

## 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)

**SECTION I:**

<b>CAP Cluster</b>	<b>WASH</b>																		
<b>CHF Cluster Priorities for 2013 First Round Standard Allocation</b>																			
<b>Cluster Priority Activities for this CHF Round</b> <ol style="list-style-type: none"> <li>1. Emergency water treatment units</li> <li>2. Emergency latrines</li> <li>3. Pre-positioning of core pipeline</li> <li>4. Rehabilitation of existing water points and/or sanitation facilities, where appropriate</li> <li>5. Drilling/construction of new water points, if appropriate</li> <li>6. Pre-positioning of refugee pipeline supplies in Maban and/or north Unity</li> </ol>	<b>Cluster Geographic Priorities for this CHF Round</b> <ol style="list-style-type: none"> <li>1. Jonglei—likely Pibor</li> <li>2. Upper Nile—Renk, Manyo, Melut, Makal (aka Malakal); host community in Maban;</li> <li>3. Unity— northern counties (host community for refugee response)</li> <li>4. Warrap</li> <li>5. NBeG—Aweil, and north to the border</li> </ol>																		
<b>Project details</b> The sections from this point onwards are to be filled by the organization requesting CHF funding.																			
<b>Requesting Organization</b> Medair	<b>Project Location(s)</b> <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>Upper Nile</td> <td>50</td> <td>Renk and other Emergency Response</td> </tr> <tr> <td>Jonglei</td> <td>20</td> <td>Emergency Response</td> </tr> <tr> <td>Other</td> <td>30</td> <td>Emergency Response</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	%	County	Upper Nile	50	Renk and other Emergency Response	Jonglei	20	Emergency Response	Other	30	Emergency Response						
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<b>Project CAP Code</b> SSD-13/WS/55987/5095	<b>Funding requested from CHF for this project proposal</b> US\$650,000																		
<b>CAP Project Title</b> <i>(please write exact name as in the CAP)</i> Water, sanitation and hygiene provision in emergency and relief in South Sudan.	<b>Are some activities in this project proposal co-funded?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>																		
<b>Total Project Budget requested in the in South Sudan CAP</b> US\$2,431,902	<b>Total funding secured for the CAP project (to date)</b> US\$1'101'761																		
<b>Direct Beneficiaries</b> <i>(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)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%;">Number of direct beneficiaries targeted in CHF Project</th> <th style="width: 50%;">Number of direct beneficiaries targeted in the CAP</th> </tr> </thead> <tbody> <tr> <td>Women:</td> <td>10044</td> <td>37,200</td> </tr> <tr> <td>Girls:</td> <td>2,511</td> <td>9,300</td> </tr> <tr> <td>Men:</td> <td>10044</td> <td>37,200</td> </tr> <tr> <td>Boys:</td> <td>2,511</td> <td>9,300</td> </tr> <tr> <td><b>Total:</b></td> <td><b>25,110</b></td> <td><b>93,000</b></td> </tr> </tbody> </table>		Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	Women:	10044	37,200	Girls:	2,511	9,300	Men:	10044	37,200	Boys:	2,511	9,300	<b>Total:</b>	<b>25,110</b>	<b>93,000</b>	<b>Indirect Beneficiaries</b> 30,000 This figure represents host populations benefiting from reduced stress on their water sources, reduced open defecation, and less possibility of disease outbreak due to increased safe water supply, sanitation facilities and hygiene knowledge.
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<b>Implementing Partner/s</b> <i>(Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)</i>	<b>CHF Project Duration</b> <i>(12 months max., earliest starting date will be Allocation approval date)</i> Indicate number of months: 12 months (April 2013 – March 2014)																		
<b>Catchment Population (if applicable)</b>	<b>Contact details Organization's Country Office</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Organization's Address</td> <td>Medair South Sudan ,Hai Matara ,Airport View , Juba</td> </tr> <tr> <td>Project Focal Person</td> <td>Caroline Boyd <a href="mailto:cd-southsudan@medair.org">cd-southsudan@medair.org</a>, +211(0)924 143 746</td> </tr> <tr> <td>Country Director</td> <td>Caroline Boyd <a href="mailto:cd-southsudan@medair.org">cd-southsudan@medair.org</a>, +211(0)924 143 746</td> </tr> <tr> <td>Finance Officer</td> <td>Lisa Poulsen <a href="mailto:finance-southsudan@medair.org">finance-southsudan@medair.org</a> +211 911 383 615</td> </tr> </table>	Organization's Address	Medair South Sudan ,Hai Matara ,Airport View , Juba	Project Focal Person	Caroline Boyd <a href="mailto:cd-southsudan@medair.org">cd-southsudan@medair.org</a> , +211(0)924 143 746	Country Director	Caroline Boyd <a href="mailto:cd-southsudan@medair.org">cd-southsudan@medair.org</a> , +211(0)924 143 746	Finance Officer	Lisa Poulsen <a href="mailto:finance-southsudan@medair.org">finance-southsudan@medair.org</a> +211 911 383 615										
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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>

South Sudan is currently facing large-scale humanitarian needs – with new and ongoing emergencies expected in 2013. OCHA's recent "Humanitarian Bulletins – South Sudan" provide insight into current and anticipated needs for South Sudan. The bulletin dated December 30th highlighted the following:

- Both ethnic and militia-related violence is a concern moving forward; with tensions high and recent displacements in Wau (tribal violence), Panyijar (cattle raiding in Unity State) and Kiir Adem on the border with North Sudan. In addition, Pibor remains tense, with violence anticipated.
- A recent influx of refugees from DRC showed the possibility of new refugee areas, with potential for displacement from DRC or Darfur in addition to the areas of Sudan currently producing refugees.

Previous bulletins mentioned additional issues:

- Returns are continuing at a significant rate. "Humanitarian partners anticipate the arrival of up to 125,000 South Sudanese from Sudan in 2013" (November 18th). Also, "Over 40,000 returnees are estimated to be prepared to depart Khartoum and Kosti as soon as affordable transit to South Sudan becomes available" (September 23<sup>rd</sup>).
- Flooding has affected much of the country, with 44 of 79 counties listed as flood-affected, and 259,721 flood-affected individuals (November 4<sup>th</sup>)

Renk County in Upper Nile State faces ongoing needs with a large current returnee population (primarily waiting for onward transport). Renk remains the most likely entry point for additional new returnees, in light of ease of access from Sudan and insecurity cutting off other potential points of entry into South Sudan. In November 2012 IOM listed 20,547 returnees stranded in Renk spread between four sites (source: IOM Verification Mission). This is an increase of 7,514 total returnees since the beginning of the year despite IOM facilitating the movement of 8,543 returnees out of Renk in the last 6 months. Despite this increase in movement, Renk has seen a decrease in essential assistance from the humanitarian community.

Medair has been providing WASH services (surface water treatment systems, latrine construction and maintenance and hygiene promotion) for returnees in Renk and targeted host communities that have received returnees, and with IOM, is the only WASH agency working in the major returnee sites. 47% of returnees in the major returnee sites in Renk are female.

The unpredictable and changing nature of emergencies in South Sudan highlights the need for flexible humanitarian response. Medair's emergency response programme responds to acute emergencies throughout South Sudan, targeting the most vulnerable and at-risk beneficiaries. This will include communities suffering from or at high-risk of water-borne disease outbreaks (cholera, Hepatitis E), conflict and flood-displaced populations, returnees in transit or arriving at final destinations with unacceptable WASH conditions, or populations that otherwise meet emergency criteria, such as emergency levels of morbidity, mortality or malnutrition.

Women are disproportionately affected by poor WASH standards in South Sudan, particularly in emergency settings. Camp settings are highly insecure, meaning accessible water supply and sanitation facilities are necessary to keep women safe. Women provide little input into water supply or sanitation activities in South Sudan, despite women being responsible for gathering water and most at-risk if water supply and sanitation are not easily accessible.

### 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.

Renk County remains in need of ongoing emergency support as returnees remain in sites with no basic services provided by the government and IOM is the only other WASH partner providing services in returnee sites. In addition to current needs, Renk faces the prospect of ongoing returnees and the potential for large-scale influxes if political events in Sudan precipitate further large-scale returns. A well supported emergency response partner in Renk is critical to ensure current and future returnees have access to minimum levels of WASH services until they move on to further destinations. CHF funding will provide the money needed for the Renk team to provide services to returnees and host communities in the coming months.

Apart from the dedicated team in Renk County, Medair operates flexible rapid response teams that will meet acute emergency needs throughout South Sudan. In 2013, Medair will be one of the only agencies able to provide WASH emergency response across any of the ten states. Considering the potential for emergencies throughout the country, this is a critical function for the WASH cluster to support, helping to provide a nation-wide safety net no matter where emergencies occur. CHF funding will allow the emergency response team to grow beyond current levels with additional staff and supplies, enabling more emergency assessments and interventions than would be possible otherwise. The huge refugee influx in Upper Nile and Unity States has drained humanitarian resources making well-funded and flexible emergency response programmes critical in 2013 to address acute non-refugee emergencies around the country.

<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.

Medair has extensive experience in emergency relief and rehabilitation in South Sudan and familiarity with many of the most disaster-prone areas in the country. Medair is able to respond swiftly to emergencies, with WASH, health, nutrition, and NFI activities effectively linking emergency response activities across sectors to meet a full-range of emergency needs. Medair mainstreams gender into WASH programming, primarily by ensuring women are integrated into trainings such as hygiene promotion, community water management and pump mechanic trainings. Female community leaders will be sought out and consulted on placement of water supply, sanitation facilities and other WASH activities to ensure equal gender access. Focus group and key informant interviews, as well as less formal consultations will be performed identifying vulnerable populations and gender disparities that can be addressed to prevent unequal access to WASH services.

Medair is applying for ECHO funding for the emergency response programme, however that funding is meant to cover four sectors and cannot support WASH emergency response to the desired level (responding to multiple emergencies simultaneously) without additional funding. The Renk project is predominantly funded by OFDA but requires co-financing to reach programme targets and adequately support returnees and vulnerable host populations. Additional sources of funding will be sought throughout the year. First round CHF is critical for Medair to ensure continued programming and to adequately prepare for the year, through purchasing and pre-positioning of necessary supplies, hiring sufficient staff and covering the high transport and materials costs sometimes required by emergency response.

### 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.

As a frontline emergency response agency, Medair aligns strongly with cluster priority activities 1, 2 and 4.

**Activity 1 – Emergency Water Treatment Units:** In Renk, Medair continues to operate surface water treatment systems (SWATS) – the only source of clean water for two major returnee sites. In addition the emergency response team is prepared to construct additional SWATS or motorized systems – linking pumps, bladders and tap-stands to existing boreholes to further increase volume and availability of clean water in emergencies across the country. These activities are likely to be in response to displacement or disease outbreaks necessitating greater access to safe water supply.

**Activity 2 – Emergency Latrines:** Medair continues to construct (and maintain) emergency latrines serving returnees in Renk as seen below. In addition, emergency latrines (and accompanying hand washing stations) are a key part of most WASH emergency responses anticipated. Last year Medair constructed emergency latrines in Renk, in Gudele outside of Juba, in Pibor, and in Yambio. Currently emergency latrines are being considered for displaced populations outside of Juba town (northern Bari Payam), and in support of Kala Azar Treatment Centres in Jonglei. In addition the WASH team is on standby for any major displacement in Jonglei similar to 2012, and latrines will be the priority in any such response to avoid public health risks likely to occur in crowded displacement settings.

**Activity 4 – Rehabilitation of Existing Water Points and/or Sanitation Facilities, where Appropriate:** At all times Medair will prioritize rehabilitation of existing facilities over new drilling of boreholes or other new construction, while recognizing that this is not always sufficient to meet emergency needs. The emergency response team rehabilitates broken hand pumps and boreholes as a cost-effective, fast and efficient way of improving the supply of safe water in emergency-affected areas. The team will also consider rehabilitation of hand-dug wells, latrines and bathing shelters – if it is cost-effective relative to other options and meets humanitarian needs. The Renk team will rehabilitate a small number of hand-dug wells, and a number of institutional latrines in communities affected by the returnee influx over the past year. The Renk team is also maintaining current latrines in Renk returnee sites.

#### 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)

Provide emergency assessments and rapid implementation of WASH services to vulnerable communities affected by large population displacements or influxes, natural disasters, disease outbreaks, or high levels of acute malnutrition while supporting capacity building of local communities and government partners.

#### 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).

Emergency Response Programme

- 1) Emergency water supply activities – borehole rehabilitation, motorized systems, surface water treatment systems, PUR distributions and other activities as required.
- 2) Emergency latrines, hand-washing and bathing facilities separated by gender.
- 3) Hygiene Promotion.
- 4) Pump mechanic and community water management committee trainings

The above activities take place in any of the 10 states as needed in acute emergency response, with 45,000 direct beneficiaries expected in 12 months. Exact numbers of beneficiaries and targets for each activity are flexible, as emergency response activities could take many different forms over the course of 2013.

Renk Returnee Programme:

- 1) Operate and maintain daily water supply to Payuer and Mina returnee sites through Surface Water Treatment Systems, providing approximately 150,000 litres per day across the sites.
- 2) Construct and maintain an anticipated 200 emergency latrines in returnee sites
- 3) Train 20 hygiene promoters of mixed gender in Mina returnee site and carry out 5 hygiene campaigns focusing on key hygiene messages based on current health trends with gender specific messaging.

Support to acutely vulnerable population in targeted host communities in Renk County:

- 1) Rehabilitate one large scale community water treatment system accompanied by training of village water committees
- 2) Construct one small-scale community water treatment system accompanied by training of village water committees
- 3) Rehabilitate 5 hand-dug wells
- 4) Implement 3 Rainwater Harvesting and storage systems at health facilities and schools
- 5) Train 67 hygiene promoters of mixed gender
- 6) Construct/rehabilitate 18 institutional latrines accompanied with hand washing stations

Support to returnees in established returnee sites - 51% of returnees across all sites are under 18 years, 47% are female. Activities above for Renk County are those projected up to September 2013. Medair are considering if they will continue to support returnees into 2014 and will be assessing the needs during this year, before the end of the project period. Expected direct beneficiaries are 48,000.

CHF funding will cover approximately 25,110 (27%) of the total 93,000 beneficiaries.

#### iv). Cross Cutting Issues

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

**Gender:** During the assessment of emergencies, the particular needs of men, women, girls and boys will be identified. Medair aims to ensure that women are equitably represented on Village Water Committees and in hygiene trainings, providing them a voice in matters concerning them and their families. As stated above, women and girls are the greatest beneficiaries of accessible safe water points, reducing the burden placed on collecting household water supplies. During preparation for hygiene campaigns, Medair aims to target vulnerable groups through gender specific messaging.

**Protection:** Medair constructs separate institutional latrines for men and women as a protection principle. Accessible latrines and safe water points eliminate the need for women and girls to walk significant distances from their homes in potentially unsafe conditions.

**Environment:** Medair's current programme does not include new boreholes, avoiding potential environmental issues associated with drilling. Avoiding drilling also allows Medair to maintain a light carbon-footprint through more high impact rehabilitation, rather than transport of new material for construction. Medair also takes into account issues such as drainage and keeping latrines safe distances away from water points.

#### 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.

- 1) 18,645 beneficiaries are provided with safe water
- 2) Acute emergencies are effectively responded to throughout any of the 10 states
- 3) Renk returnees have adequate WASH services to avoid water-borne illnesses, and host communities are adequately prepared for future returnee influxes.

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 <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>
X	1.	Total Direct Beneficiaries – Number of people provided with sustained access to safe water supply (15 litres/person/day within 1km distance)	Total: 15255 Women: 6102 Men: 6102 Girls:1526 Boys:1525
X	2.	Existing Water Points Rehabilitated	12
X	3.	New latrines Constructed	109
X	4.	People trained on hygiene promotion messages to be shared with their community	Total: 40 Women: 20 Men: 20
X	5.	Community Members Trained on Management of Water, Sanitation and Hygiene Services.	Total: 16 Women: 6 Men: 10
	6.	Number of acute emergencies responded to.	3 (based on 10+ emergency responses in 2013, CHF funded %)

#### 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.

Medair directly implements all activities, while working to build local capacity to ensure a level of sustainability following implementation. Medair coordinates closely with the WASH cluster in Juba, state focal points and government at all levels in targeting of emergency WASH assessments and interventions. Medair's emergency response teams are supported from the Juba office, but are fully based in the field at emergency sites. A base exists in Renk County in support of the programme working with returnees and vulnerable host communities.

#### 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>2</sup>.

Medair will conduct a minimum of two follow-up assessments of emergency response activities in 2013, including follow-up of HHP activities to ensure that key hygiene messages have been effectively understood by promoters. Additionally, Medair releases summary reports for each emergency assessment and intervention conducted (multi-agency reports may be substituted if Medair worked with other partners), making it easy to track the exact activities which have been conducted. Medair will disaggregate beneficiaries by sex and age when possible, though this will be difficult in tracking exact beneficiaries with water supply and sanitation activities. These reports are circulated to the WASH Cluster and relevant partners on the ground and in Juba, thereby allowing greater accountability within the humanitarian community. Activities will be assessed and reported on using either qualitative or quantitative methods as deemed appropriate to the context and activities completed. Medair will use Lot Quality Assurance Sampling (LQAS) methodology to conduct household surveys in Renk to monitor the effectiveness of activities there.

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

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

<b>Source/donor and date (month, year)</b>	<b>Amount (USD)</b>
SDC	189,654
OFDA – Funding Renk until September 2013	912,107

<sup>2</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> SSD-13/WS/55987/5095		<b>Project title:</b> Water, sanitation and hygiene provision in emergency and relief in South Sudan.		<b>Organisation:</b> Medair
<b>Overall Objective</b>	To reduce morbidity and mortality in communities affected by emergencies and acutely vulnerable communities in South Sudan.			
<b>Purpose</b>	<b>CHF Project Objective:</b> Provide emergency assessments and rapid implementation of WASH services to vulnerable communities affected by large population displacements or influxes, natural disasters, disease outbreaks, or high levels of acute malnutrition while supporting capacity building of local communities and government partners.	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• Number of Emergency Assessments Completed</li> <li>• Number of Emergency Interventions Completed</li> <li>• Number of at-risk communities prepared to deal with acute emergencies</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• Assessment and Intervention Reports released following completion of activities</li> <li>• Monthly reports</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>• Individual sites targeted for assessment and interventions are secure and accessible</li> <li>• Confirmed funding and GIK support from institutional and private sources is received in timely fund disbursements</li> </ul>
<b>Results</b>	<b>Results - Outcomes (intangible):</b> <ul style="list-style-type: none"> <li>• Increased access to safe drinking water to emergency affected and vulnerable populations</li> <li>• Increased access to sanitation facilities amongst targeted populations</li> <li>• Increased level of good hygiene knowledge and practices among targeted populations</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• 15 liters of water per person per day where Medair water supplies are provided</li> <li>• Access to a latrine with ratio of 50 people per latrine</li> <li>• Percent of population demonstrating good hand-washing practices</li> <li>• Percent of population demonstrating correct water usage and storage</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• Operators records of water usage</li> <li>• Medair staff inspection and reports</li> <li>• LQAS (household survey)</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>• Local authorities are willing and able to support project activities and provide necessary complementary services and staff.</li> <li>• Community in a position and willing to contribute to implementation of project activities, as appropriate.</li> <li>• Returnee populations in the sites is kept at a manageable level.</li> </ul>
	<b>Immediate-Results - Outputs (tangible):</b> <ul style="list-style-type: none"> <li>• 12 waterpoints rehabilitated</li> <li>• 109 latrines constructed</li> <li>• 40 people trained on hygiene promotion messages</li> <li>• 16 community members trained on Management of Water, Sanitation and Hygiene Services</li> <li>• 3 acute emergencies responded to</li> <li>• Potential emergencies are assessed for WASH needs</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• Number of existing water point rehabilitated</li> <li>• Number of new latrines constructed</li> <li>• Number of people trained on hygiene promotion messages to be shared with their community</li> <li>• Number of community members trained on management of water, sanitation and hygiene services</li> <li>• Number of acute emergencies responded to.</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• Intervention reports – recording activities completed and corresponding beneficiaries</li> <li>• Training session reports and registers</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>•</li> </ul>

<p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>• Carry out WASH assessments</li> <li>• Rehabilitate existing water points</li> <li>• Provide alternate safe water sources (hand-dug wells, motorized systems, SWATs, PUR distribution)</li> <li>• Construct new latrines</li> <li>• Provide hand washing stations</li> <li>• Train hygiene promoters and conduct community hygiene promotion campaigns</li> <li>• Train village water committees</li> <li>• Train village hand pump mechanics</li> </ul>	<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>• WASH supplies – such as hand pump parts, SWAT parts, chemicals for water treatment, motorized system parts, etc.</li> <li>• Full time WASH Staff (WASH technicians, community liaison officers, support staff)</li> <li>• Support bases and staff in field locations, along with Juba, to support and facilitate the work with emergency-affected and acutely vulnerable communities</li> <li>• Juba Warehousing – for WASH materials</li> <li>• Equipment – Land cruisers, communications, maintenance costs</li> <li>• Transport – cost of transporting staff to assessments and interventions, transport of materials</li> </ul>	<p><b>Assumptions, risks and pre-conditions:</b></p> <ul style="list-style-type: none"> <li>• Appropriate national and international staff can be recruited and retained.</li> <li>• Suitable contractors can be found to undertake work in an appropriate manner</li> <li>• No major climatic problems (e.g.: severe drought, abnormally heavy rains).</li> <li>• No major changes in logistical or economic conditions in South Sudan, including the availability of fuel.</li> </ul>
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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		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Carry out WASH assessments				x	x	x	x	x	x	x	x	x	x	x	x
Rehabilitate existing water points				x	x	x	x	x	x	x	x	x	x	x	x
Provide alternate safe water sources				x	x	x	x	x	x	x	x	x	x	x	x
Construct new latrines				x	x	x	x	x	x	x	x	x	x	x	x
Provide hand washing stations				x	x	x	x	x	x	x	x	x	x	x	x
Train hygiene promoters and conduct community hygiene promotion campaigns				x	x	x	x	x	x	x	x	x	x	x	x
Train village water committees				x	x	x	x	x	x	x	x	x	x	x	x
Train village hand pump mechanics				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%