needs occasioned by an influx of pastoralists from the surrounding villages who converge into the town in search of water.	Urban poor, patients in Dhobley Hospital, IDPs/Returnees and pastoralists	15000	0.40627	41.01238	NA-3716-Q12-001
Lower Juba	Afmadow	Dhobley	ARC will conduct a pre-intervention and post intervention KAP surveys to establish the baseline information to enable the team set realistic and achievable targets and also be able to ascertain the achievements against target at the end of the project by conducting a post intervention KAP Survey. While the pre-intervention will be conducted internally by ARC staff, provision has been made to invite an external consultant to undertake the final KAP.	IDPs, returnees on transit from or to Dadaab. all the latrines will have hand washing units installed next to them	28200	0.40627	41.01238	NA-3716-Q12-001
Lower Juba	Afmadow	Dhobley	160 latrines will be constructed to meet the needs of 7000 IDPs and 1000 returnees expected to transit Dhobley. Depending on the security situation in Lower Juba, the beneficiaries could transit Dhobley on their way to the Dadaab refugee camps in Kenya.	IDPs and returnees on transit	8000	0.40627	41.01238	NA-3716-Q12-001
Lower Juba	Afmadow	Dhobley	Dhobley town has a major problem of accumulated solid waste and poor drainage system that puts the entire community at risk of Water, Sanitation and Hygiene related diseases..ARC will work with the 2 existing Sanitation committees and help form the third to improve the environmental sanitation of Dhobley township. ARC will work with the local authority and the committees to identify designated dumping pits, excavated and fence off the pits to keep away animals and children. Furthermore, the groups will be supported with sanitation tools and safety wear to facilitate safe collection and disposal of waste	Urban poor, IDPs and patients seeking health services from the hospital	9000	0.40627	41.01238	NA-3716-Q12-001

Lower Juba	Afmadow	Dhobley	Even though Dhobley is considered an urban area and therefore not suitable for CLTS interventions, it is surrounded with a number of rural settlements some within a radius of 15 kms.ARC will work with the communities in these settlements/villages to trigger construction of latrines in order to attain ODF status.	Pastoralists, returnees living within 10 to 15 Km radius of Dhobley town Centre who frequently interact with the Dhobley community.	6000	0.40627	41.01238	NA-3716-Q12-001
Lower Juba	Afmadow	Dhobley	A total of 23,970 (85%) of total beneficiaries are expected to have received hygiene promotion messages by the end of the project. A total number of 57 hygiene promotion volunteers (1 per 500 beneficiaries) will be identified and trained. To support the work of hygiene promoters and volunteers, 1200 hygiene kits will be purchased and distributed during the promotion sessions. Information, Education and communication (IEC) materials will be designed, produced and used by the promoters as illustrations during the promotion sessions.	patients from among IDPs, Urban poor, pastoralists and people on transit	28200	0.40627	41.01238	NA-3716-Q12-001
Lower Juba	Afmadow	Dhobley	Extension of the piped water supply to Dhobley Hospital. To maximize the impact of its ongoing hygiene and sanitation interventions in Dhobley, ARC plans to introduce a 600 meter long piped water connection from Guhweyane Bore-hole in Dhobley town to the Hospital. The activity will include digging of approximately 600metres long trench, purchase and laying of 600metres of 2" PVC pipes, purchase and installation of the elevated plastic tank (capacity of 10 m3). To ensure reliable supply of water to Hospital elevated tank, a surface water lifting pump(booster) will be installed within the hospital and this will be Solar powered to cut down on cost of fuel. A group of 4 hospital staff including an equal number of men and women will be trained on the management of hospital water system. This intervention will benefits approx.15,000 patients mainly IDPs,urban poor and pastoralists from Dhobley and outlying villages who visit the hospital in a year.	Patients from among the urban poor,IDPs,pastoralists,returnees	15000	0.40627	41.01238	NA-3716-Q12-001
TOTAL					124,600			

DOCUMENTS

Document Description

1. Needs Assessment Lower Juba
2. BOQ of latrines in schools and health facilities
3. BOQ IDP latrines
4. ARC Somalia Risk Mitigation Strategy
5. ARC WASH Assessment.Dhobley Urban
6. Hygiene kit list
7. Hygiene kit for school
8. JRC2 comments
9. Specific Coordinates
10. JRC 2nd Review - ARC Responses
11. Breakdown cost of training USD 120 per trainee
12. CLTS MANUAL
13. Hygiene promoters training
14. water user committee training
15. JRC3
16. Hygiene promotion manual
17. Activity 1.5.1 and 1.5.2
18. Extension of water to Hospital 19072013
19. Boq replacement of Diesel Engine with Solar power
20. BH service kits
21. Boq excavation of dumping site
22. Freight and transport
23. Pre and Post Intervention KAP survey
24. Sanitation Tools BOQ 1.1.1.7