

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'

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	UNICEF		
(B) Type of Organization*	<input checked="" type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title*	To increase and sustain the access of IDP and disaster-affected populations in Central South zone to safe water, appropriate sanitation facilities and hygiene promotion		
(D) CAP Project Code	SOM-10/WS/28907/R	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 1 (July 2010)		
(G) CAP Budget	\$ 15,728,418.00	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 3,253,977.00	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve.	
(J) Primary Cluster*	WASH		
(K) Secondary Cluster	please select	Only indicate a secondary cluster for multi-cluster projects.	
(L) Beneficiaries	Total*	Men	Women
Direct project beneficiaries. Specify target population disaggregated by number.	916,300	320,705	183,260
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	Pastoralist	IDPs
	376,300		540,000
(M) Location	Region(s) and District(s) only, precise locations should be annexed Regions: <input type="checkbox"/> Awdal <input checked="" type="checkbox"/> Banadir <input checked="" type="checkbox"/> Bay <input type="checkbox"/> Gedo <input checked="" type="checkbox"/> L. Juba <input type="checkbox"/> M. Juba <input checked="" type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input checked="" type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input checked="" type="checkbox"/> L. 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	Afgooye and Banadir - WARDI, SOPHPA, GSA - JACKLINE	Budget: \$ 900,000
	2	Galgadud and Mudug - GMC, CPD, SSWC, TU, IIDA, RAO, SDRO, SSWC, COOPI	Budget: \$ 1,318,700
	3	Bay and Riverine L. Juba - Muslim Aid, Gol-yome, GREDO, BTSC, AFREC	Budget: \$ 430,000
(O) Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).	Name: * Mohammed Basem Asaad Title: WASH Specialist		
Agency focal point for project:	Email: * mbasem@unicef.org	Phone: *	714,606,670
	Address: UNICEF Somalia Support Centre, Nairobi, Kenya		

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.*	<p>For nearly two decades now, the Central Southern part of Somalia has been plagued by widespread violence, endemic poverty and adverse climatic conditions such as recurrent chronic droughts and seasonal floods which have generated a complex emergency. The challenge of access to safe water and deteriorating sanitation and hygiene conditions has persisted. Disease outbreaks increase during the rainy seasons/ floods when waste is swept into water sources while poorly maintained latrines flood leading to contamination of water sources in the process. Lack of safe drinking water, sanitation and hygiene has led to increased incidences of waterborne diseases and reduced health situation of the affected communities.</p> <p>This has been addressed in this proposal through providing safe drinking water and sanitation services, and hygiene promotion to 500,000 IDPs in Banadir and Afgooye, 124,000 IDPs and drought affected populations in Galgaduud and 62,000 Mudug and flood affected and AWD/ Cholera prone groups of Bay and riverine people of Lower Juba aiming at reducing mortality and morbidity as a result of Cholera outbreaks.</p> <p>Based on interagency assessments (enclosed) and requests from the local communities/authorities, UNICEF and its partners undertook technical assessments of WASH situation to identify the needs in Banadir, Lower Shabelle, Galgaduud, Mudug Bay and Lower Juba Regions in CSZ; in late 2009 and early 2010 to develop projects addressing the needs through a combination of 1) construction of water systems to cope with the increased IDPs in Afgooye, Galgaduud and Mudug therefore avoiding expensive water trucking operations. Strategic boreholes will be considered as possible, 2) continue supporting the O&M activities including chlorination in Banadir and Afgooye, 3) support construction of sanitation facilities and hygiene promotion activities to IDPs and host communities in Afgooye, Banadir, Bay, Galgaduud and riverine Lower Juba towards prevention and control of AWD/ Cholera outbreaks in IDP and vulnerable populations. 4) Training of communities' members on O&M of water systems</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.*	<p>UNICEF implementation is through partners with close supervision and monitoring by 7 WASH officers based in CSZ. Over 30 partners in CSZ have been trained by UNICEF and have the required institutional and technical capacity to implement WASH projects. Availability and access to safe drinking water, access to safe excreta disposal, practice of good hygiene behaviors to mitigate the effects of drought, floods and control AWD out breaks are the main critical needs being addressed by this project.</p> <p>Lower Shabelle and Benadir regions host more than 700,000 IDPs and access to safe water, safe excreta disposal have remained a big challenge leading to frequent AWD outbreaks. Safe water is accessed from more than 217 protected water systems that are chlorinated as part of control and prevention of AWD.</p> <p>In the regions of Galgaduud and Mudug, chronic drought coupled with shortage in water resources and poor functionality of existing water infrastructure force people in both semi-urban and nomadic areas to revert to unprotected or poorly protected water sources, and in combination with generally poor hygiene awareness and deplorable environmental sanitation practices incidences of water borne diseases and general reduction in the health standards of affected communities increased. Some access to safe water supply has been maintained through the unsustainable method of water trucking with support from partners and Diaspora Somalis. There is therefore need to rehabilitate existing dilapidated boreholes/water yards and construct new strategic boreholes to mitigate the effects of drought.</p> <p>Afmadow, Kisamayo, Jamame and West Jilib districts, Lower Juba region, have experienced population displacement as a result of flooding and occasional droughts. Approximately 80% (according to AFREC) of the water sources and sanitation facilities were destroyed by floods. The community has been forced to source water directly from the river Juba and approximately 95% of the population use the bush for excreta disposal. Acute Watery Diarrhoea (AWD) keeps recurring and is a major contributor to other major concerns such as high levels of acute malnutrition.</p> <p>The districts of Baidoa and Bur-Hakaba, Bay region have had persistent AWD outbreaks as a result poor access to safe water and sanitation facilities. The Baidoa Water Supply Public Private Partnership (PPP) system only supplies water to the city centre. However the peripheral areas that host more than 5,000 IDPs depend on water transported by donkey carts. According to Bur-Hakaba Town Section Committee (BTSC) only 6% of the population in Bur-Hakaba has access to safe water. The rest of the community depends on open water catchments, unprotected shallow wells and seasonal streams. Approximately 80% of the households have only one 20 litre Jerry-can for their safe water storage.</p> <p>Therefore there is need to: (1) Improve access to safe drinking water through rehabilitation and construction of water sources, (2) Continue the chlorination water sources and provide household water treatment, (3) Provide sanitation tools to facilitate garbage disposal, cleanup campaigns and construction of latrines, (4) Develop the institutional capacity of the community to participate in the planning and management of water and sanitation services, (5) Sensitize the communities on good hygiene practices and distribute supplies such as soap to promote hand washing and jerry cans for safe storage of water.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>Operations and maintenance 12 water supply networks in Afgooye and Mogadishu, chlorination of 217 water sources construction of 2,000 latrines and dissemination of hygiene messages targeting over 500,000 people in Banadir and Afgooye and surrounding areas. Most of these projects are ending in July and August 2010 and UNICEF requires urgently requires funds to support continuation to avoid a humanitarian disaster.</p> <p>In South Mudug, UNICEF is currently engaged in the drilling and construction of 4 boreholes with water yards and the establishment of 3 solar powered water supply systems. The rehabilitation of Abudwak town water supply system and Bangelle water yard in Galgaduud region are 2 activities that UNICEF had been engaged in for the past 6 months and they are now nearing completion, and UNICEF is also monitoring the operation/maintenance and management of 6 water yards and 1 town water supply system completed in Adado, also Galgaduud. All these projects carried elements of technical and management training and UNICEF is tracking the handover and formal institutionalization of the various water management bodies that are running the newly rehabilitated/constructed systems.</p>

UNICEF continues to support chlorination and hygiene promotion activities to the riverine communities in Lower Juba covering Jamame, Kismayo and the surrounding areas. Support to Baidoa water supply system through Public Private Partnership (PPP). Chlorination of over 200 water sources in Baidoa and Bur Hakaba. However to need to extend the water pipelines to the IDPs camps and support hygiene promotion is not yet addressed. There are huge gaps in chlorination, sanitation and hygiene promotion in Bay and Lower Juba, where the agreements with UNICEF have expired.

Support to the capacity building of 1,400 people from communities and institutions to operate, maintain and manage water infrastructure in a sustainable manner through training in chlorination and pump operations. Support the dissemination of key hygiene messages to communities, schools and health facility attendants through a range of different interventions, benefitting 500,000. Support the training of 2,125 community personnel, teachers and health staff to effectively communicate key hygiene messages benefitting. Distribution of soap to support hygiene promotion activities, jerrycans to support access to safe water benefitting 200,000 people and capacity of communities, civil society and institutions ability to manage solid waste in a safe and sustainable manner to benefit 140,000 people

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To increase and sustain the access of IDP and disaster-affected populations to safe water, appropriate sanitation facilities and hygiene promotion		
(B) Outcome 1*	Approx. 670,000 people will have increased and sustained access to safe water, reducing the likelihood of large scale outbreaks of AWD/Cholera through the construction, rehabilitation, operation and maintenance, and chlorination of water systems		
(C) Activity 1.1*	Support to the operation, maintenance and chlorination of 342 water systems benefitting 460,000 IDPs, HE and host communities		
(D) Activity 1.2	Support to the rehabilitation of 82 existing water systems and training of water committees on water management benefitting 53,000 IDPs, HE and host communities		
(E) Activity 1.3	Support the construction of 31 new water facilities and training of water committees on water management benefitting 157,000 IDPs, HE and host communities		
(F) Indicator 1.1*	WASH	WASH - Number of beneficiaries, disaggregated by sex, with access to safe water through supported operation, maintenance and chlorination	Target:* 460,000
(G) Indicator 1.2	WASH	WASH - Number of beneficiaries, disaggregated by sex, with access to rehabilitated or newly constructed water facilities	Target: 210,000
(H) Indicator 1.3	please select		Target:
(I) Outcome 2	Approx 300,000 IDPs and HE will benefit from support to clean-up campaigns and improvements in environmental sanitation. Approx.6,790 IDPs and HE will have adequate access to sanitation facilities through the construction of IDP latrines leading to an improvement in the sanitary environment and environmental health, reducing the pollution pathway		
(J) Activity 2.1	Support the construction of 95 IDP latrines benefitting 4,750 IDPs and 340 households latrines benefitting 2,040 HE.		
(K) Activity 2.2	Support the capacity building of IDPs and host communities ability to manage solid waste in a safe and sustainable manner including distribution of sanitation tools to benefit 300,000 people		
(L) Activity 2.3			
(M) Indicator 2.1	WASH	WASH - Number of beneficiaries, disaggregated by sex, with increased access to sanitation facilities	Target: 6,790
(N) Indicator 2.2	WASH	WASH - Number of beneficiaries, disaggregated by sex, reached through safe sustainable solid waste disposal projects and distribution of sanitation tools	Target: 300,000
(O) Indicator 2.3	please select		Target:
(P) Outcome 3	Approx. 500,000 IDPs and HE will have access to effective hygiene promotion, enabling them to understand and implement key hygiene promotion practices (e.g. effective hand washing and safe water storage) and approx. 70,000 IDPs and HE will receive soap to reduce the risk of diarrhoeal diseases and jerry cans for safe water storage		
(Q) Activity 3.1	Support the dissemination of key hygiene messages to IDPs, HE and host communities through a range of different interventions including training of 600 community members, teachers and health staff to effectively communicate key hygiene messages and production/distribution of IEC materials on sanitation and hygiene benefitting 500,000		
(R) Activity 3.2	Support the distribution of soap to support hygiene promotion activities, and jerry cans to support safe water storage benefitting approx. 70,000 IDPs and HE		
(S) Activity 3.3			
(T) Indicator 3.1	WASH	WASH - Number of beneficiaries, disaggregated by sex, participating in hygiene promotion campaigns	Target: 500,000
(U) Indicator 3.2	WASH	WASH - Number of beneficiaries, disaggregated by sex, receiving soap	Target: 70,000
(V) Indicator 3.3	please select		Target:
(W) Implementation Plan*	<p>The activities will be implemented through UNICEF local partners who have been implementing in the target locations and have experience and capacity to implement the planned activities. UNICEF local partners have knowledge of the WASH sector and the geographical locations where they are based. In addition, the ability to respond will be contingent on security and access. UNICEF Officers will provide direct technical support/oversight and monitoring where access permits. The aim is to implement and complete planned activities within a 12-month period, starting from the date when funds are received.</p> <p>The project would be implemented through Project Cooperation Agreements (PCAs) with the UNICEF local partners. The monitoring and evaluation of the activities will be conducted by UNICEF directly in accessible locations of Muduq and Galagadud; and through 3rd party monitoring and or remote monitoring in the other locations</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	<p>Following the reduced access in some Regions, UNICEF has developed 3rd party monitoring where the implemented projects are monitored by an independent party in those locations such as Afgooye, Banadir, Lower Juba and Bay Region. The 3rd party monitor has the necessary expertise to undertake monitoring and evaluation on behalf of UNICEF based on preset indicators and information collection tools.</p> <p>Direct monitoring and evaluation at the field level is carried by UNICEF officers in Galgadud and Muduq where the national officers have access. In the event of access gaps, remote monitoring and technical support will be put in place.</p> <p>Triangulation of information shared among UNICEF, the partners and the communities, where each communicates priorities and facts on the ground is also used to cross check what has been achieved and identify gaps.</p> <p>Remote monitoring with partners and national consultant's who provide information and updates through e-mail, audio-visual feedback, Skype and telephone.</p> <p>In addition, UNICEF has WASH officers in Mogadishu, Galkayo and Baidoa who supports the partner and monitoring the activities in the Afgooye, Banadir, Galgadud, Muduq, Bay and Lower Juba.</p>
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(B) Work Plan Must be in line with the log frame	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* O&M of water supply systems and chlorination of 342 wells activities	xx	xx	xx	xx	xx	xx	
1.2 Rehabilitation of 82 water sources	xx	xx	xx	x			
1.3 Construction of 31 new water sources	xx	xx	xx	x			
2.1 Construction of 2,750 IDP latrines	xx	xx					
2.2 Clean-up campaigns and solid waste disposal		xx	xx	xx	xx	xx	
2.3							
3.1 Dissemination of hygiene and sanitation messages	xx	xx	xx	xx	xx	xx	
3.2 Distribution of soap and jerry cans	xx	xx					
3.3 Training of 600 hygiene and sanitation promoters	xx	xx	xx				

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 NCA, GSA, SDRO, JUMBO	Operations and maintenance 9 water supply networks in Afgooye and Mogadishu is ongoing through NCA, GSA, SDRO and JUMBO. Support for the agreements expiring in August 2010 will be provided through the same partners to maximize on the established knowledge of the locations and ensure continuity. UNICEF through its WASH officer in Mogadishu ensures that the partners operating in the Afgooye / Banadir coordinate and carry out joint assessments.
	2 SOPHPA	Chlorination of 217 water sources and 58 water outlets and hygiene promotion in Banadir; agreement with SOPHPA is expiring in August 2010. Support will be given to the same partner to ensure continued chlorination and utilization of the same capacities.
	3 SDRO, WARDI	Construction of latrines and hygiene promotion has been going on in Afgooye and Wanle Wayne. WARDI and SDRO have been coordinating the current response and have conducted joint assessments identifying the sanitation gaps.
	4 SDRO, GMC, RAO, CPD, SSWC, TU	In Galgadud and South Mudug, UNICEF is currently engaged in the drilling and construction of 4 boreholes with water yards and the establishment of 3 solar powered water supply systems through GMC and SDRO. Constructions of water supply systems have been completed in Adado (CPD), Abu Dwak (RAO) and Dhasamareb (TU) in addition to other rehabilitation and construction of berkadis by IIDA and SSWC. UNICEF officers have been meeting all the partners in Galkayo and coordinating the WASH activities. Assessments and field visits are conducted jointly with the partners and UNICEF. This system will be sustained.
	5 AFREC, Muslim Aid, Jubashine	UNICEF continues to support chlorination and hygiene promotion activities to the riverine communities in Lower Juba covering Jamame, Kismayo and the surrounding areas through AFREC, Muslim Aid and Jubashine. The partners have clearly defined areas of coverage and they have been sharing supplies provided by UNICEF. UNICEF closely monitors the implementation and the utilization of the WASH emergencies supplies through coordination with the partners. This approach will be continued in the new projects.
	6 BWB, Gol-yome, GREDO, BTSC	UNICEF is supported the Public Private Partnership (PPP) and Chlorination of over 200 water sources in Baidoa and Bur Hakaba through BWB and BTSC. Coordination and joint training of the partners has been going on where partners meet and exchange information. The planned training on O&M and Billing at the end of June 2010 is another opportunity for the partners to meet. And this approach will be continued.
	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	The increased access to safe water will lead to reduced walking distances and queuing times which will reduce the exposure of women and young children while collecting water. Improving the access to sanitation facilities will reduce the possibility of girls being attacked while travelling to and using sanitation facilities as they will be located in safer areas, closer to school buildings.	All activities: 1,2 and 3
	Capacity Building	Yes	Most of the implementing partners selected are local NGOs and CBOs - through the implementation of the project, their capacity will be built in project planning, implementation, reporting as well as participating in selected training courses.	All activities: 1,2 and 3