

**South Sudan**  
**2013 CHF Standard Allocation Project Proposal**  
*for CHF funding against Consolidated Appeal 2013*

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
 or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto:chfsouthsudan@un.org)

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

**SECTION I:**

<b>CAP Cluster</b>	<b>WASH</b>
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**CHF Cluster Priorities for 2013 First Round Standard Allocation**  
 This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ol style="list-style-type: none"> <li>Increase timely and equitable access to safe water, sanitation, and hygiene services to acutely vulnerable populations affected by emergencies, and to maintain stability of access to such services in areas prone to water-related conflict;</li> <li>Strengthen acutely vulnerable communities to withstand emergency WASH crises, with a priority on rehabilitation of existing water infrastructure, and supporting operation and maintenance systems;</li> <li>Facilitate behavior change in acutely vulnerable communities in sanitation and hygiene practice through improved access to and use of sanitation facilities and targeted hygiene promotion focusing on women and children.</li> </ol>	<ol style="list-style-type: none"> <li>Jonglei—likely Pibor</li> <li>Upper Nile—Renk, Manyo, Melut, Makal (aka Malakal); host community in Maban;</li> <li>Unity—northern counties</li> <li>Warrap—likely Twic NBeG—Aweil, and north to the border</li> </ol>

**Project details**  
 The sections from this point onwards are to be filled by the organization requesting CHF funding.

<b>Requesting Organization</b>	<b>Project Location(s)</b> (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)																
ACF -USA	<table border="1"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">State</th> <th style="background-color: #4F81BD; color: white;">%</th> <th style="background-color: #4F81BD; color: white;">County</th> </tr> </thead> <tbody> <tr> <td>Warrap</td> <td>60%</td> <td>Gogrial west &amp; Twic including Abyei</td> </tr> <tr> <td>NBeG</td> <td>40%</td> <td>Aweil east, Aweil North including Aweil town</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		State	%	County	Warrap	60%	Gogrial west & Twic including Abyei	NBeG	40%	Aweil east, Aweil North including Aweil town						
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<b>Project CAP Code</b>	SSD-13/WS/55874/14005																
<b>CAP Project Title</b> <i>(please write exact name as in the CAP)</i>	Addressing Chronic and Acute Water, Hygiene, and Sanitation Needs of the Population of Northern Bahr el Ghazal & Warrap States.																

<b>Total Project Budget requested in the in South Sudan CAP</b>	US\$3,500,000	<b>Funding requested from CHF for this project proposal</b>	US\$700,000
<b>Total funding secured for the CAP project (to date)</b>	US\$	<b>Are some activities in this project proposal co-funded?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>	

**Direct Beneficiaries** *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	22,279	77,897
Girls:	9,967	
Men:	18,175	
Boys:	8,209	
<b>Total:</b>	<b>58,630</b>	<b>153,575</b>

**Indirect Beneficiaries**

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**Catchment Population (if applicable)**

**Implementing Partner/s** (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

**CHF Project Duration** (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 12 months (April 2013 – March 2014)

**Contact details Organization's Country Office**

**Contact details Organization's HQ**

Organization's Address	
Project Focal Person	<b>R. Kanaganathan</b> <a href="mailto:Washco.ssd@acf-international.org">Washco.ssd@acf-international.org</a> +211 (0)918626753 or +211(0)956294185
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Finance Officer	<b>Sadou Oumar Sako</b> <a href="mailto:admin.ssd@acf-international.org">admin.ssd@acf-international.org</a> <b>0912 730 533 or 0 913 237 282</b>

Organization's Address	
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## SECTION II

### A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population<sup>1</sup>

Warrap and NBeG States are located at the northern border areas of South Sudan. Both states are conflict-prone and have a high concentration of returnees mainly from Sudan and IDPs who fled inter-communal, localized conflicts and border tensions. During the year, about 151,673 South Sudanese arrived from Sudan<sup>2</sup> with the largest numbers of returnees (34%) concentrated in the border states of NBeG, Unity and Upper Nile which makes the total number of returnees until Nov 2012 to be 1,786,084 individuals, as registered through the Area of Return Tracking system. Among them, those who registered as final destination in NBeG and Warrap were 460,150 and 145,297, respectively<sup>3</sup>. According to state WASH cluster, approximately 10,000 IDPs have already returned to Abyei while the remaining is still in Twic County of Warrap state.

In 2012, both states were also highly affected by seasonal flood<sup>2</sup>. In Warrap 4 out of 7 counties and in NBeG 4 out of 5 counties were flooded<sup>4</sup> affecting 3,352 and 7,202, people respectively in addition to damaging key crops and WASH infrastructures.

Malnutrition rates in both states are above emergency thresholds since 2008. According to ACF conducted SMART survey in 2012, Warrap has 21.6% GAM and 5.5% SAM while NBeG records 28.7% GAM and 6.0% SAM. ACF conducted nutritional causal analysis in 2011 in Aweil East County as a sample shows poor hygiene and sanitation in the community are among the main contributing factors to malnutrition in the area. This being the fact, the current service levels for water, sanitation, and hygiene in Warrap and NBeG are well below satisfactory levels. The SMART survey of 2012 demonstrate that WASH related illnesses are a huge portion of the disease burden in the areas, with diarrhoea consistently at the top of the list. The same survey in Aweil East, indicate that boreholes with hand pumps are available to 74% of the population but access is poor. 85% of the population spends 30 minutes or more to collect water from sources due to distance and high number of users. It also indicates that an average of nearly 1,000 people is served by one hand pump which is well above the international standard of 500. This led not only to low water consumption (under 10 L/person/day) but also increases the burden of female caretakers who are solely responsible for fetching water. The burden competing caretakers' time used to look after their children and other domestic responsibilities and contributes to malnutrition. This also results in overuse which contributes to breakdown of the pumps and reduction in water availability.

The hygiene situation of the area is also poor where 97.2% of the population in Aweil East County practice open defecation. Open defecation combined with such low water consumption per capita greatly affects personal hygiene. Only 30% of the population mentioned they wash their hands three or more times and only 13% of HHs reported using soap.

A comparable survey conducted in Gogrial West country in Warrap state indicates a similar poor WASH situation. 66.6% of the population spends 30 minutes or more to collect water, with the same reasons and consequences as described above while 99.1% practice open defecation. Only 7.3% of the population mentioned that they wash the hand after defecation.

Therefore, the hygiene and sanitation issues that contribute for malnutrition will remain severe and needs a continued humanitarian support in 2013.

### B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The activities proposed in the project are in line with all the three cluster priorities outlined in the WASH strategy document for 2013. Emphasis is placed on strengthening ACFs programming all three priority areas.

- With CHF support, ACF will continue maintain emergency WASH response capacity in the operational areas, with the ability to respond state-wide in Warrap and NBeG. This includes, but is not limited to, timely and equitable access to water points, construction of emergency sanitation facilities and ongoing hygiene and sanitation messages.
- The project aims to strengthen acutely vulnerable communities to withstand emergencies through rehabilitation and development of new water points, with emphasis on capacity building and empowerment of local institutions.
- ACF will facilitate behavior change by incorporation of community led approaches to hygiene and sanitation, targeting female caretakers of malnourished children,
- ACF operates in two "hot spot" areas identified by the cluster, and acutely vulnerable returnees and IDPs will be targeted for early recovery as well as emergency response interventions.
- ACF is active in national, state, and county cluster coordination, serving as Warrap State WASH Focal Point, and chairing the Spare Parts Technical Working Group in 2013. As state focal point, ACF plays a key role in the coordination of emergency response in Warrap State and the Abyei border area between international NGOs and government activities as well as maintaining a communication network.

### C. Project Description (For CHF Component only)

#### i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

CHF funding will be essential for ensuring that ACF projects can respond to the needs, including in emergency, of the target areas

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

<sup>2</sup> IOM data, January-September 2012

<sup>3</sup> ERS weekly report, 30 Nov - 6-Dec, 2012

<sup>4</sup> OCHA, Humanitarian Bulletin, South Sudan, 29 October - 4 November 2012

and the vulnerable communities, IDPs and returnees requiring assistance

The project, using CHF funds, will work to improve access to safe water sources for the communities by rehabilitating boreholes, as well as constructing new water points through manual drilling techniques. Through these activities, the objective is to not only improve the quantity and quality of water but also to ensure that the distance and time to water points is reduced and to ensure that all vulnerable communities have equal access.

Additionally, throughout these activities emphasis will be placed on the vulnerable communities in the area in the aim to strengthen their resistance to emergencies in the future.

Capacity building of county RWSS department, Pump Mechanic Associations and local community will help to strengthen these institutions to provide essential services to vulnerable populations and withstand crises in the future. Manual drilling equipment and training will be provided to enable expanded levels of service delivery options which are sustainable and replicable. Should humanitarian access become limited, these institutions will be in a position provide emergency relief and essential services in the absence of INGOs.

Further, hygiene and sanitation promotion and education activities will be undertaken. This will include school campaigns using CHAST methodology, community campaigns using CLTS or PHAST methodology as well as the training of local leaders and teachers on CLTS.

These activities, using CHF funds, are aimed at improving hygiene and sanitation practices of the vulnerable communities. In parallel, ACF will also work to promote household and school latrines to improve access to sanitation facilities and further promote good hygiene practices.

As noted above, the overall humanitarian situation is likely deteriorated resulting in not only continued, but increased WASH needs in the project area. This coupled with reduced overall funding levels for WASH interventions in South Sudan make CHF support particularly critical to providing assistance to the vulnerable target population and achieving the objectives outlined in the CAP. WASH is crucial component in supporting the effective responses in the health and nutrition sectors. Considering the overall funding constraints and the high emergency humanitarian needs, if these WASH issues are not addressed then the humanitarian situation will deteriorate even further.

#### ii) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To Reduce morbidity and prevent malnutrition in areas prone to IDPs and returnees in Warrap and NBeG states.

#### iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

TOTAL CHF BENEFICIARIES: 58,630 people (single count)

- Emergency Response (25,000 beneficiaries)
  - o Provision of water in emergency using submersible pumps and tap stands or surface water treatment systems
  - o Construction of emergency sanitation facilities for returnees or IDPs
  - o Disseminate emergency health and hygiene messages using community volunteers in the affected communities and provision of hygiene items.
  - o Coordination of emergency response in Warrap state
  - o Training hygiene volunteer in IDPs/returnees camps
- Repair/rehabilitation of 45 boreholes (22500 beneficiaries)
- Construction of 7 new water points, including hand augured boreholes through RWSS and local Pump Mechanic Associations and , protected dug wells (3,500 beneficiaries)
- Training of 52 Water User Committees (286 beneficiaries)
- Training of local pump mechanics (9 beneficiaries)
- Capacity building of county RWSS department and Pump Mechanic Associations in each county, including business training, provision of 1 manual drilling rigs, manual drilling training, and drilling contracting of new water points (15 beneficiaries)
- Water quality testing for all water 52 water points
- Rehabilitation of 9 school latrine stances in 3 school (450 beneficiaries)
- Construction of 3 institutional latrines in ACF nutrition stabilization centre
- Organizing community 3 hygiene promotion/social marketing events (6,000 beneficiaries)
- Implementation of hygiene and sanitation campaigns in 30 communities using CLTS or PHAST methodology (4,320 beneficiaries) including menstrual hygiene management
  - o Facilitate the construction of 100 household latrines through CLTS/PHAST implementation (162 beneficiaries double counted above)
  - o Emergency preparedness and capacity building for 30 communities on AWD and cholera
  - o 6 open defecation free villages achieved through facilitation
- Peer to peer hygiene promotion for nutrition beneficiaries in 8 Outpatient treatment programme (OTP) (7200 beneficiaries)
- 3 Social marketing events (world toilet day)
- Training of RWSS on water information management system (WIMS) in 3 counties
- Baseline and impact assessment by using KAP methodology

#### iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

The project places high emphasis on gender with focus on extension of services to vulnerable groups including women. Women will be involved in the design and implementation of activities at the community level, and are empowered by active membership and appointment to leadership positions in Water User Committees. Additionally, female caretakers of malnourished children are targeted for health and hygiene education.

Empowerment of communities to manage and take ownership of WASH programming will be achieved through extensive training of water and sanitation committees. Supply chain and market aspects will be addressed during implementation, with the overarching goal of equipping vulnerable communities to cope with chronic and acute crises. Through implementation of community led sanitation methodologies, communities take ownership of the implementation of sanitation improvements, which will yield more sustainable solutions.

Measures will be taken to ensure that there is none to insignificant impact on the environment due to the projects implemented under the program. Activities will incorporate environmentally efficient designs such as reusable grey water for borehole runoff and reduce timber construction in household latrine design. Waste collection and management will be promoted in transit sites and other returnee/IDP locations to build positive impact on the environment. Though it is difficult to isolate and target HIV/AIDS patients in most communities, efforts will be made to collaborate with health partners in these states in identification and increasing services delivery levels to meet their specific needs.

**v) Expected Result/s**

Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

01. 25,000 individuals have access to safe drinking water, sanitation and hygiene services during the emergency
02. Improved access to potable water of choric crisis communities
03. Improved access to safe sanitation practices.
04. Improved community understanding of hygiene related illness and prevention methods.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
	1.	residual chlorine level of emergency water supply	0.2-0.5 mg/l
	2.	Number of people with access to the emergency latrine during the emergency	Maximum 50 people per latrine
	3.	Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance)	29,500 individuals
	4.	Percentage of water points with less than 10 E coli per 100ml	90%
	5.	Percentage of target population able to recite three key hand washing times, with soap present in the household.	50%
	6.	Number of open defecation villages reached	6

**vi) Implementation Mechanism**

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

This project will be directly implemented by ACF.

To address the acute water supply deficiency in the target areas and reduce water collection burden on caretakers, ACF will undertake rehabilitation and construction of new water points. In striving to create a sustained impact and build the resilience of the target communities, use of local resources will be incorporated in all possible aspects. Local pump mechanics and masons will be utilized, and their capacities developed through training. Water User Committees will be trained to manage the water points. To build ministry capacity, all activities will be done in close collaboration with the Rural Water Supply and Sanitation department in each county, with emphasis on data collection, planning and management of water resources and infrastructure including strengthen WIMS, and technical capacity building.

More vulnerable 30 villages which has high percentage of malnourish children will be targeted through village hygiene and sanitation campaign by using PHAST/CLTS methodology. Base line Knowledge Attitude and Practice (KAP) survey will be conducted at the beginning of the project and another impact analysis KAP survey will be conducted at the end of the project.

The community will be facilitated by ACH team to identify the problem in their community and prepare the community action plan themselves. ACF team will provide the technical support to improve the village hygiene and sanitation under the supervision of village leader and selected village hygiene volunteers.

In addition to village hygiene & sanitation campaign, hygiene promotion activities will include social marketing events and peer-to-peer hygiene sessions with trained "model mother" volunteers. Model mothers will target caretakers of Nutrition beneficiaries.

In response to population displacements or where AWD or cholera outbreaks occur, ACH will respond in collaboration with other humanitarian partners. ACH response capacity will include emergency water provision through motorizing boreholes and installing distribution systems, installation of surface water treatment systems, and household water purification through provision of purification products and training, or water trucking where necessary. Sanitation provision would include construction of emergency latrines, bathing and hand washing facilities. Hygiene promotion in emergencies will focus on key messages such as hand washing, safe water handling and storage, safe excreta disposal, and provision of essential hygiene items.

**vii) Monitoring and Reporting Plan**

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements

4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)<sup>5</sup>.

Activities are monitored on an ongoing basis by field staff and monthly by Juba based technical coordinators through monthly reports and through periodic visits. To ensure the highest standard of the intervention, technical support on specific program activities is provided on an ongoing basis to the coordination team and field teams by a sector technical advisor from the headquarters.

Water supply activities will be monitored through water quality testing, sanitary survey and pre and post test for water user committee training including follow up visits. Also residual chlorine will be monitored during the emergency. Outcomes of the Hygiene and sanitation activities will be monitored through pre base line Knowledge Attitude and Practice (KAP) survey at the beginning of the project and post impact analysis KAP survey at the end of the project.

Overall objective of the project will be monitored by using Nutrition anthropometric survey result in the intervention area and comparison of number of nutrition beneficiaries admitted at the nutrition programme centers.

**E. Total funding secured for the CAP project**

Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	Amount (USD)

<sup>5</sup> CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

**SECTION III:**

LOGICAL FRAMEWORK				
<b>CHF ref./CAP Code:</b> SDN-13/WS/55874/14005		<b>Project title:</b> Addressing Chronic and Acute Water, Hygiene, and Sanitation Needs of the Population of Northern Bahr el Ghazal & Warrap States		<b>Organisation:</b> ACF-USA
<b>Overall Objective</b>	<p><b>Cluster Priority Activities for this CHF Allocation:</b> <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> <li>i) Emergency water treatment units</li> <li>ii) Emergency latrines</li> <li>ii) Pre-positioning of core pipeline</li> <li>v) Rehabilitation of existing water points, where appropriate</li> <li>v) Drilling/construction of new water points, if appropriate</li> </ul>	<p><b>Indicators of progress:</b> <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <p>Malnutrition rates in target communities and among displaced population or returnee transit camps.</p>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <p>Monthly program reports, baseline and follow up reporting, programme evaluation reports, ACF anthropometric and mortality survey reports, ACF and GOAL nutrition assessments</p>	
<b>Purpose</b>	<p><b>CHF Project Objective:</b> <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <p>To Reduce morbidity and prevent malnutrition in areas prone to IDPs and returnees in Warrap and NBeG states</p>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></li> </ul> <p>Reduced malnutrition rate in targeted communities, IDPS and returnees</p>	<p><b>How indicators will be measured:</b> <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> <li>-Monthly report</li> <li>- nutrition anthropometric survey report</li> <li>- Nutrition beneficiaries data</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>• No external factors influence rapid changes on malnutrition</li> <li>• Security situation allow accessing the beneficiaries.</li> </ul>
<b>Results</b>	<p><b>Results - Outcomes (intangible):</b> <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ul style="list-style-type: none"> <li>1) Returnees and IDPs are provided safe water, sanitation and hygiene services in emergencies.</li> <li>2) Improved availability and access to safe water in the geographic areas of intervention</li> </ul>	<p><b>Indicators of progress:</b> <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> <li>1) Number of beneficiaries provided with clean drinking water</li> <li>2) Number of safe sanitation units constructed</li> <li>3) Number of people reached with key health and hygiene messages in emergencies</li> <li>4) Participation in state and national level cluster mechanisms</li> <li>1) Number of Boreholes repaired/rehabilitated</li> <li>2) Number of New water points created</li> <li>3) 90% of rehabilitated hand pumps show less than 10 coliforms/100 ml</li> <li>4) 80% of repaired/rehabilitated hand pumps have no downtime</li> <li>5) 80% of Water User Committees formed/ trained function properly after 8 weeks from training.</li> <li>6) Number of Pump Mechanics trained</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>1) ACF reports (monthly activity reports, field report, training reports and M&amp;E reports)</li> <li>2) Emergency response reports and assessments</li> <li>3) Meeting minutes of state and national level cluster meetings</li> <li>4) Photographs</li> <li>1) ACF reports (monthly activity reports, field report, training reports and M&amp;E reports)</li> <li>2) Sanitary Surveys</li> <li>3) Water quality monitoring reports</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>1) Access to the beneficiaries is ensured</li> <li>2) Participation and promotion is not hindered by community leaders, local customs or insecurity</li> <li>3) Contextual difficulties to maintain water quality standards</li> <li>4) Availability of core pipeline items through UNCEF</li> <li>5) Occurrence of emergency and response in necessiated and recognized through cluster mechanisms</li> </ul>

	<p>3) Facilitate sanitation and hygiene behavior change in communities</p> <p>4) Capacity building of local institutions and local community</p>	<p>1) Number of adopted PHAST campaigns conducted</p> <p>2) Number of open defecation free villages</p> <p>3) Number of school latrines rehabilitated</p> <p>4) Number of HH latrines facilitated</p> <p>5) Percent of target population able to recall 3 key hand washing times</p> <p>1) Number of Pump Mechanic Associations formed and/or trained</p> <p>2) Number of RWSS staff and Pump Mechanic Association members trained</p> <p>3) Number of boreholes drilled manually by RWSS or PMA</p> <p>4) Number of villages/CBOs trained cholera emergency preparedness.</p>	<p>1) ACF reports (monthly activity reports, field report, site visits, training reports and M&amp;E reports)</p> <p>2) KAP surveys</p> <p>1) ACF reports (monthly activity reports, field report, site visits, training reports and M&amp;E reports)</p>	
	<p><b>Immediate-Results - Outputs (tangible):</b>  <i>List the products, goods and services (<u>grouped per areas of work</u>) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p>	<p><b>Indicators of progress:</b>  <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p>	<p><b>Assumptions &amp; risks:</b>  <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p>
	<p><b>Activities:</b>  <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <p>1.1 Provision of water in emergency using submersible pumps and tap stands or surface water treatment systems</p> <p>1.2 Construction of emergency sanitation facilities for returnees or IDPs</p> <p>1.3 Disseminate emergency health and hygiene messages using community volunteers in the affected communities and provision of hygiene items.</p> <p>1.4 Prepositioning of WASH cluster supplies</p> <p>2.1 Repair/rehabilitation of 45 boreholes</p> <p>2.2 Construction of 7 new water points (3 hand auger linked to capacity building of RWSS and local Pump Mechanic Association and 4 protected dug wells )</p> <p>2.3 Training of 52 Water User Committees</p> <p>2.4 52 water quality testing</p> <p>3.1 KAP survey &amp; sanitary survey</p> <p>3.2 Rehabilitation of 9 stances of school latrines</p>	<p><b>Inputs:</b>  <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <p>-Computer (laptop/desktop)</p> <p>- Vehicles</p> <p>-Trained WASH staff</p> <p>-Hygiene Kit and chlorine</p> <p>-Printing posters</p> <p>-SWAT system with accessories</p> <p>-water tanks and bladders</p> <p>-Generators and submersible pump</p> <p>-Indian II spare parts and construction materials</p> <p>- Stationeries</p> <p>- Manuals for vonder rig hand augurs</p>		<p><b>Assumptions, risks and pre-conditions:</b>  <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <p>1) Supply markets remain stable</p> <p>2) Access to the beneficiaries is ensured</p> <p>3) Participation and promotion is not hindered by community leaders, local customs or insecurity</p> <p>4) Contextual difficulties to maintain water quality standards</p> <p>5) Availability of core pipeline items through UNCEF</p> <p>6) Occurrence of emergency and response in necessiated and recognized through cluster mechanisms</p>

	3.3 Construction of 3 institutional latrines. 3.4 Implementation of sanitation campaigns in 30 communities using adopted PHAST methodology for life saving 3.5 Facilitate the construction of 100 household latrines through PHAST implementation 4.1 Training of 9 local pump mechanics 4.2 Training and providing RWSS with vonder rig 4.3 Strengthen the capacity of RWSS on WIMS .			
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<b>PROJECT WORK PLAN</b>															
This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The workplan must be outlined with reference to the quarters of the calendar year.															
Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014		
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Result 1</b>															
Activity 1.1: Provision of water in emergency using submersible pumps and tap stands or surface water treatment systems			X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2: Construction of emergency sanitation facilities for returnees or IDPs			X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.3: Disseminate emergency health and hygiene messages using community volunteers in the affected communities and provision of hygiene items			X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.4: Prepositioning of WASH cluster supplies			X	X	X	X	X	X	X	X	X	X	X	X	
<b>Result 2</b>															
Activity 2.1 Repair/rehabilitation of 45 boreholes				X	X	X	X	X	X	X	X	X			
Activity 2.2 Construction of 7 new water points (3 hand auger linked to capacity building of RWSS and local Pump Mechanic Association and 4 protected dug wells )			X	X	X				X	X	X	X			
Activity 2.3: Training of 52 Water User Committees			X	X	X	X	X	X	X	X	X	X			
Activity 2.4: 52 water quality testing			X	X	X	X	X	X	X	X	X	X			
<b>Result 3</b>															
Activity 3.1: KAP survey & sanitary survey			X	X	X	X	X	X	X	X	X	X			
Activity 3.2: Rehabilitation of 9 stances of school latrines					X	X	X								
Activity 3.3: Construction of 3 institutional latrines									X	X	X	X			
Activity 3.4: Implementation of sanitation campaigns in 30 communities using adopted PHAST methodology for life saving					X	X	X	X	X	X	X	X	X	X	
Activity 3.5: Facilitate the construction of 100 household latrines through PHAST implementation						X	X	X	X	X	X	X	X	X	
<b>Result 4</b>															
Activity 4.1: Training of 9 local pump mechanics			X	X											
Activity 4.2: Training and providing RWSS with vonder rig						X	X								
Activity 4.3: Strengthen the capacity of RWSS on WIMS			X	X	X	X	X	X	X	X	X	X	X	X	

\*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%