

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*	Juba Shine			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> Local NGO			
(C) Project Title* <small>For standard allocations, please use the CAP title.</small>	Acute Watery Diarrhea/Cholera prevention and response of Jamame district, Lower Juba Region.			
(D) CAP Project Code	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	Required for proposals during Standard Allocations			
(F) CHF Funding Window*	Emergency Reserve			
(G) CAP Budget	Must be equal to total amount requested in current CAP			
(H) Amount Request*	\$	225,200.00	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	6 months		No longer than 6 months for proposals to the Emergency Reserve	
(J) Primary Cluster*	Water, Sanitation and Hygiene			
(K) Secondary Cluster	Health			
(L) Beneficiaries <small>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)</small>		Men	Women	Total
	Total beneficiaries	11512	26042	37554
Total beneficiaries include the following:				
	People from Riverine Communities	0	0	0
	Agro-Pastoralists	0	0	0
	People in HE and/or AFLC	0	0	0
	Pregnant and Lactating Women	0	0	0
(M) Location <small>Precise locations should be listed on separate tab</small>	Regions <input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> Juba <input type="checkbox"/> M Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Salgadood <input type="checkbox"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed			
(N) Implementing Partners <small>(List name, acronym and budget)</small>	1		Budget:	\$ -
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ -
		Remaining	Budget:	\$ 225,200
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*	Mohamed Osman Ali	Title	Chairman
	Email*	jubashine@yahoo.com	Phone*	+252615595570
	Address	Jamame, Lower Juba, Somalia		

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) *	<p>Jamame district is in Lower Juba Region, and it is the most densely populated district among all other Juba Valley, some of its villages have the same size of the district towns in the region. Jamame town is located 60Km north of Kismayo on east bank of the Juba River.</p> <p>Jamame district is one of the high risky areas in terms of Acute Watery Diarrhea (AWD) and Cholera outbreaks due to densely population and poor sanitation practices. many people drink surface water from wherever they find it. The district has bad records of outbreak of AWD/Cholera outbreaks due to its numerous depressions where people practice flood recession farming . Juba River floods in to those depressions on seasonal basis increasing infestation of water born diseases. During the dry season people find flood water at a very remote area without clean water. MSF France used to activate its stabilization centers and increase outreach programs during the AWD/Cholera outbreaks seasons. In early 2011 MSF-France health facilities in the district closed due to lack of access. AWD/Cholera outbreaks risky is higher during the upcoming wet season. Sanitation interventions are not implemented in the district during 2011, to prevent AWD/Cholera outbreaks there is high need of trainings and awareness raising interventions. Currently the operational capacity of the aid community in the district is very low. Very few interventions are going on due to the expulsion of many organizations by the local authorities has increased risky of AWD/Cholera outbreaks. In fact AWD/Cholera outbreaks are known during the rainy seasons but this year exceptional for Jamame as the upcoming rains are proceeded by man made floods and huge flood water will contaminate with the rains.</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. (maximum 1500 characters) *	<p>The capacity of the populations in the targeted areas to address the challenges of hygiene and proper sanitation practices are very weak due to severe drought of last year, followed by floods. currently the purchasing power of the locals is very poor due to multiple livelihood shocks. huge number of pastoralists dropout are burden to their relatives in the rural areas. Ban of relief interventions and expulsion of aid organizations is another dilemma weakening the capacity of the locals. There are strategic water sources in the targeted area. Juba Shine with the support of UNICEF are currently rehabilitating 25 shallow wells. In line with the emergency prevention and preparedness of WASH cluster strategy we request funding of this gap filling emergency proposal.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<ol style="list-style-type: none"> 1. Rehabilitation of 25 shallow wells, installation of water pumps and cleaning the wells before installation. 2. Construction of 300 communal laterines at IDP camps, nutrition centers, schools and MCHs 3. Chlorination of the rehabilitated shallow wells

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Safe lives of 72,000 children, women, elderly and men in Jamame district through prevention of AWD/Cholera outbreaks.		
(B) Outcome 1*	Prevented AWD/Cholera outbreaks in 78 riverside and agropastoral villages of Jamame district		
(C) Activity 1.1*	Provision of safe water through chlorination of 185 water sources (wells)		
(D) Activity 1.2	Distribute 6000 jerry cans of 20lt capacity for water fetching, 800 cartons of 25pcsX80grms soaps for hand wash, aquatabs 250 cartons		
(E) Activity 1.3	Preposition of Sanitation supplies in Jamame before the distribution		
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of people with temporary access to safe water	Target* 72000
(G) Indicator 1.2	Water, Sanitation and Hygiene	Number of people with temporary access to safe water (HHWT)	Target
(H) Indicator 1.3	Water, Sanitation and Hygiene	Urban people with medium income source without access to san	Target
(I) Outcome 2	Awareness raising and promotion of good sanitation practice. Juba Shine following the WASH cluster strategy will provide training to		
(J) Activity 2.1	Hygiene promotion activities focused on chlorination and HHWT		
(K) Activity 2.2	Specific training of community mobilizers on water treatment methods both through chlorination and use of aquatabs		
(L) Activity 2.3	Specific training of hygiene promoters		
(M) Indicator 2.1	Water, Sanitation and Hygiene	Number of people who have participated in interactive hygiene p	Target 72000
(N) Indicator 2.2	Water, Sanitation and Hygiene	Number of people trained in water treatment and sanitation pra	Target
(O) Indicator 2.3	Water, Sanitation and Hygiene	Number of hygiene promoters trained	Target
(P) Outcome 3	Outbreak of diseases are responded on time and affected populations are assisted through referring to the nearest facility		
(Q) Activity 3.1	work closely with the health faculties and community health workers (CHWs) for investigation of diseases source, and response (loc		
(R) Activity 3.2	refer patients to the nearest health facility		
(S) Activity 3.3			
(T) Indicator 3.1	Water, Sanitation and Hygiene	Number of people with temporary access to safe water	Target 10000
(U) Indicator 3.2	Water, Sanitation and Hygiene	in the worst case roughly 10000 Poor villaqers and agro-pastoral	Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	Juba Shine has long experience in WASH activities partnering with UNICEF and WASH cluster. Currently Juba Shine is implementing WASH project in Jamame district and this project will be GAP filling for the ongoing activities as our project has some important components of sanitation (Toilets few chlorination interventions). In total 220 community mobilizers and 11 hygiene promoters will be trained to conduct the hygiene promotion and good behavior demonstrations. 6000 jerry cans, 800 cartons of soap bars, 250 cartons of aqua tabs and 40 drums of chlorine will be distributed by the project staff, in order to chlorinate over 185 wells. In case of outbreak of watery diarrhea Juba Shine will strive to identify the source of the disease working closely with CHWs and health facilities (primarily the MSF-Holland facility in Mareerey, 60km from Jamame) we will provide transport to the affected people to the nearest health facility by using project implementation vehicles in the case of poor villages, the nearest		

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 activity plan and indicators defined here will guide implementation and form the basis of monitoring. Project staff based in Jamame will monitor activities to ensure that the inputs, work schedule and agreed actions are moving according to the project plan and budget requirements. Data will be collected on weekly basis, analyzed to produce information for the purpose of reorienting activities to the objectives of the project as well as facilitation of the decision making process and reporting. Key indicators that will be monitored include number of villages supported, number of people having improved access to sanitation services, number of people benefiting from the sanitation training. Narrative, mid term and final activity and financial reports will be prepared and shared with OCHA as funding office. contact details of the beneficiaries committees, including water committees and CPC will be made available for OCHA for monitoring purposes.

(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					
	Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
1.1* Provision of safe water	X	X	X	X	X	X
1.2 Distribute 6000 Jerry cans	X	X	X	X	X	X
1.3 Preposition of Sanitation	X	X	X	X	X	X
2.1 Hygiene promotion activity	X	X	X	X	X	X
2.2 Specific training of community	X	X	X	X	X	X
2.3 Specific training of hygiene	X	X	X	X	X	X
3.1 work closely with the health	X	X	X	X	X	X
3.2 refer patients to the nearest	X	X	X	X	X	X
3.3 0						

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 Muslim Aid health program	disease source identification and their WASH project in the neighboring district of
2 MSF-Holland in Mareerey Jilib district	AWD/Cholera response in case of outbreak
3 Agrosphere	training given to villagers as the organization is running livelihood project in the ta
4	
5	
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9	
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(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	70% of the project beneficiaries will be women as they are care takers of
Capacity Building		