

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

SECTION I:

CAP Cluster	WASH																		
CHF Cluster Priorities for 2013 First Round Standard Allocation																			
Cluster Priority Activities for this CHF Round <ul style="list-style-type: none"> Jonglei- likely Pibor Upper Nile – Renk, Manyo, Melut, Makal (aka Malakal); host community in Maban, Unity – northern counties (host community for refugee response) Warrap NBeG – Aweil, and north to the border 	Cluster Geographic Priorities for this CHF Round <ul style="list-style-type: none"> Emergency water treatment units Emergency latrines Pre-positioning of core pipeline Rehabilitation of existing water points and/or sanitation facilities, where appropriate Drilling/construction of new water points, if appropriate Pre-positioning of refugee pipeline supplies in Maban and/or north Unity 																		
Project details																			
Requesting Organization	Project Location(s)																		
GOAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">State</th> <th style="width: 17%;">%</th> <th style="width: 50%;">County</th> </tr> </thead> <tbody> <tr> <td>Warrap</td> <td>17</td> <td>Agok</td> </tr> <tr> <td></td> <td>39</td> <td>Twic</td> </tr> <tr> <td>Upper Nile State</td> <td>44</td> <td>Maban</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	State	%	County	Warrap	17	Agok		39	Twic	Upper Nile State	44	Maban						
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Warrap	17	Agok																	
	39	Twic																	
Upper Nile State	44	Maban																	
Project CAP Code																			
SSD-13/WS/55991/7790																			
CAP Project Title																			
Improved access to potable water sources and sanitation facilities and improved hygiene practices in vulnerable populations in Twic County and Agok, Warrap State and Ulang, Baliet and Maban Counties, Upper Nile State																			
Total Project Budget requested in the in South Sudan CAP	US\$2,247,767																		
Total funding secured for the CAP project (to date)	US\$534,370																		
Funding requested from CHF for this project proposal	US\$900,000																		
Are some activities in this project proposal co-funded?																			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)																			
Direct Beneficiaries																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%;">Number of direct beneficiaries targeted in CHF Project</th> <th style="width: 33%;">Number of direct beneficiaries targeted in the CAP</th> </tr> </thead> <tbody> <tr> <td>Women:</td> <td>9,559</td> <td>11,281</td> </tr> <tr> <td>Girls:</td> <td>6,922</td> <td>4,646</td> </tr> <tr> <td>Men:</td> <td>9,248</td> <td>10,841</td> </tr> <tr> <td>Boys:</td> <td>6,697</td> <td>5,234</td> </tr> <tr> <td>Total:</td> <td>32,426</td> <td>32,002</td> </tr> </tbody> </table>		Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	Women:	9,559	11,281	Girls:	6,922	4,646	Men:	9,248	10,841	Boys:	6,697	5,234	Total:	32,426	32,002
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Indirect Beneficiaries																			
N/A																			
Catchment Population (if applicable)																			
347,517																			
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)																			
N/A																			
CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)																			
Indicate number of months: 10 months (March – December)																			

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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 population¹

WASH indicators in Twic County, Agok and Maban County, reflect a concerning situation. The Abyei conflict triggered the displacement of an estimated 105,000 people to Agok and neighbouring Twic. 40,000 of these are predicted to return between October 2012 and June 2013² despite total destruction of basic services. Local populations in Twic County were also affected by seasonal flooding and temporary displacements in 2012. Although, population figures are not officially established; GOAL's 2012 MICS in Agok found IDP's to constitute 21.5% of the population in comparison to 4.2% in 2011, with 7.7 % of the population reported as returnees compared to 1.8% in 2011. In Twic, returnees constituted 2.2% of the population and 3.0% as IDP's, an increase from 0.9% in 2011. Estimates from UN agencies predict 8,148 returnees to return in 2013³. Anticipated population movements in 2013 will challenge over-stretched basic services and limited water infrastructure, placing further strain on host communities. Women are often most significantly affected by displacement with over 60% of households returning to Abyei reported to be led by women⁴.

Over 110,000 refugees⁵ are residing in four camps in Upper Nile State following displacement from Blue Nile State, Sudan in response to conflict between SAF and the SPLM-North since September 2011. Yusuf Batil camp, the focus of GOAL's operations, has experienced the most rapid rate of arrivals with a total population of over 38,000. Nearby host communities have had to face an influx of refugees and a strain on natural resources and services, in communities where chronic under-development and limited education opportunities have eroded access to basic health care services and good health-seeking practices. Since July 2012, 5,420 suspected cases of Hepatitis E have been reported with 109 cases confirmed across the four refugee camps in Maban County. Although, reported suspected cases in Batil, Jamam and Gendressa camps show a recent decrease and suspected cases remain low amongst host communities, the situation remains critical⁶. External support is essential to ensure equitable access to safe water, sanitation and hygiene services across these vulnerable populations.

In Twic and Agok, boreholes are the main source of household water but coverage remains low; with 61.6% of households in Twic and 45.8% of households in Agok accessing less than 10 litres per person per day⁷. GOAL ensures accessible and safe water source sites are selected in consultation with community members, particularly women given their key domestic role. Borehole maintenance and repair remain a challenge but GOAL prioritises the participation of women within Water User Committees (WUCs) and as trained volunteer 'Pump Mechanics'.

Use of latrines remains minimal in Twic and Agok. In the 2012 GOAL MICS, 71.9% of respondents in Twic and 74.3% in Agok were reported to use undesignated open areas for defecation. In Agok and Twic, only 17.2% and 2.0% of respondents respectively reported using a household latrine for defecation. The situation in host communities remains unclear with GOAL looking to gather more information on existing levels of sanitation and hygiene practice. Poor sanitation and hygiene practices contribute to high rates of diarrheal disease among children under-five years of age, which exacerbates levels of malnutrition. Across South Sudan in 2012, outbreaks of Hepatitis E and B and cholera illustrate the threat of water-borne diseases in crisis-affected populations. Comprehensive health and hygiene education measures remain vital, as evidenced by the fact that only 15.8% of respondents to the Agok MICS were able to identify three key times for hand-washing and only 14.2% of respondents in Twic stated that they had a designated area for hand-washing. GOAL's MICS assessments target mainly female caretakers in households with children under the age of five, ensuring gaps in women's understanding of key WASH knowledge and practices are captured and used to directly shape health and hygiene education interventions.

Given limited capacity of local authorities, external support is essential to ensure provision of lifesaving water supply infrastructure, sanitation facilities and hygiene practices, and the maintenance of emergency response capacity to serve the unpredictable health

¹ 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.

² Abyei Dry Season Assistance Plan, 11th December 2012 – UNOCHA.

³ Taken from South Sudan CAP 2013 projected planning figures by state and county, which is a projected IDP number is for planning purpose based on existing 2012 IDP data until 15 Sept 2012. This number may increase or decrease in different counties for 2013. From projected planning figures circulated

⁴ Abyei Tracking Report – July – August 2012, IOM

⁵ OCHA South Sudan Weekly Humanitarian Bulletin 11-17 February 2013

⁶ UNHCR HEV Brief Update- Maban County (up to February 10, 2013)

⁷ GOAL's Multi-Indicator Cluster Surveys; Twic (April 2012), and Agok (January 2012)

needs in these under-served populations.

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.

In collaboration with the Rural Water Supply and Sanitation (RWSS) department in Twic, the Warrap State WASH cluster and the RWSS in Maban County GOAL will aim to increase timely and equitable access to safe water, sanitation, and hygiene services for vulnerable populations affected by emergencies in Warrap State and Upper Nile State (with a focus on supporting women and children under the age of five).

GOAL has significant experience in South Sudan, having implemented Primary Health Care programmes since 1998 with a move into complementary Water, Sanitation and Hygiene (WASH) programming in 2007 in Twic, and subsequently in Agok. GOAL's emergency WASH capacity is illustrated in our role as WASH lead agency in the Yusuf Batil camp in Maban County, Upper Nile State. Following the refugee influx in May 2012, GOAL conducted a rapid needs assessment, coordinated a multi-agency response and has taken responsibility for 50% of water supply and 25% of sanitation activities in Batil camp, where 36,751 refugees reside.⁸

CHF funding will be utilized to ensure that GOAL is able to extend water access coverage and good sanitary practice amongst vulnerable communities, with a focus on water point rehabilitation and construction, clinic and emergency latrine construction and hygiene promotion. Additional funding for 2013 has been secured from donors including ECHO, OFDA and, Irish Aid, with CHF funding requested to partially fill a funding gap of \$1,717,397⁹.

CHF funds will be used to support and augment GOAL's existing WASH programme in Twic and Agok. GOAL's interventions are predominantly funded by ECHO and OFDA, who favour borehole rehabilitation and permanent latrine construction. CHF funding will enhance GOAL's capacity to construct new boreholes, where existing boreholes are unavailable for rehabilitation and construct emergency latrines, where required. In addition, CHF funding will support the rehabilitation of 27 existing water points (15 in Twic and 12 in Maban): strengthening acutely vulnerable communities' ability to withstand emergency WASH crises. This is essential in Twic, where seasonal flooding increases the risk of waterpoint contamination. A significant proportion of CHF funds would be focused in Twic and in the rehabilitation of existing water infrastructure identified as critical needs by local authorities, NGO's and UN agencies within the Warrap State WASH cluster (which utilises observations and reports of returnee and IDP movements). GOAL will help address sanitation gaps in the Mayen Abun IDP camp by constructing 30 temporary latrines with 30 hand washing facilities. Field team reports suggest that returnees and IDP's in Agok are more integrated within host communities, reducing the need for specific interventions.

In Maban county, CHF funds will focus on containing the risk of Hepatitis E outbreaks given returnee and host communities proximity to refugee populations where high outbreak prevalence has been reported. Emergency activities such as partner capacity assessments, emergency latrine construction, hygiene promotion, soap distribution and water point improvement are vital to improve sanitation practices and minimise this risk. GOAL will look to replicate activities that have been undertaken in refugee populations to minimise contraction of Hepatitis E, in the recent outbreak. Activities have included coordination of WASH and Health actors to identify sanitation gaps and increased monitoring of latrines and targeted hygiene promotion in most vulnerable populations of the camp.

GOAL will also ensure emergency WASH capacity is maintained in Agok, Twic and Maban counties, as Northern Warrap and Upper Nile State are both areas vulnerable to large-scale population movements. With the likely significant population movements in these areas in 2013, CHF funds will be able to support this unpredictable context. GOAL will use CHF funds to strengthen its emergency preparedness and response capacity for WASH interventions, which will reduce the incidence of water-borne diseases, particularly Hepatitis E and contribute to a reduction in morbidity and mortality in acutely vulnerable communities.

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.

In line with the first cluster priority to '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 in areas prone to water-related conflict', GOAL aims to establish 11 new boreholes; 2 in Agok and 9 in Twic. Additionally, GOAL will support the construction of 30 semi-permanent latrines in the Mayen Abun camp, an area close to the PHCC which is supported by GOAL and 80 semi-permanent latrines within the Maban host community area.

In line with the second cluster priority to 'strengthen acutely vulnerable communities to withstand emergency WASH crises, with a priority on rehabilitation of existing water infrastructure and supporting operating and maintenance systems', GOAL will rehabilitate 27 water points and boreholes (12 boreholes in Maban; 11 water points and 4 boreholes in Twic). Water points will be identified by need through consultation with the Twic RWSS department, Abye WASH Taskforce, the Warrap State WASH cluster and local authorities in Maban County. Key site selection criteria will include their proximity to vulnerable populations and their vicinity to GOAL supported health facilities. GOAL will also ensure emergency WASH capacity is maintained, given the three areas' vulnerability to large scale population movement. In the case of further displacements, GOAL will use CHF funds to offer an emergency response in areas of concentrated numbers of IDP's and returnees. These funds will be used to support two health

⁸ OCHA South Sudan Weekly Humanitarian Bulletin, (7-13 January 2013)

⁹ As calculated by subtracting the funds secured by the CAP 2013 budget

clinics with associated WASH support through the construction of three latrines, three hand washing facilities and improved water testing capacity for health care facilities and surrounding communities that may have suffered from water point contamination by deliberate means. Through the network of supported WUCs in Twic, GOAL could quickly gain agreement to temporarily motorise boreholes along migration routes to provide sufficient quantities of safe water for people in transit or in temporary camps.

GOAL will also aim to facilitate behaviour change in acutely vulnerable communities in sanitation and hygiene practice through improved access to and use of sanitation facilities and items and targeted hygiene promotion focusing on women and children. In line with GOAL's approach to promoting sustainability through community ownership of WASH infrastructure and capacity building, 27 Water User Committees comprising of local community members will be formed or re-trained in Twic and Maban counties, with a focus on taking responsibility for the management of the water point and basic maintenance. This complements GOAL's existing support for Pump Mechanics for hand pump repairs and is in line with the Ministry of Water Resources and Irrigation strategy. In Maban county, activities will be similarly community-led.

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)

Increased timely and equitable access to safe water and sanitation for vulnerable populations affected by conflict, displacement and flooding in Twic County and Agok, Warrap State and Maban County, Upper Nile State

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).

Activity	Location	Beneficiaries
Construction of 11 boreholes (2 in Agok, 9 in Twic) to be installed with hand pumps	Agok, Twic	Agok 1,000 (490 Male; 510 Female) Twic: 4,500 (2,205 Male; 2,295 Female) Total: 5,500 (2,695 Male, 2,805 Female)
Rehabilitation of 27 Water Point (15 in Twic, 12 in Maban) Of these, 4 BH rehabilitations (Twic) 11 water point rehabilitations (Twic) 12 Water point rehabilitations (Maban)	Twic, ,Maban	Twic: 7,500 (3,675 Male; 3,825 Female) Maban: 6,000 (2.940 Male, 3,060 Female) Total: 13,500 (6,616 male; 6,885 female)
Construction of 110 emergency/semi-permanent latrines and 110 hand washing facilities Of these: 80 (Maban) 30 (Twic)	Twic, Maban	Twic: 1,500 (735 Male; 765 Female) Maban: 4,000 (1,960 Male, 2,040 Female) Total: 5,500(2,695 male; 2,805 female)
Rehabilitation of clinic latrines with hand washing facilities (Construction of 3 latrines and 3 hand washing facilities)	Agok	150 (77 female, 73 male)
Setting up, training of, following up with and re-training of 27 Water User Committees (WUCs)	Twic Maban	216 people (WUC's established for 11 constructed boreholes, refresher training of 4 existing WUC's in Twic and establishment of 12 in Maban) At least 30% female in decision-making roles within the Committees (65 women).
Training of community members in latrine construction techniques, and delivering community WaSH related promotion throughout communities	Twic Maban	60 (40 male, 20 female)
Focused hygiene promotion to 7,500 people including the distribution of soap	Maban	Maban: 7,500 (3,675 Male, 3,825 Female)

iv). Cross Cutting Issues

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

Gender

Key developments in GOAL's gender strategy include a comprehensive gender audit in 2010 and the drafting of the GOAL South Sudan Country Gender Plan in 2011, following a visit from the Global Gender Advisor. Key actions to follow include further training to Gender Focal Points (GFP's) at each field site to support all staff to integrate gender sensitivity into their work and the circulation of adapted Gender checklists to all field teams in late 2012. GOAL will continue to seek to move beyond the conception of gender as ensuring men and women benefit equally, to ensuring that GOAL's activities are not maintaining existing gender inequalities, but are facilitating and encouraging women and men to redefine their gendered roles and inequalities, for the benefit of the whole community. The gender plan puts in place specific guidelines to improve recruitment, retention and promotion of women. GOAL will use the formation of Water User Committees and community delivered WASH interventions to deliver a targeted approach for the inclusion of females in management and training roles to enable greater gender balance and female representation within

communities.

GOAL aims to improve well-being of women, girls, boys and men, through ensuring that women and men are consulted during programme planning and implementation. Promoting gender equitable access and utilisation of health services remains a key aim for GOAL South Sudan. An example of where GOAL is addressing gender directly through its health and WASH programming is its aim of having 30% of key decision making roles given to women through mechanisms such as the management of Community Health Committees (CHCs) and Water Users Committee. GOAL also encourages the participation of an equal numbers of boys and girls in School Hygiene Clubs.

GOAL's supported health services are largely utilised by women and children. GOAL aims to improve the well-being of women, girls, boys and men, through consultation with all groups during planning. For example, through community engagement women play an active role in the selection of site locations for installations and take a key role in WUC's. Within GOAL MIC's surveys, the main respondents are caregivers of children under the age of five years, which tend to be women, hence GOAL are able to gain vital information on health, hygiene and sanitation issues that are then fed back into programme design. GOAL recognises that gender inequality is a key factor in vulnerability to HIV, with mainstreaming of HIV activities incorporating gender-sensitivity training. GOAL actively addresses the differing needs of men and, women, throughout its sanitation implementation. For example, ensuring that emergency latrines have different entrances and separate entrances for males and females, and cover-from-view flaps to ensure privacy. Separate facilities will ensure women have privacy and areas to change, when undertaking hygienic practices linked to menstruation. The location of latrines is carefully planned with community engagement to ensure locations are accessible and safe, hence preventing the risk of sexual and physical violence towards women and girls.

HIV

The response to the HIV pandemic in South Sudan is still at an early stage with very low levels of understanding and low access to treatment and counselling services. HIV prevention is generally limited to information provision and condom distribution. GOAL's WASH intervention helps support access to dignified and hygienic sanitation facilities and safe potable water, which supports the improvement of health statuses within communities and lessens the susceptibility of those living with HIV to waterborne diseases. GOAL's strategy has generally focused on the prevention of HIV, specifically by awareness-raising and the free availability of condoms for staff and communities, with demonstrations of their correct use in GOAL-supported facilities. In 2010, GOAL received a technical support visit from the HIV Advisor who was able to look at the current programme and advise on improvement. Furthermore, checklists were developed to be rolled out in 2013 for field teams to evaluate current practice and identify how they can further mainstream HIV awareness into their programmes. GOAL has identified scope to engage with the MoH on integrating HIV services into PHC, where possible, with the GOAL establishing its first functional, Voluntary Counselling and Testing (VCT) service in Upper Nile State at Baliet PHCC, with referrals made to HIV/AIDS and ARV therapy programmes, if required. Pregnant women and their spouses are encouraged to opt for HIV testing with post-test counselling and referral provided for those with positive results. These services can also be accessed by communities members involved in any of GOAL's WASH programmes. Although, low community awareness on HIV transmission and strong cultural attitudes persist against testing: this is a positive step forward in the detection and treatment management of HIV. GOAL seeks to promote HIV awareness through the use of prominent locations, targeting differing gender bias, by utilizing sanitation facilities as a platform to deliver key messages through media.

Environment

Organisationally, GOAL takes into account environmental issues when planning programmes, and tries to ensure that activities do not cause avoidable adverse environmental impact. Initial environmental reviews are undertaken of all the hardware-related WASH activities; a process which analyses the potential negative impacts of the project and sets mitigation measures and adequate monitoring systems to guard against them. GOAL takes all measures to ensure that implementation of WASH construction activities and site selection do not impact on the surrounding environment through sustainable borehole design and testing and protection of water sources from contamination both by selection of location and forward planning of other sanitary installations. GOAL seeks to use construction materials that prevent negative impact to the surrounding environment throughout the life of any installation, for example in drilling, highly biodegradable polymers and long-life casing are used to prevent the contaminating the local environment and build-up of waste materials.

Accountability to beneficiaries

At all stages of the programme design and intervention GOAL works to engage communities and ensure that accountability standards can be met. Regular community and WASH staff meetings are held and contribute to GOAL's strategic planning approach, with the Community Health Committees, Water User Committees and School Hygiene Clubs taking a pivotal role. A network of community volunteers ensure that there are open communication lines in place to hear feedback from beneficiaries and to discuss how to adapt programmes to best suit real 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.

- Improved and more secure access to potable water for 19,000 people through water point installation and rehabilitation (Construction of 11 boreholes, rehabilitation of boreholes and rehabilitation of 23 water points).
- 100% of newly constructed boreholes and rehabilitated boreholes have a functional Water User Committee (WUCs)
- At least 30% of decision making positions in WUCs occupied by women
- Provision of improved sanitation and hand washing facilities for 5650 people
- Improve and strengthen institutional systems and organisational skills of WUCs and RWSS
- Assessment of critical needs and gaps within response and partners' capacity
- Hygiene promotion with a particular focus on targeting at-risk host and returnee communities in Maban county, including soap distribution

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)
x	1.	Total direct beneficiaries - Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance)	Total direct beneficiaries: 19,000 Women 5,620 Girls,4,070 Men 5,400 Boys 3,910
x	2.	Number of people provided with sustained access to hygiene latrine facilities	Total beneficiaries: 5,650 Women 1,671 Girls 1,210 Men 1,605 Boys 1,163
x	3.	Number of community members trained on management of water, sanitation and hygiene services	Female 65 Male 151
	4.	Number of health facilities supported with sanitation infrastructure and hand washing points	2
x	5.	New/ additional water points constructed	11

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.

Borehole Construction in Twic and Agok is implemented directly by GOAL, using its own drilling team and drilling rig. This enables GOAL to build capacity within the local drilling team, with the ultimate goal of enabling them to drill unsupervised, under the management of the Rural Water Department (RWD). Maintaining a GOAL drilling rig also allows great flexibility as to where and when to drill, which allows GOAL to respond rapidly to emergencies. GOAL will lead on rehabilitation work in collaboration with communities and 'Pump Mechanics' (trained local technicians).

At all water points constructed, GOAL assists in the establishment of Water User Committees (WUCs). The Committees are trained on a range of topics relating to water point maintenance and hygiene over the course of three days training. GOAL's WASH Community Support Team carries out this work directly. The WASH Community Support Team and WASH M&E officer then provide continuous support and follow-up to the WUCs.

The selection of villages for water points as well as the establishment, training and monitoring of WUCs is carried out very closely with the RWD in Twic. In Agok, selection of sites is made in discussion with the Abyei WASH Taskforce which looks to allocate identified viable sites across humanitarian actors ensuring a wide coverage. In Maban, site selection will be made following a needs assessment conducted in the communities, in consultation with the State WASH cluster focal point. Focus will be maintained on areas of high need including areas prone to outbreaks of water-borne disease and Hepatitis E within GOAL's target areas. Officials from the RWD accompany the GOAL team to the selected villages and facilitate community meetings on exact site selection within the village. The RWD officials also assist in the establishment and election of WUCs. This strengthens the profile of the RWD and helps build the capacity of the department and their links with communities.

GOAL will continue to promote hand washing, latrine usage and other hygienic behaviours, through a variety of activities carried out by both the WASH team and the Community Health department. WUCs will also play a key role in the dissemination of positive hygiene and sanitation behaviour messages.

GOAL's approach to sanitation provision is through community capacity building. Emergency latrines (semi-permanent) will be implemented through trained community construction groups, consisting of men and women who will assist in construction, repair and replacement of materials using predominantly locally procured and available materials. Hand washing facilities will be made from locally sourced natural materials, except from the barrel and tap. Clinic latrines and placenta pit construction will be constructed by external contractors using more sustainable and durable materials.

Implementation will be guided by an initial partner capacity assessment which will enable GOAL to clearly coordinate efforts, by working in collaboration with local authorities and communities, a key part of GOAL's approach. Targeted hygiene promotion and soap distribution will be conducted through Water User Committees disseminating messages and direct sessions held by GOAL staff, including members of WASH and health teams, with sessions highlighting the risk and symptoms of waterborne diseases and positive hygiene practices.

vii) Monitoring and Reporting Plan

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

1. Explain how you will 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 techniques will be used
3. Describe how you will analyse and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)¹⁰.

GOAL utilises a comprehensive M&E system to ensure the appropriate delivery of effective and sustainable services. These will include: Multi Indicator Cluster Surveys, monthly WASH reports and other means of verification as will be outlined in the Logframe to be carried out with local community, partner NGOs and the MoH. In addition, the WASH Coordinator and other members of the GOAL South Sudan team will make regular visits to the project sites to meet with project staff and assess overall implementation. An M&E team provides specialized technical guidance and coordination in the collection and analysis of the wide bank of information gathered.

In addition to keeping comprehensive completion records for each new water point, GOAL also aims to measure how many of these water points are still functional 1, 2, 5 or 10 years after their construction. Key to ensuring this are the WUCs that GOAL establishes, trains and supports in Twic and Agok, who are regularly supported, monitored and evaluated, to ensure that they remain active. Monitoring the progress and achievements of WUCs is consequently fundamental to monitoring the progress and achievements of a water supply project. GOAL monitors and evaluates all WUCs regularly through follow-up visits, by the Community WASH Officers or the WASH Manager. GOAL uses a standard assessment form that scores the WUC on a range of criteria including community management, hygiene and sanitation and facility management. The assessment is a combination of observations made at the water point, discussions with the WUC as well as discussions with the community and users of the water point. The assessment helps identify areas of weakness and where such areas are identified, appropriate refresher training is organized.

A monthly field report is sent to Juba with analysis and explanations for results and trends with GOAL to provide regular reports as per donor request. Weekly field reports are submitted to Juba which identifies any issues which may impact operations. The Multi Indicator Cluster Survey (MICS) is conducted annually and provides for comparative review and monitoring. In addition, GOAL technical advisors will provide program evaluations, assistance, recommendations and advice on all sectors of programming. The

¹⁰ 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.

results of these evaluations can be made available to CHF. GOAL will also provide reports as requested by state and central-level clusters and the Health NGO Forum, in the support of agency coordination efforts. GOAL compiles the monthly WASH reports from each site in the submission of updates to the WASH cluster monthly and ad-hoc as requested. GOAL takes an active approach to WASH cluster participation to ensure delivery is in accordance with the national strategic approach. GOAL is also an active member of WASH and Health inter-agency coordination bodies in Maban County which enables monitoring of the overall situation regarding disease outbreaks such as Hepatitis E. At a facility –level, data is collated on a weekly basis to record instance of Acute Jaundice Syndrome, which is Hepatitis E prior to official diagnosis and as part of Integrated Surveillance and Detection Reports (ISDR).

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)
ECHO (1 st March 2012-28 th February 2013)	\$64,370.00
OFDA (1 st August 2012 – 1 st July 2013)	\$370,000.00
CHF (1 st April 2012 -31 st March 2013)	\$100,000.00

SECTION III:

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/WS/55991/7790		Project title: Improved access to potable water sources and sanitation facilities and improved hygiene practices in vulnerable populations in Twic County and Agok, Warrap State and Ulang, Baliet and Maban Counties, Upper Nile State		Organisation: GOAL
Overall Objective	Cluster Priority Activities for this CHF Allocation: What are the Cluster Priority activities for this CHF funding round this project is contributing to: <ul style="list-style-type: none"> • Increase access to safe water and improved sanitation and hygiene practices among conflict-affected and acutely vulnerable communities in South Sudan 	Indicators of progress: What are the key indicators related to the achievement of the CAP project objective? <ul style="list-style-type: none"> ▪ Proportion of population using an improved water source ▪ Proportion of population using an improved sanitation facility 	How indicators will be measured: What are the sources of information on these indicators? <ul style="list-style-type: none"> • WASH monitoring tools, surveys. 	<ul style="list-style-type: none"> • Security situation does not impede humanitarian access • Climatic disasters (unusually severe flooding for example) do not occur • Funding for operations is obtained
Purpose	CHF Project Objective: What are the specific objectives to be achieved by the end of this CHF funded project? <p>Increased timely and equitable access to safe water and sanitation for vulnerable populations affected by conflict, displacement and flooding in Twic County and Agok, Warrap State and Maban County, Upper Nile State</p>	Indicators of progress: What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative: <ul style="list-style-type: none"> • CMR<1/10,000/day • U5MR<2/10,000/day • Average number of litres of potable water available per person per day • Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance) from constructed boreholes 	How indicators will be measured: What sources of information already exist to measure this indicator? How will the project get this information? <ul style="list-style-type: none"> • Completion reports • Site follow-up visits • GOAL KAPB Survey 	Assumptions & risks: 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? <ul style="list-style-type: none"> • Security situation does not impede humanitarian access • Climatic disasters (unusually severe flooding for example) do not occur • Funding for operations is obtained
Results	Results - Outcomes (intangible) and outputs (tangible): 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. <p>Increase timely and equitable access to safe water, sanitation and hygiene services to acutely vulnerable populations affected by</p>	Indicators of progress: What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes? <p>-Number of new / additional water points constructed</p>	How indicators will be measured: What are the sources of information on these indicators? <ul style="list-style-type: none"> • Completion reports 	Assumptions & risks: 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? <ul style="list-style-type: none"> • Access to borehole sites, clinics and camp is not impeded

	emergencies	<ul style="list-style-type: none"> • 100% of water points show <10 faecal coliform /100ml ▪ No. of IDPs, returnees, and refugees provided with access to safe water. ▪ No. of IDPs, returnees, and refugees provided with sanitation services 	<ul style="list-style-type: none"> • Site follow-up visits 	<ul style="list-style-type: none"> • Procurement chain operates effectively • Staffing requirements met • Support of local authorities maintained • Mass population movements do not exceed collective humanitarian actors capacity.
	Strengthen acutely vulnerable communities to withstand emergency WASH crises, with a priority on rehabilitation of existing water infrastructure	<ul style="list-style-type: none"> ▪ No. of people provided with access to safe water (based on standard of 500 persons/hand pump) ▪ Number of rehabilitated BHs or waterpoints (Target: 27) ▪ Amount of time spent collecting water each day (disaggregated by dry and rainy seasons) 	<ul style="list-style-type: none"> • Completion reports • Site follow-up visits • KAPB Survey 	<ul style="list-style-type: none"> • Access to borehole sites, and clinics is not impeded • Rainy season does not arrive earlier than expected
	Facilitate behaviour 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	<ul style="list-style-type: none"> -No. of people accessing latrines and washing facilities that are culturally appropriate, secure, sanitary, and user friendly, disaggregated by gender -No. of people reached with hygienic promotion - % of target population able to cite the three key hand-washing times and with soap present in the household. - Number of community members trained on management of water, sanitation and hygiene services: -Number of health facilities supported with sanitation infrastructure (hand washing points): 	<ul style="list-style-type: none"> • Completion reports • Site follow-up visits • Training records • WUC follow-up visits 	<ul style="list-style-type: none"> • Mayen Abun camp residents remain in that location and not dispersed. • Local communities are welcoming to idea of constructing own latrines and community involvement maximised.

<p>Activities: <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><i>Increase timely and equitable access to safe water, sanitation and hygiene services to acutely vulnerable populations affected by emergencies</i></p> <ul style="list-style-type: none"> • Construction of 11 boreholes (2 in Agok, 9 in Twic) to be installed with hand pumps <p><i>Strengthen acutely vulnerable communities to withstand emergency WASH crises, with a priority on rehabilitation of existing water infrastructure</i></p> <ul style="list-style-type: none"> • Rehabilitation of 27 Water Points (15 in Twic, 12 in Maban) • Rehabilitation of clinic latrines with hand washing facilities (Construction of 3 latrines and 3 hand washing facilities) <p><i>Facilitate behaviour 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</i></p> <ul style="list-style-type: none"> • Construction of 110 emergency/semi-permanent latrines and 110 hand washing facilities • Setting up, training of, following up with and re-training of 27 Water User Committees (WUCs) • Training of community members in latrine construction techniques, and delivering community WaSH related promotion throughout communities • Focused hygiene promotion to 7,500 people including the distribution of soap 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> • Staff time (Direct supervision staff, Field and Juba based support staff) • WASH Hardware such as drilling rigs, construction materials • GOAL facilities / Office / compounds • Training materials (stationery, etc) • Visibility materials • Vehicles • Flights • Computer and office equipment 		<p>Assumptions, risks and pre-conditions: <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> <ul style="list-style-type: none"> • State and local government authorities remain engaged and committed to the intervention • Staff turnover / recruitment remains stable • Ability to secure funding • Uninterrupted procurement chain maintained for key hardware materials • Community are motivated to participate in activities/latrine construction and hygiene promotion • Lack of knowledge is the limiting factor and constraint to improving positive sanitation and hygiene practices.
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PROJECT WORK PLAN

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
Activity 1: Construction of 11 boreholes (2 in Agok, 9 in Twic) to be installed with hand pumps		x	x	x	x	x	x	x					
Activity 2: Rehabilitation of 27 Water Point (15 in Twic, 12 in Maban)			x	x	x	x	x	x	x	x	x		
Activity 3: Construction of 110 emergency/semi-permanent latrines and 110 hand washing facilities		x	x						x	x	x		
Activity 4: Rehabilitation of clinic latrines with hand washing facilities (Construction of 3 latrines and 3 hand washing facilities)				x	x								
Activity 5: Setting up, training of, following up with and re-training of 27 Water User Committees (WUCs)			x	x	x	x	x	x	x	x	x		
Activity 6: Training of community members in latrine construction techniques, and delivering community WaSH related promotion throughout communities		x							x	x	x		
Activity 7: Targeted Community WASH hygiene promotion		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%