

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

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Jonglei—Pibor, Ayod, Akobo, Pigi, Fangak Upper Nile—Renk, Makal (aka Malakal); host community in Maban; Longochuk, Maiwut, Baliet, 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	Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)															
International Aid Services	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">State</th> <th style="width: 33%;">%</th> <th style="width: 33%;">County</th> </tr> </thead> <tbody> <tr> <td>NBEG</td> <td>100</td> <td>Aweil North</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	%	County	NBEG	100	Aweil North									
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Project CAP Code</th> <th style="width: 50%;">CAP Gender Code</th> </tr> <tr> <td>SSD-13/WS/55922/5582</td> <td>1</td> </tr> </table>	Project CAP Code	CAP Gender Code	SSD-13/WS/55922/5582	1												
Project CAP Code	CAP Gender Code															
SSD-13/WS/55922/5582	1															
CAP Project Title (please write exact name as in the CAP)																
Integrated Water Resource Management and Hygiene and Sanitation project in acutely vulnerable and crisis affected communities in Jonglei, Greater Bahr El Ghazal and Eastern Equatoria states targeting 79,860 people.																

Total Project Budget requested in the in South Sudan CAP	US\$ 1,629,774
Total funding secured for the CAP project (to date)	US\$ 740,000
Funding requested from CHF for this project proposal	US\$ 199,930
Are some activities in this project proposal co-funded? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet) <i>Personnel costs, line 3</i> <i>Support costs as admin.cost line 6,7,8 all supported by various projects</i>	

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

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	2,040	19,957
Girls:	2,040	20,346
Men:	1,960	19,211
Boys:	1,960	20,346
Total:	8,000	79,860

Indirect Beneficiaries

Host communities

Catchment Population (if applicable)

Total population is 129,127 in targeted county of Aweil North

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

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

None. Pending on upcoming needs a local partner could be requested to participate in the project.

6 Months (1 October 2013– 31 March 2014)

Contact details Organization's Country Office

Contact details Organization's HQ

Organization's Address	International Aid Services PO Box 561, TongPing, Juba, South Sudan
Project Focal Person	Zaitun Rogota zaitun.rogota@ias-intl.org, +211916916783
Country Director	Repent Taban repent.taban@ias-intl.org +211 928416545 +211 912566019
Finance Officer	Al Burpee al.burpee@ias-intl.org +211 956954104

Organization's Address	International Aid Services Siktgatan 8 SE-162 88 Vällingby, Sweden
Desk officer	Andreas Zetterlund andreas.zetterlund@ias-intl.org +46-8-891731
Finance Officer	Per Lindahl per.lindahl@ias-intl.org +46-8-891731

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

The newly established state of South Sudan is faced with tremendous difficulties in supplying even the most basic needs of its citizens. Already faced with the largest IDP population in the world, the nation experiences significant challenges in integrating the many returnees expected from Sudan as well as providing life-saving assistance to other conflict-affected populations (both refugees and IDPs). This increased pressure on host communities, civil society and state and local governmental actors makes delivering appropriate assistance in the WASH sector crucial for attending to these core humanitarian needs.

Northern Bahr El Ghazal (NBEG) borders Sudan and during 2013 was affected by border insecurities such as bombings in Aweil North and clan clashes, displacing about 26,000 people (OCHA Hum-Bulletin 15-21 July 2013). In a recent assessment report compiled by OCHA Aweil of Bar-Mayen, Aweil North, there are immediate WASH needs to be met among the displaced people from WBEG to NBEG.

The state is annually affected by floods, and as 49% of Aweil North drinking water sources are unimproved, with unprotected wells and rivers accounting for large percentages of drinking water, risks for water borne diseases are at hand (IOM 2009). NBEG is receiving some of the highest number of returnees in the country, putting pressure on existing infrastructure as number of boreholes, schools and health centres. There is an immediate need to scale up humanitarian operations in order to meet these increasing demands and to facilitate reintegration of people returning from Sudan and other countries. Building resilience on community level is also crucial as NBEG is one of the most food insecure states in South Sudan (WFP Report on Food Security and Nutrition in South Sudan 2012). Sufficient water points and sanitation solutions are one of the most effective ways to build resilience on community level. IAS assessment in November 2011 of Aweil North and West, and long standing presence in the counties, showed that the breakdown rates of boreholes were high without sufficient response to repair them locally. This leads to people fetching water from contaminated groundwater sources. Coupled with a commonly accepted practice of open defecation this promotes widespread waterborne diseases as AWD with preventable deaths, especially among children under 5. During dry season water becomes scarce; women and children are the ones most affected, additionally burdened by the need to carry water containers long distances every day.

Target area in the NBEG is Aweil North. (Total population in the county is 129,127; based on 2008 census. This figure has though gone much higher since then, given the high number of returnees.) Especially areas where IDPs and returnees are residing have huge needs to meet in terms of safe, adequate water supplies and sanitation facilities.

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.

IAS has more than two decades of experience in the WASH sector, implementing WASH programs in South Sudan (formerly part of Sudan) since 1989. By drilling new boreholes and rehabilitating broken down boreholes, timely and adequate water availability is ensured. In an emergency situation water sources may become scarce and pressure on existing water points can cause breakdown of boreholes within a few weeks. Allocation and drilling of new water points and rehabilitation of existing ones is therefore crucial to life-saving activities for displaced people, to ensure water for drinking, cooking and personal hygiene. Integral to these activities is the training of water committees (made up of local men and women) on maintenance of water points. Community Led Total Sanitation (CLTS) is crucial to enable positively changed habits for personal hygiene and safe disposal of excrement. This is building on IAS' experience in the sector and the Integrated Water Resource Management (IWRM) approach (which is implemented in all IAS WASH interventions). IAS has had a presence in NBEG since 1997 and is therefore very familiar with the area, water situation, culture, security, local authorities and other local NGOs operating. IAS has 4 teams of experienced and qualified water staff and a local partner (CAD) that will be involved in some of the WASH activities depending on upcoming needs, concerning training of hygiene promoters and water management committees, and rehabilitation of boreholes. The extent of involvement of this NNGO is yet to be determined depending on the workload for both organizations.

A strong community hygiene and sanitation component designed to strengthen grassroots capacity for hygiene behavior and water point management is incorporated in to the intervention, to not only provide water but also care for basic sanitation needs among the emergency affected population. These trainings will also provide a foundation for increased sustainability after the intervention. Training will target village water management committees (VWMC) and administrators within the Rural Water Department on county level (upon need and request). The training will focus on maintenance of water points, hygiene and sanitation and cross-cutting issues related to gender equality, child protection and the environment.

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.

IAS has already ongoing WASH activities in NBEG, funded by EED and has previously had projects funded by CHF Sudan in NBEG during 2010. IAS is very familiar with context and circumstances and works in partnership with NNGOs in the area, as with local authorities and the county Rural Water Department and State Ministry of Physical Infrastructures (SMoPI). IAS is part of the WASH cluster on national and state level, thus coordinating its efforts to avoid duplication. This is also ensured by the regular reporting to the WASH cluster in Juba. The targeted locations have been selected based on their high prevalence of malnutrition combined with a high number of returnees and newly displaced people.

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.

If granted CHF funding, gaps in the current funding cycle of IAS is filled. Since IAS has a great capacity in NBeG, both in terms of staff and equipment, more affected and vulnerable people can thus be served.

Among the IDPs, many have lost all their belongings and thus have no means of starting to change their circumstances. The sanitation situation is alarming, people practice open defecation in closed settings, and many are suffering from waterborne diseases from contaminated water. Institutional latrines will therefore meet the immediate need to promote a safe sanitation environment in schools and Health Centers. IDPs settlement will receive sanitation message through trained community hygiene promoters.

By putting new water points, or rehabilitating broken down ones, acutely vulnerable people as IDPs and returnees are provided with life-saving, safe and adequate water.

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)

Project specific objectives:

- 1) To ensure safe and adequate water supplies for **8,000 persons** in emergency affected areas where all children, women and men have the right to basic services such as water by end of project period (March 2014).
- 2) Improved sanitation situation in schools, Health Centers and IDP settings, serving **1,000 persons**, through the construction of Institutional latrines and positively changed hygiene behavior among targeted population by end of project period (March 2014).
- 3) Inclusion of women and vulnerable people in project activities, combined with awareness raising on cross cutting issues, such as human rights and women's rights for **112 water committee members**.

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).

The stated objective will therefore be met through the following:

- 1) Drilling of 6 boreholes. Estimated direct beneficiaries of the operation are 500 beneficiaries per drilled borehole, in total **3,000** beneficiaries.
- 2) Rehabilitation of 10 broken down boreholes. Estimated direct beneficiaries of the operation are 500 beneficiaries per rehabilitated borehole, in total **5,000** beneficiaries.
- 3) Training of 16 village water management committees, including hygiene promoters, on water and sanitation, as how to maintain borehole, hygiene and sanitation messages and awareness on cross cutting issues. Direct beneficiaries of the operation are 7 beneficiaries per water committee, in total **112** beneficiaries. 60 % of committee members will be women, in total **67 female committee members**.
- 4) Construction of 2 institutional latrines in schools, and health centre's serving **1,000** beneficiaries

Beneficiaries per activity:

8,000 people have ensured access to safe, sustainable and timely water supplies
- 6 drilled boreholes and 10 rehabilitated boreholes, 16 in total (500 beneficiaries each)

112 water committee members trained on maintenance of the borehole, sanitation and hygiene messages and cross-cutting issues, being change agents for the communities. They will act as hygiene promoters, spreading the message in their communities/settlements.

- 16 trainings conducted (level 1)
- 16 trainings conducted (level 2)

1,000 beneficiaries served with institutional latrines

- 2 institutional latrines constructed

IAS WASH programme has the following standards:

- Rehabilitated boreholes always include platform construction (if needed), repair of hand pump, fencing (by community or IAS) and establishment and training of water management committee
- Water committees are a mix of men (40%) and women (60%); all members attend the community trainings and will be change- agents for their communities
- Gender issues are addressed in the training including the targeted action by increased and timely water supplies, increasing the chances of girls to be sent to school and for women to invest their time in other activities then the time demanding task of fetching water from unsafe sources.
- No waste is left at activity sites

iv). Cross Cutting Issues

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

Gender

Gender is mainstreamed through the community workshops with village water management committees, focusing on cross cutting issues such as HIV/AIDS, gender and conflict resolution. Trainings are done in dialogue with the water committees and aims at changing negative attitudes towards women and children, both boys and girls. For each water committee established 60 % of the members are women, in accordance with the Sphere standards. Adequate water sources are in itself affecting women's and girl children's situation in positive ways, as women and children, often girls, are primarily responsible for water fetching and thus their work load is reduced when adequate water resources are available. Involving women in management of borehole is imperative to achieve sustainable results, since women by experience have proven to be taking ownership and therefore responsibility over water

point in a greater extent than men. Women are also bearers of hygiene practices affecting the whole household, by being main suppliers of food and teaching their household members such as children on hygiene and sanitation practices.

By having sex disaggregated data for assessments, baseline surveys and impact evaluations, stakeholder analysis is done with special consideration for women and children, who are often the most vulnerable in emergency situations.

Environment

Adequate water points are important not only for humans and animals, but it also has a positive impact on the environment since water points can be used for vegetable growing close to the water point, promoting a greener environment. Materials for constructing water points are used according to sustainability and long lasting standard, for example are plastic casings for boreholes used instead of steel casings, which can quickly start to rust. Oil leakage can occur during operations; this is gathered in containers according to environmental standards within the organization, as well as how to dispose oil when oil change is needed. Soil is always leveled after operations to not cause that the soil itself becomes waste.

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.

Immediate outputs of this project will be the 6 new and 10 rehabilitated boreholes providing improved access to safer drinking water for 8,000 beneficiaries, training of 16 water management committees (one at each borehole location) enhancing local awareness and capacity to maintain these new or improved water sources. Construction of 2 institutional latrines in strategic locations will directly benefit 1,000 beneficiaries as well as improve awareness of the rationale for use of sanitary latrines in these communities. Health and hygiene trainings as part of water management committee training will affect 112 persons directly in learning basic principles of hygiene, which will be further disseminated to communities by the committee members. Cross cutting issues will be mainstreamed and part of the overall training package for the water committees.

Later outcomes from the project will be improved health among the beneficiaries and their children, with reduced rates of U5 morbidity and mortality from water-borne illness. Application of attained principles of health and hygiene messages by workshop attendees and the access to institutional latrines will impact over 1,000 individuals, or about 142 households, leading to a reduction in the practice of open defecation, further lowering incidence of water-borne illness and well contamination through runoff.

Prolonged impacts will include:

- Reduced water borne diseases and U5 mortality.
- Increased capacity to withstand WASH emergency crisis for emergency and conflict prone and affected population
- Communities less vulnerable to water related diseases, drought and food insecurity
- People are able to partake in society in a larger extent than before due to reduced time requirements in daily quest for household water needs.
- Women can invest more time in other occupations than the time demanding task of fetching water and through that raise their income and/or agricultural output, thus having strengthened food security.
- Men and women are being empowered through training on cross cutting issues
- More girl children sent to school

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>
9/10	1.	No. of WMC members trained on hygiene promotion, management of water, sanitation and hygiene services, disaggregated by sex <ul style="list-style-type: none"> • People trained on hygiene promotion messages to be shared with their community • Community members trained on management of water, sanitation and hygiene services. 	Women: 67 Men: 45 Total: 112
2	2.	New/ additional water points constructed Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance)	6 new water points 3,000 people served with safe water according to Sphere standards
3	3.	Existing water points rehabilitated Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance)	10 existing water points 5,000 people served with safe water according to Sphere standards
4	4.	No. of institutional latrines constructed People provided with sustained access to hygiene latrine facilities	2 institutional latrines constructed 1,000 people served with safe sanitation according to Sphere standards

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.

The project will be managed by IAS head office in Juba and executed by its field offices in Akuem, Aweil East, Northern Bahr El Ghazal. No new staff recruitment is needed; IAS has sufficient staffing to execute this project. The IAS field office is headed by a Project Coordinator and a Community training Coordinator. They plan the work for their respective implementation teams, consisting of 1 drilling and rehabilitation team, 1 construction team for latrines and 1 water quality test officer and relevant Community Development Officers (CDOs).

The Community Training Coordinator plans and oversees the Community Development Officers works schedule, the CDOs are in charge of all IAS trainings (level 1 and 2), including sensitization and mobilization of communities for active participation in the project.

The Ministry of Irrigation and Water Resources of NBEG has mandated itself to be executing all rehabilitations of broken down boreholes in the state and that NGOs must pay the Ministry a certain amount of 500 SSP per rehabilitation and to give spare parts needed in kind. How this will materialize is yet to see, but so far the Ministry has executed a number of rehabilitations. IAS will liaise with NGO partners and the concerned Ministry as this new requirement may take different directions.

The programme components adhere to internationally agreed upon standards, such as SPHERE, ICRC Code of Conduct, HAP-I and People in Aid (IAS has verified compliant member status). All activities will be planned and coordinated together with targeted communities and relevant local authorities as well as sector partners through cluster and other coordination mechanisms.

The project is planned to be implemented in 2013-2014, when funding is available. The implementation of this project will depend on the security situation and accessibility of the areas, as further described in the Log frame analysis under Assumptions and Risks.

IAS has been involved in the WASH sector for more than 23 years in Sudan/South Sudan and has always been very keen on strengthening national capacities, thus working closely with local 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 techniques 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)².

External Reporting

This project will be partly directly implemented by IAS in accordance with internal standards of project execution; taking into account the log frame analysis method for successful tracking of programme components and the full project cycle management for efficient monitoring and evaluation.

IAS will therefore ensure timely narrative and financial reports to CHF according to CHF requirements throughout the project and end of project.

IAS Juba office reports on a monthly basis to the WASH cluster in Juba on project activities such as boreholes drilled, rehabilitations done and trainings conducted. IAS is also an active member of the WASH cluster in NBEG and in Juba. IAS will be sharing information on project accomplishment with the clusters at both levels.

Given new guidelines in NBEG, as mentioned under Implementation section above, IAS will ensure to liaise closely with the Ministry so that all reports are given IAS timely, in case the Ministry will request conducting rehabilitations planned for this project.

IAS Internal Reporting Structures

Field offices and partners report to IAS head office in Juba on a monthly and quarterly base. The quarterly reports include achievements and how funds are spent. IAS will send a status report to CHF after receiving these reports (within 6 weeks after end of quarter). The monthly reports consist of a status update which is reported to IAS country office in Juba via narrative emails and use of Dropbox for borehole logs. There is weekly contact between IAS Juba and the implementing offices in order to oversee timely implementation and support needed.

Field offices report quarterly by using *IAS Standard Report form for borehole logs*, *Water Quality Test Report form* and *Narrative Training Report form*.

Within the project time frame the Programme Manager in Juba will visit the field office and some of the implementation areas.

End of project report

At the end of the project, qualitative indicators such as behavioral change will be measured. This will be done through qualitative interviews at household surveys where beneficiaries will be asked both to demonstrate behavior change and to explain importance of example hand washing and this is to be done (3 key times per day).

The final report will include all achievements in terms of project outputs, lessons learnt, challenges encountered and how the indicators stated in the Log frame has been achieved.

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)
EED, January 2013- December 2013	280,000
Dutch Foreign Ministry	160,000
Swedish Mission Council	300,000

² 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/55922/5582		Project title: Integrated Water Resource Management and Hygiene and Sanitation project in acutely vulnerable and crisis affected communities in Jonglei, Greater Bahr El Ghazal and Eastern Equatoria states targeting 79,860 people.		Organisation: IAS – International Aid Services
Overall Objective	<p>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></p> <ul style="list-style-type: none"> Rehabilitation of existing water points Drilling of new water points Construction of Institutional, communal latrines The overall objective of this project is reduced water borne diseases and U5 mortality in among 8,000 people in Aweil North, Northern Bahr El Ghazal. 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> 8,000 people have ensured access to safe, sustainable and timely water supplies 112 water committee members trained on maintenance of the borehole, sanitation and hygiene messages and cross-cutting issues, being change agents for the communities. They will act as hygiene promoters, spreading the message in their communities/settlements. 1,000 beneficiaries served with institutional latrines 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> IAS mid-year and Annual Report IAS end of project report to CHF and UNICEF IAS annual report to WASH cluster in Juba, including drilling activities, rehabilitations and trainings conducted IAS annual reporting to state authorities in NBEG (MOPI) 	
Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> To ensure safe and adequate water supplies for 8,000 persons in emergency affected areas where all children, women and men have the right to basic services such as water by end of project period (March 2014). Improved sanitation situation in schools, Health Centers and IDP settings, serving 1,000 persons, through the construction of Institutional latrines and positively changed hygiene behavior among targeted population by end of project period (March 2014). Inclusion of women and vulnerable people in project activities, combined with awareness raising on cross cutting issues, such as human rights and women's rights for 112 water committee members. 	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> 6 drilled boreholes and 10 rehabilitated boreholes, 16 in total (500 beneficiaries each) 2 institutional latrines constructed 16 trainings conducted (level 1; on maintenance and management) and 16 trainings conducted (level 2; cross-cutting issues) 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> IAS Monthly field reports to IAS Programme manager in Juba, including; Drilling logs Rehabs logs Construction logs IAS monthly reporting to WASH cluster in Juba, including drilling activities, rehabilitations and trainings conducted IAS reporting to state authorities in NBEG (MOPI) 	<p>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></p> <ul style="list-style-type: none"> Project areas are accessible according to implementation plan, rains not later than usual, roads in normal condition Areas are safe and accessible No unforeseen brake down of equipment hindering timely implementation Collaboration from state authorities to execute project Funds are disbursed on time Water is available at drilling and boreholes do not collapse Water is fit for human consumption (verified through water tests for each borehole) Willingness of community members/IDPs to actively take part in project and embrace new ideas presented to them

Results	<p>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></p> <ul style="list-style-type: none"> • Target people groups in project location showing improved hygiene practices • Reduced water borne diseases and U5 mortality. • Increased capacity to withstand WASH emergency crisis for emergency and conflict prone and affected population • Communities less vulnerable to water related diseases, drought and food insecurity <p>Added value from the humanitarian activity:</p> <ul style="list-style-type: none"> • People are able to partake in society in a larger extent than before due to reduced time requirements in daily quest for household water needs. • Women can invest more time in other occupations then the time demanding task of fetching water and through that raise their income and/or agricultural output, thus having strengthened food security. • Men and women are being empowered through training on cross cutting issues • More girl children sent to school 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> • Target group can show knowledge on the 3 key times of day to wash the hands • % reduction of mortality rates in project location at end of project (compared to project initiation) • % reduction of water borne cases reported on PHCC/PHCU level • % of reduction of SAM and GAM rates in project location at end of project (compared to project initiation) <p>Added value Indicator:</p> <ul style="list-style-type: none"> • Number of small scale projects/IGA activities started given the available water source • Number of small scale farming plots started given the available water source • Women are equally represented in all water committees and displays ability to influence decisions related to the water committee • All water committee members (112 in total) are trained in cross-cutting issues • Number of children sent to school, disaggregated by sex 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Health center (PHCU/PHCC) reporting of mortality rates and disease outbreak to relevant County Health Department of Aweil North • IAS End of project report, including household survey of outcome of project (qualitative indicators), expected and listed as in previous section. • Water Management Committee name lists (as part of IAS quarterly narrative reports) • School enrollment list in project locations 	<p>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></p> <ul style="list-style-type: none"> • Willingness of community members/IDPs to actively take part in project activities and embrace new ideas presented to them, such as promotion of good hygiene practices, human rights & women rights (cross-cutting issues), clearing of land, digging of pit for latrine • Potential high inflation, inadequate rains and poor harvest reduces communities resilience and causes U5M and water borne diseases to increase, despite improved access to water
	<p>Immediate-Results - Outputs (tangible): <i>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.</i></p> <ul style="list-style-type: none"> • Community members trained on hygiene promotion, management of water, sanitation and hygiene services, disaggregated by sex • 6 New/ additional water points constructed • 10 Existing water points rehabilitated • 2 Institutional latrines constructed 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?</i> <i>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> • Training: Women: 67, Men: 45, Total: 112 water committee members trained • New B/H: 3,000 people served with safe water according to Sphere standards • Rehabs: 5,000 people served with safe water according to Sphere standards • 1,000 people served with safe sanitation according to Sphere standards 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • IAS Monthly field reports to IAS Programme manager in Juba, including; • Drilling logs • Rehabilitation logs • Construction logs • Community Training logs • IAS monthly reporting to WASH cluster in Juba, including drilling activities, rehabilitations and trainings conducted • IAS water quality analysis 	<p>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></p> <ul style="list-style-type: none"> • Willingness of community members/IDPs to actively take part in project activities and embrace new ideas presented to them, such as promotion of good hygiene practices, human rights & women rights (cross-cutting issues), clearing of land, digging of pit for latrine • Water is available at drilling and boreholes do not collapse • Water is fit for human consumption (verified through water tests for each borehole)

			(WQA) for each borehole • IAS reporting to state authorities in NBEG (MOPI)	
	<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> <ul style="list-style-type: none"> • September: Procurement of drilling- and rehab equipment for WASH activities • Deployment of IAS WASH and Community Training teams to NBEG early October (as areas get accessible) • Allocation of new boreholes through on the site assessment and liaison/allocation through the Rural Water Department • Determining sites for rehabilitation of broken down boreholes through RWD • Sensitization and mobilization of community members through sensitization campaign • Execution of project activities, including drilling, rehabilitation and construction of communal latrines and related trainings. • Involvement and active participation of community members/IDPs in mentioned project activities, such as clearing of land for new borehole sites or digging of pit for latrine • Reporting to state authorities on outputs of project • IAS active participation in the NBEG state-cluster for WASH and liaison with NGO partners (on going) 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <p>EQUIPMENT</p> <ul style="list-style-type: none"> • 1 Drilling rig (2 available in case of any break down) • 2 Land cruisers • Various construction material and drilling material • Training material for water committees, including feeding <p>STAFF</p> <ul style="list-style-type: none"> • 1 WASH teams (consisting of senior rig operator, rig operator, driver, mason) • 1 latrine construction team (3 in total, consisting of mason, mason assistant, driver) • 1 Project Coordinator • 1 Community Training Coordinator • 1 Water Quality Officer • Support staff in Juba (programme manager, finance manager, logistics manager – not all supported by CHF but various donors) • 1 field office (base in Akuem, Aweil East) – Cost covered mainly by other donors <p>TRAVELS</p> <ul style="list-style-type: none"> • WASH and training teams, including Project Coordinator: Travel to field office in country and regularly to field sites • Programme manager: Travel to field office in country and occasionally to field sites 		<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"> • Project areas are accessible according to implementation plan, rains not later than usual, roads in normal condition • Areas are safe and accessible • No unforeseen brake down of equipment hindering timely implementation • Collaboration from state authorities to execute project • Funds are disbursed on time

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	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014		
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Activity 1) Procurement of goods and supplies								X	X	X					
Activity 2) Deployment of WASH and Training teams to the project location									X						
Activity 3) Allocation of new Boreholes									X						
Activity 4) Determining where rehabilitations will be made within project location (Aweil North)									X						
Activity 5) Sensitization and mobilization of community members at various project sites									X	X	X	X			
Activity 6) Execution of project activities (drilling, rehabs, construction of latrines, trainings)									X	X	X	X	X	X	
Activity 7) Active participation of community members in project activities									X	X	X	X	X	X	
Activity 8) Monthly and quarterly narrative and financial reporting from IAS field offices to IAS Juba office									X	X	X	X	X	X	
Activity 9) Monthly reporting from IAS Juba to WASH cluster									X	X	X	X	X	X	
Activity 10) End of project report to relevant institutions and UNICEF														X	