

Common Humanitarian Fund for South Sudan

CHF Reserve Application Template

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

Note:

This application shall be submitted to the cluster coordinator and co-coordinator for the relevant cluster with copy to the CHF Technical Secretariat.

If the project is not already in the CRP a project sheet must also be prepared and submitted into OPS.

CHF Reserve No.	14/R/503
Date Received:	
CRP Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal point:	

To be filled in by the CHF Technical Secretariat

CHF Reserve Grant Request Summary

Requesting Organisation:	Polish Humanitarian Action (PAH)		
Project Title:	Provision of mobile services for ARRM in Jonglei, Unity and Upper Nile States, South Sudan [CRP Project Title: WASH and Emergency Response in most vulnerable communities of Jonglei State, South Sudan]		
Project Code (if CRP project):	SSD-14/WS/61064		
Cluster/Sector:	WASH, NFI		
Geographic areas of implementation (list State, County and if possible Payam. If the project is covering more than one State please indicate percentage per state):	State	%	County, Payam
	Jonglei	60	Ayod, Uror, Bor South, Nyirol
	Unity	20	Leer, Panyijar
	Upper Nile	20	Nassir, Baltet, Panyikang
Targeted population (Abyei conflict affected, IDPs, Returnees, Host Communities, Refugees)	IDPs, returnees, refugees, host community		
Total project budget:	2,800,000 USD		
Amount requested from CHF Reserve:	1,306,156 USD		
Are some activities in this project proposal co-funded?	Yes <input checked="" type="checkbox"/> (if yes, list the item and indicate the amount under column in of the budget sheet) No <input type="checkbox"/> (if no, indicate if additional funding will be sought to complement the CHF Reserve in section II/B)		
Project Duration (indicate number of months, earliest starting date will be Allocation approval date):	12 months 01 Jul.2014-30 Jun 2015		
Total number of direct beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):	30,000		
Implementing partners (include those that will benefit/ sub-grant from CHF funding and corresponding amounts):	N/A		
Project Contact Details: Organization's Address Project Focal Person Finance Officer Country Director	Organization's Country Office		Organization's HQ
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SECTION II

A. Humanitarian Context Analysis

- In approximately 500 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population¹.
- Also explain relation to the work of other partners in the area.

People affected by the current crisis can be broadly categorized as being located in three settings: POC sites (where UNMISS provides physical protection and facilitates humanitarian assistance); settlements such as Mingkaman; and 'hard to reach' areas often with transient populations.

Although more than 60 initial rapid needs assessments (IRNAs) have been conducted, in many cases response in hard to reach areas has been delayed and/or incomplete, or in some cases absent. The time lag between assessment, commitment to respond, and actual response has often been significant. Although all affected people have equal rights to protection and assistance, in practice a smaller number (those in POC sites and some settlements) has received a disproportionately higher level of support as compared to a much larger number of people facing life-threatening risks in hard to reach areas.

The Area Rapid Response Model aims to strengthen a coordinated approach to conducting multi-sectoral assessments and emergency response in targeted hard to reach areas. It aims to empower those who can contribute most to achieving results to be able to do so under a collective mode of results oriented planning, action, and monitoring. The model aims to engender more predictable action, and to reinforce requirements and accountability for clear and visible plans, concerted attention to overcoming practical impediments to carrying out such plans, and clear and visible tracking of progress against plans. There is residual capability dispersed across operational organisations which can be better utilised through strengthened coordination and targeted investments, extending reach on the ground.

The nature of the crisis with ongoing conflict with changing front lines, combined with big changes in conditions due to weather, means that there may be numerous scenarios which may require a variable combination of (A) centrally deployed mobile services and (B) strengthened capacity on the ground for sustainable response. For the purposes of describing the model, two stylised and simplified scenarios are outlined:

Scenario 1

In these hard to reach areas there are no organisations on the ground with established presence and sufficient capacity to provide the required level of response across the prioritised sectors (FSL, Health, NFI/ES, Nutrition, Protection, WASH). The objective of the model, in the first instance, is to provide mobile services to establish temporary capacity for assessment and response during time bound periods. Mobile teams will be deployed with the requisite information and tools, personnel, supplies and logistical support to assess and assist the population found in the target location, before withdrawal. (If the deployment verifies that conditions are viable, information obtained may support planning for establishing and strengthening sustained presence on the ground).

Scenario 2

In these hard to reach areas there may be one or more organisations already on the ground with established presence and ongoing operations. This is the preferred scenario, where the objective of the model is to strengthen presence and capacity on the ground and expand reach within the potential catchment area. 'First provider' organisations with an established presence on the ground, or capable of establishing themselves, will be identified, potentially two organisations in each hard to reach area which between them can have the capacity to act as first providers across all of the prioritised sectors (FSL, Health, NFI/ES, Nutrition, Protection, WASH). (Periodic deployment of mobile teams when needed can support the consolidation and expansion of operations by first providers in the viable catchment area).

List of assessments and key data, including the number and type of the affected population:

1. IRNA in Jiech, Ayod County from the 13-14th of May, 2014, according to which there is 25 000 IDPs from Ayod Town in Jiech, Gorwai, Mogok, Pagil, who do not have access to sufficient water supplies and WASH NFIs
2. IRNA in Bor Town and surroundings (Kuiongo, Kondaai, Payuech, Arek and Malou) from the 23rd of May 2014 showed that there is an influx of returnees from islands to the main land which might cause tensions between IDPs leaving in abandoned houses and returnees. Additional ES NFIs will be needed as well as water and sanitation facilities.
3. Approaching rainy season might bring additional movement of IDPs from the region in the risk of floods in Jonglei – mainly from Uror, Ayod, Nyirol Counties – as regions most vulnerable for flood because of surroundings spring and rivers. Displaced communities might need water and sanitation assistance as well as provision of WASH and ES NFIs.
4. According to OCHA, the living conditions in displacement sites especially in Jonglei, Unity and Upper Nile continued to deteriorate due to flooding caused by heavy rains (OCHA Sit. Rep from 30.05.2014) and the situation requires for more engagement from humanitarian partners. E.g. IRNA conducted in Mandeng on the 20th-21st of May, has showed that there is huge displacement of people from Nassir, due to fights in the town on the beginning of May – 20 000 IDPs were reported and in need of water and sanitation assistance.

B. Grant Request Justification

- In approximately 300 words describe why CHF Reserve funding is sought for this project, and why this particular activity is important. Explain why the activity is time critical and need rapid funding through the CHF Reserve.
- Confirm that your organization's internal reserves or other donor funds are not immediately available and/or appropriate to fund the proposed activities. Please provide information on which donors or what other funding sources have been approached.
- Briefly describe the value added by your organization
- Describe why this activity was not funded through the CHF standard allocation process, and what has changed since that process was

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.

completed to make this project emerge as a priority.

This proposal is submitted by invitation, following pre-selection by the ICWG, to offer mobile services for the following sectors:

- WASH
- NFI

PAH has an experience in working in emergency context, especially in Jonglei State. In 2012 PAH has established an Emergency Response Team (ERT) comprising of WASH technicians and Hygiene & Sanitation Officers. The ERT conducts needs assessments in areas where an emergency happened and starts an appropriate rapid response afterwards. Since 2012 PAH has delivered aid to more than 60 000 beneficiaries and was one of the first WASH agencies responded in Bor PoC as early as in January 2014. Since November 2011 PAH has been the WASH State Focal Point for Jonglei. PAH has been present in Jonglei since 2006 which gives the organisation comprehensive knowledge about different areas in the state. PAH has identified key partners in the state and leads a fruitful cooperation with local authorities all over Jonglei.

In the face of current humanitarian needs in South Sudan, additional funds are required to increase the coverage, effectiveness and speed of response. The situation in South Sudan requires conducting responses in several locations at the same time, both IRNAS and interventions in and out of Jonglei. However, due to limited funds, PAH capacities cannot fill the existing gaps. The CHF funds would allow PAH to extend the ERT and increase the capacity of the team and as a result increase the number of responses in Jonglei and in other states (especially in Upper Nile and Unity) and reach more beneficiaries – PAH Emergency Response Team will increase from 8 to 12 people, what allows us to have 3 separate teams and send them to 3 different locations at one time.

Additional funds are needed urgently as the number of people in need is still increasing and the rainy season might bring additional challenges with displacement which will require strong cooperation among partners to assist as much IDPs, returnees and host communities as possible.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

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

Activities planned in this project are in accordance to the strategic objectives of WASH Cluster. The project rationale is a part of the plan developed by the WASH Cluster during a series of meetings with WASH partners and are a reflection of solutions discussed during these meetings, i.e. a reinforcement of rapid response mechanism which means increase of number of rapid intervention, especially in hard to reach areas.

ii) Project Objective

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

Till the end of June 2015, 30 000 beneficiaries in Jonglei, Unity and Upper Nile States, South Sudan from post-conflict and vulnerable areas have access to safe water and sanitation facilities as described in SPHERE standards.

iii) 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.

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

The main aim of the project is to improve water and sanitation conditions of the most vulnerable groups affected by conflict and floods in Jonglei, Unity and Upper Nile States. The aim will be achieved by emergency response activities in the locations affected by conflict or natural disasters (mainly floods during rainy season).

Activities that will lead to achievement of the project's objectives:

1. Conducting WASH and ES-NFI assessments – PAH representative will be part of IRNA teams as WASH and NFI specialist, PAH will also conduct its own assessment if need occurs or by request from local authorities or partners.
2. Provision of safe water supply – after conducting an assessment, the Emergency Response Team (ERT) will plan, design and implement a response to a particular situation. This includes borehole rehabilitation or repairs, water yard rehabilitations, construction of rain water harvesting system or installation of SWAT system etc. Together with the facilities, trainings for Water Committees will be conducted – each Water Committee will consist from 6 members from the community – 3 men and 3 women. Water Committee will be responsible for taking care of rehabilitated water point – keeping it clean and report to local water department when broken.
3. Provision of safe sanitation facilities – PAH will construct emergency latrines or rehabilitate already existed ones in locations of high concentration of IDPs/returnees, who do not have access to safe facilities.
4. Emergency hygiene promotion – in each location, where PAH provides water or sanitation facilities, hygiene promotion activities will be conducted. In each community PAH will train Community Hygiene Promoters (CHP), who will conduct community campaigns and households visit to improve hygiene behaviours.
5. Distribution of WASH and ES NFI will be conducted to provide quick solutions in situations with lack of safe water and poor hygiene conditions in households.
6. Garbage collection – PAH will design and implement suitable solutions for garbage collection in locations of concentration of IDPs/returnees.

iv). Cross Cutting Issues

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

PAH uses predefined vulnerability criteria to make sure that cross-cutting issues as such as gender, disability, situation of children are addressed. In its responses PAH prioritizes the most vulnerable groups, i.e.

- child , disabled , elder and female headed households;
- large households (more than 9 members);
- people with no community links and/or severe disability
- single parents;
- unaccompanied elders and minors.

Gender

Project will target communities affected by cholera or at risk of cholera and will put focus on women as a group which can be responsible for improvement of hygiene practices on household level. Women will constitute 60% of Community Hygiene Promoters, who will be trained and will responsible for raising awareness about cholera in the communities.

Environment

PAH plans to implement solutions that are sustainable for the community but also safe for the environment – waste management, construction/rehabilitation of latrines will contribute to clean surroundings of the households but also to clean environment. Hygiene promotion activities, cleaning campaigns aim to implement different habits of taking care of the house, surrounding and whole village. Water sources rehabilitated in the project will not pose a threat to the level of ground water.

HIV/AIDS

All hygiene promotion training will be conducted according to WASH Cluster guidelines which means that key message about HIV/AIDS is a part of every training for Hygiene Promoters. Focus of the training will be on prevention of cholera but HIV/AIDS message will be incorporated in it as one of the important issue.

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.

Results:

- 1 additional mobile team established and functional after 3 weeks from project begins
- 20 rehabilitated boreholes/other water systems
- 20 Water Committees trained – 60 women and 60 men – and is responsible by water point rehabilitated or constructed during intervention
- 100 built/rehabilitated latrines with hand washing facilities
- 5 garbage collection systems created
- 100 Community Hygiene Promoters (CHP) trained – 60 women and 40 men – and conduct hygiene promotion activities in their communities
- 20 000 beneficiaries received WASH NFIs
- 10 000 beneficiaries received ES NFIs

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. Add as many indicators as relevant to measure your project results. Ensure these indicators will be measurable during the project implementation.

SOI (X)	#	Output Indicators <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)</small>
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Performance indicators

1.	Number of Mobile Teams established and functional	1 Mobile Team (2 WASH Technicians and 2 Hygiene and Sanitation Officers) established within 3 weeks after project begin
2.	Average time between ICWG Operations Group highlighting the gap and assessment team on the ground	7 days
3.	Average time between decision to respond and response team on the ground	7 days
4.	# of locations to which a mobile response team has been deployed	9 locations to which mobile response has been deployed
5.	# of emergency-affected individuals whose immediate needs are met through the ARRM	30,000 beneficiaries served through ARRM
6.	Average duration of team deployment on the ground (ensuring quality response and achievement of objectives as set in ToR)	21-40 days (indicative, to be broken down by cluster at reporting stage)

Response indicators

x	7.	# of existing water points rehabilitated	20 rehabilitated boreholes or other water systems, that will provide at least 15l water per person per day for 10 000 beneficiaries
	8.	# of Water Committees trained	20 Water Committees trained (60 men and 60 women)
x	9.	# of new latrines constructed	20 emergency latrines with hand washing facilities constructed, which will serve 1000 individuals
x	10.	# of rehabilitated latrines	80 latrines with hand washing facilities rehabilitated, which

			will serve 4000 individuals
x	11.	# of people served by solid waste management	5 garbage collection systems created which will served 7 500 beneficiaries (1 500 in each location)
x	12.	# of people trained on hygiene promotion messages to be shared with their community	100 Community Hygiene Promoters trained (60 women, 40 men) who will reached 10 000 beneficiaries
	13.	# of people received WASH NFIs	20 000 beneficiaries received WASH NFIs
x	14.	# of conflict affected or disaster affected people provided with NFI support	10 000 beneficiaries received ES NFIs

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

The Area Rapid Response Model builds on important existing practices and established coordination architecture, including the ICWG, individual clusters with coordinators and co-coordinators and pipeline managers / pipeline lead agencies, under the leadership of the HC supported by the HCT.

The ICWG is accountable to the HC/HCT for the implementation of the model. OCHA is tasked to ensure that this and other ongoing initiatives (including the ECHO funded EP&R initiative; the OFDA funded RRF through IOM; and ongoing coordinated response in hard to reach areas by FAO/UNICEF/WFP) are closely coordinated so that the maximum number of people in need can be reached. Overviews of progress and challenges will be a priority agenda item at ICWG meetings. In addition, a smaller Operational Working Group of the ICWG will meet frequently with representation of the six prioritised clusters as well as the Logistics Cluster. Other organisations such as ICRC and MSF will ideally be part of these meetings to ensure synergy with their ongoing operations. Donors may participate in order to enhance coherence between operations and financial flows.

ICWG Operational Working Group meetings will be focused on concrete planning, on following up on practical requirements for delivery of assistance on the ground, and on tracking of progress against previously established plans. The outputs of these meetings will be planning and reporting documents, to be made visible to all stakeholders. The Operational Working Group will produce updates on financial requirements, for donor information and coordination.

Organisations providing mobile services and organisations acting as first providers on the ground will have sight of ICWG planning processes and outputs, including information related to supplies and logistical support through pipeline managers and the Logistics Cluster. The ICWG operational working group will establish the schedule and composition of cross sectoral mobile deployments in line with priorities for response, calling upon the participation of organisations pre-funded to provide mobile services. Similarly the ICWG operational working group will maintain close liaison with organisations pre-funded to be first providers on the ground, ensuring linkages to mobile deployments as may be required.

PAH works through Emergency Response Teams (ERT), which go to locations where emergency situation appears. ERT are responsible for the assessment and implementation of the activities and the work is coordinated by ERT team leader. Currently PAH employs 8 ERT members – 4 WASH Technicians and 4 Hygiene and Sanitation Officers. Additional funds will allow PAH increase ERT from 8 to 12 members (3 teams), and deploy them to 2-3 different locations at the same time. In each team there will be team leader responsible for coordination of the work and cooperation with Project Coordinator. PAH already started recruitment process (currently we are looking for a few WASH Technicians and Hygiene and Sanitation Officers for several projects), which allows us really quickly deploy new members and start working with them in next 3-4 weeks. New ERT members will attend training facilitated by ERT senior staff, also in August PAH is organizing general technical training for all 8 members and 4 new members – the training will allow integrate people, exchange their knowledge and experience and will help newcomers in quick integration and assimilation.

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.
2. 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)².

Monitoring activities:

- Project Coordinator will conduct ongoing monitoring by visiting intervention sites and meeting with beneficiaries and local authorities every week. Project Coordinator will also provide weekly reports to State Focal Points and monthly reports to WASH Cluster and to Shelter/NFI Cluster. WASH Program Coordinator or Head of Mission will monitor progress each month.
- Project Assistant will be responsible for monitoring activities on a weekly basis – gathering information from the field and checking progress with the planned action points
- Work of Emergency Response Team will be coordinated by a team leader, who will be responsible for weekly planning and monitoring activities and reporting to Project Assistant and Project Coordinator
- Each trained Community Hygiene Promoter will weekly report her/his activities to his/her supervisor (PAH Hygiene and Sanitation Officer). PAH Hygiene and Sanitation Officers will make random visits to the sites and will check hygiene conditions in the

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

households as an effect of CHP actions.

- Each intervention will start from meeting with local authorities and getting permission for the activities. During these meetings PAH will discuss the way of reporting to the authorities about progress in the response.
- All reports prepared by implementing persons (project staff, CHPs) will be gathered and analyzed by Project Coordinator what will allow to monitor progress on reaching project objectives.
- PAH will conduct at least three Post-Distribution Monitoring (PDM) surveys to check quality and adequacy of conducted response.
- PAH staff will use special form for monitoring usage of facilities after its construction – one person from the team will be responsible for checking number of people using public latrines, washing hands in public places, will also check conditions of jerry cans of those in queue to the water point. Results will be checked with reports from the assessments and thus the improvement of the beneficiaries' behaviour will be analysed.
- PAH will propose site visits for CHF team and WASH and NFI partners during conducted intervention or to locations where any facilities were constructed or rehabilitated.

Monitoring tools:

- Before each assessment and intervention PAH will prepare Terms of Reference which will be send to the WASH Cluster and to Shelter/NFI Cluster. After each assessment and intervention PAH will provide report which will be send to the same partners. This system allows proper coordination and monitoring of conducted activities by the Clusters and by local authorities. PAH will provide the SFP with data required by the cluster in the proper format
- After each construction or reconstruction of water/sanitation facilities PAH team will get an official confirmation from the local authorities about finished works.
- Each training will have attendance list which will confirm number of Community Hygiene Promoters and members of Water Committee trained
- Each distribution will have a distribution list confirming the number of beneficiaries who received distributed items
- Every step of the response – assessment, intervention, follow up – will have photo documentation, which will be used for visibility purposes as well
- PDMs reports will be shared with WASH and NFI Clusters and will provide recommendations for further distributions.
- PAH will monitor the total number of people served and the quantity of delivered supplies by using a monitoring tool, which will indicate percentage of achieved results – Project Coordinator will regularly collect data based on distribution lists, attendance lists, reports prepared by Community Hygiene Promoters, protocols of completed/rehabilitated facilities and people using facilities. This tool will be presented to the donor every month or on a special request of CHF team.

E. Total funding secured for the CRP project

Please add details of secured funds from other sources for the project in the CRP .

Source/donor and date (month, year)	Amount (USD)
ECHO – 1.01-31.12.2014	2 058 900,00 USD
GIZ – 01.07.2014-31.03.2015	753 320.78 USD

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 Allocation I.D: 14/R/503 CRP Code: SSD-14/WS/61064		Project title: Provision of mobile services for ARRM in Jonglei, Unity and Upper Nile States, South Sudan (CRP Project Title: WASH, EP&R for the most vulnerable communities in Jonglei State, South Sudan)		Organisation: <u>Polish Humanitarian Action</u>
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	What are the Cluster Priority activities for this CHF funding round this project is contributing to? To decrease excess mortality, morbidity and vulnerability of people affected by emergencies through provision of coordinated and life saving services.	Decrease of number of cases of diarrhoea or other water born diseases in areas of PAH interventions	What are the sources of information on these indicators? Reports from health centers or local authorities in the field. Reports from Health Cluster.	Security situation allows for the intervention and implementation of the project.
CHF project Objective	Till the end of June 2015, 30 000 beneficiaries in Jonglei, Unity and Upper Nile States, South Sudan from post-conflict and vulnerable areas have access to safe water, safe sanitation facilities, hygiene promotion, and will be provided by life saving NFI (store food, live safely and healthy)	Number of people with access to latrines with hand washing facilities, water points, garbage collection systems	Official documents signed by local authorities after completion of construction of rehabilitation of each facility Attendance list and distribution lists Reports from Community Hygiene Promoters Photo documentation	Security situation allows for the intervention and implementation of the project.
Outcome 1	10 000 beneficiaries have access to safe water facilities	Number of constructed or rehabilitated water points Number of people served by water point	Borehole/water point rehabilitation Records signed by local authorities after construction/rehabilitation of facility Number of population of the community where water point was constructed/rehabilitated Analysis of water point yield	Security situation in the area allows for the intervention and implementation of the project. The prices of supplies remain as predicted (no abrupt rise in prices) There is no major shortage of supplies on the market (e.g. fuel).

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	10 000 beneficiaries have access to at least 15l of safe water per person per day	Number of water points constructed/rehabilitated Number of people served by the water point Amount of water provided per person per day	Borehole/water point rehabilitation Records signed by local authorities after construction/rehabilitation of facility Number of population of the community where water point was constructed/rehabilitated Analysis of water point yield	As above
Activity 1.1.1	Need assessment on the request of OCHA, local authorities or WASH Cluster			
Activity 1.1.2	Planning the intervention according to recommendation from the assessment			
Activity 1.1.3	Purchase of the materials			
Activity 1.1.4	Construction/rehabilitation of water point			
Activity 1.1.5	Analysis of water point yield			
Activity 1.1.6	Training for Water Committees			
Activity 1.3.7	Monitoring of usage of water point – site visits of Project Coordinator, Project Assistant			
Outcome 2	5 000 beneficiaries have access to sanitation facilities	Number of constructed/rehabilitated latrines No of people per latrine	Latrine Rehabilitation/Construction Records signed by local authorities after construction/rehabilitation of each facility Number of the population Photo documentation	Security situation in the area allows for the intervention and implementation of the project. The prices of supplies remain as predicted (no abrupt rise in prices) There is no major shortage of supplies on the market (e.g. fuel).
Output 2.1	5 000 beneficiaries have access to latrines with a maximum of 50 people for latrine	Number of constructed/rehabilitated latrines No of people per latrine	Latrine Rehabilitation/Construction Records signed by local authorities after construction/rehabilitation of each facility Number of the population Forms with number of people per day using the latrine Photo documentation	As above
Activity 2.1.1	Recruitment of Emergency Response Team			
Activity 2.1.2	Need assessment on the request of OCHA, local authorities or WASH Cluster			
Activity 2.1.3	Planning the intervention according to recommendation from the assessment			
Activity 2.1.4	Purchase of the materials			
Activity 2.1.5	Construction/rehabilitation of latrines			
Activity 2.1.6	Monitoring of usage of the facilities			

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Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 2.2	5 000 beneficiaries have access to hand washing facilities	Number of constructed hand washing facilities Number of people using constructed hand washing facilities	Hand washing facility Construction Records signed by local authorities after construction of each facility Number of population Forms with number of people per day using the facility Photo documentation	As above
Activity 2.2.1	Recruitment of Emergency Response Team			
Activity 2.2.2	Need assessment on the request of OCHA, local authorities or WASH Cluster			
Activity 2.2.3	Planning the intervention according to recommendation from the assessment			
Activity 2.2.4	Purchase of the materials			
Activity 2.2.5	Construction of hand washing facilities			
Activity 2.2.6	Monitoring of usage of the facilities			
Output 2.3	5 000 beneficiaries have access to safe garbage disposal sites	Number of garbage collection systems created Number of population served by the system	Confirmation signed by local authorities after introduction if the system Number of population Photo documentation	As above
Activity 2.3.1	Recruitment of Emergency Response Team			
Activity 2.3.2	Need assessment on the request of OCHA, local authorities or WASH Cluster			
Activity 2.3.3	Planning the intervention according to recommendation from the assessment			
Activity 2.3.4	Purchase of the materials			
Activity 2.3.5	Creation of garbage collection system			
Activity 2.3.6	Training for the community on the system			
Activity 2.3.7	Monitoring of usage – site visits of Project Coordinator, Project Assistant			
Outcome 3	10 000 beneficiaries reached by hygiene promotion key messages	Number of beneficiaries reached by activities conducted by Community Hygiene Promoters, trained by PAH	Reports from the Community Hygiene Promoters	Security situation in the area allows for the intervention and implementation of the project.
Output 3.1	100 Community Hygiene Promoters trained	Number of Community Hygiene Promoters trained	Attendance lists MoUs signed with Community Hygiene Promoters about their scope of work Photo documentation	As above
Activity 3.1.1	Recruitment of Emergency Response Team			
Activity 3.1.2	Need assessment on the request of OCHA, local authorities or WASH Cluster			
Activity 3.1.3	Planning the intervention according to recommendation from the assessment			
Activity 3.1.4	Preparation of the training – identification of Community Hygiene Promoters (CHP)			
Activity 3.1.5	Training			

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Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 3.2	10 000 people reached by CHP	Number of individuals taking part in Community Hygiene Promoters' activities	Reports from the Community Hygiene Promoters Forms with information about conditions of jerry cans used by beneficiaries Photo documentation	As above
Activity 3.2.1	Follow up with CHP – conducting of campaigns within communities, households visits			
Activity 3.2.2	Monitoring of CHP activities – random visits by Hygiene and Sanitation Officers, reporting by CHP to H&S Officers			
Outcome 4	20 000 beneficiaries received WASH or ES NFIs	Number of beneficiaries received WASH or ES NFIs	Distribution lists Post-Distribution Monitoring Reports	WASH and NFI supplies are available in Bor or Juba The area of intervention is accessible through at least one means of transport Partners (IOM, Unicef) timely and adequately provide supplies (core pipeline stocks)
Output 4.1	20 000 beneficiaries satisfied with the appropriateness of the hygiene consumable and NFIs	Number beneficiaries received WASH NFIs Number of beneficiaries is satisfied with its quality and adequacy	Distribution lists Reports from post-distribution monitoring surveys and from monitoring visits Photo documentation	As above
Activity 4.1.1	Recruitment of Emergency Response Team			
Activity 4.1.2	Need assessment on the request of OCHA, local authorities or WASH Cluster			
Activity 4.1.3	Planning the intervention according to recommendation from the assessment			
Activity 4.1.4	Request of items send to core pipeline			
Activity 4.1.5	Preparation of the distribution – choosing place, mobilisation of the community, registration and verification of beneficiaries			
Activity 4.1.6	Distribution			
Activity 4.1.7	Post-Distribution Monitoring survey – Focus Group Discussions, interviews with key informants, preparation of the report, sharing report with WASH Cluster			
Output 4.2	10 000 beneficiaries are equipped and using insecticide treated mosquito bed nets	Number beneficiaries received mosquito nets and is used it properly	Distribution lists Reports from post-distribution monitoring surveys and from monitoring visits Photo documentation	As above
Activity 4.2.1	Need assessment on the request of OCHA, local authorities or WASH Cluster			
Activity 4.2.2	Planning the intervention according to recommendation from the assessment			
Activity 4.2.3	Request of items send to core pipeline			
Activity 4.2.4	Preparation of the distribution – choosing place, mobilisation of the community, registration and verification of beneficiaries			
Activity 4.2.5	Distribution			
Activity 4.2.6	Post-Distribution Monitoring survey – Focus Group Discussions, interviews with key informants, preparation of the report, sharing report with WASH Cluster			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 5	Increased access to timely life-saving services for emergency affected vulnerable populations	Number of new employees in Emergency Response Team Average time between ICWG Operations Group highlighting the gap and assessment team on the ground Average time between decision to respond and response team on the ground Average duration of deployment on the ground	Monthly project monitoring reports Emergency assessment reports Intervention Reports	Security situation in the area allows for the intervention and implementation of the project.
Output 5.1	1 additional Emergency Response Team established - 4 additional ERT members able to be deployed in hard to reach areas	Number of additional interventions done by new ERT # of locations to which a mobile response team has been deployed for an intervention # of staff available for deployment in emergency	Assessment and Intervention reports Number of application sent Notes from recruitment process Contract signed by new employees	As above
Activity 5.1.1	Advertisement about recruitment send to Labour Offices, put on recruitment websites			
Activity 5.1.2	Interviews with candidates			
Activity 5.1.3	Signing contracts			
Activity 5.1.4	Internal training for new staff			

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. 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:	1 Jul 2014	Project end date:	30 Jun 2015
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Activities	Q3/2014			Q4/2014			Q1/2015			Q2/2015		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Activity 1.1.1 Recruitment of Emergency Response Team	X											
Activity 1.1.2 Planning the intervention according to recommendation from the assessment		X	X	X	X	X	X	X	X	X		
Activity 1.1.3 Purchase of the materials		X	X	X	X	X	X	X	X	X		
Activity 1.1.4 Construction/rehabilitation of water point		X	X	X	X	X	X	X	X	X	x	
Activity 1.1.5 Analysis of water point yield		X	X	X	X	X	X	X	X	X	X	
Activity 1.1.6 Training for Water Committees		X	X	X	X	X	X	X	X	X	x	
Activity 1.1.7 Monitoring of usage of the facilities			X	X	X	X	X	X	X	X	X	X
Activity 2.1.2 Need assessment on the request of OCHA, local authorities or WASH Cluster		X	X	X	X	X	X	X	X	X		
Activity 2.1.3 Planning the intervention according to recommendation from the assessment		X	X	X	X	X	X	X	X	X		
Activity 2.1.4 Purchase of the materials		X	X	X	X	X	X	X	X	X		
Activity 2.1.5 Construction/rehabilitation of latrines		X	X	X	X	X	X	X	X	X	X	
Activity 2.1.6 Monitoring of usage of the facilities			X	X	X	X	X	X	X	X	X	x
Activity 2.2.2 Need assessment on the request of OCHA, local authorities or WASH Cluster		X	X	X	X	X	X	X	X	X		
Activity 2.2.3 Planning the intervention according to recommendation from the assessment		X	X	X	X	X	X	X	X	X		
Activity 2.2.4 Purchase of the materials		X	X	X	X	X	X	X	X	X		
Activity 2.2.5 Construction of hand washing facilities		X	X	X	X	X	X	X	X	X	X	
Activity 2.2.6 Monitoring of usage of the facilities			X	X	X	X	X	X	X	X	X	X
Activity 2.3.2 Need assessment on the request of OCHA, local authorities or WASH Cluster		X	X	X	X	X	X	X	X	X		
Activity 2.3.3 Planning the intervention according to recommendation from the assessment		X	X	X	X	X	X	X	X	X		
Activity 2.3.4 Purchase of the materials		X	X	X	X	X	X	X	X	X		
Activity 2.3.5 Creation of garbage collection system		X	X	X	X	X	X	X	X	X	X	
Activity 2.3.6 Training for the community on the system		X	X	X	X	X	X	X	X	X	X	
Activity 2.3.7 Monitoring of usage – site visits of Project Coordinator, Project Assistant			X	X	X	X	X	X	X	X	X	X
Activity 3.1.2 Need assessment on the request of OCHA, local authorities or WASH Cluster		X	X	X	X	X	X	X	X	X		
Activity 3.1.3 Planning the intervention according to recommendation from the assessment		X	X	X	X	X	X	X	X	X		
Activity 3.1.4 Preparation of the training – identification of Community Hygiene Promoters (CHP)		X	X	X	X	X	X	X	X	X		
Activity 3.1.5 Training		X	X	X	X	X	X	X	X	X		
Activity 3.2.1 Follow up with CHP – conducting of campaigns within communities, households visits		X	X	X	X	X	X	X	X	X	X	
Activity 3.2.2 Monitoring of CHP activities – random visits by Hygiene and Sanitation Officers, reporting by CHP to H&S Officers			X	X	X	X	X	X	X	X	X	X
Activity 4.1.2 Need assessment on the request of OCHA, local authorities or WASH Cluster		X	X	X	X	X	X	X	X	X		
Activity 4.1.3 Planning the intervention according to recommendation from the assessment		X	X	X	X	X	X	X	X	X		
Activity 4.1.4 Request of items send to core pipeline		X	X	X	X	X	X	X	X	X		
Activity 4.1.5 Preparation of the distribution – choosing place, mobilisation of the community, registration and verification of beneficiaries		X	X	X	X	X	X	X	X	X		

Common Humanitarian Fund for South Sudan - CHF Reserve Application

Activities	Q3/2014			Q4/2014			Q1/2015			Q2/2015		
Activity 4.1.6 Distribution		X	X	X	X	X	X	X	X	X		
Activity 4.1.7 Post-Distribution Monitoring survey – Focus Group Discussions, interviews with key informants, preparation of the report, sharing report with WASH Cluster				X	X	X	X	X	X	X	X	X
Activity 4.2.2 Need assessment on the request of OCHA, local authorities or WASH Cluster		X	X	X	X	X	X	X	X	X		
Activity 4.2.3 Planning the intervention according to recommendation from the assessment		X	X	X	X	X	X	X	X	X		
Activity 4.2.4 Request of items send to core pipeline		X	X	X	X	X	X	X	X	X		
Activity 4.2.5 Preparation of the distribution – choosing place, mobilisation of the community, registration and verification of beneficiaries		X	X	X	X	X	X	X	X	X		
Activity 4.2.6 Distribution		X	X	X	X	X	X	X	X	X		
Activity 4.2.7 Post-Distribution Monitoring survey – Focus Group Discussions, interviews with key informants, preparation of the report, sharing report with WASH Cluster				X	X	X	X	X	X	X	X	X
Activity 5.1.1 Advertisement about recruitment send to Labour Offices, put on recruitment websites	X											
Activity 5.1.2 Interviews with candidates	X											
Activity 5.1.3 Signing contracts	X	X										
Activity 5.1.4 Internal training for new staff		x										

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

CHF Reserve Grant Request Review Section – Internal

CHF Reserve Grant Request Review Section – Internal

Reviewer			Justification/clarification/recommendations
Function/Title:	Cluster Coordinator or co-coordinator		
Name:			
Organisation:			
Date:			
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Function/Title:	State-level focal point		
Name:			
Organisation:			
Date:			
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Function/Title:	CHF Technical Secretariat		
Name:			
Organisation:			
Date:			
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Function/Title:			
Name:			
Organisation:			
Date:			
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No		
PRT Recommendation, DATE:			Key points:
Names	Organisation:	Title	

Grant recommended :			
1. <input type="checkbox"/> Yes with no further revision			
2. <input type="checkbox"/> Yes subject to revision (TS to confirm revision)			
3. <input type="checkbox"/> Yes subject to revision (PRT to confirm revision)			
4. <input type="checkbox"/> Not recommended			