

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 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	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 	<p style="text-align: center;">Jonglei—Pibor, Ayod, Akobo, Pigi, Fangak</p> <ul style="list-style-type: none"> 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 (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State	
Intermon Oxfam		State	%
Project CAP Code		County (include payam when possible)	
SSD-13/WS/56138/7854		Warrap	100
CAP Gender Code			
1			
CAP Project Title (<i>please write exact name as in the CAP</i>)			
Humanitarian Wash Response in Warrap State			
Total Project Budget requested in the South Sudan CAP		US\$1,000,000	
Total funding secured for the CAP project (to date)		US\$350,440	
Direct Beneficiaries (<i>Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request</i>)		Indirect Beneficiaries	
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	
Women:	6162	3,600	
Girls:	1638	4,410	
Men:	5688	2,580	
Boys:	1512	4,410	
Total:	15,000	15,000	
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)	
N/A		12 months (1 Sep 2013 to 31 Aug 2014)	
Contact details Organization's Country Office		Contact details Organization's HQ	
Organization Address	Hai Cinema, Juba, South Sudan	Organization Address	15 Roger de Lluria, 08010, Barcelona, Spain
Project Focal Person	Claire Manera: +211 913 006 078 hcss@intermonoxfam.org	Desk officer	Nicolas Gravier: +34 93 482 08 36 ngravier@intermonoxfam.org
Country Director	Ferran Puig: +211 922 202 469/912 942 116 fpuig@intermonoxfam.org	Finance Officer	Thai Jungpanich: +34 93 482 07 95 tjungpanich@intermonoxfam.org
Finance Officer	Ana Zamacona: +211 913 442 192		

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

A series of assessments conducted by Intermón Oxfam (IO) in Warrap state have identified areas to be the most underserved in terms of humanitarian need, most affected by recent shocks, and with the lowest level of coping mechanisms².

Based on the assessment results³ and available secondary data⁴, IO has targeted the most vulnerable areas of Tonj North county for intervention. These areas are considered to be the most flood-prone within the county, which in 2012, led to the highest crop loss and lowest productivity of all payams⁵. Further exacerbating this situation is a lack of infrastructure; most notably, the number of people per borehole exceeds that of Sphere standards, being more than double the standard in the most neglected communities. The impact of these conditions is visible when reviewing HMIS data of the assessed locations, which reveal the second highest prevalence rates for diarrhoea in 2011, and the highest overall prevalence of Water Related Disease in 2012 for the county⁶. Furthermore, the use of gender-sensitive assessment tools (identifying specific needs and priorities from Focus Group Discussions and household interviews), highlighted the increased vulnerability and impact of floods on women in these areas.

Yet despite the clear needs in these locations, NGO coverage is limited, with the most remote areas receiving no support in the areas of WASH and Food Security. It is expected that high levels of disease, combined with low levels of food consumption, are likely to increase the prevalence of malnutrition and related illness; especially when considering that under 5 admission rates for malnutrition increased by 14% between 2011 and 2012 alone for the most remote targeted locations, and a GAM rate of 14.4% (just below the 15% WHO emergency threshold) for male children under 5 was reported in pre-harvest surveys of 2012⁷.

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.

IO has been implementing humanitarian WASH activities in Warrap since 2009. Whilst activities were previously focused on supporting returnees and IDPs in Gogrial East and West counties, IO has recently committed to expanding within the more underserved areas of Warrap, in which chronic needs and levels of vulnerability to natural and man-made hazards are high. IO currently implements programmes from an established base in Gogrial East county, which borders Tonj North, and which has allowed IO to easily access the remote and underserved Tonj areas for assessment and programme expansion. Although there is a presence of INGOs and UN agencies in these areas, coverage is not commensurate with the levels of need in terms of WASH, Food Security and Livelihoods. IO is in an ideal position to expand into the Tonj areas due to their years of experience in neighbouring communities, which are of a similar profile to those within which successful projects by IO have been implemented.

Funding has already been provided to IO by FAO for an emergency food security response in Tonj North county, following crop destruction caused by the 2012 floods. IO plans to increase the impact of this response through a WASH intervention, which will address the contributing factors of life-threatening malnutrition levels, and crisis-level coping mechanisms as a result of compromised livelihoods. Assessment results have shown that WASH conditions are among the worst in the county for the flood-prone areas, and the impact of this is heightened during the rainy season when communities access surface water in the absence of a safe water source. IO is therefore requesting funds from CHF to address these immediate needs, whilst finalizing programme design for an-ECHO supported intervention that will build resilience amongst the most vulnerable communities in Tonj North, to be implemented in collaboration with nutrition partners.

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.

The project will contribute to the cluster priority activities in the following ways:

- Rehabilitation and drilling/construction of existing water points

Access to safe water supply will be increased through the rehabilitation of 10 existing non functional boreholes, which will provide access to safe water equivalent to the Sphere standards of 500 people per water point. It is expected that this will contribute positively to a reduction in water-borne disease, as more than 64% of the assessed population reported in the initial needs assessment that they were not within 1km of a safe drinking water source, with further households reporting that they access surface water during the time of the floods. Mapping of existing boreholes and decisions regarding locations will be conducted in collaboration with authorities, other implementing agencies in the area (primarily, Islamic Relief Worldwide), and communities (taking into account the needs of women in relation to the creation of infrastructure).

To ensure that maintenance of the boreholes is maintained following the exit of IO, one Water Management Committee will be trained per borehole, in addition to the training of two Hand Pump Mechanics per boma. Staff from the Rural Water Department and

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 Village Assessment Survey County Profile, IOM, June 2013

³ WASH Exploratory Mission Assessment Report, IO, Nov – Dec 2012; Food Security and Livelihood Assessment – Warrap state, IO, Nov – Dec 2012; Exploratory Integrated WASH, Food Security and Livelihood Assessment – Warrap state, IO, Nov – Dec 2012; IO Tonj North Assessment March 2013; IO Tonj North Assessment May 2013

⁴ FAO/WFP Crop and Food Security Assessment Missions 2011 – 2013, Annual Needs and Livelihoods Analysis Reports 2010 – 2013, GoSS Agro-meteorology Bulletins 2010 – 2012, East Africa Seasonal Monitors 2010 – 2013, Greater Horn of Africa Climate Outlook Forum Statements 2010 – 2012, Vulnerability Analysis Mapping & Food Security Monitoring 2011 - 2012, South Sudan Food Security Outlook 2013

⁵ Yield Per Payam 2012, County Agricultural Department, March 2013

⁶ Tonj North Summary Data 2010 – 2013, WHO, April 2013

⁷ Tonj North Smart Nutrition Report, WVI, July 2012

also from the payam administration will attend this training, which will include support for strengthening the community-based hand pump operation management system through the development of realistic guidelines for cost recovery, and to facilitate linkages with spare part supplier in nearby towns.

- Distribution of hygiene kits and WASH NFIs

IO will distribute WASH NFI kits sourced from the WASH cluster pipeline, that contain hygiene items to those meeting the criteria of the most vulnerable households (primary, households with children under 5 and Pregnant & Lactating Women, in addition to the elderly, disabled, chronically ill, and child/female-headed households). Jerry cans and buckets will be included in the kits, as it was recognized from the needs assessment that this is one of the primary needs of the population. There is a high prevalence of diarrhea in children under 5 years (61%), which indicates that either water sources are contaminated, or that a majority of contamination occurs after leaving the source (during transport and storage). This second possibility is likely when considering that 86.5% of the assessed population does not have access to a latrine, no households reported availability of soap, and no households were observed to be using clean and covered water containers during the assessment. It is therefore crucial that IO supports safe water management and also improves the availability of safe water at a household level, by increasing storage capacity of the most vulnerable households.

Long lasting insecticide treated nets will also be distributed, partly supported by an in-kind contribution from the Mentor Initiative. This is essential for lowering incidence rates of malaria during the rainy season, which showed a seasonal increase of 296% in 2011, and a 208% increase in 2012 (with also a possibility of under-reporting as one of the Primary Health Care Units remained closed for a majority of the reporting year)⁸.

- Emergency hygiene promotion training

IO will also improve access to and use of appropriate sanitation through a community participatory process based on IO's best practice in Warrap state. Particular emphasis will be given to improving the hygiene knowledge and practice of the targeted community, by increasing awareness and practice of hand washing at critical times, and safe water management and storage practices. To achieve this, Community Health Volunteers will be identified from beneficiary communities and trained on hygiene promotion through the close support of IO Hygiene Promoters. This will be supplemented by the training of School Hygiene Clubs, who will be trained to promote improved hygiene practice within schools, and will be supported by teachers who receive training on CHAST through an ECHO-supported intervention. Messages will be passed to the community at both a household level and through a public health campaign approach, to ensure maximum impact.

Hygiene promotion will also include a component relating to care and feeding practices, which will assist IO to target the underlying conditions contributing to malnutrition within the targeted area. Support provided by nutrition partners will ensure that training is designed in a way that includes key messages related to nutrition, and that the KAP survey provides information to measure progress against indicators. To further enhance this approach, Water Management Committees and Hand Pump Mechanics will receive training that supports the maintenance of water sources, with Community Health Volunteers and School Hygiene Clubs trained on the delivery of hygiene messages to 15,000 targeted beneficiaries.

ii) Project Objective

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

15,000 vulnerable individuals in Tonj North County of Warrap State will have sustained access and increased availability of safe water supply, and improved hygiene and sanitation practices, by the end of the project period.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

Activity	Beneficiaries				
	Total	M >5	F >5	M <5	F <5
Collect baseline data (including KAP and BH mapping) and develop M & E plan					
Conduct bacteriological testing of water samples from 10 water points ⁹ and 100 households ¹⁰	5700	2161	2342	575	622
Rehabilitate 10 ¹¹ boreholes	5000	1896	2054	504	546
Train Water Management Committees, elders, authorities and County RWD staff (1 per borehole)	100 ¹²	48	52	-	-
Train and equip Hand Pump Mechanics, County RWD, and Payam-level water supervisors (2 per boma)	15	15	-	-	-
Train Community Health Volunteers and elders	360 ¹³	173	187	-	-
Train School Hygiene Clubs	40	20	20		
Conduct distribution of WASH NFI kits (including bed nets, and water transport & storage containers)	6300 ¹⁴	2389	2588	635	688
Conduct public health campaigns and awareness raising related to hygiene and sanitation ¹⁵	15000	5688	6162	1512	1638
Conduct mid-term review with stakeholders to document and share lessons learnt					

⁸ Tonj North HMIS Summary Data 2010 – 2013, WHO, April 2013

⁹ 500 accessing each water point

¹⁰ Household size of 7 people

¹¹ Assessment results show 7- 10 boreholes are in need of rehabilitation for the target area.

¹² 8 members per WMC plus 20 additional trainees

¹³ For each water point in targeted area (36), 8 CHVs are trained (according to RWD guidelines), in addition to 2 elders per water point

¹⁴ Targeted households are those with children under 5 and PLW, which is approximately 28% of the total population

¹⁵ 75% of population is approximately 15,000 (75% adoption of key hygiene practices is considered as an effective critical mass for diarrheal disease reduction)

Conduct final project endline assessments and reporting					
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iv). Cross Cutting Issues

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

Intermón Oxfam will use both internal and external tools to address cross-cutting issues and comply with relevant internal and international standards. For example, IO will adhere to the Oxfam *Gender in Emergencies Minimum Standards*, *Minimum Agency Standards for Incorporating Protection into Humanitarian Response*, *Disaster Risk Reduction Response* standards and *Safe Programming principles* (which ensures that protection is mainstreamed in interventions).

During the assessment phase of the project, focus group discussions were held for separate men's and women's groups, and included community leaders, elders, farmers, widows, school children, youth, women-headed households, child-headed households, and the disabled. This process assisted IO to identify how the problems faced affected community members differently, and has informed the project design accordingly. For example, although women are the main users of water facilities, their domestic and childcare responsibilities create difficulties for travelling long distances, which is further exacerbated during the rainy season. The use of a problem tree approach and problem ranking assisted IO to identify the different priorities of men and women, and opportunities to build on existing capacities. As part of a collaborative solution-focused exercise, it was identified that the burden of reaching safe water sources for women was particularly high when combined with the responsibility of caring for young children in flooded areas, and IO is therefore aiming to increase the accessibility of safe water sources for the most flood-prone locations.

Women will also be consulted and involved in decisions regarding the location and accessibility of water points and sanitation facilities while ensuring Water Management Committees and Community Health Volunteer groups are comprised of at least 50% female members. Additionally, distribution of life saving WASH NFIs will target households with children under 5, Pregnant and Lactating women, and women of child-bearing age, due to their increased vulnerability to water-borne and vector-related disease (and subsequent links to malnutrition).

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.

Improved access and availability of safe water, sanitation and hygiene for targeted communities.

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.

SO I (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).	Target: 5.000 individuals ;1896 male>5; 2054 female>5; 504 male<5; 546 female<5
X	2.	Existing water points rehabilitated	Target: 10 water points
	3.	No. WMCs trained	Target: 10, 1 per new water point
X	4.	No. households receive hygiene kits (including LLITNs) during the project period ¹⁶ .	Target: 900 households - 6300 individuals: 2389 male>5; 2588 female>5; 635 male<5; 688 female<5
X	5.	No. of individuals trained on hygiene promotion messages to be used in public health campaigns and for awareness-raising at a household level ¹⁷ .	Target: 360 individuals; 173 male; 187 female
	6.	15,000 individuals receive hygiene messages as part of public health campaigns and household-level awareness-raising ¹⁸ .	Target: 5688 male>5; 6162 female>5; 1512 male<5; 1638 female<5
	7.	No. of pump mechanics trained	2 per boma
	8.	No. of school hygiene clubs formed	2 (20 people / club)

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.

Intermón Oxfam will be responsible for project implementation through the direct engagement of key project staff, such as the WASH Officer, Hygiene Promotion assistant, WATSAN assistant, and hygiene promoters; yet will achieve this in collaboration with government actors, targeted communities and other humanitarian agencies in Warrap State. Trained Community Health Volunteers, identified from amongst the targeted population, will be the frontline hygiene promoters to advance improved hygiene awareness and practices, and follow up and sustain the changes made together with local elders. For technical aspects of project implementation, Intermón will aim to concurrently build local capacity, whether it be for project staff, community members or government departments. For example, Intermón will form and train Water Management Committees that will learn how to maintain and repair water points, with support from the Rural Water Department.

To ensure the maximum impact of the intervention, Intermón will strengthen existing structures, as opposed to creating parallel systems that do not add value to local capabilities. Primary stakeholders identified include the county Departments of Agriculture and Rural Water and Health, coordinated by the county Relief and Rehabilitation Secretary. Intermón will implement each stage of the project in collaboration with these stakeholders and aim to include representatives from each government and non-government

¹⁶ Targeted households are those with children under 5 and PLW, which is approximately 28% of the total population.

¹⁷ For each water point in targeted area (10), 8 CHVs are trained (according to RWD guidelines), in addition to 2 elders per water point.

¹⁸ 75% of population is approximately 15,000 (75% adoption of key hygiene practices is considered as an effective critical mass for diarrheal disease reduction).

structure in training and capacity building components. Whilst doing this, Intermón will also take into account the strategies and plans of the state (such as the State-Level Contingency Plans) and a national level (such as the South Sudan Development Plan). Coordination will be maintained through IO's commitment to attend WASH cluster meetings at a state and national level, both in Warrap state and Western Bahr el Ghazal.

vii) Monitoring and Reporting Plan

Establishment of baseline indicators such as access to water sources and latrines, public health knowledge, and technical capacities will be used to measure whether progress is being made towards achieving results and project objectives. This baseline data will be collected using a variety of tools, such as the IO WASH Rapid Assessment tool and KAP survey tools to measure the public health behaviors of targeted communities. In addition, capacity assessments will be conducted to determine existing skill levels of targeted beneficiaries, in order to design training and assess its impact both immediately following training and periodically throughout the project duration.

IO will develop a performance monitoring plan specifically related to these project indicators that will be integrated into the existing Oxfam International Monitoring, Evaluation, Accountability and Learning (MEAL) system. The monitoring plan will be used to collect and analyse data for strengthening management of the project. At the field level, regular monitoring visits conducted by IO field staff will use the MEAL system to measure progress against the workplan and towards achieving the desired results and project objectives. For example, IO's WASH Officer will be responsible for data collection in relation to boreholes and water quality testing conducted at each site, and coordinate with the Public Health Promotion Assistant to ensure water source cleanliness is maintained by volunteer committees. Data collected from field visits will be used to report to the cluster on a monthly basis, with additional narrative and financial reports provided to CHF as per contractual requirements.

To further complement and strengthen the monitoring and evaluation of activities, IO will conduct a mid-term review meeting with stakeholders, particularly those from the targeted community, but also including county-level authorities and other agencies operating in the area (if relevant). The review will involve not only stakeholders related to the WASH component of the exercise, but also those related to Food Security, Livelihoods, and Health, to ensure that a comprehensive approach is maintained for addressing the needs of the most vulnerable. Lessons learnt from the project will be documented and shared with stakeholders to increase the impact of future interventions.

Cross-cutting issues related to protection will be analysed through the Oxfam Confederation's *Protection Assessment Tool*, by the Humanitarian Coordinator, and existing baseline data will ensure that a gender analysis highlights information to measure the impact of the intervention on women and the issues most affecting them.

Technical and operational data will be reviewed by the WASH Manager and Warrap Field Manager, with any arising issues discussed at planning and review meetings. Trends in project performance will be reviewed and reflected in progress reports, verified through monitoring visits by the Humanitarian Coordinator, Technical Managers and Country Director.

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)
CHF (Nov, 2012)	350,440 USD
Pledges for the CAP project	

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/56138/7854		Project title: Humanitarian Wash Response in Warrap State		Organisation: Intermon Oxfam
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: Oxfam will contribute to resilience building for the most vulnerable communities in South Sudan, through increasing and maintaining access and availability of safe water by rehabilitating existing boreholes, and improving hygiene and sanitation practices through emergency hygiene promotion training, which will be reinforced by the distribution of hygiene and NFI kits.</p>	<p>Indicators of progress: 5000 individuals are provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance). 10 existing water points are rehabilitated. 1 WMC formed per new water point 2 pump mechanics trained per boma 2 school hygiene clubs formed 900 households receive a hygiene kit. 360 people are trained on hygiene promotion messages to be shared with their community.</p>	<p>How indicators will be measured: Preliminary Needs Assessment Reports; Baseline and Endline Surveys; Field Monitoring Reports; Distribution and Asset Handover Reports</p>	
Purpose	<p>CHF Project Objective: 15,000 vulnerable individuals in Tonj North County of Warrap State will have sustained access and increased availability of safe water supply, and improved hygiene and sanitation practices, by the end of the project period.</p>	<p>Indicators of progress: 100% of targeted population have increased health awareness by the end of the project period (target: 15,000 individuals) 40% of targeted population are practicing safe hygiene behaviour (specifically hand washing practices at critical times, safe excreta disposal and household water storage) by the end of the project period (target: 15,000 individuals) 100% of targeted population are accessing safe water by the end of the project period (target: 5,000 individuals) 20% of targeted population have improved safe excreta disposal practice by the end of the project period (target: 15,000 individuals)</p>	<p>How indicators will be measured: KAP Surveys measuring improved hygiene practice (i.e. hand washing practices at critical times and safe household water storage and treatment. Preliminary Needs Assessment Reports; Baseline and Endline Surveys; Field Monitoring Reports; Distribution and Asset Handover Reports</p>	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> o Inter-tribal conflict does not escalate in the intervention areas. o Population movement in Warrap State and surrounding areas does not have an adverse impact on programme implementation. o There are no major disease outbreaks. o Coordination amongst other implementing NGOs remains strong and facilitates programme implementation. o The economic situation of South Sudan remains relatively stable and conducive to programme implementation.
Results	<p>Results - Outcomes (intangible): Improved and sustained access and availability of safe water supply, and improved hygiene and sanitation practices, for targeted communities by the end of the project period.</p>	<p>Indicators of progress: 100% of targeted population have increased health awareness by the end of the project period (target: 15,000 individuals) 40% of targeted population are practicing safe hygiene behaviour (specifically hand washing practices at critical times, safe excreta disposal and household water storage)</p>	<p>How indicators will be measured: KAP Surveys measuring care, feeding, hygiene and sanitation behaviour Preliminary Needs Assessment Reports; Baseline and Endline</p>	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> o Inter-tribal conflict does not escalate in the intervention areas and population movement does not have an adverse impact on programme implementation. o There are no major disease outbreaks.

		<p>by the end of the project period (target: 15,000 individuals)</p> <p>100% of targeted population are accessing safe water by the end of the project period (target: 5,000 individuals)</p> <p>20% of targeted population have improved safe excreta disposal practice by the end of the project period (target: 15,000 individuals)</p>	<p>Surveys; Field Monitoring Reports; Distribution and Asset Handover Reports</p>	<ul style="list-style-type: none"> ○ Coordination amongst other implementing NGOs remains strong and facilitates programme implementation. ○ The economic situation of South Sudan remains relatively stable and conducive to programme implementation.
	<p>Immediate-Results - Outputs (tangible): Increased access and availability of a sustained safe water supply, and improved sanitation and public health knowledge and practice amongst targeted population.</p>	<p>Indicators of progress:</p> <p>75% of targeted population are within 1km distance and can access a minimum of 15l/p/d of safe water (target: 5,000 individuals)</p> <p>100% of community water management members are trained by the end of the project period (target: 100 individuals)</p> <p>75% of targeted households are provided with and are correctly using means to prevent vector and water-related disease (target: 900 households)</p> <p>100% of attendees successfully complete training on hygiene and sanitation (target: 360 individuals)</p> <p>Hygiene and sanitation messages are disseminated to targeted communities at a household level and through public health campaigns (target: 15,000 individuals)</p>	<p>How indicators will be measured:</p> <p>Water Quality Analysis Reports; Post Distribution Monitoring Reports; Baseline & Endline Surveys</p> <p>Training Reports; Attendance Lists; Pre and Post Training Test Results; Field Visit Monitoring Reports</p> <p>Post Distribution Monitoring Reports, KAP Survey Results; Distribution Lists</p> <p>Training Reports; Attendance Lists; Pre and Post Training Test Results</p> <p>KAP Survey Results; Field Visit Monitoring Reports</p>	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> ○ Work is not disrupted due to natural hazards or conflict. ○ Prices and availability of construction material and transportation remain stable. ○ There are no major disease outbreaks affecting implementation of activities.
	<p>Activities:</p> <p>Activity 1- Collect baseline data (including KAP and BH mapping) and develop M & E plan</p> <p>Activity 2- Conduct bacteriological testing of water samples from 10 water points and 100 households</p> <p>Activity 3- Rehabilitate 10 boreholes</p> <p>Activity 4- Train Water Management Committees, elders, authorities and County RWD staff (100 individuals)</p> <p>Activity 5- Train and equip Hand Pump Mechanics, County RWD, and Payam-level water supervisors (15 individuals)</p> <p>Activity 6- Train Community Health Volunteers (CHVs) and elders (360 individuals)</p> <p>Activity 7- Train 2 School Hygiene Clubs (40 members)</p> <p>Activity 8- Conduct distribution of WASH NFI kits to 900 households</p> <p>Activity 9- Conduct public health campaigns and awareness raising for hygiene and sanitation</p> <p>Activity 10- Conduct mid-term review with stakeholders to document/share lessons learnt</p> <p>Activity 11- Conduct final project endline assessments and reporting</p>	<p>Inputs:</p> <p>Staff</p> <p>3 Hygiene Promoters + support staff</p> <p>Equipment</p> <p>4 x 4 Vehicle and motorbikes</p>		<p>Assumptions, risks and pre-conditions:</p> <p>Coordination amongst other implementing NGOs remains strong and facilitates programme implementation.</p> <p>Security permits implementation of activities</p>

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 Sep 2013 **Project end date:** 31 Aug 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
Activity 1 Collect baseline data (including KAP and BH mapping) and develop M & E plan			X	X											
Activity 2 Conduct bacteriological testing of water samples from 10 water points and 100 households						X	X	X	X	X	X				
Activity 3 Rehabilitate 10 boreholes						X	X	X	X	X					
Activity 4 Train Water Management Committees, elders, authorities and County RWD staff (100 individuals)						X	X	X							
Activity 5 Train and equip Hand Pump Mechanics, County RWD, and Payam-level water supervisors (15 individuals)										X	X				
Activity 6 Train Community Health Volunteers and elders (360 individuals)					X	X									
Activity 7 Train 2 School Hygiene Clubs (40 members)											X	X			
Activity 8 Conduct distribution of WASH NFI kits to 900 households						X	X	X							
Activity 9 Conduct public health campaigns and awareness raising related to hygiene and sanitation					X	X	X	X	X	X	X	X	X	X	X
Activity 10 Conduct mid-term review with stakeholders to document and share lessons learnt									X						X
Activity 11 Conduct final project end line assessments and reporting															X