

For 'new-line' in text fields press [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'

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	Norwegian Refugee Council (NRC)		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title* Please use a precise and informative title that accurately reflects the project.	Provision of Appropriate Sanitation Assistance and Hygiene information to IDPs in Somalia		
(D) CAP Project Code	SOM-10/WS/28965	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 (July 2010)		
(G) CAP Budget	\$ 2,500,000.00	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 530,000.00	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve.	
(J) Primary Cluster*	WASH		
(K) Secondary Cluster	please select	Only indicate a secondary cluster for multi-cluster projects.	
(L) Beneficiaries Direct project beneficiaries. Specify target population disaggregated by number. As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	Total*	Men	Women
	24000	2,900	4,300
	Children under 18		16800
	People in HE	People in AFLC	Indicate group name
			Indicate group name
(M) Location Region(s) and District(s) only, precise locations should be annexed	Regions	<input type="checkbox"/> Awdal <input checked="" 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"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input checked="" 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	Somali Youth for Peace and Development - SYPD	Budget: \$ 158,400
	2	Bani'Adam Relief and Development Organization - Bani'adam	Budget: \$ 158,400
	3		Budget: \$ -
(O) Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).			
Agency focal point for project:	Name: *	Qurat-ul-Ain Sadozai	Title: NRC Program Director - Somalia/Kenya
	Email: *	protection@som.nrc.no	Phone: * 733664633
	Address:	3rd Floor Chaka Place, Argwings Kodhek Road, Hurlingham, Nairobi	

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.*	<p>The living conditions of IDPs in Mogadishu (Banadir), and Afgooye corridor (Lower Shabelle) are characterized by a general lack of access to clean and safe drinking water, limited access to appropriate sanitation (excreta disposal and waste management) facilities, health care, education, proper shelter, food, protection and security.</p> <p>The findings of a rapid assessment conducted in April and May 2010, focusing largely on humanitarian access and needs, indicate that the most significant concerns in the settlements are related to dilapidated and often inadequate, and sometimes near total lack of sanitation facilities, along with poor hygiene practices. In addition, the waste management situation in and around the IDP settlements remains poor due to the lack of garbage collection and disposal systems. Vector controls, dust bins, garbage collection points, and landfills, are few and inadequate and where present, in need of replacement and rehabilitation. Consequently, IDPs continue to live under poor hygiene conditions and practices which affects their overall nutritional standards as well as health.</p> <p>The assessments also highlight significant protection concerns, with a number of settlements being under the control of gatekeepers who insist on the assistance being provided through them. Other concerns relate to the control of resources by some people once provided. The lack of latrines sometimes compels women and young girls to ease themselves outside the settlements, hence exposure to the risk of sexual violence and assault.</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.*	<p>NRC has implemented Sanitation and Hygiene promotion activities in Mogadishu and along the Afgooye corridor since 2007. By ensuring a general improvement in the Hygiene and Sanitation standards the aim has been to improve the overall well being of the IDPs by reducing the transmission of faeco-oral diseases and exposure to disease-bearing vectors. This is particularly important in the context of Mogadishu and Afgooye where due to lack of access to various services including adequate nutrition, IDPs vulnerability to disease is significantly high. Previously, this involved the construction of communal latrines, in blocks of 5, for use by 25 families, hence a ratio of 1 latrine for 5 families or 30 beneficiaries. Due to the huge gaps of unmet needs over time, and sometimes the lack of space for latrines constructions, especially inside Mogadishu, it has been difficult to meet even this target, resulting in ratios of 1 latrine for 50 persons in many settlements. The ultimate aim is to realize sphere standards, of 1 latrine for 20 beneficiaries with time.</p> <p>Consequently, NRC prioritises the promotion of better hygiene practices and behavioural change, through concerted campaigns, visual messages, and provision of family/personal hygiene kits and settlement cleaning (Sanitation) kits. The training also aims at ensuring that the provided facilities are put to proper use and maintenance.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>Distribution of Non Food Items (NFIs)</p> <p>Provision of Temporary shelter (Family Tents)</p> <p>Provision of Sanitation facilities; Communal latrines, Washbasins, Garbage disposal facilities</p> <p>Hygiene Promotion; Training of ToTs, Public meetings, Households level briefings, Dissemination of visual messages, Provision of family / personal hygiene kits.</p> <p>Hands-on implementation of Accelerated Primary Education (ABE) & formal primary education, including support towards the provision of education infrastructure through classroom construction and schools rehabilitations</p> <p>Advocacy</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Ensure IDPs and disaster affected communities have increased access to safe appropriate facilities and sustained access to hygiene information	
(B) Outcome 1*	Approximately 3.960 IDP families receive appropriate sanitation facilities (24,000 individual)	
(C) Activity 1.1*	Joint assessments and selection of settlements and beneficiaries	
(D) Activity 1.2	Procurement of construction materials and erection of communal latrines, wash basins and garbage disposal drums :2 latrines Block.	
(E) Activity 1.3	Continous and post construction monitoring and follow up of constructed facilities	
(F) Indicator 1.1*	WASH	WASH - Number of beneficiaries, disaggregated by sex, with increased access to sanitation facilities Target:* 24,000
(G) Indicator 1.2	WASH	Number of latrines, washbasins and garbage disposal facilities cor Target: 1,200
	WASH	Level, in percentage terms of community participation Target: 80%
(H) Indicator 1.3		
(I) Outcome 2	Approximately 3.960 IDPs families receive culturally appropriate information on hygiene practices and behaviour change	
(J) Activity 2.1	Selection and mobilization of settlements / community members	
(K) Activity 2.2	Conduct hygiene promotion training, involving distribution of settlement cleaning and family hygiene kits, including soap for cleaning at	
(L) Activity 2.3	Follow up / monitor behaviour change and improvements in hygiene behaviour and practice	
(M) Indicator 2.1	WASH	WASH - Number of beneficiaries, disaggregated by sex, participating in hvciene promotion campaigns Target: 24000

(N) Indicator 2.2	WASH	Number of settlements provided with settlement cleaning kits	Target: 80 settlements
(O) Indicator 2.3	WASH	No of families receiving family hygiene kits, including soap for cle	Target: 400 families
(P) Outcome 3	60 Community trainers, including teachers, receive training on community Hygiene promotion		
(Q) Activity 3.1	Recruitment / selection of trainees		
(R) Activity 3.2	4-5 days training of hygiene promotion (10 persons trained every training)		
(S) Activity 3.3	Provision of field support and monitoring of community hygiene promotion activities conducted by the Community promoters		
(T) Indicator 3.1	WASH	WASH - Number of community beneficiaries, disaggregated by sex, trained in effect	Target: 60
(U) Indicator 3.2	WASH	Number of hygiene promotion training conducted	Target: 6
(V) Indicator 3.3	WASH	Number of benefeciries trained	Target: 60
(W) Implementation Plan* Describe how you plan to implement these activities	Provision of appropriate sanitation facilities; latrines, washbasins and garbage disposal and water harvesting drums, shall be undertaken jointly with two competent implementing partners - SYPD and Bani'adam. NRC staff will undertake the selection, training, follow up support to Community Hygiene promoters, and distribution of the family hygiene kits and for the hygiene promotion activities in the IDPs settlements		

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. *	<p>To ensure flexibility and outreach of the project, the activities will be managed and monitored by NRC Mogadishu/South Central office. Senior implementation staff, comprising of one (1) expatriate Project Manager, supported by an Area Manager (expatriate), both based in Mogadishu, will lead the day to day coordination of activities and lend the oversight support needed on ground, especially in designing and analysing the assessments and monitoring tools to be used by the field technical staff directly responsible for activities implementation.</p> <p>Furthermore, the project will be monitored within the Area Monitoring Plan applied across NRC – South Central projects, and will further benefit from the capability of the Monitoring & Evaluation focal point in NRC South Central area office and the monthly Programme Monitoring Meetings. The project management and implementation will also benefit from the regular communication with NRC Country Office in Nairobi. The project management and implementation will also take advantage of the regular internal audit procedures of NRC. Where implementation is undertaken by a local partner, NRC's technical staff will work jointly with the partner's team on ground, throughout the project to ensure transparency, quality and a more direct enhancement of the partner's capacity. In addition to field level monitoring mechanism in which the project implementation will be involved with, progress in project implementation will be reviewed as part of the Quarterly, as well as Annual Reviews. Progress reports will be sued to update the</p> <p>Post implementation monitoring, to be undertaken soon after closure of the project, preferably before preparation / submission of final report, will focus on the appropriateness, relevance and utilization. It shall aim at assessing the overall impact of the assistance provided, in particular how the main protection concerns have been addressed. It will also serve to provide feedback and lessons learned that can be used to improve possible future interventions.</p>
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(B) Work Plan Must be in line with the log frame	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* Joint assessments and se	x	x					
1.2 Procurement of construct	x	x	x	x	x		
1.3 Continous and post cons	x	x	x	x	x	x	
2.1 Selection and mobilizatio	x	x	x	x	x		
2.2 Conduct hygiene promotion training, invo	x	x	x	x	x		
2.3 Follow up / monitor behaviour change and	x	x	x	x	x	x	
3.1 Recruitment / selection of	x						
3.2 4-5 days training of hygiene promotion (1	x	x	x				
3.3 Provision of field support	x	x	x	x	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	1	Organization	Activity	
	2	WASH Cluster in Mogadishu	WASH cluster meetings for planning and implementation coordination	
	3	WASH Cluster in Nairobi	Through monthly meetings and a regularly updated Quarterly WASH matrix	
	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	Separate facilities provided for women (and children) and men. Specific needs for women and young girls addressed through provision of sanitary pads in the	1.1, 2.1, 2.2, 3.1,3.2
	Capacity Building	Yes	Training and support to community hygiene promoters, who include community teachers. Training of local partners.	1.1,1.2, 2.2, 2.3,3.2, 3.3