****

* **Project Title:**

**Sanitation Improvement Programme at Early Childhood Development Education Centers in Homa Bay County.**

**Proposal Submitted to:**

**GLOBAL GIVING**

**Contacts:**

**Contact address: P.O Box 775-40300, Homa-Bay**

**Contact person: Edgar Juma Ochweyo**

**Telephone: +254723773943**

**Email:** **regionaldisasterpreparedness@yahoo.com**

**EXECUTIVE SUMMARY**

REGIONAL DISASTER PREPAREDNESS PROGRAM is a local NGO that seeks to enhance the capacity of society to prevent, and mitigate disasters for improving the livelihood of the poor and vulnerable grassroots communities through effective disaster management, and social mobilization strategies. Regional Disaster Preparedness Program operates in Homa Bay County, one of the 47 Counties in the Republic of Kenya that is prone to and has previously suffered incidences of flooding, drought, HIV& AIDS, lightening and sporadic outbreaks of endemics such as cholera, dysentery and other diarrheal diseases. Though there were prompt responses to these disasters, lack of inter-agency collaboration for planning and coordination of response actions compounded by biased sectoral/institutional assessments had impeded effective response, optimal resource utilization, documentation and knowledge sharing.

These inefficiencies have, however, been addressed following the registration of REGIONAL DISASTER PREPAREDNESS PROGRAM responsible for management of disaster risks and coordination of relief responses in the event of a disaster among other functions.

In fulfilling one of its mandates, the Program has assessed the sanitary conditions of the Early Childhood Development Education Centers (ECDECs) recently initiated within over 900 schools in the County and found out that besides lacking structures for the physical development; these centers have inadequate or inappropriate fecal disposal facilities for younger children, thus forcing many of them to defecate outside within school compounds. This predisposes the children and other school fraternities to the danger of contracting and/or spreading diseases such as cholera, dysentery, typhoid and even worms. It is, therefore, necessary that urgent measures aimed at reducing identified risks of diseases outbreak to be instituted.

As a start-up, the Program in consultation with ECDECs fraternities, Ministry of Education & Information Communication Technology and Ministry of Health are requesting the Global Giving to consider a partnership to facilitate putting up 200 four doors sample disability friendly Ventilated Improved Pit ( VIP) latrines for disposal of fecal matter acquiring and installing 200 (10,000 litre) water tanks for storing roof catchment rain water for drinking and hand washing and conducting primary health campaigns to strengthen capacities of 100,000 ECDECs fraternities and neighboring families on disease prevention.

These activities will be implemented through multi-sectoral committee comprising of Ministry of Education, Ministry of Water and Environment, Ministry of Health, the Kenya Red Cross Society, Medicine Sans Frontiers, World Vision, Plan international and other development partners in the WASH sector. The programme has a budgetary implication of USD.**631, 240.00**, which USD. $ 463,540.00 is requested from GLOBAL GIVING. Other part of the budget will be met by REGIONAL DISASTER PREPAREDNESS PROGRAM, Homa Bay County Government and 200 targeted schools.

**1.0 INTRODUCTION**

REGIONAL DISASTER PREPAREDNESS PROGRAM has strategic presence in Homa-Bay County; one of the 47 Counties in the Republic of Kenya as provided for in the constitution that was promulgated on the 27th of August, 2010. This County is located at South Western Kenya, along Lake Victoria, and boarders Kisumu and Siaya Counties to the North, Kisii and Nyamira Counties to the East, Migori County to the South and Lake Victoria and Republic of Uganda to the West. It lies between latitude Oo15’S Oo52’S and between longitudes 34oEast and 35oEast and stretches in an area of 4267.1km2 inclusive of water surface which on its own covers an area of 1227km2.Homa Bay County, that has its Headquarters in Homa-Bay town, is divided into 8 Sub-Counties namely; Homa-Bay town, Rangwe, Karachuonyo, Kasipul, Kabondo Kasipul, Ndhiwa, Suba and Mbita . The sub counties are further sub divided into 40 electoral wards, 86 locations and 211 sub-locations.

**1.1 REGIONAL DISASTER PREPAREDNESS PROGRAM [RED PREP]**

RED PREP, an abbreviation for Regional Disaster Preparedness Program is registered as a national Non-Governmental Organization (NGO) under the NGO Coordination Board with among other functions such as coordinating relief responses, formulating and implementing short and long term risks reduction interventions aimed at minimizing outbreaks of endemic epidemics and other human sufferings. The department undertakes especially relief and remedial measures aimed at reducing vulnerability to disease, hunger and other famine related situations. This is achieved through constant surveillance, capacity strengthening on disease prevention and sustainable land use, prompt response to emergencies, supporting social systems that anchor peace and promoting environmental stewardship.

**1.1.1 Vision:**

RED PREP seeks to enhance the capacity of society to prevent, and mitigate disasters to improve the livelihood of the poor and vulnerable grassroots communities through effective disaster management, and social mobilization strategies.

**1.1.2 Mission**

To manage disasters by mobilizing resources and developing capacities of communities to respond with high level preparedness, to natural, environmental and man-made disasters through sustainable coping practices, improved livelihood and social mobilization initiatives.

**MAP OF HOMA BAY COUNTY**

**1.1.3 MAP OF KENYA**

**1.1.4 Agro- climatic conditions**

Homa Bay County has an inland equatorial type of climate. The climate is however, modified by the effects of altitude and nearness to Lake Victoria that makes temperatures lower than that of equatorial climate. There are two rainy seasons namely; the long rainy season from March to June and the short rainy season from August to November. The rainfalls received in the long rainy season are 60 per cent reliable and ranges from 500 –1500 mm while 500 –700 mm is received in the short rainy season. Temperatures range from 18.6°C to 17.1°C, with hot months being between December and March. The temperatures are, however, lower in areas bordering the highlands of Kisii and Nyamira.

**1.1.5 Demography**

Based on projections from the 2009 Kenya Population and Housing Census, Homa-Bay County had approximately 1,038,858 persons by the end of the year 2012. This number was expected to rise to 1,177,181 persons in 2017 with 564,843 males and 612,338 females. 48.8% of the population consists of dependents aged between 0 and 14 years, while 27.5% is comprised of youth aged between 15 and 29 years. This implies that the County Government and other development partners have to invest more resources in programs that adequately cater for the socio-economic demands of young people.

**1.1.6 Water**

Key sources of water comprises of protected springs, protected wells, boreholes, piped and trapped rain water, while unimproved sources include ponds, pans, dams, lake, streams/rivers, unprotected spring, unprotected well and water vendors. Generally only28% of residents use improved sources of water, while the rest rely on unimproved sources. There is no gender differential in use of improved sources with both male and female headed households’ at 28% each.

**1.1.6 Sanitation**

While 42% of residents in Homa Bay County use improved sanitation, the rest use unimproved sanitation. Use of improved sanitation is slightly more in male headed households at 43% as compared with female headed households that stands at 40%.

**1.1.7 Education**

According to the National bureau of Statistics, only 17% of Homa Bay County residents have secondary level of education and above. Homa Bay Town constituency has the highest share of people with a secondary level of education, currently standing at 22%.

**1.1.8 Health Situation**

***According to UNICEF***, Homa-Bay has one of the highest under-five mortality rates in Kenya (at 91/1000 live births). The most critical health conditions for children are diarrhea, malaria and pneumonia. Poverty rate is 44%, compared to the national average of 47%; 66% of the population attended primary school and 83% of 15-18 year-old young people are currently attending school, which is ahead of the national average of 70%. Despite being ahead of the national average on these development indicators, The County is far behind on other basic infrastructure, particularly electricity and improved water sources. Only 3.3% of households have electricity, compared to the national average of 23% (***CRA Fact Sheets 2011***).

The County continues to experience very high HIV burden being ranked number 1 out of 47 counties in the Republic of Kenya. In 2013, It had a total population of 1,006,756 people and 25.7% overall adults HIV prevalence. More specifically, the number of adults living with HIV stood at 140,600, while the number of children living with HIV was 19,370.This brought a cumulative total number of people living with HIV in the county to be 159,970 (***NACC, 2014***) The HIV prevalence among women is higher (27.4%) than that of men (23.7%).Over the years, women have been more vulnerable to HIV infection than the men. The County Health infrastructure stands at 254 health facilities with one county referral hospital and 7 Sub County Hospitals.

* 1. **8 Economic Activities**

Though practiced rudimentarily, fishing (On Lake Victoria) and agriculture, accounts for the largest share of economic activity in the region. Peasantry is practiced extensively with crops such as maize, sorghum, ground nuts, millet and potatoes being grown. The unexplored eco-tourism sites include; Ruma National Park, Homa-Hills Geothermal site, Thim lich Oinga, Simbi Nyaima crater and Ondago swamps birds’ sanctuary. Opportunities therefore, still exist in development of tourist facilities to tap into the potentials of this sub sector, besides improving land use to enhance outputs.

**2.0 THE PROJECT**

**2.1 Project Title: Sanitation Improvement Programme in Early Childhood Development Education Centers in Homa Bay County.**

**2.2 Problem Statement.**

Over 60% of Early Childhood Development Education Centers (ECDECs) in Homa Bay County lack adequate or appropriate fecal matter disposal and clean & safe water that children can drink and wash their hands after going through calls. Moreover, even in the fewer schools where the facilities exist, administrations are reluctant to enforce their use for fear about the little children dropping through the relatively larger holes that were constructed without taking into accounts the needs of smaller children. Thus ECDECs children defecate anyhow in school compounds, thereby exposing, not only them to the risk of contracting cholera, diarrhea, dysentery, typhoid and worm infestations, but triggering outbreak of the endemics in entire area.

**2.3 Justification**

Improved sanitation has many health benefits, both in the narrow sense of disease avoidance and in the wider sense of enhanced psychological and physical well-being. Yet approximately 19,500 Kenyans, including 17,100 children under the age of five die each year from diarrhea, and 90 per cent of the diseases are directly attributed to poor sanitation and hygiene.

The benefits of improved sanitation are broad in scope, ranging from reductions in diarrhea, reduced helminthes infestations and trachoma through reduced risk of accidents and/or sexual harassment, to enhanced psycho-social well-being afforded via such factors as improved dignity and social standing. Thus, despite mythical issues, improved sanitation has greater significant impact on households’ health.  The provision and consistent use of improved sanitation isolates contaminated feces from the environment thereby breaking down the fecal-oral transmission of disease.  The evidence for protective effect of sanitation against diarrhea is greatest; with latrines potentially reducing the disease by up to 36% **(According *to CDC-USA).***Hand washing is the basic way to prevent infection and illness. This is because hands come in contact with many bacteria and other contaminants when using the restroom, touching surfaces contaminated by other people, handling raw eggs or poultry, or changing a diaper. If people, more so children, are sensitized and are able to internalize the culture of washing hands, not only before eating or preparing food, but even whenever they leave latrines, the risks of outbreak of the WATSAN diseases such as the ones here below can be significantly reduced:-

***Cholera***

## *Epidemic cholera remains a persistent, intractable health problem in many developing countries, with morbidity and mortality rates in Homa-Bay exceeding other regions until recently. Reported figures are conservative because of vast under-reporting of cases. This illness, that is caused by the toxigenic bacterium Vibrio cholerae groups O1 and O139 manifests as acute watery diarrhea that can be rapidly fatal if not promptly treated. The disease is transmitted through the fecal-oral route primarily through contaminated food and water.*

***Dysentery***

*Dysentery is bloody diarrhea, i.e. any diarrheal episode in which the loose or watery stools contain visible red blood. Dysentery is most often caused by Shigella species (bacillary dysentery) or Entamoeba histolytica (amoebic dysentery). This disease is usually caused by poor hygiene or contaminated food or water.*

***Typhoid***

*Caused by ‘salmonella typhe’, typhoid fever is a serious disease spread by contaminated food and water.* [*Symptoms*](http://www.cdc.gov/nczved/divisions/dfbmd/diseases/typhoid_fever/#signs) *of typhoid include lasting high fevers, weakness, stomach pains, headache, and loss of appetite. Some patients have constipation, while others have rashes.*

## *E. coli Poisoning*

# *The E. coli bacterium spreads from the contaminated stools of an infected person. If this person uses the restroom without proper hand washing afterward, he can pass along E. coli on surfaces, to the hands of others or in food. Ingesting this bacterium causes severe diarrhea and cramping for about one week.*

## *Colds and Flu*

*Although colds and flu can spread through the air, the germs are also transferred through hand-to-hand contact. If someone with the flu or a cold sneezes into her hand, does not wash and then touches someone else's hand, the germs will spread. The person who was touched with these germs could prevent getting the virus if she washed her hands as soon as she was touched in contact.*

In Homa Bay, a County that has the dubious distinction of leading in all negative socio-economic indicators in Kenya, including having the highest HIV and AIDS Prevalence of 25.75 ***(According to KAIS),*** highest infant mortality of 10/ 100 births, latrine coverage and use is 29.4% and open defecation is 35% ***(According to Assessment of Water, Sanitation and Hygiene in Homa bay County by Julius Onsase****)*. This situation has led to too much money being spent in treating diarrheal diseases (*According to World Bank Update, 2015).*

Therefore, this initiative dubbed ‘’***Sanitation Improvement Programme at Early Childhood Development Education Centers in Homa Bay County’*** ’is a perfect solution to the eminent dangers facing children attending ECDECs in the County of Homa-Bay. It is aimed at strengthening the capacities of school fraternities and neighboring families on preventive health through public education, carry out mass deworming, put up 200 four door sample VIP latrines and acquire and install 200 water tanks for storing trapped rain water for use by the children.

* 1. **Broad Objective**

To contribute in reducing water borne diseases in Homa-Bay County.

**2.5.1 Specific Objectives**

1. To sensitize and inculcate, amongst 100,000 pupils and their families, the culture of observing basic hygiene, including hygienic wastes disposal, hand washing and drinking clean water to reduce Water and Sanitation(WATSAN) diseases in Homa Bay County by June, 2018;
2. To contribute to improved sanitation and fecal matter disposal amongst 100,000 children enrolled in 200 ECDECs in Homa Bay County by June, 2018;
3. To contribute to improve Water Sanitation and Hygiene (WASH) emergency disaster risk reduction in ECDECs in Homa Bay County by 80%by June, 2018.

**3.0 ACTIVITIES**

**3.1 Conduct a pre-entry project baseline survey.**

The project anticipates gathering updated data and indicators on the key areas of intervention to inform;

**3.2 Project launch**

The project will be launched in two stages that are both intended to contribute to increased community and stakeholder buy-in on the project.

1. There will be a county entry meeting with the line ministries i.e. Ministry of Education Ministry of Water & Environment, Ministry of Health, Ministry of Education and Office of the Governor. The will help harmonize all collaborating ministries’ cross cutting plans and projected targets for the year.
2. There will also be project public launch in each of the 8 sub counties on venues to be agreed on by the stakeholders. These functions, to be presided over by His Excellency the Governor, will ensure political support and community buy-in.

**3.3 Branding**

All schools that will have been identified through baseline survey to benefit from the intervention will have their sign boards rebranded. The boards will display the involvement of the community, GLOBAL GIVING, REGIONAL DISASTER PREPAREDNESS PROGRAM, and the County Government of Homa Bay in improving situation of water and sanitation in the respective schools.

**3.4 Public Health Education and Mass Deworming.**

The project intends to conduct elaborate and public health education and deworming programmes in the 200 targeted schools per quarter in the one year project life. Well packaged simple communication for delivering messages will be distributed to the schools by the Department of Public Health through community health workers. The Department will, through community health workers, monitor and report usage of the facilities.

**3.5 Observation of Water, Sanitation and Hygiene Calendar Events.**

The stakeholders will be led in observing water, sanitation and hygiene events (Global Hand Washing Day, World Water Day and World Toilet Day. This will help the community in internalizing observation of personal hygiene, safe solid waste management in schools and at the household along the national and international annual themes.

**3.6 Construction of latrines.**

The basic components of a pit latrine are the pit, ideally 10-15 meters deep, a cover slab with a hole through which users defecate into the pit and a superstructure, sufficient to ensure privacy and provide protection from the weather. It must be possible to clean the slab. Partly for this reason, most slabs are made of concrete. In this project, we propose to construct VIP Latrines. VIPs are pit latrines incorporating a vent pipe, designed to draw flies and smells away from the pit and cabin. The flies are trapped by a screen located at the top of the vent pipe and eventually die.

 VIP Pit latrines are the best conventional sanitation option where there is no source of water on or close to the plot so that water use is low (typically less than 25 liters per person per day). They may also be used when water consumption is higher, provided that separate provision is made for sullage (“gray” water) disposal. However, they may be less attractive to users of pour-flush toilets in such situations.

The Ventilated Improved Pit (VIP) design is very dependent on a durable fly screen and may give rise to insect problems if the screen fails for any reason. Emptying the pits may be problematic, and people may opt to dig a new pit and move the superstructure into a new location, if land is available. High water table and/or flooding are obvious problems for pit latrines.

The slab, being of concrete, is structurally sound and easy to clean. The vents will be extended well above the roof of the latrine superstructure, as this will ensure a good draft of air up the pipe. Care will be taken to choose corrosion-resistant material. Access to the pit to remove the contents will be via slabs outside the superstructure or where applicable a hole will be provided in the wall through which a tanker suction pipe can be introduced.

**4.0 IMPLEMENTATION STRATEGY**

Specifically for capacity strengthening purposes, the programme will adopt evidence-based interventions in health care: application of a replicating effective program framework in implementing some of the planned programme activities. This framework is based on the experiences borrowed from the ***U.S. Center for Disease Control and Prevention (CDC) Replicating Effective Programs (REP)*** project, which has been at the forefront of developing systematic and effective strategies on research on best disease prevention interventions for dissemination.

REP consists of four phases: pre-conditions (e.g., identifying need, target population, and suitable intervention), pre-implementation (e.g., intervention packaging and community input), and implementation (e.g., package dissemination, training, technical assistance, and evaluation), and maintenance and evaluation (e.g., preparing the intervention for sustainability). Key components of REP, including intervention packaging, training, technical assistance, and fidelity assessment are crucial to the implementation of effective interventions in health care.

This methodology is a well-suited framework for implementing health care interventions such as this one, as it specifies the steps needed to maximize fidelity while allowing opportunities for flexibility (i.e., local customizing) to maximize transferability.

Pit latrine designs range from simple unimproved pit latrines, through Ventilated Improved Pit latrines (VIPs) to alternating twin pit systems. In a twin pit system, the second pit is only used when the first pit is filled. The first pit is left sealed for a year or more before emptying during which time disease-causing organisms are destroyed by natural processes. After such storage, without the addition of fresh wastes, the contents become safe to handle, and may be used as compost.

**PROJECT BENEFICIARIES**

This initiative will directly avail safe and hygienic fecal matter disposal facilities and water to 100,000 young pupils under the age of 7 years. Additional 260,000 larger fraternities including older pupils, teachers and parents of the targeted schools will also benefit from reduced incidences of Water and Sanitation (WATSAN) diseases.

**5.0 MONITORING AND EVALUATION**

**5.1 Monitoring.**

The Program will involve multi- sectoral committee in monitoring the project activities. The committee will meet fortnightly to review the status of activities falling on the period under review and to plan for those that are underway.

## The committee will review tasks so that potential problems can be identified early enough for corrective actions to be taken, whenever necessary. The key benefit of this approach is that project performance will be observed and measured regularly to identify variances from implementation plan, while focusing on the following:-

* Ensuring that all activities, unless prevented by risks and uncertainties, are implemented as indicated in the work plan;
* Making sure that all purchases are prudently executed while following The Procurement, Assets and Disposal Act, 2002;
* Following up with all project actors concerning their responsibilities;
* Measuring the ongoing project activities ('where we are');
* Monitoring the project variables (cost, effort, scope, etc.) against the project plan and the project performance baseline (*where we should be*);
* Identifying corrective actions to address issues and risks properly (*How can we get on track again*);
* Influencing factors that could circumvent integrated change control so only approved changes are implemented.
* Documenting, compiling and reporting project progress to stakeholders on a monthly basis.

**5.2 Evaluation.**

During the entire project cycle, three evaluation exercises will arrange to answer questions about program needs, implementation, and outcomes. These exercises will rely on the community needs assessment conducted before project commencement and will continue along the project life to ensure systematic progression in implementation. Three evaluations will be conducted to achieve the desired program objectives. These will be *Formative* evaluation that will be conducted to determine whether elements of the intervention (e.g., materials, messages) are feasible, appropriate, and meaningful for the target population. *Process* evaluation will be carried out to assess the way the project is being implemented, rather than the effectiveness of the program (e.g., counting program attendees and examining how they differ from those not attending).

Finally, *an impact* evaluation aiming at assessing the extent to which the project objectives shall have been met, targeting changes in knowledge, attitudes, behavior, reduction of risks threats outbreaks of WATSAN diseases or other intermediate outcomes will be conducted. The exercise will also focus on establishing the validity (the extent to which a measure accurately captures what it was intended to capture) and reliability (the likelihood that the instrument will get the same result time after time) elsewhere.

**5.3 Exit Strategy and Feed back**

 RED PREP will organize one day exit meeting in all 8 sub Counties. The exercise be used in testing aptitudes of the pupils on personal hygiene based on reciting of poems and public debate on preventive themes to be decided by the multi- sectoral implementation committee. It is anticipated that this will enable strengthening of preventive health knowledge and ensure rippling messages back home. Report from the exercise, together with documented data during formative and process evaluations, and further recommendations arising from the impact evaluation will be shared with representatives from the neighboring public health Centers and other medical NGOs operating in the area including Medecins Sans Frontiers, Kenya Red Cross Society, International Medical Corps, Sub County health Committees and the Homa-Bay County Assembly Health Committee and education committees.

**4.0 Log frame.**

|  |  |  |
| --- | --- | --- |
| **Objective Hierarchy** | **Projected Outcome(s)** | **Risks and Assumptions** |
| ***Overall Goal:***To reduce risk incidences of outbreak of water and sanitation diseases in Homa-Bay County. | Significant reduction of incidences of water and sanitation diseases in Homa-Bay County. | Other infrastructures for ensuring delivery of basic health such as provision of water to the families are implemented as scheduled. |
|  ***Specific Objectives.***1.1 To sensitize and inculcate amongst 100,000 pupils and their families the culture of observing basic hygiene including hygienic wastes disposal, drinking clean water and hand washing | At least 100,000 targeted pupils will observe basic hygiene including hygienic wastes disposal, drinking clean water and hand cleaning for reduced WATSAN diseases in Homa Bay  | At least 70% of the targeted pupils are able to internalize and practise preventive health for personal hygiene. |
| 1.2 To improve sanitation through constructing and enforcing the using of latrines for fecal disposal amongst 40,000 children enrolled in 200 ECDE | Reduced risks to the incidence of WATSAN diseases in Homa Bay | ECDE teachers agree to enforce the use of latrines and culture of hand washing amongst childrenGutters for collecting rainwater and tanks are kept clean by the ECDE authorities all the time |
| 1.3 To significantly reduce risks to the spread of WATSAN diseases  | Outbreaks of WATSAN diseases in Homa Bay reduced  | Other infrastructures for ensuring delivery of basic health, such as the supply of potable water to the families are implemented as scheduled. |
| **Activities:** |  |  |
| * 1. Holding of 1 day project launch meeting.
 | All project stakeholders are appraised on their responsibilities | Project stakeholders stick on their commitment especially on financial and in-kind contribution. |
| * 1. Conducting 200 Public Health Education Days on preventive health, including hygienic wastes disposal, hand washing and personal hygiene
 | At least100,000 school fraternities will have their capacities strengthened on preventive health, including hygienic waste disposal, hand washing and personal hygiene | At least 70% of the targeted pupils are able to internalize and practise the basic health requirements for personal hygiene. |
| * 1. Purchasing and Dispensing of anti-helminthes
 | Worm infestation amongst children controlled | Care is taken on choosing effective drugs preference is made on broad spectrum. |
| * 1. Putting Up 200 four-door latrines with provision for hand washing area
 | At least 100,000 ECDE children in Homa-Bay will have appropriate latrines for hygienic fecal disposal. | There will be readily available exhausters for deluging the latrines whenever they are filled up. |
| * 1. To procure and install 200water tanks with capacity of storing 10, 0000litters of water when full.
 | At least 2,000,0000 litres of rain water trapped which is accessed to at least 100,000 pupils attending 200 ECDE in Homa-Bay County | The area record normal rainfalls, gutters appropriately installed, water tanks well maintained and water rationed to serve the children all the year round. |
| 2.6 To carry out continuous monitoring and Evaluation of the project impacts | All project activities implemented as planned and their impacts determined | Funds are availed to facilitate movement of the monitoring team and hire competent evaluator |
| 2.7 To organize 1 day stakeholders feedback report meeting | All stakeholders briefed on the project out comes and future direction decided | All planned activities accomplished on schedule |

**5.0 Implementation Timeline:**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Actor/s** | **Period (2017)** |
| **2017** | **2017** | **2018** | **2018** |
| **J** | **A** | **S** | **O** | **N** | **D** | **J** | **F** | **M** | **A** | **M** | **J** |
| Proposal presentation to the donor, Proposal appraisal, negotiation and agreement signing | RED PREP and Donor | **x** | **x** | **x** |  |  |  |  |  |  |  |  |  |
| Holding of 1 and 8 days project launch meetings. | RED PREP and leaders of targeted ECDEs |  |  |  | **x** |  |  |  |  |  |  |  |  |
| Organizing 200 Public Health Education Days | Health Personnel, RED PREP, Multi-Sectoral CommitteeSchool fraternities  |  |  |  |  | **x** | **X** | **X** | **x** | **x** | **X** | **x** |  |
| Carrying out mass deworming in respective schools. | Health Personnel, RED PREP, Multi-sectoral Committee and  ECDEs children |  |  |  |  | **x** | **X** | **X** | **x** | **x** | **X** | **x** |  |
| Putting Up 200 four-door latrines | RED PREP, Multi-sectoral Committee |  |  |  |  | **x** | **X** | **X** | **x** | **x** | **X** | **x** |  |
| Procuring and installing 200 water tanks of 10,000 litters capacity | RED PREP, Multi-sectoral Committee |  |  |  |  | **x** | **X** | **X** | **x** | **x** | **X** | **x** |  |
| Carrying out continuous monitoring and Evaluating project impacts | RED PREP, Multi-sectoral Committee and hired expert |  |  |  | **x** | **x** | **X** | **X** | **x** | **x** | **X** | **x** | **x** |
| Holding of 1 day stakeholders feedback report meeting | RED PREP, Multi-sectoral Committee and all stakeholders |  |  |  |  |  |  |  |  |  |  |  | **x** |

**6.0 THE BUDGET IN USD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **Unit of Measure** | **Quantity**  | **Unit Cost** | **Total** |
| **Project launch**.* Invitation letters
* Stationery
* Refreshments
* Branding
 | CopiesSetPaxEach | 200200200200 | 0.305.0010.00200.00 | 60.001,000.002,000.004,000.00 |
| **Sub Total** |  |  |  | **7,060.00** |
| **Preventive Health Education Day*** Mobilization
* Hire of Pubic Address
* Facilitators Allowance
* Observing WATSAN Events
 | Notices PcsPaxdays | 20000200200 x 34 | 0.30100.0050.001,000.00 | 6,000.0020,000.0030,000.004,000.00 |
| **Sub Total** |  |  |  | **60,000.00** |
| **Purchase of Drugs*** Purchase of Dewormers
* Purchase of antifungal tablets
* Purchase of Antifungal creams
* Allowance for dispensers
 | PacketsPacketsPacketsPackets  | 100,00020,00020,000200 x 3 | 0.500.600.8010.00 | 50,000.0015,000.0020,000.006,000.00 |
| **Sub Total** |  |  |  | **91,000.00** |
| **Putting Up Latrines*** Digging of pits
* Purchase of building materials
* Hire of skilled artisan
* Payment for unskilled labour
 | PitAssortedPaxPax  | 200200200400 | 300.00300.00120.0060.00 | 60,000.0060,000.0024,000.0024,000.00 |
| **Sub Total** |  |  |  | **168,000.00** |
| **Water Supply*** Water tanks
* Gutters
* Gutter installation
* Plumbing works
 | EachEachEachEach  | 2007,200200200 | 850.003.0030.0020.00 | 170,000.0021,600.006,000.004,000.00 |
| **Sub Total** |  |  |  | **201,600.00** |
| **Monitoring and evaluation*** Monitoring meetings
* Final Evaluation
 | MeetingEach  | 2001 | 100.002,500.00 | 20,000.002,500.00 |
| **Sub Total** |  |  |  | **22,500.00** |
| **Unveiling Project Outcome*** Hall Hire
* Refreshments
* Stationery
* Moderators
 | EachPpleSetPple  | 14004002 | 40.0010.005.0050.00 | 40.004,000.002,000.00100.00 |
| **Sub Total** |  |  |  | **6,140.00** |
| **Project Administration** * Logistic
* Stationery
* Internet services
* Auditing
 | EachAssortedMonthsEach  | 200-121 | 400.00300.00120.001,200.00 | 80,000.00300.001,440.001,200.00 |
| **Sub Total** |  |  |  | **82,940.00** |
| **Grand Total** |  |  |  | **635,240.00** |

**7.0 Financing Plan**

1. Contribution from 200 Targeted ECDEs ……………………………..$84,000.00
2. Contribution from RED PREP & County government of Homabay.... $87,700.00
3. Amount requested from GLOBAL GIVING……………………... …… $467,540.00
4. **REFEREES**

**8.1 WORLD VISION (LAMBWE AP)**

**Attn**: Irene Ojuok

Project Coordinator

World Vision Lambwe

P.O Box 714-40300

HOMA BAY, Kenya

Tel: 0725859689

Email: Irene\_ojuok@wvi.org

**8.2 PLAN INTERNATIONAL (HOMA BAY)**

**Attn.** Fredrick Otieno

Programme Implementation Manager

P.O Box 859-40300, HOMA BAY, Kenya

Tel:0721229831

Email: fredomosh2003@gmail.com