

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*	Relief International - United Kingdom (RI)		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title* <small>Please use a precise and informative title that accurately reflects the project.</small>	WASH Disaster Mitigation Project, Galkayo		
(D) CAP Project Code	SOM-10/WS/28902	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	\$287,855	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 259,300.00	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	6 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 <small>Direct project beneficiaries. Specify target population disaggregated by number.</small>	Total*	Men (20%)	Women (50%)
	29,000	5800	14500
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	People in AFLC	IDPs
			25,000
(M) Location <small>Region(s) and District(s) only, precise locations should be annexed</small>	Regions	<input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input 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 type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input 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 <small>(List name, acronym and budget)</small>	1	Budget:	\$ -
	2	Budget:	\$ -
	3	Budget:	\$ -
(O) Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).			
Agency focal point for project:	Name: *	Randhir Singh	Title: Regional Program Advisor & CD-Somalia
	Email: *	randhir@ri.org	Phone: * 710932098
	Address:	East Africa Regional Office, Unit 5, L.R. 1/833, Lenana Road, 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>The presence of waterborne diseases due to poor sanitation, hygiene, and lack of safe drinking water presents significant health risks for populations across Somalia. IDP settlements in Mudug region specifically are breeding grounds for vector-borne and communicable diseases. Among the settlements RI surveyed in 2009/2010 in Galkayo, a maximum of 60 percent of the population has access to safe drinking water, and in certain areas this figure is as low as 9 percent. In some cases, walking distance to water points which yield untreated water is 45 minutes, and queuing time is up to 90 minutes. Between 40 and 60 percent of individuals wash their hands (with water only) before eating. The impact on health and livelihoods from poor WASH in Mudug is severe. According to UNOCHA the five diseases having significant chance of outbreak are those most closely associated with poor WASH (bloody diarrhea, watery diarrhea, measles, malaria, and meningitis). Three of these five – watery diarrhea, measles, and malaria – were reported as the most prevalent illnesses in IDP camps in Galkayo. Moreover, while the average household earns US \$19.50 - \$45 per month, families must pay from US \$3 to \$8 for rented living space, and up to US \$12 per month for water. The situation within RI consulted the following groups in designing the proposed emergency intervention: (1) Government Authorities: RI individually consulted the Governor and Mayor of Galkayo and PSAWEN. (2) Galkayo Water Company (GWC): RI has also previously partnered with GWC on implementing other local WASH programs. (3) UN Agencies: RI is the co-chair for the WASH Cluster in Mudug region and has consulted UNICEF and UNOCHA in designing WASH interventions. (4) Key Stakeholders: RI has consulted with elders and a sample of affected beneficiaries who endorsed the proposed project.</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>Water services in Galkayo are largely provided via a public-private partnership brokered by UNICEF in 2003 between the Puntland State Agency for Water, and Energy (PSAWEN) and the privately held Galkayo Water Company (GWC). The public entity acts as a policy maker and issues permits for the expansion and development of water resources, and the private water company is responsible for operating, maintaining, managing, and expanding the water system with its own investment and resources in compliance and consultation with the state water agency. GWC maintains a 25-kilometer network of water points, but the system only has capacity to provide untreated water to residents of North Galkayo. Most IDPs in North and South Galkayo utilize a number of untreated off-network water sources including water tank trucks, kiosks, wells, and private vendors. These have been constructed or rehabilitated by NGOs, including COOPI, the IRC, and RI, but they are not sufficient to meet needs. The most popular water points are built by the land owners themselves and are locally referred to as barkats, measuring approximately 1x2x3 meters.</p> <p>Most barkats hold approximately 10,000 liters of water. The barkats are filled twice a week and families can purchase water at a rate of 3,000 Somali shillings per 20 liters (US \$0.10). During the drought situations, the water price goes up by more than 50%. Only one surveyed settlement, Tawakal, reported having treated water, which is carried out by UNICEF. Hand-dug wells in IDP camps have salty water. The quantity of water than IDPs and poor households can afford does not meet the Sphere Minimum Standard of 15 liters per person per day (RI's assessment revealed only between 6 and 12 liters of water are used per person per day). On average, up to four 20-liter jerry cans are taken per visit to any water point, and are usually carried by women or children. In the communities RI assessed, it was found that when using communal water and sanitation facilities, women and adolescent girls can be vulnerable to sexual violence or exploitation as the distances to water points are far and exposed, and women and girls are often attacked or approached in the process. Cholera outbreaks have occurred in all settlements surveyed.</p> <p>While international and local NGOs including Danish Refugee Council, the International Rescue Committee, Mercy Corp, RI, SRDO, and NRO have undertaken latrine construction in some IDP settlements in and around Galkayo, the number of latrines is insufficient, and in no way have emergency Sphere Standards (50 persons per latrine) been met. In one targeted settlement, Mustaqbal, population estimated at 1,302 individuals, there are no latrines. In other settlements, up to 160 persons are accessing each latrine, while 84 percent of the population may not have access at all. Human waste management systems at the household or community level continue to be ineffective. Most IDPs utilize common areas surrounding the home structure. Human waste is typically disposed of directly outside shelters, and children walk barefoot through solid waste, broken glass or sharp metal. Water runoff passing over waste is contributing to contamination of open water sources.</p> <p>Furthermore, landowners have been reported to re-possess community-owned latrines when monthly payments for land rental aren't timely made by residents. Even in a permanent camp such as Tawakal, where the number of existing latrines service close to all its population, Sphere standards are simply not met (60+ persons use each latrine). Protection issues are inherent: sexual assault and rape are reported by the community as significant protection issues for female IDPs, particularly at night when women leave settlements to defecate.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>Since establishing initial operations in Somalia in 2006, Relief International – United Kingdom (RI) has been implementing WASH, Nutrition, Food Security, Livelihoods, and Education sector programming across the whole of Puntland state and in Galmudug and Galgaduud regions in South Central zone. In Mudug region specifically, the proposed program will link with RI's ongoing interventions on Nutrition, Food Security, Livelihoods, and Education. Through current nutrition activities, RI has an established link with the Ministry of Health, and partners with village committees who are part of the advocacy and sustainability framework to educate and mobilize community members on key health and hygiene issues. Since May 2009 and with support from UNHCR, RI has been implementing the Protection Through Economic Empowerment (PECEM), which provides emergency food security and livelihoods support (e.g. livestock, small business grants, capacity building trainings) for 5,000 IDP households, and pathways to care for victims of human rights abuses.</p>

	In consortium with ADRA Somalia, RI is implementing a 36 month education program which will increase participation in formal and non-formal quality basic education with particular focus on women and girls -- this project will include rehabilitation of WASH facilities in schools and dissemination of hygiene education. RI will build on the aforementioned interventions in Mudug region to provide a holistic response to the emergency affecting drought and conflict affected populations. RI believes an integrated, holistic intervention is required to meet the urgent and inter-connected food security, nutrition, and WASH needs in gap geographic areas (for example, WASH is considering one of the primary indicators for the poor Nutrition outlook in Somalia; therefore, the WASH intervention proposed herein will also address the root causes of the Nutrition crisis that RI is seeking to address through its ongoing intervention).
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4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To establish locally managed and sustainable systems for drinking water, sanitation, and hygiene promotion for vulnerable IDP and host populations.	
(B) Outcome 1*	56 water structures (1 borehole, 15 shallow wells, 40 water kiosks, 160 water access points (water taps) and 120 household latrines and hand washing stations) are rehabilitated to serve 29,000 beneficiaries with clean water and 5 WASH Committees are trained on local water management and maintenance. Distribute 2,000 jerry cans to 1,000 households. For the details of the water structures, please refer to the article (D) Activity 1.2	
(C) Activity 1.1*	Conduct a rapid participatory assessment to map existing water points and beneficiary WASH assets, and to establish a baseline.	
(D) Activity 1.2	Rehabilitate 1 borehole to serve 3,000 beneficiaries; rehabilitate 10 shallow wells to serve 4,000 beneficiaries; construct 5 shallow wells to serve 2,000 beneficiaries; rehabilitate 40 distribution systems (water kiosks), to include 160 water access points (taps), to serve 20,000 beneficiaries.	
(E) Activity 1.3	Train 20 Galkayo Water Company Staff and 5 Community Committees on local water management and maintenance.	
(F) Indicator 1.1*	WASH	WASH - Number of beneficiaries, disaggregated by sex, with access to rehabilitated or newly constructed water facilities Target:* 29,000
(G) Indicator 1.2	please select	No of WASH Committee Trained Target: 5
(H) Indicator 1.3	please select	NO of Water Managements Committees Trained & Established Target: 5
(I) Outcome 2	120 household latrines and hand-washing stations are available to 2,400 beneficiaries. 20 communal latrines and hand washing stations are constructed to service 10 schools, mosques, and other communal points.	
(J) Activity 2.1	Construct 215 household latrines and hand-washing stations with appropriate technology as decide by beneficiary communities and key stakeholders.	
(K) Activity 2.2	Construct 15 communal latrines and hand-washing stations to be placed near communal infrastructures (e.g. schools, mosques).	
(L) Activity 2.3	Conduct technical trainings with 5 Community Committees on latrine and hand-washing station management and maintenance.	
(M) Indicator 2.1	WASH	WASH - Number of beneficiaries, disaggregated by sex, with increased access to sanitation facilities Target: 2400
(N) Indicator 2.2	please select	15 communal latrines and hand-washing stations placed Target: 15
(O) Indicator 2.3	please select	5 Community Committees established Target: 5
(P) Outcome 3	24 Community Hygiene Promoters are trained to deliver hygiene education to 25,542 community members.	
(Q) Activity 3.1	Train 24 Community Hygiene Promoters in delivering behaviour change education methods and in PHAST/CHAST.	
(R) Activity 3.2	Each Community Hygiene Promoter conducts 20 PHAST/CHAST sessions, to reach a total target audience of 25,542.	
(S) Activity 3.3	Conduct pre- and post-project KAP survey to measure hygiene behavior change.	
(T) Indicator 3.1	WASH	WASH - Number of beneficiaries, disaggregated by sex, participating in hygiene promotion campaigns Target: 25,542
(U) Indicator 3.2	please select	Target:
(V) Indicator 3.3	please select	Target:
(W) Implementation Plan*	Describe how you plan to implement these activities The proposed action will be implemented directly by RI and not through local partners. The action addresses the WASH Cluster objectives and is in line with RI's project sheets for the Somalia 2010 Consolidated Appeal. RI will fully coordinate with the WASH cluster, UNICEF, PSWEN and local administrations. RI will continue to participate in cluster meetings at the field and Nairobi levels. RI proposes to establish / extend partnerships with UNICEF to ensure in-kind support for essential supplies, such as soap, hygiene materials. To note, RI is the co-chair of the WASH Cluster in Mudug region.	

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. *	Monitoring will occur via weekly reporting analysis conducted and compiled from sector coordinators and program management staff for review at the Nairobi Regional and United Kingdom Headquarters Offices. Monthly reporting directly measures performance and coverage indicators against SPHERE standards, and also for progress to plan. Weekly and monthly reporting is compiled for routine progress reports to donors with sufficient information on perceived challenges and solutions. Workplan monitoring / updates will be focused on noting necessary contingencies or changes as necessary, with explanation provided in accompanying progress report narratives. RI will evaluate results through measuring achievements against data compiled through RI's baseline assessment, UNICEF, and the WASH Cluster. Pre- and post-project KAP surveys will be conducted for training activities to measure impact and uptake of education activities. All relevant data, lessons learned, and best practices will be regularly shared with stakeholders through the clusters and government ministries and used for course correction.
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(B) Work Plan
Must be in line with the log frame

Activity	Timeframe					
	Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
Rapid Participatory Assessment and water 1.1* point mapping	x					
Water point construction / rehabilitatoin 1.2	x	x	x	x	x	x
Training to GWC and 1.3 Community	x	x				
Construction of Latrine and hand-washing 2.1 station		x	x	x	x	x
Construction of 2.2 Communal Latrine		x	x	x		x
Training for community 2.3 Committees	x	x				
Training to Community 3.1 Hygiene Promotors		x	x	x	x	x
Organizing PHAST/CHAST 3.2 sessions	x	x	x	x	x	x
Post-project KAP and 3.3 final evaluation						x

6. OTHER INFORMATION (to be completed by organization)

<p>(A) Coordination with other activites 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 1 COOPI 2 Mercy Corps 3 International Rescue Committee 4 Danish Refugee Council 5 6 7 8 9 10</p>	<p>Activity Borehole construction and rehabilitation; Latrine constructin and rehabilitation Shallow well rehabilitation; berkad construction; Latrine constrution</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 Yes</td> <td>RI maintains gender balance in all proposed activities. Community leaders will be consulted in beneficiary and site selection to ensure womens needs are met, especially with respect to protection. Moreover, RI activities employ a participatory approach during all stages of project work in order to ensure the buy-in of women and men alike to ensure relevant outcomes targeted at those most vulnerable and at-risk.</td> <td>1.2, 2.1, 3.1</td> </tr> <tr> <td>Capacity Building Yes</td> <td>RI supports and increases the capacity of local ministries, non-state actors, and Community Committees to improve the service delivery.</td> <td>1.3, 2.3, 3.1, 3.2.</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	RI maintains gender balance in all proposed activities. Community leaders will be consulted in beneficiary and site selection to ensure womens needs are met, especially with respect to protection. Moreover, RI activities employ a participatory approach during all stages of project work in order to ensure the buy-in of women and men alike to ensure relevant outcomes targeted at those most vulnerable and at-risk.	1.2, 2.1, 3.1	Capacity Building Yes	RI supports and increases the capacity of local ministries, non-state actors, and Community Committees to improve the service delivery.	1.3, 2.3, 3.1, 3.2.
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