

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 Rescue Committee			
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO			
(C) Project Title*	Emergency Assistance to Famine and Conflict Displaced Persons and Resilience Building for Host Communities in Mudug, Hiran and Galgaduud Regions, Central Somalia			
(D) CAP Project Code	SOM-12/WS/48212	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*	\$ 250,244.24	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	13200	19800	33000
	Total beneficiaries include the following:			
	Internally Displaced People	0	0	6600
	People in Host Communities	0	0	26400
		0	0	0
		0	0	0
(M) Location	Precise locations should be listed on separate tab Regions: <input type="checkbox"/> Awdal <input type="checkbox"/> Baniadir <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	1.BaniAdam	Budget:	\$ 72,825
	2		Budget:	\$ -
	3		Budget:	\$ -
	4		Budget:	\$ -
	5		Budget:	\$ -
	6		Budget:	\$ -
	7		Budget:	\$ -
	8		Budget:	\$ -
	9		Budget:	\$ -
	10		Budget:	\$ -
		Total	Budget:	\$ 72,825
		Remaining	Budget:	\$ 177,419
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*	Pratulla Mishra	Title	Country Director
	Email*	pratulla.mishra@rescue.org	Phone*	+254 735 756 213
	Address	International Rescue Committee, Labori Center, 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. (maximum 1500 characters) *	The sustained influx of IDPs into the central region due to ongoing conflict in the southern regions coupled with the non-returnee populations displaced by the famine of 2011 have significantly increased the vulnerability of communities to acute watery diarrhoea (AWD) / cholera outbreaks. UNHCR estimated in January 2012 there are 284,000 IDPs in Hiran, Galgaduud and Mudug regions. WHO recorded more than 380 cases of acute watery diarrhoea (AWD) between February 6 and 12, 2012 from approximately 70 health facilities in southern and central Somalia. These figures are expected to rise substantially during and after the March-to-June Gu rains. The latest cholera outbreak was reported by WHO in the Mudug region in July 2011 following the short rains in the area. The Health Cluster worst case scenario projections estimate that over 1 million people in the three regions are at risk of AWD / cholera in 2012. Meanwhile, growing insecurity in South Gaalkacyo has forced some aid agencies to withdraw, with serious implications for an estimated 60,000 IDPs in the area who are facing severe gaps in basic service provision (UNHCR, IRIN). According to FSNAU 300,000 people in the regions of operation remain in stressed or crisis situations with an additional 100,000 people in rural areas in emergency situations. This project will target AWD/ cholera preparedness and response in high risk areas in the three regions through a coordinated inter-cluster approach.
(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 IRC has worked in the Central region since 2008 implementing WASH and complementary livelihood programs; there is an established fully staffed field office in Gaalkacyo. Bani'Adam is a national NGO, founded in 1991, with extensive experience in WASH program implementation in the Central and South Central Region. The IRC and Bani'Adam have partnered to successfully implement health programs in Mogadishu building a strong foundation for this collaboration. In 2011 community assessments conducted by the IRC and jointly coordinated rapid response assessments in Mugud region found access to safe water was a primary need. Continued limited access to potable water and adequate sanitation and hygiene services is contributing to the rise in AWD/cholera and other water borne diseases among the host and IDP populations in the regions of operation. Past outbreaks of AWD/cholera have always matched the rainfall patterns and afflicted, to a large extent, populations dependent almost exclusively on surface water sources and shallow wells. The Health Cluster state the primary transmission periods as during the March-June (Gu) and October-December (Deyr) rains. In addition as the water levels in the shallow wells, berkedes and water pans recede in the dry conditions, cases of AWD/cholera rise as people scramble for the scarce resources, using every available means for water abstraction including dirty buckets.
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	The IRC, with pre-award funding from OFDA and other emergency appeal sources, is currently implementing gender and conflict sensitive WASH programming through a community based approach. In Mudug the IRC are rehabilitating water sources, supporting the management of solid waste and providing support for the construction of communal and household latrines. The IRC promotes best hygiene practices through community hygiene promoters, trainings, school health programs, household modeling and provision of support materials in four districts; Gaalkacyo, Jariban, Goldogob and Hobyo. The IRC are prepositioning supplies for potential AWD and cholera outbreaks in high risk areas to minimize the impact of any occurrences. Funding has limited the current coverage of this intervention to South Gaalkacyo, given the increased risk profile of the coming long rains the IRC proposes to extend this intervention to cover Hobyo and other high risk areas in Mudug, Hiran and Galgaduud.

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To enhance prevention, preparedness and response to AWD/cholera outbreaks in high risk areas in Mudug, Hiran and Galgaduud F		
(B) Outcome 1*	Increase the capacity of one local agency, community hygiene promoters and community health workers for response to AWD/chol		
(C) Activity 1.1*	Training and engagement of community hygiene promoters and community health workers on AWD/cholera response		
(D) Activity 1.2	Conduct joint emergency simulations and workshops with one local organization, BaniAdam, and community hygiene promoters, or		
(E) Activity 1.3			
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of people who have participated in interactive hygiene pl	Target* 320
(G) Indicator 1.2	Water, Sanitation and Hygiene	Number of beneficiaries participating in emergency response an	Target
(H) Indicator 1.3	Water, Sanitation and Hygiene		Target
(I) Outcome 2	Improved access to AWD/cholera emergency response supplies in Mudug, Hiran and Galgaduud regions.		
(J) Activity 2.1			
(K) Activity 2.2	Preposition stocks for emergency response to AWD and cholera in Mudug, Hiran and Galgaduud regions; hygiene kits, chlorine and		
(L) Activity 2.3			
(M) Indicator 2.1	Water, Sanitation and Hygiene		Target
(N) Indicator 2.2	Water, Sanitation and Hygiene	Number of beneficiaries with access to AWD/cholera response s	Target
(O) Indicator 2.3	Water, Sanitation and Hygiene		Target
(P) Outcome 3	Provide sanitation and water supply support to the 6 cholera treatment centres (CTCs).		
(Q) Activity 3.1	Construction of latrines to ensure appropriate sanitation facilities to 6 CTCs.		
(R) Activity 3.2	Ensure safe water supply to 6 CTCs.		
(S) Activity 3.3			
(T) Indicator 3.1	Water, Sanitation and Hygiene	Number of people with increased access to appropriate sanitatio	Target 30000
(U) Indicator 3.2	Water, Sanitation and Hygiene	Number of people with sustained access to safe water.	Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	The IRC will directly implement all the activities proposed in Hobyo, Gaalkayco, Jariban, Galdogob, and Cabudwaaq in Mudug and Galgaduud regions. The IRC will work with BaniAdam, a national NGO, to implement the activities proposed in Xarardheere and Belet Weyne, in Mudug and Hiran regions. The IRC will support BaniAdam with technical guidance for WASH programming ensuring gender and conflict sensitivity is mainstreamed. The IRC and BaniAdam will collaborate closely with UNICEF and the Health and Nutrition Clusters to ensure a well coordinated inter-cluster approach to AWD/cholera preparedness and response in the three regions. The IRC will train hygiene promoters and conduct workshops and emergency response simulations ensuring community preparedness. In collaboration with the Health cluster the IRC will train community health workers in AWD/cholera response. The IRC will coordinate closely with UNICEF and the Health cluster to support the proposed CTCs with appropriate sanitation facilities and access to safe water. The Water quality at CTCs will be monitored regularly and maintenance support mechanisms for water points and latrines will be designed and implemented in collaboration with the Health cluster. Emergency stocks will be carefully prepositioned ahead of the long rains for response to potential outbreaks of AWD and cholera in high risk areas. Such response will be conducted jointly by the IRC and BaniAdam. Activities will be jointly monitored and feedback integrated in programming.		

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 IRC and Bani'Adam will develop a robust joint monitoring matrix as part of the IRC's M&E manual for high-quality monitoring plans, thus building the capacity of the implementing partner. Joint field staff visits will be utilized, security permitting, to regularly monitor activities against objectives and verify key outputs. Using GPS, coordinates of locations are recorded for mapping and reporting. Images will be taken before, during and after construction of latrine and water points. Nairobi-based staff and technical advisers provide technical support both in person and remotely. Field staff, in conjunction with the local community, will be responsible for the overall management and monitoring of implementation of project activities. Monthly progress reports and 4W Matrix will be shared with the cluster. Interventions will be coordinated through an inter-cluster approach and information shared with the Health and Nutrition Clusters as relevant. Community participation is encouraged through established feedback mechanisms and third party monitoring through community members or local authority will be employed. Staff will maintain phone contact with the community hygiene promoters, health workers and the local administration in target areas. All staff will be trained on conflict sensitivity and continuously evaluate the project's impact according to the cluster Do No Harm checklist. All beneficiary figures will be disaggregated by gender.

(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* Training and engagement	X	X	X			
1.2 Conduct joint emergence		X		X		
1.3 Preposition stocks for emergency	X			X		
2.1 Construction of latrines	X	X	X			
2.2 Ensure safe water supply	X	X	X			
2.3 0						
3.1 Construction of latrines to ensure appropriate sanitation facilities to 6 CTCs.						
3.2 Ensure safe water supply to 6 CTCs.						
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 The IRC	Water sources rehabilitation and construction, latrines construction and hygiene promotion
2 Health Cluster	The locations of planned CTCs and the joint programs in AWD/cholera response
3 MSF Belgium	Information sharing on AWD/cholera cases from hospital data.
4 Bani'Adam	Currently implementing hygiene promotion and environmental sanitation activities
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	Gender sensitivity is mainstreamed through IRC programming. The need for
Capacity Building		