

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, 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

Medair

Project CAP Code

SSD-13/WS/55987/R/5095

CAP Gender Code

2a

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

Water, sanitation and hygiene provision in emergency and relief in South Sudan

Total Project Budget requested in the in South Sudan CAP

US\$ 3,630,595

Total funding secured for the CAP project (to date)

US\$ 1,857,304

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:	8,800	37,200
Girls:	2,200	9,300
Men:	8,800	37,200
Boys:	2,200	9,300
Total:	22,000	93,000

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 Hai Matara,
Airport View

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)
Upper Nile	50	Renk and other Emergency Response
Jonglei	20	Emergency Response (Pibor)
Other	30	Emergency Response (Juba IDPs and other)

Funding requested from CHF for this project proposal

US\$600,000

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

20,000 (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.)

Catchment Population (if applicable)

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

7 months (1 Sep 2013 to 31 Mar 2014)

Contact details Organization's HQ

Organization's Address Chemin du Croset 9
CH-1024 Ecublens

	Juba
Project Focal Person	Caroline Boyd, cd-southsudan@medair.org , +211 924 143 746
Country Director	Caroline Boyd, cd-southsudan@medair.org , +211 924 143 746
Finance Officer	Lisa Poulson, finance-southsudan@medair.org , +211 911 383 615

	Switzerland
Desk officer	Anne Reitsema anne.reitsema@medair.org +41 (0) 21 694 35 35
Finance Officer	Angela Rey-Baltar Budget-HQ-FIN@medair.org +41 (0) 21 694 35 35

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

Although the humanitarian situation has stabilized within the first half of 2013, needs remain high with 4.5 million people in need of basic services. 70,000 South Sudanese are expected to return from Sudan and 125,000 are estimated to be newly internally displaced due to conflicts or natural disasters. With the government of South Sudan continuing to be challenged in providing basic services, combined with the continued impact of austerity measures as a result of oil shutdown in 2012, humanitarian partners remain providers of first-resort, particularly in the areas of emergency education, food assistance, health, nutrition, water and sanitation (CAP 2013, Mid-Year Review).

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. 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.

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.

Renk County remains in need of ongoing emergency support as returnees remain in sites with no basic services provided by the government and Medair and IOM are the only WASH partners providing services in returnee sites. 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.

Medair operates flexible rapid response teams that meet acute emergency needs throughout South Sudan is one of the only agencies able to provide WASH emergency response across any of the ten states. In the first half of 2013 Medair's emergency response WASH team was able to respond to a number of critical needs for vulnerable communities and IDPs in Central Equatoria (conflict affected IDPs from Pibor), Jonglei (Conflict-Affected in Akobo, and support for two Kala Azar Centres in Fangak and Ayod counties), Upper Nile (Conflict-Affected in Ulang). In addition Medair has represented the WASH Cluster in assessments in Abyei and Twic County (Warrap), Maridi (CEQ) and three sites within Pibor County. Medair supported registration of IDPs in rural areas of Pibor and subsequent distribution of WASH NFIs.

Medair's project in Renk is predominantly funded by OFDA and SDC however still needs co-financing in order to ensure continuous and adequate WASH support to returnees and vulnerable host populations. Medair's emergency response programme is funded by ECHO however still needs co-financing in order to ensure that critical emergency WASH needs are met throughout 2013. CHF funding 2nd round will ensure that the current funding gap for WASH responses for the last 4 months of 2013 are closed and continuous emergency response operations are guaranteed for the beginning of 2014.

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.

As a frontline emergency response agency, Medair aligns strongly with eight of the above mentioned cluster priority activities. Many priority activities have been conducted in 2013 already: 1 Emergency water treatment units - ongoing operation and maintenance in Renk; 2 Rehabilitation of existing water points – hand pumps in Ayod County and Juba County ; 5 Emergency communal latrines – Akobo, Ulang, Juba, and Renk; 7 Emergency Hygiene Promotion Training – Akobo, Ulang, Juba, Renk; 10 Distribution of WASH NFIs – Renk, Pibor, Juba. Medair will also cover activities 3 (new water points), 4 (motorized boreholes), and 6 (hygiene kits) when they are appropriate emergency responses in the latter half of 2013.

ii) Project Objective

State the objective/s of this CHF project. 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 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.

- 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 – train at least 20 male and female hygiene promoters in targeted emergency WASH interventions
- 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 22,500 direct beneficiaries expected in 6 months. Exact numbers of beneficiaries and targets for each activity are flexible, as emergency response activities could take many different forms over the rest of 2013 and the beginning of 2014. Currently Medair has ongoing work in Juba in support of Pibor IDPs, involving sanitation (with small support from the RRF), hygiene promotion and barrel and chlorine distributions to ease quantity and quality of water concerns.

Medair anticipates additional Pibor work moving ahead. Currently a SWAT for Gumuruk is under discussion (Medair is evaluating a PLAN provided system to see if it can be installed), and Medair is on standby to assist all future registration processes and WASH NFI distributions in the County as needed. Understanding the access constraints in Pibor County – Medair has no set targets for work to be accomplished there, but plans to continue supporting if and when possible. Medair has been highly engaged in multi-sectoral work in Pibor in recent weeks – and will continue accessing CERF helicopters, engaging in access discussions, and coordinating at Juba and Bor levels to ensure appropriate responses are conducted.

Medair's emergency response is all closely coordinated with the WASH cluster.

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 120 emergency latrines in returnee sites
- 3) Train 16 male and female hygiene promoters 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 in Renk County, Upper Nile in Geiger or Jelhak accompanied by training of village water committees
- 2) Construct one small-scale community water treatment system in Romale or Molbuk accompanied by training of village water committees
- 3) Train 4 male and female hygiene promoters
- 4) Rehabilitate institutional latrines accompanied with hand washing stations: 2 stances rehabilitated at Molbuk PHCU, 2 of 8 total stances at Molbuk school, and 2 of 8 total stances at Monsur School.

Support to returnees in established returnee sites - 51% of returnees across all sites are under 18 years, 47% are female. Expected direct beneficiaries are 42,000 in 6 months. These do overlap with CHF Rnd1 as the beneficiaries are largely the same in the returnee sites – where they benefit from ongoing provision of safe water and new latrines replacing previous ones constructed.

CHF Round 2 funding will cover approximately 17% of the total 93,000 beneficiaries mentioned in the CAP. As round 2 funds are being requested for 6 months – covering gaps through the end of 2013 and two months of 2014 when there is a funding gap between grants – 34% of beneficiaries and outputs for those 6 months will be credited to CHF Round 2. This works out to 22,000 beneficiaries for Round 2.

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 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. 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 only allows for new boreholes if there is no other feasible water supply solution, 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 100 words) the results you expect to achieve at the end of the CHF grant period.

- 1) 15,000 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	#	Output Indicators	Target (indicate numbers or percentages)
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(X)		(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	(Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	Number of people provided with sustained access to safe water supply (15 litres/person/day within 1km distance)	Total: 15,000 Women: 6000 Men: 6000 Girls: 1500 Boys: 1500
X	2.	Existing Water Points rehabilitated	8
	3.	New latrines constructed or maintained in returnee sites	120
	4.	No. of hygiene promotion campaigns undertaken	5
	5.	No. of institutional latrines constructed / or rehabilitated	6 stances rehabilitated
	6.	No. of hand washing stations provided for institutional latrines	3
X	7.	People trained on hygiene promotion messages to be shared with their community	Total: 40 Women: 20 Men: 20
X	8.	Community Members trained on Management of Water, Sanitation and Hygiene Services	Total: 12 Women: 6 Men: 6
	9.	Number of acute emergencies responded to	2 (based on 5+ emergency responses in 6 months, 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 supports the WASH cluster as the co-coordinator. 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)².

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.

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)
OFDA, Sept 2012	893,600
CHF, April 2013	650,000
ECHO, April 2013	143,071
SDC, May 2013	170,633
Pledges for the CAP project	
ECHO	459,828
OFDA	376,881

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/55987/R/5095		Project title: Water, sanitation and hygiene provision in emergency and relief in South Sudan		Organisation: Medair
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"> • 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 	<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"> • Crude mortality rate • Under 5 mortality rate 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • National data sources 	
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"> • 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 	<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"> • # of emergency assessments completed • # of emergency interventions completed • # of at risk communities prepared to deal with acute emergencies 	<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"> • Assessment and intervention reports – circulated following completion • Monthly reports 	<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"> • Individual sites targeted for assessment and interventions are secure and accessible • Confirmed funding and GIK support from institutional and private sources is received in timely fund disbursements
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"> • Increased access to safe drinking water to emergency affected and vulnerable populations • Increased access to sanitation facilities amongst targeted populations 	<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"> • 15l of water/person/day where Medair water supplies are provided • Access to a latrine with ratio of 50 people per latrine • % of population demonstrating good hand- 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Operators records of water usage • Medair staff inspection and reports • LQAS (household survey) 	<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"> • Local authorities are willing and able to support project activities and provide necessary complementary services and staff • Community in a position and willing to

<ul style="list-style-type: none"> Increased level of good hygiene knowledge and practices among targeted populations 	<p>washing practices</p> <ul style="list-style-type: none"> % of population demonstrating correct water usage and storage 		<p>contribute to implementation of project activities, as appropriate</p> <ul style="list-style-type: none"> Returnee populations in the sites is kept at a manageable level
<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"> 15,000 beneficiaries are provided with safe water Acute emergencies are effectively responded to throughout any of the 10 states Renk returnees have adequate WASH services to avoid water-borne illnesses, and host communities are adequately prepared for future returnee influxes 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> # of people provided with sustained access to safe water supply # of existing water points rehabilitated # of new latrines constructed # of people trained on hygiene promotion messages to be shared with their community # of community members trained on management of water, sanitation and hygiene services # of acute emergencies responded to 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Intervention reports – recording activities completed and corresponding beneficiaries Training session reports and registers 	<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"> Local authorities are willing and able to support project activities and provide necessary complementary services and staff Community in a position and willing to contribute to implementation of project activities, as appropriate Returnee populations in the sites is kept at a manageable level
<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"> Carry-out WASH assessments Rehabilitate existing water points Provide alternate safe water sources (hand-dug wells, motorized systems, SWATs, PUR distribution) Construct new latrines Provide hand washing stations for institutional latrines Train hygiene promoters and conduct community hygiene promotion campaigns Train village water committees Train village hand pump mechanics 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> WASH supplies: hand pump parts, SWAT parts, chemicals for water treatment, motorized system parts, etc. Full time WASH staff (2 WASH project managers, WASH technicians, community liaison officers, support staff) Staff at support base in Juba and at field locations Juba warehouse for WASH materials Equipment: land cruisers, communications, maintenance costs Transport: cost of transporting staff, equipment and supplies 		<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"> Appropriate national and international staff can be recruited and retained Suitable contractors can be found to undertake work in an appropriate manner No major climatic changes (e.g. severe drought, abnormally heavy rains) No major changes in logistical or economic conditions in South Sudan including the availability of fuel

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The work plan must be outlined with reference to the quarters of the calendar year.

Project start date: 1 Sep 2013 **Project end date:** 31 Mar 2014

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
1. Carry-out WASH assessments			x	x	x	x	x	x							
2. Rehabilitate existing water points			x	x	x	x	x	x							
3. Provide alternate safe water sources			x	x	x	x	x	x							
4. Construct new latrines			x	x	x	x	x	X							
5. Provide hand-washing stations for institutional latrines					x	x									
6. Train hygiene promoters and conduct community hygiene promotion campaigns			x	x	x	x	x	x							
7. Train village water committees				x	x	x	x								
8. Train village hand pump mechanics			x	x	x	x	x	x							
9. Monitoring and reporting				x		x		x	x						