



Ministry of Health

**KENYA SANITATION AND HYGIENE IMPROVEMENT PROGRAMME**

**Sub-Grantee Application Form**

Unique Code:

**FORM 'A'**

For official use ONLY

Amref Health Africa in Kenya  
Kenya Sanitation and Hygiene Improvement Programme (K-SHIP)

**CAPACITY ASSESSMENT QUESTIONNAIRE**

Thematic/Service delivery area	<i>(Tick as appropriate ONLY areas covered in your proposal area)</i>
	<ol style="list-style-type: none"> <li>1. Community social mobilisation and advocacy for sanitation and hygiene promotion               <ol style="list-style-type: none"> <li>a) <i>Community social mobilisation to create demand for increased uptake of key sanitation and hygiene promotion interventions</i></li> <li>b) <i>Documentation and dissemination of BCC best practices to inform the review of future BCC-Mass media activities</i></li> <li>c) <i>Printing of sanitation and hygiene promotion messages</i></li> </ol> </li>   <li>2. Strengthen community-based WASH programmes               <ol style="list-style-type: none"> <li>a) <i>Support the establishment of functional community health units in programme target areas</i></li> <li>b) <i>Training of Community Health Workers on WASH interventions</i></li> <li>c) <i>Collaborate with the CHMTs, SCHMTs and other stakeholders in the implementation of WASH interventions at the community level</i></li> </ol> </li> </ol>



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<b>Intervention Area</b>	K-SHIP <input type="text"/>
<b>Total number of Pages</b>	
<b>Contact person</b>	
<b>Tel</b>	
<b>Fax</b>	
<b>e-mail</b>	

**Applying Organisation Category: (please tick accordingly)**

- a. Regional Civil Society Organisations
- b. Non-Governmental Organisations
- c. Private organisations/companies (involved in sanitation and hygiene products)
- d. Community-Based organisations
- e. Faith-Based Organisations

**Instructions**

This application/capacity assessment form is to be used by organisations wishing to be included in the Global Sanitation Fund supported Kenya Sanitation and Hygiene Improvement Programme (KSHIP) as sub-grantees. This form seeks information on your organisation's profile and capacity.

Please answer all questions, as accurately as possible and attach all the required documents. All information provided in this questionnaire will be verified. Amref Health Africa reserves the right to terminate any engagement entered into with your organisation at any time if it discovers that information provided in this questionnaire is false and will further lead to reporting to various arms of government for further investigation and possible prosecution.

Please fill in this form as clearly and legibly as possible. The information you provide in this questionnaire will be treated with confidence and will only be used to assess your organisation's capacity to implement components of the Kenya Sanitation and Hygiene Improvement Programme.



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**Sub-Grantee Organisational Capacity Assessment Questionnaire**

**Amref Health Africa in Kenya**

**Kenya Sanitation and Hygiene Improvement Programme (K-SHIP)**

**Section 1: Organisational profile**

1.	Full name of the organisation	
2.	Acronym (Where applicable)	
3.	Name of person filling this questionnaire	
4.	Position of the person filling this questionnaire	
5.	Postal address of your organisation	
6.	Telephone Number	
7.	E-mail Address	
8.	Fax Number	
9.	Name of key contact person for your organisation	
10.	Position of key contact person	
11.	Physical location of your head office	Town:



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		Building:
		Street:
12.	Physical location of your organisation's branch offices (if any)	County & Town: Building:
	<i>Office 1</i>	
	<i>Office 2</i>	County & Town: Building:
	<i>Office 3</i>	County & Town: Building:

**If you have more than three offices, please attach a separate list.**

**Section 2: Background information**

13. Is your organisation registered? (Tick as appropriate)

- a) Yes                       b) No

If Yes – fill the Registration Number of your Certificate? -----

**(Attach copy of your registration certificate)**

14. If yes, under which legislation is your organisation registered?

\_\_\_\_\_

15. In which year was your organisation registered? \_\_\_\_\_

16. Which of the following categories does your organisation belong to? (circle as appropriate)

- a. Non-Governmental Organisation Local NGOs



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- b. Women Groups
- c. Youth Groups
- d. Community-Based Organizations
- e. Research Organizations and National networks
- f. Community-Based Organisation
- g. Umbrella organisation with membership
- h. Private sector organisation/company
- i. Academic Institutions
- j. Other: Specify \_\_\_\_\_

**Section 3: Governance and management**

17. Does your organisation have board of directors, executive committee or board of trustees?
- a) Yes       b) No





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*Attach an additional page if needed*



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**Section 4: Experience in implementing/ supporting activities in the sanitation and Hygiene Promotion.**

20. Indicate the areas where you are currently implementing/ supporting Sanitation and Hygiene promotion activities:

Name of County	Name of Sub-County	Years of implementing activities / Supporting initiatives in this Project area.	Type of activities	Target groups/ Sectors

21. List below all WASH projects implemented / supported by your organisations in the last three years (2014 to 2016).

Year	Project	County	Constituency	Beneficiaries of the project
2014				





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Year	Project	County	Constituency	Beneficiaries of the project
2015				
2016				

**Section 5:** Provide a list of all the projects in which you have been funded in the last 5 years

Year	Project	Funding Agency	Amount funded	Project outcomes
2012				
2013				
2014				
2015				



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Year	Project	Funding Agency	Amount funded	Project outcomes
2016				

**Section 6: Technical capacity to plan, organise, implement/support and report on projects (as evidenced by reported qualifications of key staff)**

22. Provide the information in the table below:

Number of employees	Number working full time	Number working part time	Number that are paid	Number that are volunteers

23. List the names of the key staff members of your organisation in the table below:

Name of staff member	Position in the organisation	Highest Qualification	Monthly salary in Kshs.	Number of years in the organisation



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24. What type of office equipment do you have?

Type of equipment (Give details of the equipment e.g. model of equipment)	Number of Units	Year of purchase

25. Does your organisation have a programme monitoring and evaluation plan?

a) Yes  b) No

26. Do you have an employee(s) who is responsible for monitoring and evaluation

a) Yes  b) No

27. If yes, indicate the name(s) and position or job title and academic and professional qualifications of the employee(s)?

Name and position of monitoring and	
-------------------------------------	--



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evaluation officer 1.	
Highest academic qualifications	
Highest professional qualifications	
Name and position of monitoring and evaluation officer 2.	
Highest Academic qualifications	
Highest Professional qualifications	
Name and Position of monitoring and evaluation officer 3.	
Highest Academic qualifications	
Highest Professional qualifications	

**Section 7: Evidence of audited accounts, financial management systems and internal controls**

28. What was your organisation's annual budget for the last three years?

Year	Amount (in Kshs)
2014	
2015	
2016	



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29. What was the source(s) of funding for your organisation in the last five years (2012, 2013, 2014, 2015 to 2016)? Indicate the main sources of funding for projects /activities.

Name of the organisation/ person(s) from which you received funds	Year(s) covered by funding	Amount in Kshs.	Project/Activity funded

30. When was the last audited conducted? \_\_\_\_\_

**Please provide us with a copy of the audited reports**

31. Do you have employee(s) who is or are responsible for financial management and accounting?

a) Yes    b)    No

32. If yes, indicate the name(s) and position or job title and academic and professional qualifications of the person(s)?

Name and Position of Finance Officer 1.	
Highest Academic qualifications	
Highest Professional qualifications	
Name and Position of Finance Officer 2.	
Highest Academic qualifications	



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Highest Professional qualifications	
Name and Position of Finance Officer 3.	
Highest Academic qualifications	
Highest Professional qualifications	

**Section 8: Linkages to communities/ Partnership with local implementers/ support activities / initiatives in which the organisation proposes to implement Sanitation and Hygiene promotion interventions**

33. Please list all organisations that you have worked with to implement your project activities?

Organisation	Project implemented	County and Sub-County	Role of the partner organisation

*Attach an additional page if needed*



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34. Please list organisations that you will collaborate with to implement activities that are included in your proposal, if any:

Name and contacts of organisation (telephone, e-mail	Type of organisation	Proposed collaboration	Main role of this organisation

*Attach an additional page if needed*



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***Attach a signed partnership agreement (Annex 1 here under) from each of the above organisations committing to collaborate with your organisation if you are successful in this application.***

**Section 9: Focus of the proposal, geographical coverage**

35. Which Administrative ward(s) within Sub County in the County selected does your organisation propose to implement activities under the K-SHIP proposal?

County	Sub-County	Reason for selecting the Administrative Ward(s)







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**(Please attach an additional list in the event the space provided is not sufficient)**

**Annex 1: PARTNERSHIP STATEMENT**

**Important:** This declaration must be provided by **each partner** to the applicant.

**A partnership is?** A relationship of substance between two or more organisations involving shared responsibilities in undertaking the action funded by the K-SHIP. To ensure that the action runs smoothly, Amref Health Africa in Kenya requires all partners to acknowledge this by agreeing to the principles of good partnership practice set out below.

1. All partners must have read the application form and understood what their role in the action will be before the application is submitted to Amref Health Africa in Kenya.
2. All partners must have read the standard grant contract and understand what their respective obligations under the contract will be. They authorise the lead applicant to sign the contract with the EA (Amref Health Africa in Kenya) and represent them in all dealings with the EA in the context of the action's implementation.
3. The applicant must consult with his partners regularly and keep them fully informed of the progress of the action.
4. All partners must receive copies of the reports - narrative and financial - made to Amref Health Africa in Kenya.
5. All partners should agree on proposals for substantial changes to the action (e.g. activities, partners, etc.) before submission to Amref Health Africa in Kenya. Where no such agreement can be reached, the applicant must indicate this when submitting changes for approval to the Amref Health Africa in Kenya Office in Nairobi.

**I have read and approved the contents of the proposal submitted to the Amref Health Africa in Kenya.**

**I undertake to comply with the principles of good partnership practice.**

Name of Organisation	
Name of contact person	
Position:	
Contact details:	



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Signature	
Date and place	

**Annex 2: Declaration of Support from relevant local authorities for applications made by community based organisations.**

The undersigned who is the (officer in charge of the relevant local authority) wishes to officially support this application from the premise that the organisation applying is known in the Sub-County as an implementation organisation for Sub-County and supports grass-root level community activities in Sanitation and Hygiene promotion. I also wish to ascertain that the proposal falls within the organisation's scope of activities and is likely to be implemented.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_ 2017

*Official stamp:*





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**SECTION 10: DECLARATION**

I confirm that the information provided in this questionnaire is a true reflection of the operations and capacity of my organisation. I understand that this is a competitive process and that I may appeal through the Country Director Amref Health Africa in Kenya in case of disagreement with the final result. I further understand that my organisation can appeal within fourteen (14) days of receiving communication from Amref Health Africa in Kenya regarding its decision. Successful appeals will be considered in the implementation phase. I confirm that the decision of Amref Health Africa in Kenya after the appeal is final.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

