

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

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:

CAP Cluster

WASH

CHF Cluster Priorities for 2013 Second 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

- Emergency water treatment units
- Rehabilitation of existing water points, where appropriate
- Drilling/construction of new water points, if appropriate
- Convert hand pumps to motorized boreholes w/ tap stands
- Emergency communal latrines
- Distribution of hygiene kits
- Emergency hygiene promotion training
- Pre-positioning of core pipeline
- Pre-positioning of refugee pipeline supplies in Maban and Yida
- Distribution of WASH NFIs

Cluster Geographic Priorities for this CHF Round

- Jonglei—Pibor, Ayod, Akobo, Pigi, Fangak
- Upper Nile—Renk, Makal (aka Malakal); host community in Maban; Longochuk, Maiwut, Baliat, Ulang
- Unity—Mayom, Abiemnom, Counties in Tri-State area
- Lakes—Counties in Tri-State area
- Warrap—Twic, Tonj Counties
- NBeG—Aweil East, Aweil North
- CES—Juba County

Project details

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

Requesting Organization

Action Against Hunger (ACF) - USA

Project CAP Code

SSD-13/WS/55874/R/14005

CAP Gender Code

2A

CAP Project Title (please write exact name as in the CAP)

Addressing Chronic and Acute Water, Hygiene, and Sanitation Needs of the Population of Northern Bahr el Ghazal & Warrap States.

Total Project Budget requested in the in South Sudan CAP

US\$2,534,597

Total funding secured for the CAP project (to date)

US\$1,369,852

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:	20,731	56,086
Girls:	10,085	
Men:	16,809	
Boys:	8,405	27,642
Total:	56,030	114,833

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

Contact details Organization's Country Office

Organization's Address: Plot AXT, 2nd class Hai Cinema. Juba, South Sudan

Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State **%** *County/ies (include payam when possible)*

Warrap 50% Twic

NBeG 50% Aweil East

Funding requested from CHF for this project proposal

US\$350,000

Are some activities in this project proposal co-funded (including in-kind)? Yes No (if yes, list the item and indicate the amount under column i of the budget sheet)

Indirect Beneficiaries

Catchment Population (if applicable)

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

6 months (1 Oct 2013 to 31 mar 2014)

Contact details Organization's HQ

Organization's Address: 247 West 37th Street, 10th Floor. New York, U.S.A. 10018, Telephone:

Project Focal Person	Sirak Mehari Weldemicael Hom.ssd@acf-international.org +211(0)912 730 534 or +211 (0)956264546
Country Director	Sirak Mehari Weldemicael Hom.ssd@acf-international.org +211(0)912 730 534 or +211 (0)956264546
Finance Officer	Thierry Lecoq admin.ssd@acf-international.org 0912 730 533 or 0 913 237 282

	+1(212)967-7800
Desk officer	Nipin Gangadharan ngangadharan@actionagainsthunger.org , +1 212 967 7800 Ext.115
Finance Officer	Name, Email, telephone Dew Dwiyanti e-mail: ddwiyanti@actionagainsthunger.org Tel: (212) 967-7800 ext. 129

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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

Aweil East and Twic continued to be affected by demographic pressure in the area due to security and conflict displacements. In addition to the 460,150 and 145,297 people who have already returned to NBeG and Warrap², 26, 621 have been displacements following the border dispute and mile 14 agreements. Out of this number about 3,000 are new arrivals registered in Aweil East and Aweil North Counties³. Twic county also continued to host displacements from Abiyei.

ACF 2013 1st quarter morbidity data shows that diarrhea accounts for 50.9% of the infections. ACF admission data also shows that most of the children suffering from water and sanitation related diseases are malnourished. The average per capita water use in ACF operation areas still remains below Sphere standard⁴. In Aweil East, only 27% of the population use between 13 and 16 liters/p/d of water and water coverage is approximately 30% as compared to 68.7% national coverage⁵. Both Aweil East and Twic Counties, on average 1000 people are using each functioning water point which is above the average standard of 500 people per water points in an emergency setting⁶. The low water availability in the areas has also increased the burden on female caretakers who are solely responsible for fetching water. Open defecation is practiced by 97.2% of the population in Aweil East County⁷. This combined with such low per capita water consumption greatly affects personal hygiene.

Anticipating forth coming referendum in Abyei, Twic and Aweil East Counties will remain vulnerable for demographic pressure.

B. Grant Request Justification

Briefly describe (in no more than 300 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.

ACF has been operational in Warrap and NBeG States since 2005. ACF-USA addresses both chronic and acute crisis through integrated strategy, whereby the links between nutrition, food security, and water and sanitation activities are strengthened to have a high impact on the beneficiaries. ACF-USA will continue its engagement emergency WASH response, ensuring access to safe water and hygiene and sanitation facilities by vulnerable communities and strengthening humanitarian coordination and capacity of local water actors.

ACF is soliciting assistance from CHF to enable it to complete the existing programs co-funded by ECHO, SDC, Unicef and CIAA (French Government). Though generous contributions from the mentioned donors have been received, a sizeable amount of fund is still needed to meet the cost of reaching the needs of the vulnerable households in the second half of the year. ACF planned to enhance its activities in the counties that had been identified as hot spots by the WASH cluster over the years. ACF's presence in these areas records good programming performance and have gained well experienced staff. In the first half of 2013, ACF treated ACF has implemented numerous projects for the IDPs, returnees and host families with the support of CHF round 1 and other donors to enable them access adequate and safe water, sanitation and hygiene facilities. The construction and rehabilitation of water points has resolved their longstanding water issue and burden on women fetching water from far places which took several hours on their day. In addition to that improved and adequate sanitation and hygiene facilities impacted on people hygiene practices and ensured clean environment. However, there is an increase WASH needs in the area. This coupled with reduced overall funding for WASH in South Sudan makes CHF support particularly critical to providing assistance to the vulnerable target population and achieving the objectives outlined in the CAP.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

ACF will implement the CHF funded project to contribute and achieve five out of 10 WASH cluster priorities. This includes emergency water treatment units, rehabilitation of existing water points, where appropriate, Drilling/construction of new water points, if appropriate, emergency communal latrines, emergency hygiene promotion training. ACF also operates in two "hot spot" areas identified by the cluster, and acutely vulnerable returnees and IDPs will be targeted. ACF

In achieving such objectives, ACF will ensure emergency response, of the target areas and the vulnerable host communities, IDPs and returnees. The project, using CHF funds, will work to improve access to safe water sources for the communities by rehabilitating boreholes, training water user committees for sustainability, Build capacity of the community on house hold water treatment using Aqua tabs and other affordable means of water treatment. Through these activities, the objective is not only to improve the quantity and quality of water but also to ensure that the down time of water points is reduced and also ensure that all vulnerable communities have equal access to water. Moreover actions will be taken to improve access to hygiene and sanitation facilities in line with globally agreed standards. The intervention will also contribute to increase/ strengthen the communities coping mechanism and resilience for the emergencies.

Through different approaches of hygiene promotion campaigns /sessions such as PHAST, host communities will be encouraged /educated to build their own household sanitation and hygiene facilities. In addition village's hygiene & health committees to be

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 ERS weekly report, 30 Nov - 6-Dec, 2012

³ OCHA Humanitarian Bulletin South Sudan 10th to 16th June 2013. and UNOCHA Displaced population figure April 2012 to may 2013

⁴ 7.5-15l/p/day for domestic consumption only

⁵ ACF KAP Survey May 2013

⁶ ACF program monitoring data

⁷ SMART survey (ACF, 2012)

formed and trained to continue the hygiene promotion activities in the villages and ensure continues good hygiene practices in the communities. The separate schools hygiene sessions (CHAST) will also be conducted for the teachers & pupils in the schools to promote good hygiene practices. In line with this ACF will support the community with tools and skills for latrine construction and carry out latrines demonstration construction using local materials. This will help build their capacity to construct latrines out of local materials that are affordable by every house hold. However, special consideration shall be given to vulnerable households such as; child or female headed families and the elderly.

As part of government effort to map out all existing water points this CHF fund will also support the Rural water and sanitation department in mapping and data collection of all water points prioritizing areas with demographic pressure due to population movements.

Effective coordination proven to result efficient humanitarian response. ACF will also contribute in leading humanitarian coordination at county and state level. Its participation at WASH cluster SAG and other technical working groups will also boost the national cluster role of effective coordination.

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.

ii) Project Objective

State the objective/s of this CHF project. 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: 61,030 people (single count)

Activities	Aweil East		Twic		Total
	Qnt	Bnf (individuals)	Qnt	Bnf (individuals)	
Emergency Response		26,000		7500	33,500
Repair/rehabilitation of boreholes	10	5000	10	5000	10,000
construction of new water points, protected dug wells	2	1000	2	1000	2,000
Training of water user committee	12	72	12	72	144
water quality testing	12		12		0
Rahabilitation of school latrine stances	6	1800	4	1200	3000
hygiene and sanitation campaigns (PHAST)	9	2430	6	1500	3,930
Organizing community 1 hygiene promotion/social marketing events	1	1000	1	1000	2,000
construction of household/institutional latrines			2	600	600
Training of local pump mechanics				6	6
training on information collection			3	30	30
facilitate the construction of household latrines through PHAST	50	300	50	300	Double counting
Emergency preparedness and capacity building for 11 communities on AWD and cholera			11	1000	1,000
Coordination of emergency response in Warrap state					All WASH stakeholders
Peer to peer hygiene promotion for nutrition beneficiaries	4	3600			3,600
Total		39,830		16,200	56,030

The emergency Response includes

- Provision of water in emergency using submersible pumps and tap stands or surface water treatment systems
- Construction of emergency sanitation facilities for returnees or IDPs
- Disseminate emergency health and hygiene messages using community volunteers in the affected communities and provision of hygiene items.
- Coordination of emergency response
- Training hygiene volunteer in IDPs/returnees camps

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 100 words) the results you expect to achieve at the end of the CHF grant period.

01. Improved 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 <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.	Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance	33,500 individuals (65% Women,35%men)
X	2.	Number of water points constructed & rehabilitated	4
X	3.	Number of water points rehabilitated	20
	4.	Percentage of water points with less than 10 E coli per 100ml	90%
X	5.	Number of people who access to the emergency latrine during the emergency	Maximum 50 people per latrine in camps / 20 people /latrines in host families.
	6.	Percentage of target population able to recite three key hand washing times, with soap present in the household.	50% Targeted beneficiaries

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 waters 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 villages which have high number of IDPs and returnees will be targeted through village hygiene and sanitation campaign by using PHAST methodology.

The community will be facilitated by ACF 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, ACF will respond in collaboration with other humanitarian partners. ACF 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 food chain, 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)⁸.

Monitoring framework is established at the start of the program to guide monitoring at all levels of program and management team. Daily and weekly field visits by the field team and program manager gives close monitoring of the implementation of the project. ACF standard weekly and monthly reporting tools and requirements are also among the main monitoring aids. Regular follow up by technical coordinator in the country office and HQ based technical advisors also core in the monitoring framework. 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 water trucking/distribution.

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.

D. 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)
Pledges for the CAP project	

⁸ 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:

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/WS/55874/R/14005		Project title: Addressing Chronic and Acute Water, Hygiene, and Sanitation Needs of the Population of Northern Bahr el Ghazal & Warrap States.		Organisation: <u>.ACF-USA.....</u>
Overall Objective	Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i>	Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i>	How indicators will be measured: <i>What are the sources of information on these indicators?</i>	
	<ul style="list-style-type: none"> i) Provision of water for drinking, cooking and personal hygiene. (Include extraction, distribution and monitoring; Repair, construction and maintenance of water points) ii) Sanitation system in Emergency Situation. Excrete disposal, shared segregated household facilities. ii) Information/communication on optimize effective use of facilities. ✓) Awareness raising on good hygiene & care practices. ✓) Safe Solid waste disposal. 	<ul style="list-style-type: none"> • Malnutrition rates in target communities and among displaced population or returnee transit camps is reduced 	<ul style="list-style-type: none"> • Monthly program reports, baseline and follow up reporting, programme evaluation reports, ACF anthropometric and mortality survey reports, • Pre and post KAP survey report 	
	CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i>	Indicators of progress: <ul style="list-style-type: none"> • <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i> • Reduced malnutrition rate in targeted communities, IDPS and returnees 	How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i> <ul style="list-style-type: none"> • Monthly report <ul style="list-style-type: none"> - nutrition anthropometric survey report - Nutrition beneficiaries data 	Assumptions & risks: <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> <ul style="list-style-type: none"> • No external factors influence rapid changes on malnutrition • Security situation allow accessing the beneficiaries. • Unpredictable climate changes.
Results	Results - Outcomes (intangible): <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>	Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i>	How indicators will be measured: <i>What are the sources of information on these indicators?</i>	Assumptions & risks: <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>
	<ul style="list-style-type: none"> 01. Improved 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 	<ul style="list-style-type: none"> 1. Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance) 2. Number of water points constructed & rehabilitated 3. Number of water points rehabilitated 4. Percentage of water points with less than 10 E coli per 100ml 5. Number of people who access to the emergency latrine during the 	<ul style="list-style-type: none"> ➤ ACF reports (monthly activity reports, field report, training reports and M&E reports) ➤ Sanitary Surveys ➤ Water quality monitoring reports ➤ Pre & Post KAP surveys reports ➤ Trianing reports. 	<ul style="list-style-type: none"> • 1) Free and easy access to the beneficiaries is ensured 2) Participation and promotion is not hindered by community leaders, local customs or insecurity. 3) Logistic process/transport is not hindered/delayed by climatic condition.

	illness and prevention methods	emergency 6. Percentage of target population able to recite three key hand washing times, with soap present in the household.		4) Availability of core pipeline items through UNCEF 5) Effective coordination of WASH cluster and timely support to the agencies in emergency response.
	<p>Immediate-Results - Outputs (tangible): List the products, goods and services (grouped per areas of work) 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.</p> <ul style="list-style-type: none"> • 	<p>Indicators of progress: 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.</p> <ul style="list-style-type: none"> • 	<p>How indicators will be measured: What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> • 	<p>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?</p>
	<p>Activities: List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</p> <ol style="list-style-type: none"> 1.1 Provision of water in emergency using submersible pumps and tap stands or surface water treatment systems. 1.2 Construction of 4 new water points by hand augured manual drilling through WES and local Pump Mechanic Associations and dug well by beneficiaries. 1.3 Repair/rehabilitation of 20 boreholes. 1.4 Water quality testing for all water 24 water points 2.1 Rehabilitation of 10 latrine stances in schools. 2.2 Construction of 2 institutional latrines in areas where IDPs, returnees and host families gathered and settled. 2.3 Organizing community 2 hygiene promotion/social marketing events. 2.4 Implementation of hygiene and sanitation campaigns in 15 communities using CLTS or PHAST methodology including menstrual hygiene management. 2.5 Facilitate the construction of 100 household latrines through CLTS/PHAST implementation 2.6 Training hygiene volunteer in IDPs/returnees camps 2.7 Baseline and impact assessment by using KAP methodology 3.1 Training of 24 Water User Committees. 3.2 Training of local pump mechanics. 3.3 Proving the training to WES and local pump mechanics on information collection on water and sanitation facilities and maintain database. 3.4 Emergency preparedness and capacity building for 11 communities on AWD and cholera. 3.5 Coordination of emergency response in Warrap state 	<p>Inputs: What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</p> <ul style="list-style-type: none"> • - Computer (laptop/desktop) - Vehicles -Trained WASH staff -Hygiene Kit and chlorine -Printing posters -water tanks and bladders -Generators and submersible pump -Indian II spares parts and accessories. - construction materials - Stationeries - Manuals for vonder rig hand augurs • 		<p>Assumptions, risks and pre-conditions: 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?</p> <ol style="list-style-type: none"> 1) Supply markets remain stable 2) Access to the beneficiaries is ensured 3) Participation and promotion is not hindered by community leaders, local customs or insecurity 4) Availability of core pipeline items through UNCEF 5) Occurrence of emergency and response in necessiated and recognized through cluster mechanisms

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.

Project start date:	1 October 2013	Project end date:	31 March 2014
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Activities	Q3/2013			Q4/2013			Q1/2014			Q2/2014			Q3/2014		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Result 1															
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						
Activity 1.2: Construction of 4 new water points by hand augured manual drilling through WES and local Pump Mechanic Associations and Hand dug wells using communities.				X	X	X	X	X	X						
Activity 1.3: Repair/rehabilitation of 20 boreholes.				X	X	X	X	X	X						
Activity 1.4 : Water quality testing for all water 24 water points				X	X	X	X	X	X						
Result 2															
Activity 2.1: Rehabilitation of 10 school latrine stances in schools.				X	X	X	X								
Activity 2.2: Construction of 2 institutional latrines in areas where IDPs, returnees and host families gathered and settled.				X	X	X									
Activity 2.3: Organizing community 2 hygiene promotion/social marketing events.				X	X										
Activity 2.4: Implementation of hygiene and sanitation campaigns in 15 communities using CLTS or PHAST methodology including menstrual hygiene management.				X	X	X	X	X	X						
Activity 2.5: Facilitate the construction of 100 household latrines through CLTS/PHAST implementation				X	X	X	X	X	X						
Activity 2.6: Training hygiene volunteer in IDPs/returnees camps				X	X	X									
Activity 2.7: Baseline and impact assessment by using KAP methodology								X	X						
Result 3															
Activity 3.1: Training of 14 Water User Committees.															
Activity 3.2: Training of local pump mechanics.				X											
Activity 3.3; Proving the training to WES and local pump mechanics on information collection on water and sanitation facilities and maintain database.				X											
Activity 3.4: Emergency preparedness and capacity building for 11 communities on AWD and cholera.						X	X	X	X						
Activity 3.5: Coordination of emergency response in Warrap state				X	X	X	X	X	X						