South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund or contact the CHF Technical Secretariat chfsouthsudan@un.org

SECTION I:

CAP Cluster WASH

CHF Cluster Priorities for 2014 First Round Standard Allocation

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 with tap stands
- **Emergency communal latrines**
- Distribution of hygiene kits
- Distribution of WASH NFIs
- Emergency hygiene promotion training
- Pre-positioning of core pipelines
- Pre-positioning of affected Population pipeline supplies in Maban and Yida

Cluster Geographic Priorities for this CHF Round

- Twic County—Abyei preparation
- Wau, Malakal, Bentiu, Juba towns-Returnee preparation/response
- Pibor County—Early recovery activities in Pibor town, Gumuruk town, Boma town; or emergency response for renewed conflict
- Akobo and Uror Counties—Emergency response after renewed conflict, retaliation
- Nyirol, Ulang, Baliet—Sobat corridor
- Maban County—Maban host community response
- Fashoda County—Kodok
- Malakal County—ongoing response to stranded returnees
- Renk County—ongoing response to unresolved returnee
- Aweil East and Aweil North Counties—Mile 14 response
- Tonj South, Tonj East, Tonj North Counties—chronic WASH needs in an historically underserved area, affected most recently by floods
- Counties with high malnutrition verified by surveys that have been endorsed by nutrition cluster
- Any exceptional counties should be strongly justified

SECTION II						
Project details The sections from this point onwards are to be filled by the organization requesting CHF funding.						
Requesting Organization			Project Locati	Project Location(s)		
WORLD VISION SOUTH SUDAN with World Vision Switzerland			State	%	County/ies (include payam when possible)	
Project CAP Code CAP Gender Code			Upper Nile	100%	Malakal County (Malakal Town, Lelo Payam), Fashoda County (Kodok Payam)	
SSD-14/WS/60967 2a						
CAP Project Title (please write exact name as in the CAP) Emergency WASH Project for Conflict Affected and Chronically Vulnerable Communities in South Sudan						
Total Project Budget requested US\$ 1,758,500			Funding reque	ested fron	n CHF for US\$300,000	

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in the in South Sudan CAP this project proposal		
Total funding secured for the US\$ 900,000 Are some activities in this	is project	propo
CAP project (to date) (including in-kind)? Yes \(\subseteq \)	No □ (f yes, li

Direct Beneficiaries				
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP		
Women:	5,262	21,671		
Girls:	5,454	26,625		
Men:	3,947	15,205		
Boys:	4,979	24,800		

Number of direct beneficiaries targeted in CHF Project		Number of direct beneficiaries targeted in the CAP	
Women:	5,262	21,671	
Girls:	5,454	26,625	
Men:	3,947	15,205	
Boys:	4,979	24,800	
Total:	19,642	102,699	

Targeted population: Affected Populations, Returnees, Host communities

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

		Payaiii)	
Funding reques	ted fron	n CHF for	US\$300,000

osal co-funded list the item and indicate the amount under column i of the budget sheet

Indirect Beneficiaries / Catchment Population (if applicable)

N/A

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

Indicate number of months:

6 months (January 15 - July 31, 2014)

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Finance Officer	Name, Email, telephone		

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

The conflict which started on December 15, 2013 in Juba, South Sudan, between government and opposition forces has spread across the country causing increased displacement and suffering of civilians. As the conflict in South Sudan continues, aid agencies are struggling to provide assistance to the thousands of people caught up in the violence. According to UNOCHA, an estimated 174,000 people have been driven from their homes, 62,152 of whom are seeking shelter in UN peacekeeping bases in Juba, Bentiu, Malakal, Bor, Pariang and Akobo². In Upper Nile state, there have been reports of conflict in Ulang and Nassir counties as well as in Malakal. As of 31 December 2013, approximately 22,000 people are displaced and seeking affected Population in the UNMISS compound in Malakal, has terribly strained the WASH situation in the UNMISS compound and disease breakout is imminent unless the situation improves. In addition, it is expected that the number residing in Malakal UNMISS compound is expected to increase should agreements between the parties a aligned to Machar and those aligned to The President fail to reach an agreement and cease hostilities including fighting.

In addition, affected Population in Kodok and Lelo transist camps in Upper Nile are also in dire need of assistance. Weak water and sanitation systems in Kodok and Lelo transit camps is also escalating affected population's vulnerability to health risk. As at Aug 2013, 1,568 affected Populations were recorded in Fashoda and Malakal County (UNHCR,08/13), the RRC reporting that the number of displaced population had increased to 2,503 individuals (1,569 in Fashoda and 934 in Malakal), and more were expected to arrive after the insecurity incidents that took place the first week of November in S Kordofan. This is against a backdrop of the fact Upper Nile received the highest number of returnees, with 85,937 new arrivals having registered since Jan 2013. There are currently no emergency latrines for the temporary affected Population settlement and the only available water source for drinking is the River Nile, which is contaminated with human and animal feces. The poor sanitation and hygiene situation in this temporary settlement increases the vulnerability of the affected Population and returnee populations, exposing them to water born and sanitation related disease outbreaks.

Further, in addition to total of 29,369 returnees absorbed between 2010-2013,⁵ and it is expected Malakal will soon receive a percentage of the 20,000 caseload from Sudan who were reported on the way from Khartoum in late Nov/Dec 2013. Currently returnees have formed a settlement at the outskirts of the town that has been observed to provide poor living conditions and almost no access to basic services, including WASH. With a low number clean water points functioning only for a few hours during the night, there is an insufficient quantity of water available in the community, the majority of the population continuing to use the Nile river as their main source of water. The water is generally fetched by women and children. The sanitation situation is equally bad, the majority of HH having no access to any latrine.⁶ Finally, as there are no schools in the returnee areas, most children attend overcrowded schools in town, further deteriorating the already poor WASH situation in schools. Generally, 71.9% of schools in Upper Nile have no access to safe drinking water and 63.7% lack access to sanitation facilities⁷, while an INRA conducted in the 8 public schools in Malakal with highest returnee children density revealed an alarmingly lower average of four functioning latrine stances per school, with some entirely lacking access to latrines in facilities. The average student population in these schools ranges between 800 and 2,108 per facility, which means that according to SPHERE standards the percentage of the student population actually being served by the existing number of latrines/school ranges between 0-15%. This situation exposes children to increased health risks and affects school attendance.

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.

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 Only 35% of the population in Upper Nile has access to improved sources of drinking water, 87% of the population doesn't have access to any toilet facility², while over 65% of the population practicing open defecation.

³ WFP- South Sudan Situation Report #9 of 3 January 2014

⁴ OCHA Humanitarian Snapshot, 31 October 2013

⁵Total comprising of 5,101 new arrivals in 2013 registered by SSRRC in addition to the 24,278 reported by OCHA in 2012 (OCHA Report, Number of returnees by county arriving at final destinations, June 2010 - June 2012)

⁶ Interagency Assessment Report, Fact-finding to Eastern Zone and Hai Salam, Malakal, 22 July 2013

⁷ Livelihoods, Basic Services and Social Protection In South Sudan, Overseas Development Institute [ODI], July 2012

⁸ Public Primary Schools in Malakal Town, Interagency Assessment Report. Upper Nile Education Cluster, November 2012

IOM and UNMISS are struggling to cope and provide emergency WASH service to the over 22,000 IDPs who have taken refuge at Malakal UNIMISS compound. The latrines available are inadequate and water supply which currently being tracked by UNIMIS is far below recommended level. Hygiene is also wanting due limited facilities, and inadequate hygiene supplies. The situation is very dire and disease outbreak is eminent unless additional WASH service support is urgently provided. In addition majority of the affected population at Lelo and Kodok continues to use raw river water for drinking and HH purposes, which is contaminated with human and animal waste.

Moreover, there is a strong correlation between poor excreta disposal, hygiene practices and contamination of water sources, leading to a high prevalence of water borne diseases. The provision of safe drinking water, basic sanitation, and clean environment at household level has a major impact on health as well as the nutrition status of emergency affected IDPs and Affected Population populations, especially children. This proposed project aims to address this humanitarian situation particularly in emergency affected IDPs and Affected Population settlements (and some extent as nee be in returnee settlements), through provision of timely and equitable access to safe water, sanitation, and hygiene services to 16 342 individuals, comprising of emergency affected populations in Malakal and Fashoda (Kodok) counties, as prioritized by the cluster for Upper Nile State. The proposed CHF intervention will also preposition WASH supplies and services to expected IDPs in Malakal and Fashoda County.

WV is implementing emergency WASH, Education and FS&L interventions funded by various donors in Fashoda, Renk and Malakal Counties, addressing in an integrated manner the needs of vulnerable returnees and host communities. Through the proposed CHF intervention, World Vision will complement other partner interventions in target areas and address gaps remaining despite ongoing projects The component proposed for Malakal will focus on the immediate water needs of the returnee population until the JICA plan to rehabilitate and extend the public water pipeline will be finalized (expected to be finalized in stages for the next 3 years). Also, the project is intended to contribute to the WASH and Education state cluster priority for 2013 and to increase the reach of the ongoing WV projects addressing emergency WASH needs in schools. In Fashoda County, World Vision on-going interventions are focusing on the vulnerable returnee, IDP and host community, with only a limited WASH and food distribution component for the affected Population population implemented in partnership with UNICEF and WFP, despite the fact that MSF is reporting an increase in waterborne diseases. While details around the relocation of the Kodok affected Populations continues to be discussed and finalized by UNHCR and the relevant Government Authorities, a short term emergency intervention needs to be provided to address the acute WASH needs of the affected Populations and avoid a disease outbreak. WV South Sudan has also secured 10% match funding to support the CHF intervention through private fundraising from WV Switzerland.

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.

This WASH project's purpose is to provide front-line life saving emergency WASH services in Malakal, Kodok and Lelo, which are amongst areas highlu prioritized by the cluster due to their increased vulnerability. The intervention will aim to increase access to safe water and improved sanitation and hygiene practices among 16,342 emergency-affected and chronically vulnerable communities in Malakal (Malakal town and Lelo)and Fashoda (Kodok) counties, Upper Nile State by end of April 2014. This will be achieved through provision of emergency water supply, emergency sanitation and promotion of good hygiene practices. In addition, the project will also build community resilience and increase sustainability of WASH services through enhancing the capacity of village level water and sanitation management committee to manage, operate and maintain installed water and sanitation facilities.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To increase timely, and equitable access to safe water and sanitation services and improved hygiene behavior among 10,850 emergency affected population in Kodok and Malakal and maintain stability of access to such services in said area that is prone to WASH crises by July 2014.

iii) Project Strategy and proposed Activities

Present the project strategy (what the project intends to do, and how it intends to do it). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

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

This projects specific objective is:

Increase timely and equitable access to safe water, sanitation and improved hygiene services to 10,850 emergency affected Population and returnee population at Kodok and Malakal, to maintain stability of access to such services in to said population that are prone to WASH crises

- Provision of timely and equitable Water Supply services to 9242 Emergency affected population in Malakal IDP UNMISS compound, Lelo and Kodok camps and maintain services.
 - **1.1** Install 3 sets of 10,000lt Bladder tanks each with 12 water points in Malakal UNIMISS compound: To compliment clean water storage at UNMISS compound three sets of 10000lt bladder tanks will be set up in Malakal UNIMISS compound at strategic location that easily accessible by IDPs. Each set will 12 water standpipes. Tracked water will be stored in this bladder tanks. Water will be tracked by other partners including UNMISS. This facilities will be expected to serve water will serve atleast 5800 persons (1500 Women, 1800 girls, 1500 boys and 1000 men) per day, assuming sustained water tracking by other partners
 - 1.2 Distribute PUR water purifying tablets in temporary settlement in Kodok and Lelo Payams.

In order to respond to the immediate needs of affected population for clean, safe drinking water and to avoid a potential waterborne disease outbreak, the project will distribute PUR water purifying tablets in the 2 settlements targeted until the SWAT system will be installed and functional in Kodok, and the resettlement arrangements will be finalized for the affected population in Lelo. The water purifying tablets will be used at HH level to treat the river water, improving the microbiological quality of the water. This will ensure that

affected Population household have access to at least 15 l of clean, safe water/person/day for drinking, cooking and hygiene needs, as per SPHERE standards. All supplies will be obtained from UNICEF Malakal core pipeline based on a monthly basis request. The distribution of water treatment tablets will be accompanied by adequate promotion, training and usage monitoring. This activity will benefit the total population of the two affected Population settlements of 2,503 individuals, and the target will be adjusted based on need on a monthly basis taking into consideration new caseloads and population movement

1.3 Provide and install one (1) Emergency water supply kit (SWAT) at the transit affected Population camp in Kodok:

The SWAT Kit will target current caseload of affected population who have settled in Kodok (Golo) along the river. This activity will comprise of the installation of a portable, self-contained SWAT system, a water filtration system primarily designed for use in emergencies. The SWAT kit will be provided by UNICEF, while WV will provide labor and other construction materials and supplies (including fuel), as required for installation, operation and maintenance. The water system can supply IDP camps or small villages with populations of up to 5000 persons with their daily needs for safe drinking water. In the event the affected Populations in Kodok are relocated, the system can easily be upgraded to a permanent Community Water Scheme and moved to a another location. The SWAT kit includes components for water pumping, delivery, flocculation, filtration, sterilization, storage and distribution System. Following treatment, the produced water supply will be distributed through the bladder tank unto hi-flow-taps installed in 3 water stand pipes. The bladder tank will be raised to at least 1m above ground level using soil and gunny bags so as to ensure adequate water head so as to permit treated water flow via gravity to users. Water quality will be checked. The water supply will be operated by the community water management committee from the target community. This project will engage both women and men in all project activities as well as working with community chiefs and government to ensure that project activities will contribute positive effects to women in South Sudan. Project activities by sector will consider gender issues in terms of beneficiary selection, planning, implementation, monitoring, reporting. By actively involving women in the project design and targeting them in implementation, WV anticipates contributing towards improving women's image as active actors in HH production and income-generation and creating environments that promote women's roles. This intervention is expected to benefit a total of 3500 individuals comprising 885 women, 730 girls, 910boys and 975 Men.

1.4. Establish and train 3 water management committee, comprising of 8 members, to ensure proper operation, maintenance, and management of the water points.

This project will establish and train 3 water management committees to manage and operate the emergency water supply at Malakal UNMISS compound, Kodok and Lelo Affected Population settlements. The committee will include eight members, a minimum of 40% being women. WV will facilitate the community to establish the committee using set criteria and with coordination with other partners responding to WASH Crises in UNMISS compound and in close consultation and involvement of the targeted vulnerable groups, traditional chiefs, other key community stakeholders and local authorities (Commissioner, RRC). The identified water committee members will be trained on water source management to ensure sustainability of the community water source. Water treatment chemical dosage will depend on source water quality, subject to change daily depending on season and temperature. The WMC will thus be trained on how to determine Alum and Soda ash as well as Chlorine dosage that depend on turbidity of water and seasonal calendar.9 This training will equip the WMC and operators with skills to determine and establish chemical dosages. The training will also equip the water committees with skills on operation, maintenance and management of the community water supplies. The WMC will be trained on how to measure residual chlorine in the water supply using the Chlorine Test Kits (DPD test kit). During the training WMC members will also be sensitized on the need to meet unique needs of the elderly, those with physical disabilities if any, and other vulnerable members including (child headed or female headed HHs) ensuring these groups participate in all decision making meetings, have access to water (delivery system), and that vulnerable community members and their safety issues are taken care of at the water facility. Care will be taken to ensure that the WMC is effective, transparent and accountable in the management of water supplies. WV will also impart financial management skills to the WMCs. During training the WMCs will be trained on record-keeping and preventative/scheduled maintenance. In addition to training, WV (through the Local Authority and RRC) will encourage community leaders to ensure that regular meetings are conducted to discuss issues affecting the project. It is noted Women are often over-burdened with domestic work and also they are not involved in decision making process, and also do not have time to participate in community work. At onset women from the target community will be consulted so that their aspirations and desires will be taken into consideration prior to constituting water management committees. This project will advocate that the water management committee will comprise of 24 members (9 women and 15 men).

- Provision of timely and equitable sanitation services to 10,400 emergency affected population in Malakal IDP camp, Kodok and Lelo camps
- 2.1.1 Construct 150 Emergency latrines Malakal UNIMIS IDP Camp and install corresponding hand washing facilities.
 Sanitation facilities at Malakal UNIMISS compound are inadequate. This project will supplement the sanitation situation. 9 blocks each with 25 latrine stances (units) will be constructed at the above site, bring to a total of 150 latrine rooms. 90 latrines units will be assigned to female users and 60 units to male users. Each latrine block will have a hand washing facility with hand-washing soap. At the onset Community leaders and women representatives from each of the affected Population camp will have a community meeting to discuss the idea and agree on the approach and maintenance responsibilities. A total of 1800 women, 2100 girls, 1500 men and, 2000 bovs will be benefit from this intervention.
- 2.1.2 Construct 45 Emergency latrines at the affected population temporary camp in Kodok and install corresponding hand washing facilities: The two affected Population temporary settlements are very differently organized, with the entire population in Kodok grouped close together along the river, The project will contribute to improved sanitation in this settlement through construction of 5 emergency latrines blocks each 9 stances (a total of 45 latrines units) for the affected Population settlement in Kodok. Each block will have two wings with a dividing iron sheets to demarcate the block into two sections, for female and male users. Each block will have two wings with a dividing iron sheets to demarcate the block into two sections, for female and male users. Each latrine block will have 6 latrine rooms for female users, while the other wing will have 3 rooms allocated for male users. At the onset Community leaders and women representatives from each of the affected Population camp will have a community meeting to discuss the idea and agree on the approach and maintenance responsibilities.one hand washing facility will be installed at each latrine block. This sanitation intervention is expected to benefit 1800 Individuals (400 women, 500girls, 400men and 500 boys).
- 2.1.3 Construct 30 Emergency latrines at the affected Population temporary camp in Lelo transit site, and install corresponding washing facilities: At Lelo affected population site, the affected Populations have formed clusters of huts at a good distance from each other and from the river. The project will contribute to improved sanitation in Lelo affected population camp by constructing 30 emergency latrines group in 5 blocks each having 6 stances. For Lelo, the population of males capable of digging the latrines is higher and they have expressed a strong desire to participate in the construction of latrines. The project will

⁹ It is noted that River Nile is more turbid during rainy season - due to loose soils from Ethiopian highlands being washed into Sobat River tributary. This lesson will be incorporated in the training for the two water supplies.

provide provided with digging tools and materials (plastic sheeting, slabs, poles) from UNICEF to build the emergency latrines. WV staff will provide technical support and supervise closely the construction process. Each emergency latrine block will be sited in a central location that is convenient and accessible for the sanitation needs of each group of user households. The siting will consider the safety and privacy of females will be taken into consideration. Each latrine block will have 4 latrine rooms for female users, while the other wing will have 2 rooms allocated for male users. Cleaning arrangements and duty rooster will be organized by the village sanitation and hygiene committees. During siting of the latrine block, safety, access and unique needs for the vulnerable groups will be addressed. The latrines will be sited to provide safety but at a reasonable distance to ensure privacy of the users. In addition, a total of 5 hand washing facilities one each per block, will be installed. This sanitation intervention is expected to benefit 1200 Individuals (270 Women, 330 girls, 270 men, 330 boys)

2.1.4 Train eight (8) Household sanitation Committees:

The project will also revitalize /retrain 15 Household Sanitation Committees (HSC), for 7 HSC Malaka IDPs and 8 HSC for Lelo & Kodok Affected Population camps They will be trained on how to monitor, motivate and ensure the community household maintain their latrines. Each CHP will also conduct 3 hygiene promotion campaigns (using skills and tools learnt in the hygiene training. In addition with collaboration with HSC sanitation committees, CHP will organize 1 camp cleaning campaigns at each of the three camps (Malakal IDPs camp and Lelo and Kodok Affected Population camps) and solid waste disposed off and burned at a community maintained damp sites. This training initiative will **benefit 136 individuals (92 men and 44 women).**

3. Provision of Hygiene Services to 19,642 emergency-affected populations in Kodok, Lelo and Malakal.

3.1.1 Train eight (8) Community Hygiene Promoters:

CHPs will be identified and trained with appropriate skills, attitude and tools of Participatory Hygiene and Sanitation Transformation (PHAST). These 8 CHPs will be selected amongst the most able, educated (to reasonable level) and willing community members. The CHPs shall be provided with PHAST training materials to facilitate them to effectively train both school children and communities within the water point, sanitation facilities and the project targeted environs. This will be with an aim of impacting behavioral change. The training of CHPs will be conducted by experienced WV staff, in collaboration with resource persons from State Water Office. The traines, soon after this training, will be able to demonstrate their ability to train the target group, before they are certified as capable trainers of the target group. Upon successful completion of the training each CHP will be provided with necessary PHAST instructional materials to facilitate them to train the target group. CHPs will also be expected to conduct regular home visits to observe behavior change and provide technical support on hygiene. In order to facilitate, each hygiene promoter will be provided with a bicycle. Special emphasis will be placed on school children who are good agents of change, school teachers, women and young adult girls. This initiative will enhance capacity of 8 CHPS (3 Women and 5 men)

3.1.2 Conduct five (5) Hygiene Promotion Campaigns(CHP):

The CHPs will conduct training in local languages, using culturally appropriate training materials designed for an audience that is largely illiterate. The CHPs, soon after this training, will be assessed through demonstration, on their ability to train the target group, before they are certified as capable CHP to undertake the required task of the target group. The Watsan Officer /Hygiene Coordinator will accompany the CHPs during actual community hygiene campaigns/hygiene education sessions to assess the CHPs capacity. Noted gaps on each CHP will be addressed through refresher training sessions during this project. This project will adapt the recommendation from May 2012 ACF KAP of survey that appropriate times must be designed for women for hygiene sessions since women are often overburdened with domestic work and hence do not have time to attend hygiene sessions, yet are expected to be the role models on good hygiene/sanitation practices at the household level. This initiative target IDPs at Malakal UNMISS compound and affected populations in Kodok & Lelo and will reach an estimated 19,642 individuals. It is assumed of these 19,642 beneficiaries will also access safe water supplies, access improved sanitation and receive hygiene supplies and hence are not double counted.

3.1.3 Distribute 10 and 20 liter water buckets and collapsible jerry cans to the IDPS, affected Population and returnee households accessing this water supply:

Prior to distribution, the project will select the beneficiaries' households in Malakal IDP, Kodok and Lelo affected populations camps. 20lts and 10lt narrow neck water containers will be availed for distribution. In addition collapsible water containers will be sourced from Unicef core-pipeline. The 10 liters containers will be distributed to take into consideration the particular needs of children, who are mainly responsible for fetching water for the HH. The women of these households will be shown how to hygienically use the water containers, and the health benefit of health benefit of ensuring water at point is safe for use. They will be informed on the dangers of sharing water drinking caps and the possible routes of contaminating drinking water between water collecting point and point of use. They will also receive other hygiene messages including the critical times during which they must wash their hands with soap and clean water. There after they will each receive 2 water container per household. A total of 1626 households (9756 individuals) will receive these hygiene supplies.

3.1.4 Provision of female hygiene kits 2100 women and adolescent girls in Makakal IDP, Kodok and Lelo camp;

This project will provide female materials to adolescent girls and women from target community. This female hygiene kits will contain materials that are easy to dispose or easy to discreetly wash and reuse. The Users will be trained on how to handle and reuse these kits taking into consideration of the cultural background. Female CHPs will take lead in ensuring this training is conducted in a discreet way. The materials will be replenished every month to the female members of the target community that need them. This will benefit 2100 females (1200 women and 900 girls).

3.2.1 Form and train 3 school hygiene clubs in Malakal Town:

This intervention will target 3 schools in Malakal affected Population settlement area where IDPs school child may go to learn during this period. These are Bandal boys, Bandal Girls and Torah Basic Schools. In order to encourage lasting behavior change, child-led hygiene clubs will be formed and trained in target schools selected in consultation with the Ministry of Education, Science and Technology (MOEST) and the MOWRI. Children can promote change among peers and upwards to older generations through institutional spaces that promote leadership, such as schools with child-led clubs. The hygiene promotion approach (using CHAST), for children will be flexible to encourage adaptation and extension without interruption to regular lessons. Instruction will be inclusive (all children including those with disability will play a fully active role) and sustained so that WASH messages are repeated over time to encourage lasting behavior change. In addition the beneficiary community, including the school PTA and school pupils, will be consulted and their participation in decisions making process encouraged. Ideas from school pupils will be taking into account during the implementation of these activities, so as to ensure the school children and management own the process. Teachers and students will be provided with basic training on latrines and water point maintenance, encouraging children to practices the behavior being taught. The hygiene promotion activities in schools will be arranged in WASH themes, with a theme to be carried out each day of the week. The themes will include Hand Washing with Soap, Safe Excreta Disposal, Safe Drinking Water, Personal Hygiene for Boys and

Girls, Looking After Our School, and WASH Beyond School. To maximize the impact of WASH activities, priority will be given to schools targeted with latrine construction. Teachers and students will be provided with basic training on latrines maintenance, encouraging children to practices the behavior being taught. This intervention will target 60 children directly (20 per club). Through inschool promotion sessions and through school club leadership, each club member will impact an additional 10 students, benefiting a total of 600 students and 6 teachers in 3 schools within the target population of Malakal in Upper Nile. The 606 beneficiaries from this intervention will comprise 300girls and 300boys and 3 female and 3 male teachers.

3.2.2. Hand washing campaign for school children:

Hand-washing with soap is the most effective and inexpensive way to prevent diarrheal and acute respiratory infections. This infections take the lives of millions of children in developing countries every year. Together, they are responsible for the majority of all child deaths. Yet, despite its lifesaving potential, hand-washing with soap is seldom practiced and difficult to promote. To promote hand-washing with soap, this project will therefore *Hand washing campaign for school children* at and will have participation of 3 basic schools that serve returnees at Malakal Primary School. These schools are Bandal boys, Bandal Girls and Torah Basic Schools. The objective of this campaign is will be to foster and support a global culture of hand washing with soap, and raise awareness about the health benefits of hand washing with soap. This initiative will benefit **970 individuals comprising 420 Girls, 520 boys and 10 Women (teachers) and 20 men (teachers)** from 3 schools serving returnee in Malakal town.

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

By end of project (April 2014) below will be the expected outcomes:

- 19,642 IDPs and other emergency affected populations, with a special focus on women, have improved access to WASH emergency services and facilities*.
- 2) 9,242 IDPs and other emergency affected populations, with a special focus on women, have access to improved water systems
- 3) 8 water committees member have improved water management, operation and maintenance skills
- 4) 8 Sanitation committees within affected population settlement have improved skills to effectively engage in sustainable sanitation.
- 5) 10,400 IDPs and other emergency affected populations, with a special focus on women, have access to improved sanitation facilities
- 6) 19,642 IDPs and other emergency affected populations receive Hygiene messaging for improved hygiene behaviour*.
- 7) 1626 Households (9756individuals) have improved safe water storage, through receiving WASH supplies (narrow neck /collapsible water storage containers)
- 8) 2100 Adolescent girls and women have improved appropriate hygiene kits

*Note of these 16,342 beneficiaries will access safe water supplies, access improved sanitation, receive hygiene supplies and benefit from hygiene messaging and thus are **not** double counted.

v) List below the output indicators you will use to measure the progress and achievement of your project results. <u>Use a reasonable and measurable number of indicators and ensure that to the most possible extent</u> chosen indicators are taken from the cluster <u>defined Standard Output Indicators (SOI) (annexed)</u>. Put a cross (x) in the first column to identify the cluster <u>defined SOI</u>. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (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	Total direct beneficiaries - Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance)	9242 beneficiaries
(X)		Women	2500 beneficiaries
(X)		Girls	2400 beneficiaries
(X)		Men	2100 beneficiaries
(X)		Boys	2242 beneficiaries
(X)	2	New/ additional water points constructed	1 water point
(X)	3	Existing water points rehabilitated	0 water points
(X)	4a	Number of Emergency latrines constructed	225 Stance/Latrine Holes
	4b	Number of Emergency School latrines	0 Stance/Latrine Holes
(X)	5	Latrines rehabilitated	0 Stance/Latrine Holes
(X)	6	People provided with sustained access to hygiene latrine facilities	10,400 beneficiaries
(X)		Women	2386 beneficiaries
(X)		Girls	2888beneficiaries
(X)		Men	2402 beneficiaries
(X)		Boys	2724beneficiaries
(X)	7	People served by solid waste management (IDP and Affected Population camp cleaning campaigns conducted by sanitation committees)	2000 beneficiaries
(X)		Women	1000 beneficiaries
(X)		Men	1000 beneficiaries
	8	Women and adolescent girls receiving female hygiene kits.	2100 beneficiaries

(X)	9	People trained on hygiene promotion (CHPs) messages to be shared with their community	8 trainees
(X)		Women	3 trainees
(X)		Men	5 trainees
(X)	10	Community members trained on management of water, sanitation and hygiene services.	80 beneficiaries
	11	Members in School hygiene clubs Clubs.	606 beneficiaries
		Girls	300 beneficiaries
		Boys	300 beneficiaries
		Men	3 beneficiaries
		Women	3 beneficiaries
	12	School Children attending hand washing with soap campaign	970 beneficiaries
		Girls	420 beneficiaries
		Boys	520 beneficiaries
		Women	10 beneficiaries
		Men	20 beneficiaries
	13	Number of Hygiene Campaigns Conducted	5 campaigns
	14	Number of HH Sanitation Committees formed	8 committees
	15	Number of HH receiving a narrowneck/ collapsible water container	1626 HH (9756 beneficiaries)
	16	Number of School Hygiene Clubs Formed	3 clubs
	17	Number of Hand Washing Campaigns	3 campaigns

vi). Cross Cutting Issues

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

Gender: This project will engage both women and men in all project activities as well as working with community chiefs and government to ensure that project activities will contribute positive effects to women in South Sudan. Project activities by sector will consider gender issues in terms of beneficiary selection, planning, implementation, monitoring, reporting. This project will adapt the recommendation from May 2012 ACF KAP survey that appropriate times must be designed for women for hygiene sessions since women are often overburdened with domestic work and hence do not have time to attend hygiene sessions, yet are expected to be the role models on good hygiene/sanitation practices at the household level. By actively involving women in the project design and targeting them in implementation, WV anticipates contributing towards improving women's image as active actors in HH production and income-generation and creating environments that promote women's roles.

Environmental Issues: WASH activities that will contribute to positive environmental impact. In this project there will be minimal cutting of trees, and bushes around construction sites. Use of concrete blocks rather than burnt bricks will be advocated for where appropriate, to avoid the cutting of trees; Pit Latrines will be constructed no less than 50m from existing water sources and the pit will be positioned way above the water table to avoid contamination of rivers or ground water sources, and that no environmentally unfriendly materials from WASH activities are disposed off..

HIV/AIDS Issues: HIV/AIDs awareness will be integrated in Hygiene Messaging targeting adults and adolescent audiences where HIV/Aids. In addition WV Staff will work in close coordination with health personnel in sharing information so that HIV/AIDS related issues are tackled by health professionals in an appropriate manner and that victims are not subject to discrimination.

vii) 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.

World Vision South Sudan (WVSS) will directly implement this project, utilizing existing human resource capacity and expertise. This project will implemented by a qualified and experienced WASH Project officer from WV. He will be responsible for day to day implementation of the WASH activities in the field and timely delivery of this project. He will implement the project in liaison with other technical staff from WV, including contractors as necessary. Operationally and administratively, this project will be supported by WV's Upper Nile Zonal Program Office based in Malakal Town, which will provide operational support including procuring and delivery of construction supplies and services (including labor) from local market, as necessary. Other supplies not available in the project area, such as the Emergency Water Kit from Scan-water will be supplied by our supplier in Finland through our Juba Supply Chain Department and shipped directly to Juba for onward delivery to the field. The Project Implementation will make use of the dry season window of January 2014 to June 2014 during which time supplies will be easily by barge from Juba to Malakal

The WASH Project officer will closely coordinate with County and state water and sanitation departments during implementation of this Project. He will also attend WASH cluster meetings including coordinating and sharing information with other WASH Agencies and stakeholders in Upper Nile as required.

The project will be supported by the WVSS WASH Sector advisor who offer management and technical oversight to the Project team, with occasional field visit to ensure project is being implemented as planned. He who will take lead as well as act as link between WVSS activities and WASH cluster participation between Upper Nile and Juba, as well as as being responsible for reviewing the technical aspect of the project report prior to dispatch to CHF. The project will also receive support from our Program officers and DME staff while our finance team will keep records of financial transaction, provide financial reports and support project Audit. Further, World Vision senior Management will provide overall oversight in terms of policy and other top level managerial functions of this project.

viii) 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.
- Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and
 monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please
 provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be
 collected.
- 3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
- 4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)¹⁰.

WVSS uses WV's Design, Monitoring, and Evaluation framework, [Learning through Evaluation with Accountability and Planning (LEAP)], to ensure that consistent monitoring and evaluation remain integral throughout the project management cycle for this project. Information management and use will be given maximum attention by the project administration and management. The affected community will systematically provide monitoring and WVSS project staff and monitoring officers. Monitoring tools will ensure that documentation and reporting is timely and representative throughout the life of the project. Other project stakeholders contributing to monitoring will include relevant government departments and other implementing agencies as may be necessary.

At the inception of the project, the Quality Assurance department, the Project Manager, and sector managers will collaborate and use the project logframe to establish detailed monitoring and implementation plans, and also identify tools to be used for collecting data for each of the respective indicators. The data sources, roles and responsibility and frequency of data collection will also be established- ideally this will be collected quarterly. The project will adopt a monthly activity implementation tracking matrix. The matrix will illustrate progress on both activities and outputs in the logframe. Information collected through systematic monitoring will be entered in the matrix. This data will later be analyzed and utilized to write program reports. Monthly and Financial reports will be shared with the WASH project officer to ensure that project expenditures are on track. Midterm and EoP reports to the donor will be consolidated using this monitoring data to provide project updates. Meanwhile, a budget review will be conducted every month and variance explanations will be provided by the respective project officer/manager.

Data collected on a regular basis by the project staff will be reviewed by the project management team and will be verified and compared through regular field visit by Program Quality Department. The Program Development Officer will use the monthly reports to verify compiled midterm progress reports for this project. A field monitoring visit to each project site will be conducted by the Quality Assurance Officer a month prior to the submission of midterm and EoP reports to verify the results reported against the progress on the ground. An alternative monitoring will also be conducted through arranging monthly review meetings together with Project Officer, Quality Assurance Officer, and the Zonal Program Manager. This review meeting will be a learning forum to share the best practices and potential risks while seeking solutions for challenges faced in implementation. A multi-disciplinary supervisory field/program area visit will be conducted on a quarterly basis. The WASH Sector will also provide technical support in during review of Project reporting, with quarterly project monitoring visit during which any technical issues and challenges will be addressed. WV's support office providing complimentary funding will provide backstop monitoring support for this project.

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 (June 2013)	\$400,000 USD			
JPF (May 2013)	\$150,000 USD			
Dutch Embassy (January 2013)	\$350,000 USD			
Pledges for the CAP project				
WV Switzerland (CHF Match)	\$50,000			
DFID (Jan 2014) - Project on proposal stage	\$470,000			

¹⁰ 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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK					
CHF ref./CAP Code: <u>SSD-14/WS/60967</u>		Project title: <u>Emergency WASH Pro</u> <u>Chronically Vulnerable Communities i</u>	Organisation: World Vision South Sudan.		
Goal/Ob	jectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Goal/Impact (cluster priorities)	Emergency water treatment units; Emergency communal latrines; Distribution of hygiene kits; Distribution of WASH NFIs; Emergency hygiene promotion training.	- Number of people provided with sustained access to safe water supply (15 litres/person/day within 1 km distance) - New water points constructed - Number of Emergency latrines constructed -People provided with sustained access to hygiene latrine facilities - Women and adolescent girls receiving menstrual hygiene kits People trained on hygiene promotion (CHPs) messages to be shared with their community	End of Project (EoP) Report		
CHF project Objective	To increase timely, and equitable access to safe water and sanitation services and improved hygiene behavior among 16,342 emergency affected population in Kodok and Malakal and maintain stability of access to such services in said area that is prone to WASH crises by July 2014.	% of target population using 15 or more liters of water per person from a clean, safe water source % of population using a sanitation facility	EoP Evaluation Report Baseline Report Monitoring visits/Observation	- The government and UNHCR will support the implementation of the project activities - The target community will own the project activities There shall be no war, rebel militia group activity or tribal clashes in the operational area - Relocation of affected Populations will not take place before the competition of the project;	
Outcome 1	Provision of timely and equitable Water Supply services for 9242 Emergency affected population in Malakal UNIMISS IDP camp, Kodok and Lelo Camps	access to safe water supply (15 litres/	Monthly & Quarterly reports Water Quality analysis reports Monitoring visits/Observation	- The government and UNHCR will support the implementation of the project activities - The target community will own the project activities There shall be no war, rebel militia group activity or tribal clashes in the operational area - Relocation of affected Populations will not take place before the competition of the project;	

Goal/Obj	jectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Output 1.1	Water treatment supplies distributed to all affected Population HH in Kodok and Lelo; One (1) SWAT water treatment scheme installed; 1 water management committee trained to ensure sustainability of SWAT water scheme	- New water points constructed -Number of people provided with sustained access to safe water supply (15 litres/person/day within 1 km distance)	Monthly & Quarterly reports	- The government and UNHCR will support the implementation of the project activities - The target community will own the project activities There shall be no war, rebel militia group activity or tribal clashes in the operational area - Relocation of affected Populations will not take place before the competition of the project;	
Activity 1.1.1	Install 3 sets of 10,000lt Bladder tanks	each with 12 water points in Malakal UNIMISS	compound:	1: -	
Activity 1.1.2	Distribute PUR water purifying tablets in af	fected Population's temporary settlement in Kodok	and Lelo Payams.		
Activity 1.1.3	Provide and install one (1) Emergency water	r Treatment supply kit (SWAT) at the transit camp	in Kodok		
Activity 1.1.4	Establish and train 3 water management c	ommittee, comprising 8 members, to ensure prope	r operation, maintenance, and management of the v	vater points.	
Outcome 2	Provision of timely and equitable sanitation services to 10.400 emergency affected population in Kodok and Malakal	- People provided with sustained access to hygiene latrine facilities	Monthly & Quarterly reports Monitoring visits/Observation	- The government and UNHCR will support the implementation of the project activities - The target community will own the project activities There shall be no war, rebel militia group activity or tribal clashes in the operational area - Relocation of affected Populations will not take place before the competition of the project;	
Output 2.1	Emergency sanitation facilities and services provided in at Emergency affected population at Malakal UNMISS IDP camp, Kodok and Lelo transit Camps	- Number of Emergency latrines constructed Number of HH Sanitation Committees formed - People served by solid waste management	Monthly & Quarterly reports Training reports Attendance sheets	- The government and UNHCR will support the implementation of the project activities - The target community will own the project activities There shall be no war, rebel militia group activity or tribal clashes in the operational area - Relocation of affected Populations will not take place before the competition of the project;	
Activity 2.1.1	Construct 150 Emergency latrines Malakal	UNMIS IDP Camp and install corresponding hand w	ashing facilities		
Activity 2.1.2			ls, at the affected Population temporary camp in Ko	dok and install corresponding washing facilities	
Activity 2.1.3	Construct 30 emergency House Hold latrines at the affected Population temporary camp in Lelo and installation handwashing facilities				
Activity 2.1.4	Train eight (8) Household Sanitation Committees and conduct one(1) camp cleaning campaign at each of the three camps (Malakal UNIMISS camp, Lelo Camp and Kodok Camp)				
Outcome 3	Provision of Hygiene Services to 19,642 emergency-affected populations in Kodok, Lelo and Malakal	- People trained on hygiene promotion (CHPs) messages to be shared with their community - Community members trained on management of water, sanitation and hygiene services.	Monthly & Quarterly reports Monitoring visits/Observation	- The government and UNHCR will support the implementation of the project activities - The target community will own the project activities There shall be no war, rebel militia group activity or tribal clashes in the operational area - Relocation of affected Populations will not take place before the competition of the project;	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks								
Output 3.1	Hygiene awareness and practices improved in the emergency affected area in Malakal, Lelo and Kodok, through community sensitization and WASH NFi distribution	- Number of Hygiene Campaigns Conducted -Women and adolescent girls receiving menstrual hygiene kits Number of HH receiving a narrow collapsible water container	Monthly & Quarterly reports Training reports Attendance sheets	- The government and UNHCR will support the implementation of the project activities - The target community will own the project activities There shall be no war, rebel militia group activity or tribal clashes in the operational area - Relocation of affected Populations will not take place before the competition of the project;								
Activity 3.1.1	Train eight (8) Community Hygiene Promoters											
Activity 3.1.2	Conduct five (5) Hygiene Promotion Campaigns(CHP):											
Activity 3.1.3	Distribute 10 and 20 litre water buckets and collapsible jerry cans to the affected Population and returnee households accessing this water supply:											
Activity 3.1.4	Provision of female hygiene kits for 2100 w	omen and adolescent girls in Malakal IDPS camp ar	d Kodok & Lelo camps									
Output 3.2	Improved Hygiene knowledge and practices in 3 schools with high returnee population	- Number of School hygiene clubs formed Members in School hygiene clubs trained - Number of Hand Washing Campaigns - School Children attending hand washing with soap campaign	Monthly & Quarterly reports Training reports Attendance sheets	- The government and school management will support the implementation of the project activities - The students will own the project activities There shall be no war, rebel militia group activity or tribal clashes in the operational area								
Activity 3.2.1	Form and train 3 school hygiene clubs in M	alakal Town		·								
Activity 3.2.2	Conduct Hand Washing campaign for school children											

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date: January 14, 2014 Project end date: July 31, 2014

Activities		Q1/2014			Q2/2014			Q3/2014			Q4/2014		
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct N	lov Dec		
Activity 1.1.1 Install 3 sets of 10,000lt Bladder tanks each with 12 water points in Malakal UNIMISS compound		Х	Х	Х									
Activity 1.1.2: Distribution of PUR water treatment tablets to Kodok and Lelo Affected Populations		Х	х	х	х	Х							
Activity 1.1.3: Provide and install one (1) Emergency water supply kit (SWAT) at the transit affected Population camp in Kodok	Х	Х	х	х									
Activity 1.1.4: Establish and train 1 water management committee comprising 8 members, to ensure proper operation, maintenance, and management of the water points.		х	х	х									
Activity 2.1.1 Construct 150 Emergency latrines Malakal UNIMIS IDP Camp and install corresponding hand washing facilities		Х	Х	Х	Х	Х							
Activity 2.1.2: Construct 30 Emergency latrines (5 blocks) with special consideration to women's special needs, at the affected Population temporary camp in Kodok:		Х	х	х	х	Х							
Activity 2.1.3: Construct 20 emergency House Hold latrines at the affected Population temporary camp in Lelo		Х	х	х	х	Х							
Activity 2.1.4: Train eight (8) Household Sanitation Committees and conduct one(1) camp cleaning campaign at each of the three camps (Malakal UNIMISS camp, Lelo Camp and Kodok Camp)		Х	Х	х	Х	х							
Activity 3.1.1: Train eight (8) Community Hygiene Promoters:		Х	х	х									
Activity 3.1.2: Conduct five (5) Hygiene Promotion Campaigns(CHP):		Х	х	х	х	Х							
Activity 3.1.3: Distribute 10 and 20 liter water buckets and collapsible jerry cans to the affected Population and returnee households accessing this water supply	Х	Х	х	х	Х								
Activity 3.1.4: Provision of female hygiene kits 2100 women and adolescent girls in Kodok and Lelo affected Population camp	Х	Х	х	х	х	Х							
Activity 3.2.1 Form and train 3 school hygiene clubs in Malakal Town		Х	х	х	х								
Activity 3.2.2: Hand washing campaign for school children			Х	х	Х	Х							
Activity 4.1: Conduct monitoring visits to project sites prior to Mid-term report and EoP report.				Х			Х						
Activity 4.2: Compile and submit End term report (narrative and financial) I).													

^{*:} TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%