

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*	Mubarak for Relief and Development Organization																																																			
(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*	Strengthening of Community based response to AWD/Cholera intervention in Shibis, Huriwa and Karaan of Mogadishu of South Central Somalia																																																			
(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*	\$	227,906.00	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	Only indicate a secondary cluster for multi-cluster projects																																																			
(L) Beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total beneficiaries</td> <td>6650</td> <td>19500</td> <td>26150</td> </tr> </tbody> </table>					Men	Women	Total	Total beneficiaries	6650	19500	26150																																								
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	Total beneficiaries include the following:																																																			
	Children under 5	5950	7000	12950																																																
	Internally Displaced People/Returnees	4000	11000	15000																																																
	Pregnant and Lactating Women	0	8500	8500																																																
	Urban Poor	3200	4500	7700																																																
(M) Location	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	<table border="1"> <thead> <tr> <th>1</th> <th>Budget:</th> <th>\$</th> <th>-</th> </tr> </thead> <tbody> <tr><td>2</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>3</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>4</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>5</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>6</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>7</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>8</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>9</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>10</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>Total</td><td>Budget:</td><td>\$</td><td>-</td></tr> <tr><td>Remaining</td><td>Budget:</td><td>\$</td><td>227,906</td></tr> </tbody> </table>				1	Budget:	\$	-	2	Budget:	\$	-	3	Budget:	\$	-	4	Budget:	\$	-	5	Budget:	\$	-	6	Budget:	\$	-	7	Budget:	\$	-	8	Budget:	\$	-	9	Budget:	\$	-	10	Budget:	\$	-	Total	Budget:	\$	-	Remaining	Budget:	\$	227,906
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<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>																																																				
(O) Agency focal point for project:	Name*	Yunis Yarrow All	Title	Chief Executive Officer																																																
	Email*	murdosom@hotmail.com	Phone*	+254710131021 / +252699988572																																																
	Address	Design Centre, 4th Floor, Tausi Road, off Muthithi Road, Opposite Sky Centre, Westlands																																																		

### 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>Mogadishu IDP settlements especially those of Shibis, Huriwa and Karaan are characterized by a poor socio-economic environment and precarious living conditions associated with insufficient water supply (quantity and quality), poor sanitation and poor hygiene practices; IDP camps are crowded. Unfortunately there are very few humanitarian organisations operating in these IDP camps. According to MURDO Somalia rapid assessment of the region that was undertaken between 3rd May and 8th May 2012, vulnerability was found to be quite high among pregnant women, children under five, and immune-compromised people who have increased risk of Cholera and AWD infection. (See attached report in the document section.) An outbreak for cholera has been confirmed by WHO Surveillance Unit following the recent Gu rains.</p> <p>Underlying diseases and conditions also increase susceptibility to AWD: for instance, malnutrition and chronic diseases which were quite high in the IDP camps. Diarrheal diseases -related dehydration, respiratory infections and malaria are the main killers of infants and young children, together accounting for more than half of all child deaths. Cholera and AWD cases, with outbreaks occurring annually from December to June each year. The major underlying causes of diarrhea are the lack of access to safe potable drinking water and poor food and domestic hygiene. Overcrowded camps and lack of treatment facilities coupled with hygiene education is to blame. Most affected communities have poor sanitation problems, especially IDP camps in Shibis, Huriwa and Karaan; no recent intervention has taken place in these districts leaving the poor IDPs vulnerable to diseases and outbreaks. It worth to mention here that aqua tabs and ORS are not supplied to MURDO by UNICEF nor WHO, but will be procured from Nairobi. MURDO also will use its experienced staff from its Bondhere MCH to establish the ORT corners and dispensation of ORS to targetted locations in this 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. (maximum 1500 characters) *	<p>Environmental and seasonal factors that lead to increased incidences of AWD epidemics often start at the end of the dry season (February-March) or at the beginning of the rainy season, (October-November) every year when water sources are limited and/or highly polluted in these targetted regions of Shibis, Huriwa and Karaan. Reduced water resources often forces people to concentrate at fewer water sources, thus increasing risks of contamination and transmission at that source of water. Heavy rains can also trigger AWD outbreaks, for example, when contaminated water from flooded sewage systems, latrines and septic tanks cross-contaminates shallow wells, leaky pipes or other unprotected water sources. When AWD outbreak occurs in these regions ,health, water and education sectors are always caught unprepared and inhabitants have limited knowledge or understanding on how to deal with the situation. In addition to this, many other agencies such as the UN bodies and NGOs will also be unprepared making control difficult in the early critical stages of the outbreak. Apart from the IDP camps where there is significant number of latrines, most of all the villages sampled have no latrine and practice open defecation (See attached report). vulnerability is quite high among pregnant women (30%), children under five (45%), and immune-compromised people who have increased risk of Cholera and AWD infection (See attached report in the document section.)Most of the latrines have been built by NGOs and there is relatively low uptake of community building their own latrines. The use of latrines is moderate, and slightly above half is maintained clean. Proper hand washing practices are not common place in these villages. generally there is poor knowledge amongst the IDP community of the importance of hand washing at critical times. Murdo rapid assessment of Agoonta Maslax, School Shibis, Daryeel, Ifiin, Sacuudi, Muna, Nasir and Dekadda clearly showed that the average ration of latrines to IDPs stood at 1 latrine per 230 individuals which is very poor indeed. Hand washing facilities are also totally missing in all these IDP camps assessed.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>With funding from IOM, MURDO undertook solid waste disposal clean-up campaigns that covered Mogadishu districts of Dharkenley, Hodan, Hamar jabjab, Waberi, Bondhere, Hamarweyne, Abduasis, Karaan. MURDO targeted 17 IDP camps for the garbage collection project in and around the IDP camps employing 800 youth for cash for work and safety training. 3,131 beneficiaries engaged in the rehabilitation of irrigation canals, feeder roads and water catchments over a period of 60 days of effective work, in addition to the equivalent of 12 days of unconditional cash payment through FAO in 2012. In 2010 through HRF - UNOCHA MURDO constructed 412 latrines constructed; 77 donkey carts distributed for water trucking for 3,602 IDPs in Balcad corridor. In 2009 in collaboration with Islamic relief 52 people trained on breast feeding, DDR, and hygiene promotion in Afgoye corridor. In 2009 INDEX/Islamic Relief, 2 community members trained on water chlorination and water management.</p>

**4. LOGICAL FRAMEWORK (to be completed by organization)**

<b>(A) Objective*</b>	To provide emergency public health sanitation support to 45 IDP camps in Shibis, Huriwa and Karaan so as to improve beneficiaries		
<b>(B) Outcome 1*</b>	45 IDP camps/ health facilities of high risk areas of Shibis, Huriway and Karaan have improved water and sanitation facilities that are		
(C) Activity 1.1*	Construction of 320 pit latrines in 45 IDP camps with safe potable water supply and storage facilities of which 60% are designed for		
(D) Activity 1.2	Provision of 1 bar of soap per targetted HH per month for 8,250 HH, 8,250 aqua-tabs, 8,250 jerrycans of 20 litres, 8,250 ORS sachets		
(E) Activity 1.3	Construction and provision of 320 hand washing facilities to 45 IDP camps targetted in Huriwa, Shibis and Karaan districts of Mogad		
(F) Indicator 1.1*	Water, Sanitation and Hygiene	Number of people with increased access to appropriate sanitation	<b>Target*</b> 44150
(G) Indicator 1.2	Water, Sanitation and Hygiene	Number of households supplied with hygiene kits.	<b>Target</b>
(H) Indicator 1.3	Water, Sanitation and Hygiene	number of hand washing facilities constructed.	<b>Target</b>
<b>(I) Outcome 2</b>	44,150 beneficiaries who visit the targetted health facilities have improved knowledge on good hygiene practices especially on the 5		
(J) Activity 2.1	Conduct hygiene promotion campaigns including proper excreta disposal, proper hand washing, safe water		
(K) Activity 2.2	Engage village 40 health committees and Water Environmental Sanitation committees and health facility medical care staff in monit		
(L) Activity 2.3	Training of 60 community health workers and 40 volunteers of which 60 % are women in hygiene promotion accompanied with distr		
(M) Indicator 2.1	Water, Sanitation and Hygiene	Number of people who have participated in interactive hygiene pr	<b>Target</b> 44150
(N) Indicator 2.2	Water, Sanitation and Hygiene	Number of committees sensitized in management of WASH infr	<b>Target</b>
(O) Indicator 2.3	Water, Sanitation and Hygiene	Number of people trained	<b>Target</b>
<b>(P) Outcome 3</b>	Wells and water points in 45 IDP camps will have access to safe water for drinking and domestic use		
(Q) Activity 3.1	Chlorinate 40 wells/water points in the IDP camps		
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water	<b>Target</b> 44150
(U) Indicator 3.2			<b>Target</b>
(V) Indicator 3.3			<b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>Competent bidding will be undertaken and select the best contractors in the areas. Their work will be supervised by project managers in collaboration with WASH engineer on the ground. The same system will be used during construction of latrines in health/nutrition facilities with good water supply. Using the local authorities and leaders on the ground, MURDO will draw a list from the most vulnerable beneficiaries, procure bar soaps, ORS sachets, utensils and distribute. In total, 8 250 bar soaps, 8,250 aqua tabs tablets, 8,250 (20 litres jerrycans), 8,000 ORS sachets with spoons and cups, will be distributed from the 12 targetted health facilities/nutrition centres. MURDO will facilitate and conduct hygiene promotion campaigns including proper excreta disposal, proper hand washing, safe water use, etc. using the CLTS methodology. IEC materials depicting local practices in terms of hygiene and using local clear local Somali language will be developed and used during this process. Meanwhile MURDO will engage IDPs health committees and Water Environmental Sanitation committees in monitoring and maintenance of latrines, hand washing facilities, safe water use at the delivery points Training of 60 community health workers and 40 volunteers of which 60% are women in hygiene promotion accompanied with distribution of 5,000 repackaged IEC materials that depicts hygiene messages in real pictures and in clear local Somali language that have been developed by UNICEF &amp; WASH cluster. will be held twice per month (fortnightly.) They will be also trained on safe water chain, hand washing techniques. Community hygiene education campaigns will be held at the targetted IDP camps and health facilities weekly targetteing areas with large concentration of people in need and this will also be held twice per week in the IDP camps targetted.</p> <p>Materials and tools needed for the training are printed copy of the Hygiene Promotion Training manual for the trainer/facilitator of the training, flip chart and markers, printed and laminated cards for three-pile sorting exercise, IEC materials for hand-outs are found on the Hygiene Promotion Web site, Printed copy of flip chart, Large copy of the F-diagrammed, set of Contamination Chain pictures, Pictures of healthy baby and sick baby, Materials for demonstration of hand-washing, water treatment, ORS mixing etc, for example a Hygiene Kit (normally containing soap, water container, basin/bucket, household water treatment, cotton fabric). MURDO will closely liase with other NGOs and INGOs in Mogadishu region who have implemented such projects successfully before and draw there expertise such as Islamic relief, OXFAM, UNICEF, WASH clusters, etc. Technical know how will be shared in the field as the project progresses. Already MURDO has met and agreed with the constructor who worked with Isalmic relief construction of hand washing facilities and latrines in their previous projects, visit with the contractor these sites and saw the high quality of their work and durability and will definitely adopt these methodology and expertise. Another meeting too has been organised between Islamic relief and MURDO and plan how IRS will assist MURDO in terms of quality check in the field.</p>		

**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) \*

MURDO will institute close monitoring of this project deliverables in an objective manner and changes reported in a timely manner to WASH cluster and CHF. MURDO will also try and avail information Hygiene promotion working group members. Baseline data will be collected before implementation. To ensure this is done effectively, a participatory process of monitoring will be undertaken. This will ensure all stakeholders (beneficiaries, field based staff, WASH cluster members) are informed and working towards desired results monitoring will be applied in all activity level. The activity level will be done by the community members through the selected community Water and sanitation committees and village health committees with the use of developed tools/sheets. This in particular will be done to ensure the community is aware and they are getting their entitlements as listed as well as ensuring our project is addressing the intended purpose. This will be done through dissemination of information through health committees. To ensure feedback from beneficiaries are addressed, MURDO complaint mechanisms will be followed to register and resolve any complaints that arise. Community level AWD/Cholera monitoring sheets will be filled daily in the field, or as per need and will address any inefficiencies, waterborne diseases incidences at community level and general community conception. Records of beneficiaries will be maintained as agreed and verified regularly with beneficiaries. MURDO will also attend to all WASH cluster meetings - both in Nairobi and Mogadishu- and present to other members the achievement of this project as it progresses in the field. Same information will be passed to health cluster and any concerned parties on AWD/Cholera matters. Information will be sent to joint intercluster health/WASH so as to highlight on AWD/Cholera outbreaks in the targeted areas of this project. More information also will be shared to health cluster and published in the weekly/monthly health cluster bulletins. MURDO staff will also attend to trainings that may be organised by the health/WASH cluster on AWD/Cholera and participate actively. MURDO Somalia will submit photos of all constructions work undertaken before and after as part of reporting for this project. It worth important to mention that the spoons and cups are vital in this project as will be used in the dispensation of ORS in the field to patients that will require it. These locations spoons and cups are almost non-existent and where available are of poor hygiene standards. The spoons and cups will also be used during demonstration sessions in the field on preparation of ORS to all community members and that is why MURDO has included it in this proposal. Vulnerable individuals will be supplied with this.

Aquatabs and ORS will be procured by MURDO from Nairobi since it is not supplied by UNICEF nor WHO, and stored and monitored closely to avoid it losing the active ingredients due to exposure and poor handling and storage methods, such as exposure to sunlight, moisture, etc.

Currently these are the facilities available: Health facilities: Shibus 1 (Dacwo), Karan 1 (Dacwo), Karan main hospital (Kaysaney) MSF, Heliwa 1 SOS, Heliwa sos main hospital. Nutrition centres: Karan 1 (Dacwo), Kara 1 (Saacid), Kara 1 (Mercy), Shibus 1 (Dacwo), Shibus 1 (Saccid), Heliwa 1 (Saccid), Heliwa 1 (SOS.)

(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* Construction of 320 pit latrines	X	X	X	X	X	X
1.2 Provision of 1 bar of soap	X	X	X	X	X	X
1.3 Construction and provision of 44,150 water filters	X	X	X	X	X	X
Conduct hygiene promotion campaigns including proper excreta disposal, proper hand washing, safe water use, etc. using the CLTS methodology targeting a total of 44,150 people of which 65% are women and						
2.1 girls	X	X	X	X	X	X
2.2 Engage village health workers	X	X	X	X	X	X
2.3 Training of 60 community health workers	X	X	X	X	X	X
3.1 Chlorinate 40 wells/water points	X	X	X	X	X	X
3.2 0						
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 WHO	coordination, trainings, assessments, information sharing, organisation outbreaks
2 UNICEF	coordination, organisation, trainings, assessments, information sharing, outbreak
3 Islamic relief	technical knowhow, lesson learnt, coordination, assessments, information sharing
4 SOHPA	supplies distribution
5 HIJRA/Oxam/WARDI	coordination, assessments, information sharing, outbreaks preparedness and response
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 consideration will be a key factor in the entire project cycle. In particular,
Capacity Building		