

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 Aid Services				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO				
(C) Project Title*	Increased and sustained access to life saving safe water and sanitation through rehabilitation of water and sanitation facilities, hygiene promotion and capacity development in vulnerable communities				
(D) CAP Project Code	SOM-11/WS/39974	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	High	Required for proposals during Standard Allocations			
(F) CHF Funding Window*	Standard Allocation 2 (Feb 2011)				
(G) CAP Budget	716921	Must be equal to total amount requested in current CAP			
(H) Amount Request*	315000.12	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	22743	27149	49892	
	Total beneficiaries include the following:				
	Committees	106	46	152	
	Internally Displaced People	0	0	8482	
Pastoralists	0	0	38916		
People in HE and/or AFLC	0	0	49892		
(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"/> L. Juba <input type="checkbox"/> M. Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakoole <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 (List name, acronym and budget)	1		Budget:	\$ -
	2		Budget:	\$ -	
	3		Budget:	\$ -	
	4		Budget:	\$ -	
	5		Budget:	\$ -	
	6		Budget:	\$ -	
	7		Budget:	\$ -	
	8		Budget:	\$ -	
	9		Budget:	\$ -	
	10		Budget:	\$ -	
		Total	Budget:	\$ -	
		Remaining	Budget:	\$ 315,000	
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*	Douglas Mwiti	Title	Country Director	
	Email*	douglas.mwiti@ias.nu	Phone*	0722852907/0733909909	
	Address	PO Box 76573-00508 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. (maximum 1500 characters) *	Since Sept 2010 Mudug and Nugal have remained under crisis from drought and water shortages of below 7.5 liters/person/day ; over 55% of the population in both regions are facing AFLC or HE-FSNAU Technical Series. This situation has degenerated due to inadequate October-December 2010 rains;Mudug and Nugal normally experience arid to desert ecological conditions so, scarce water resources have not replenished owing to multiple prolonged dry seasons since 2008. Access to safe water and sanitation in Puntland has continued to deteriorate leading to overstretched water points from drought related destitution and displacement but also poor maintenance of water and sanitation facilities. Conditions observed in villages visited by IAS in February 2011 in Burtinle and Gaalkayo districts include; influx of people and animals to the few operational boreholes, berkhads that have already been depleted, berkad water is becoming sludgy and more contaminated and dramatic increases in water cost in most places. Poor access to adequate water has severely compromised the general health and nutrition status of observed communities due to poor
(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) *	In the proposed areas communities urgently require increased access to life saving water through rehabilitation of strategic water points. 78% of the target beneficiaries are pastoralist, displaced pastoralists and urban dwellers. 17% comprise IDPs. Boreholes in these areas are currently either broken down, over stretched or under productive from poor repair and maintenance. The few functional hand dug wells need development and protection. Rehabilitating boreholes and wells will both increase the number of water facilities available and reduce the demand exerted on each water point and the chances of breaking down. Water trucking through the voucher system to allow access to the most vulnerable members of the community facing acute water shortage. Observed poor hygiene status from open defecation requires intervention to improve human waste disposal in the form of pit latrines for households as well as public institutions.This will be combined with sustained hygiene information dissemination through all sections of the community (schools, public institutions, households) and community based water point maintenance. Human resource
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	IAS is currently in the process of concluding a 6 months emergency project that has seen the rehabilitation of 2 boreholes including extending water kiosks closer to IDP and Urban populations North of Gaalkayo in Harfo and Baadweine. This has reduced pressure on available water kiosks, serviced generators and distribution pipelines thus increasing access to water. 10 berkhads for rural communities and aforementioned major towns have been rehabilitated thus providing reservoirs for water from tankers and a reprieve from acute water shortage. In the same districts 100 latrines for households, schools and institutions are in the process of completion with the community having participated by digging the pits and collecting construction material. Hygiene information dissemination has been an ongoing activity through cleaning campaigns, training of hygiene sensitizers and community water committees. The committees along side trained pump technicians ensure proper use and maintenance of water points thus sustainability. Over 89 hygiene sensitizers have been trained and 12 CWCs established.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Increase and sustain access to life- saving strategic water sources, increase access to safe human waste disposal and enhance comm		
(B) Outcome 1*	Increased and sustained access to life-saving water, with a focus on drought affected pastoralist, displaced pastoralists and dwellers d		
(C) Activity 1.1*	rehabilitation and maintenance of 4 Boreholes and 4 Hand dug wells/shallow wells .		
(D) Activity 1.2	house hold water treatment -Distribution of 200 ceramic filters to pastoralist households, making and distribution of 250 bio sand filters		
(E) Activity 1.3	Water trucking to drought affected communities in 3 villages using voucher system		
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of people, disaggregated by gender, benefited form const	Target* 41000
(G) Indicator 1.2	Water, Sanitation and Hygiene	number of people, gender disaggregated, with access to safe wat	Target
(H) Indicator 1.3	Water, Sanitation and Hygiene	Number of people, gender disaggregated, with increased access	Target
(I) Outcome 2	Increased availability and access to safe human waste disposal facilities with a focus on households and public institutions in major t		
(J) Activity 2.1	construction of 60 communal and household latrines (gender differentiated for institutions)		
(K) Activity 2.2			
(L) Activity 2.3			
(M) Indicator 2.1	Water, Sanitation and Hygiene	Number of people, disaggregated by sex, with increased access to	Target 2200
(N) Indicator 2.2			Target
(O) Indicator 2.3			Target
(P) Outcome 3	Increased community skills and practice to operate, manage and maintain water facilities and Increased access to and knowledge of		
(Q) Activity 3.1	Training of 20 community water committees (CWCs) and 4 borehole maintenance teams. (4 boreholes x 7= 28 people, 4 shallow wells		
(R) Activity 3.2	Training 20 community mobilizers on effective communication of key hygiene messages and safe hygiene practices using PHAST and		
(S) Activity 3.3	Dissemination of key hygiene messages and promotion of safe hygiene practices through mass hygiene campaigns and group and in		
(T) Indicator 3.1	Water, Sanitation and Hygiene		Target 126
(U) Indicator 3.2	Water, Sanitation and Hygiene	Number of people disaggregated by gender promoting safe hygien	Target
(V) Indicator 3.3	Water, Sanitation and Hygiene	number of people disaggregated by gender who have participated	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	IAS will implement all activities directly in partnership with local communities and leaders. Construction works for rehabilitation of 4 boreholes, 4 shallow wells and 60 latrines will be subcontracted by bidding to local construction companies. Commercial contractors will work under close supervision of IAS project manager, a water technician to ensure recommended guidelines and standards are kept. Locating of latrines will be done in consultation with local community and their representatives. As much as possible, households will participate by digging pits. Hygiene education and promotion will be facilitated by IAS hygiene trainers using PHAST techniques. IAS staff will train a management committee team for each water source rehabilitated. Training of CWCs will be done concurrently to rehabilitation as much as possible to allow the CWCs practical application of acquired knowledge and skills. The CWCs together with 20 lead trained hygiene promoters alongside IAS hygiene trainers will conduct regular hygiene campaigns telling		

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) *

The project will be evaluated and monitored using by work plan time lines and logframe indicators. Both quantitative and qualitative feedback will be collected. The IAS WASH team- manager, technician and hygiene educators will have weekly meetings to plan activities. They will be responsible to implement and support on a day to day basis project activities including supervisory and support field visits to ensure quality and standards. Through weekly emails, photos, phone conversations and monthly field progress reports, the field team will keep Nairobi management updated. Every two months field staff and Nairobi management will have meetings in Garowe to assess progress, plan and coordinate activities. Similarly, regular consultation and joint monitoring of project actions with local community representatives (including at least 40% women and youth representation) will be conducted. Significance will be accorded to the project manager's feedback and recommendations to ensure it is adapted and integrated relevantly in routine planning. In all locations, consultation and feedback meetings will be held with beneficiary community or their representatives- during mobilization, water and sanitation facility siting, project introduction and project update gatherings. An end of project evaluation will be carried out and findings shared with project partners, beneficiary representative and other stakeholders

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

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* rehabilitation and mainte	X	X	X			
1.2 house hold water treatm	X	X	X	X		
1.3 Water trucking to drough	X					
2.1 construction of 60 comm		X	X	X		
2.2 Training of 20 community	X	X	X	X		
2.3 Training 20 community m	X		X			
3.1 Dissemination of key hyd	X	X	X	X		
3.2 Training 20 community mobilizers on effective communication of key hygiene messages and safe hygiene practices using PHAST and C						
3.3 Dissemination of key hygiene messages and promotion of safe hygiene practices through mass hygiene campaigns and group and ind						

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		
2		
3		
4		
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	Yes There is a deliberate effort to include women in the siting consultation of latrines	
Capacity Building		