

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*	African Rescue Committee			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> Local NGO			
(C) Project Title*	Integrated WASH Support for Disaster-Affected Populations in Lower Juba			
(D) CAP Project Code	SOM-12/WS/48378	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 (Mar 2012)			
(G) CAP Budget	Must be equal to total amount requested in current CAP			
(H) Amount Request*	\$ 802,004.40	Equals total amount in budget, must not exceed CAP Budget		
(I) Project Duration*	8 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	6962	10888	17850
	Total beneficiaries include the following:			
	Pastoralists	4972	7778	12750
	People from Riverine Communities	14918	23332	38250
	0	0	0	
	0	0	0	
(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"/> 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"/> Galgaduud <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 (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:	\$ 802,004
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*	Abdi Raghe	Title	Executive Director
	Email*	abdi.raghe@afrec.org, john.wanjohi@afrec.org	Phone*	254 0722 617622
	Address	P.O.BOX 70629-00400, 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) *	The riverine, pastoral, agro-pastoral and urban poor populations in Lower Juba have all been hit hard by droughts, floods, disease outbreaks, inflation and conflicts thus hampering access to basic services. Lack of access to safe water, hygiene and basic sanitation services constitute a key challenge. A joint Assessment in April 2011 led by AFREC showed that out of a population of 385,790 in lower Jubba, only 10% has access to hygiene and sanitation services while less than 20% has access to safe water. 80% of an estimated 450 existing communal shallow wells which constitute the main sources of water in many areas are severely impaired after years of successive flooding, drought, overuse and neglect. Efforts to repair or replace damaged wells have been slow since the 2006/2007 floods that damaged 90% of them. The remaining sources are likely to lose functionality as they have lacked maintenance for a long time. Many of the major target villages where hand dug well is possible have only one or no such well and latrines to serve 4,000 or more people while safe solid waste disposal facilities are lacking. Ideally, such communities should have at least 10 wells and more than 1,000 latrines. In addition, the few existing facilities are largely gender insensitive and unfit for the disabled and elderly. Latrines allocated to women can only be found at a few health facilities and lack of a protective apron or pumps at water sources serves as a deterrent to women and girls. Besides increasing the risk of assault, the long distance moved to get water takes women away from critical chores such as child care. These factors are contributing to high malnutrition with GAM rates of 34.5%, 27.0% and 26.1% in the riverine, pastoral and agro-pastoral areas respectively and SAM rates of 11.8%, 9.5% and 9.1% (FSNAU/FEWSNET Juba Regions Deyr 2011/12 Analysis), hence contributing to high morbidity and mortality. In developing this project, consultations were held with the regional WASH Cluster members and community leaders.
(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) *	The capacity of the targeted populations to address the challenges of lack of access to safe water, poor hygiene practices and basic sanitation services is weak. This is due to poor purchasing power as a result of multiple livelihood crises. The populations are still struggling to recover from the adverse impact of the severe drought, which resulted in massive loss of critical assets and collapsed social support systems. The escalating conflict has compounded these effects. The military incursion to root out insurgents from the region and insecurity has led to the withdrawal or suspension of aid interventions at a time when increased access to water and sanitation is most needed. Local organizations that have been allowed to continue operating remain a key asset for addressing these needs, but they are not sufficiently funded to do so. The only option left for this people is the consumption of untreated water directly from rivers or water catchments where available, thus increasing vulnerability to AWD/cholera and other water born diseases. For instance, in the past one month alone, more than 272 cases of acute watery diarrhoea have been reported at AFREC managed health facilities in the region. An indicator that the people are unable to address these without external support. As proof of this, a combined total of 82,000 people are classified in HE for the three districts alone (FSNAU/FEWSNET Juba Regions Deyr 2011/12 Analysis). In addition, AFREC led assessment found that at the beginning of last year more than 70% of the wells remained non-functional, while the sanitation and hygiene services have worsened. The same assessment found that those buying water increased from 16% to 68% immediately after the rains, a situation found to be common in Badade areas where hand dug wells are not viable and the only borehole in the district collapsed. For this reason, the target population can barely access 1litre of safe water per person per day, and has little access to hygiene and sanitation services. Around 12,000 poor people in HE in Badade district will not be able to access safe drinking water immediately unless water vouchers are provided. Support is needed to contribute to saving lives through WASH interventions.
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	In response to this crises, AFREC in partnership with UNICEF, Oxfam Novib and CHF is undertaking rehabilitation/construction of shallow wells and sanitation facilities as well as hygiene promotion in some of the target areas but this is far from meeting the identified needs and covers less than 15% of the needs. The ongoing activities include Support for provision of safe water to drought affected villages and scale up for cholera preparedness and response in Dhobley/Afmadow, North East Kismayo, Badaadhe and Jilib Districts and involves rehabilitation of 65 existing wells; construction of 50 new wells, provision of 800 latrine slabs, construction of 45 communal and health facility latrines, provision of water vouchers to 4,000HHs, and promotion of good hygiene and sanitation.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Reduce disease and malnutrition burden related to poor WASH services among 51,000 people in HE in LowerJuba through improv		
(B) Outcome 1*	51,000 women, girls, men and boys in HE at high risk areas of whom 80% are women and children have sustained access to safe d		
(C) Activity 1.1*	Rehabilitate 60 shallow wells and dig 12 new ones in 28 villages and protect them with hand pumps to serve 51,000 people		
(D) Activity 1.2	Train 40 WATSAN committees on proper maintenance and management of the water points		
(E) Activity 1.3	Chlorinate 30 unprotected wells in the same sites to benefit 15,000 people		
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of people with sustained access to safe water	Target* 51000
(G) Indicator 1.2	Water, Sanitation and Hygiene	Number of WATSAN Committee members trained on maintena	Target
(H) Indicator 1.3	Water, Sanitation and Hygiene	Number of people accessing safe water as a result of chlorinatio	Target
(I) Outcome 2	5,000 people in HE at high risk area of whom 60% are females have improved access to appropriate and gender sensitive sanitatio		
(J) Activity 2.1	Construct 50 twin block latrines with hand washing facilities at 50 sites in 40 villages including health facilities, CTC/CTU, Schools, M		
(K) Activity 2.2	Provide sanitation tool kits for general cleaning and construction of communal solid disposal waste pits in 40 high risk areas		
(L) Activity 2.3	Mobilize communities in high risk areas and carry out general clean ups and proper disposal of solid waste		
(M) Indicator 2.1	Water, Sanitation and Hygiene	Number of people with increased access to appropriate sanitatio	Target 5000
(N) Indicator 2.2	Water, Sanitation and Hygiene	Number of Solid Waste Disposal pits dug with the sanitation tool	Target
(O) Indicator 2.3	Water, Sanitation and Hygiene	Number of communities participating in general clean ups and si	Target
(P) Outcome 3	42,000 people at medium and high risk areas have reduced risk of AWD/cholera outbreaks related to poor access to hygiene and		
(Q) Activity 3.1	Educate 42,000 people on best personal hygiene practices, household water storage, treatment and chlorination		
(R) Activity 3.2	Provide 7000 hygiene kits to serve 42,000 people in HE and carry out Household water treatment		
(S) Activity 3.3	Train 72 community volunteers of whom 50% are women on hygiene promotion in emergency Global Tools		
(T) Indicator 3.1	Water, Sanitation and Hygiene	Number of people who have participated in interactive hygiene pi	Target 42000
(U) Indicator 3.2	Water, Sanitation and Hygiene	Number of people provided with hygiene kits	Target
(V) Indicator 3.3	Water, Sanitation and Hygiene	Number of hygiene promoters trained	Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	AFREC project staff will implement the activities in partnership with the local communities who will be involved through community project committees (CPCs) based at each of the targeted villages. The CPCs will be selected by the target communities during community mobilization meetings at village level. The CPCs will be involved in all stages of the project cycle and will be instrumental in further mobilization as well as providing liaison with the community and the local administration. They will also be pivotal in selection of direct beneficiaries of key project inputs and facilities to rehabilitate or construct. Only the most strategic WASH facilities will be rehabilitated or constructed for maximum impact. The CPCs will be complemented by the WATSAN committees and Community mobilizers/hygiene promoters who will be responsible for personal, household and public hygiene and sanitation awareness promotion. To facilitate the work of these teams, capacity building will be carried out and will entail training of WATSAN committees. Community mobilizers who will double up as hygiene promoters will be trained in hygiene promotion using Emergency Global Tools. The schedule of various activities will be timed in line with weather patterns so that all delivery of inputs and construction activities can be intensified during the dry seasons. This is because access could deteriorate during the rainy seasons and consequently impede co-ordination. Although latrine blocks in several sites will be anchored at institutions such as health facilities, CTC/CTU, Schools, Madararasas, water points and big market centres, the public will have unlimited access while the institutions will take the primary role of managing them. All the institutional latrine blocks will have water connected. The associated institutions will be responsible for continued availability of the water. As part of exit strategy and to ensure continued proper maintenance and management of the water points and sanitation facilities at village level, communities led by CPCs and WATSAN Committees in collaboration with the institutions will recruit caretakers to be responsible for maintenance and cleaning.		

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) *

A detailed activity plan and clear indicators have been developed for use by the project Co-ordinator based in Kismayo to monitor activities by visiting sites on weekly bases to ensure that the inputs, work schedule and agreed actions are moving according to the project plan and budget requirements. A senior official from Nairobi will visit the sites at least twice during the project duration who will equally ensure that project plan is implemented accordingly. During the site visits, he/she will make observations and interview beneficiaries to gather more information to track project progress. Equally, the community will play a big role in the monitoring process. At the beginning of the project, the communities will be informed of the project inputs and expected outputs. They will then form community project committees (CPCs), which will become the community project monitoring body. To the extent possible, the contacts of CPCs will be shared with AFREC Nairobi office to facilitate remote monitoring where direct talks with the teams or beneficiaries is required. Although the local administration had generally banned photo taking in the area, every available opportunity will be taken to gather photos before and after the rehabilitation/construction of water points whenever it is safe to do so. Project progressive data will be collected on weekly basis and shared with Nairobi office by the project co-ordinator. Program Manager based in Nairobi will submit mid-term and final project reports to CHF Secretariat.

(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* Rehabilitate 60 shallow	X	X	X	X		
1.2 Train 40 WATSAN com	X					
1.3 Chlorinate 30 unprotect	X	X	X	X		
2.1 Construct 50 twin block	X	X	X			
2.2 Provide sanitation tool ki	X	X				
2.3 Mobilize communities in	X	X	X	X		
3.1 Educate 42,000 people	X	X	X	X		
3.2 Provide 7000 hygiene kit	X	X	X	X		
3.3 Train 72 community volu	X	X				

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	AFREC	Improved access to safe water, hygiene and sanitation for vulnerable communities
2	AFREC	Integrated Livelihood and WASH Support for Drought affected Communities. Dis
3	AFREC	Juba AWD/Cholera Emergency Preparedness. Work plans and target sites will b
4	AFREC	Support provision of safe water to drought affected villages and scale up for chol
5	Oxfam, WASDA and Solidarities	These organizations have activities in Afmadow and Jilib districts. In view of curre
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	Facilities will be designed to accommodate the needs of women and girls who
Capacity Building		