

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against CRP 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

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CRP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CRP Cluster	WASH
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CHF Cluster Priorities for 2014 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CRP 2014.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> - Cholera Response - 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 	<p>High Priority Areas:</p> <p>Upper Nile: Malakal, Baliel, Panyikang Jonglei: Ayod, Akobo, Uror, Nyrial, Duk, Pigi Unity: Pariang, Abiemnom, Mayom, Koch, Mayendit, Leer, Panyijar</p> <p>PoC's & Minkamon</p> <p>Medium Priority Areas:</p> <p>Upper Nile: Manyo, Melut, Fashoda, Longochuck, Mawut, Ulang Jonglei: Fangak, Twic East, Bor South, Pibor, Pochalla Unity: Rubkona, Guit Warrap: Tonj East, Tonj North, Tonj South Lakes: Rumbek North, Rumbek Central, Cuibiet Abyei</p>

SECTION II

Requesting Organization		Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State		
ACF USA		State	%	County/ies (include payam when possible)
Project CRP Code	CRP Gender Code	Northern Barel el Ghazel	35	Aweil East and North to the border
SSD 14/WS/60960	2a	Warrap	65	Twic County, Gogrial West
CRP Project Title (please write exact name as in the CRP)				
Reduce Morbidity and Prevent Malnutrition in South Sudan by Addressing Emergency, Chronic and Acute Water, Hygiene, and Sanitation Needs of the Populations in NBeG, Warrap, and Abyei				
Total Project Budget requested in the in South Sudan CRP	US\$2,534,597	Funding requested from CHF for this project proposal		US\$600,000
Total funding secured for the CRP project (to date)	US\$1,369,852	Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)		
Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP project and number of targeted beneficiaries scaled appropriately to CHF request)		Indirect Beneficiaries / Catchment Population (if applicable)		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP		
Women:	11,396	40,496		
Girls:	11,396	40,496		
Men:	10,949	38,908		
Boys:	10,996	38,908		
Total:	44,588	158,808	158,808 in NBeG and Warrap	

Targeted population:
 Jonglei, Unity and Upper Nile: Conflict affected communities, IDPs
 NBG and Warrap: Vulnerable Crisis affected host communities, IDPs, Refugees
 Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

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

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

Indicate number of months: 8 months
1 August 2014 – 30 March 2015

Contact details Organization's Country Office	
Organization's Address	ACF South Sudan Mission, Plot 722-725, Block 3k, Hai Matar, 1 st class residential area Tongping, Juba, South Sudan
Project Focal Person	James Terjanian, dcd-programme.ssd@acf-international.org , +211914276756
Country Director	Aleksandra Todorovic, dcd.ssd@acf-international.org , +211 9 11 07 29 18
Finance Officer	Charles Mwakera, admin.ssd@acf-international.org , +211 (0) 912730533
Monitoring & Reporting focal person	Jack Otieno Odongo, WaSHco.ssd@acf-international.org , + 211912235308,

Contact details Organization's HQ	
Organization's Address	247 West 37th Street, 10th Floor. New York, U.S.A. 10018, Telephone: +1(212)967-7800
Desk officer	<i>Nipin Gangadharan</i> ngangadharan@actionagainsthunger.org , +1 212 967 7800 Ext.115
Finance Officer	<i>Sadu Sako ssako</i> Sadu Sako ssako@actionagainsthunger.org , +1 212 967 7800

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

Warrap State is located at the northern border of South Sudan. The state has a high concentration of returnees, and more recently, has experienced a large influx of IDPs fleeing from conflict areas in neighboring states. It is estimated that more than 1.5 million people² have been displaced because of the conflict that broke out in December of last year. In neighboring Abyei Area, more than 21,660 individuals have been registered as of Jan 2013, the 52% of which are women³. In Bhar el Ghazel, Water availability remains much lower than SPHERE standards across the region while open defecation remains the norm. Spare parts for water point rehabilitations are available with the county-level authorities, yet the linkages between the two are weak, hampering community self-sufficiency⁴. Northern Bhar el Ghazel State is currently under level 3 crisis as classed within the IPC, while Warrap is classed as “stressed” (level 2). ALSO without urgent action in Jonglei and Unity State, this deterioration, in combination with high background levels of malnutrition and mortality, suggests that a possible Famine (IPC Phase 5) may be in the offing in the coming four months. These movements due to famine are likely to be towards neighbouring states – of which Warrap is one of them⁵.

In Warrap State, access to safe drinking water is one of the critical challenges faced by returnees, IDPs and host communities. As per South Sudan Health & Household Survey, the overall access to improved drinking water sources is 67.7% and sanitation is 14.6%. The water supply coverage in Gogrial East is 32.7% which is far below the average in the country, while the sanitation coverage is below 2%. The average daily consumption is still as low as 5.8 litres per person per day according to assessment conducted by Intermon Oxfam in June 2012. Most of the existing infrastructures for safe drinking water are nonfunctional because of lack of proper operation and maintenance (O&M) systems, poor infrastructure and overuse from influxes of populations when communities are displaced. As per available data, 30% of existing water points are currently nonfunctional.

Malnutrition rates in Warrap State are above emergency thresholds since 2008. ACF's ECHO supported Nutrition programme is currently lacking key WaSH support. According to an ACF SMART survey conducted in 2014, Gogrial County in Warrap State has 24.4% GAM and 5.4 SAM. These are above the Global standards (15% and 3%⁶). In Aweil East county in NBeG, May screening of 3,303 children showed alarmingly that 365 S(11.1% were SAM cases – although this result should not be taken to be a reflection of the overall SAM rates in the area. ACF conducted nutritional causal analysis in 2011 in Aweil East Count, Bhar el Ghazel state that showed poor hygiene and sanitation in the community are among the main contributing factors to malnutrition in the area, and that the current service levels for water, sanitation and hygiene in Warrap are well below satisfactory levels. A SMART survey conducted in May 2014 demonstrated that WASH related illnesses are a huge portion of the disease burden in the region, with diarrhea consistently at the top of the list⁷. Only 30% of the villages in Northern Bahr el Ghazal state have access to improved drinking water. 70% of water sources in the villages assessed are unimproved drinking water sources: unprotected wells, river water, lakes and springs. Although many successful interventions have been made, access to water is still concerning. Sanitation problems are numerous with a severe deficiency of sanitation facilities and services: the lack of inadequate excreta disposal and poor hygiene practices leaves a large portion of the population at persistent risk of preventable waterborne diseases. Many cases of disputes over water and sanitation resources and infrastructures between returnees and local communities have been recorded hampering a peaceful reintegration of the returnees in the villages. This competition for resources can create gender gaps, such as unequal access to WASH facilities and services for women/girls and men/boys. Consequently, there is a strong need for increased water supply, for increased access to sanitation facilities and for raised hygiene awareness.

ACF completed KAP surveys in Twic County in early 2014 and found that 87% of households still spend more than 30 minutes collecting water, which includes both travel time and wait time, indicating overcrowding at water points and a need for increased proximity to functional boreholes. Similarly, the number of people per borehole greatly exceeds the international standard of 500 people. One suspected case of cholera was reported in Kuajoc (Warrap), and there is fear that cholera will spread more rapidly with the onset of the rains and flooding. Warrap State is particularly flood prone, with high water tables and low-lying geography. In Sept 2013, 6 of the 7 counties in Warrap State were affected by flooding, and more than 2,900 families were impacted by these floods⁸.

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.

CHF funding will add value to our nutrition programming, both by ensuring key WASH actions support our nutrition programmes in NBeG and Warrap. It will also reduce morbidity and mortality due directly to water related disease within the intervention zone.

It is clear that WASH programming greatly increases the effectiveness of Nutrition programming as often lack of access to safe water and poor hygienic practice are drivers of malnutrition. Diarrhea, as the principal symptom of water related disease, inhibits nutrient absorption as any food that is ingested passes out of the body so rapidly. This is compounded by water related disease usually reducing appetite at a time when due to the infection, metabolic requirements are actually greater than normal and consequently the body requires more rather than less

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 [Humanitarian Bulletin, South Sudan, May 2014](#). OCHA.

³ [Abyei Area of Return Tracking Report, Jan 2013](#). IOM.

⁴ ACTED, Greater Bahr El Ghazal Years Review 2012

⁵ FEWSNET, May, 2014, Alert

⁶ For South Sudan

⁷ Executive summary, Integrated SMART Survey, Grogrial West County, Warrap State, May 2014 a report by ACF Nutrition Surveillance Emergency Team

⁸ [Humanitarian Bulletin, South Sudan, 16-22 Sept 2013](#). OCHA.

sustenance. Furthermore there is a vicious cycle relationship between malnutrition and water related disease. As much as water related disease can lead to malnutrition (as described previously), malnutrition can impair the immune functions which in turn make someone who is malnourished more susceptible to water related diseases. A nutritional causal analysis study conducted by ACF in NBeG in 2011 revealed key underlying causes of malnutrition in the zone included the quality of water consumed and hand washing behavior that would both be major components within this proposed project. Consequently the link between WaSH and malnutrition is very significant, and the lifesaving work that is already done by ACF's treatment of malnutrition in NBeG and Warrap states will be significantly complemented by this proposed WaSH action. Life-saving will also come from the emergency response component that will meet the critical WaSH needs caused by the floods and the burgeoning populations due to the fighting in the neighboring states.

The activities proposed in the project are in line with all the nine cluster priorities outlined in the WASH strategy document for 2014. Emphasis is placed on strengthening ACFs programming relating to WASH cluster priority activities.

- With CHF support, ACF will continue maintain emergency WASH response capacity in the operational areas in NBeG and Warrap . This includes, but is not limited to, timely and equitable access to safe water supply, construction of emergency sanitation facilities and ongoing hygiene promotion.
- The project will target acutely vulnerable communities and improve their resilience to WASH related emergencies through the rehabilitation of water points, with related focus on management, capacity building and empowerment of local actors and institutions.
- ACF will facilitate behavior change through its established and successful method of community led approaches to hygiene and sanitation, and by targeting female caretakers of malnourished children.
- ACF operates in two "hot spot" areas identified by the cluster, and acutely vulnerable returnees and IDPs will be targeted for early recovery as well as emergency response interventions.
- ACF is active in national, state, and county cluster coordination, and through this proposed action would intend to maintain its role as Warrap State WASH Focal Point In this role ACF would continue in the coordination of emergency response in Warrap State and the Abyei border area. This includes ensuring cohesion across international NGOs and government activities, providing WaSH pipeline items to responding actors during emergencies, and maintaining a communication network.

ACF is in the process of securing funding for WASH from OFDA to help transition to recovery in NBeG State. A key component of this project would be to strengthen the pump spare parts supply chain and management system. This would be complementary with the borehole activities in this proposed action. ACF has previously received CHF funding for WaSH activities in the target counties, however this proposed project will cover different communities to those where ACF have previously intervened. Consequently there will be no duplication of activities, although the activity of county level capacity building will continue work that ACF has already started.

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.

In Warrap and NBeG, ACF will implement the CHF funded project to contribute and achieve five out of 9 WASH cluster priorities. This includes emergency water treatment units, rehabilitation of existing water points, where appropriate Distribution of NFIs, if appropriate, emergency communal latrines, emergency hygiene promotion training and emergency response to diarrheal diseases like cholera. This is important in a both Warrap and Bhar el Ghazal. Whereas in some regions the water table is quite high in Bhar el Ghazal, Warrap county is prone to flooding. Acutely vulnerable returnees and IDPs will be targeted in two "hot spot" areas identified by the cluster.

In achieving these objectives, ACF will carry out emergency response as necessary for vulnerable host communities, IDPs and returnees. The project, using CHF funds, will also work to improve access to safe water sources for the communities by rehabilitating boreholes and training water user committees for sustainability. Through these activities, the objective is not only to improve the quantity and quality of water but also to ensure that the down time of water points is reduced and also ensure that all vulnerable communities have equal access to water. Moreover actions will be taken to improve access to hygiene and sanitation facilities in line with globally agreed standards. The intervention will also contribute to increase community coping mechanisms and resilience for the emergencies.

Through different approaches of hygiene promotion campaigns and participatory sessions, host communities will be encouraged /educated to build their own household sanitation and hygiene facilities. In addition village hygiene & health committees to be formed and trained to continue the hygiene promotion activities in the villages and ensure continues good hygiene practices in the communities. The separate school hygiene sessions (CHAST) will also to be conducted for the teachers & pupils in the schools to promote good hygiene practices. In line with this ACF will support the community with tools and skills for latrine construction and carry out latrines demonstration construction using local materials. This will help build capacity to construct latrines out of local materials that are affordable by every household. However, special consideration shall be given to vulnerable households such as; child or female headed families and the elderly.

As part of government effort to map out all existing water points this CHF fund will also support the Rural water and sanitation department in mapping and data collection of all water points prioritizing areas with demographic pressure due to population movements.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP 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 reduce mortality, morbidity and prevent malnutrition in conflict affected areas and areas prone to IDPs and returnees

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.

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 project essentially seeks to reduce incidence of fecal oral disease, principally diarrhea and cholera, in the intervention areas. It will seek to place barriers across the various fecal oral transmission routes. Provision of safe water will mitigate the risk of fecal bacteria being ingested from the water people drink and will provide improved water availability to facilitate greater domestic and food hygiene. Implementation of latrines will reduce open defecation thereby reducing the likelihood of feces contaminating water sources and/or food, either directly or through vectors such as flies. Finally hygiene promotion and distribution of enabling factors will encourage positive behavior change to ensure that people use latrines, consume safe water and adopt good domestic hygiene practice, as well as wash their hands with soap or ash after defecation. Hand washing will reduce the other fecal oral transmission route whereby feces can be ingested as it gets into water or onto food via soiled hands. The capacity building of local actors and the creation of water management committees will ensure longevity to the activities so they last far beyond the duration of the project itself.

These activities will combine to result in improved access to WaSH services and improved hygienic practice, leading to reduced incidence of water related disease. The will feed into the objective of reducing morbidity and mortality, as well as reducing malnutrition incidence as diarrhea is a direct cause of malnutrition. The proposed activities are as follows:

Project Activities matrix for NBG, and Warrap

TOTAL CHF BENEFICIARIES: 44,588

	Activities	Aweil East (35%)		Twic & Gogorial West (65%)		Total
		Qnt	Bnf (individuals)	Qnt	Bnf (individuals)	
	Frontline Activities					
1	Baseline Survey	1	1,125	2	3,375	4,500
2	Testing for E Coli for water points (60 water points)	15	63	39	135	180
3	Random testing for residual chlorine to test for use of Aqua Tabs distributed and in chlorinated water supply	15	7,500	45	22,500	30,000
4	Sanitary surveillance	15	7,500	45	22,500	30,000
5	Rehabilitation of institutional latrines at OTPs (2,000 beneficiaries)	8	2400	6	1800	4200
6	Construction of new latrines at ACF stabilization centers and OTPs (2,000 beneficiaries)			4	2,000	2,000
7	Rehabilitation of boreholes and wells	15	7,500	45	22,500	30,000
8.	Use of Model Mothers Methodology for Public Health Promotion	1	200	3	600	800
9.	School hygiene promotion sessions through CHAST methodology (12,000 beneficiaries)	4	120	12	360	480
10.	Social marketing events (World Toilet Day, Global hand washing day and World Water Day)	3	1,500	6	3,000	4,500
11	Village Hygiene and sanitation campaign (CLTS)	10	2,700	20	5,400	8,100
12	Nutrition beneficiaries hygiene promotion	8	2,400	6	6,900	9,300
13	Water user committee training	15	90	39	234	360
14	Emergency response	1	3,000	1	6,000	9,000
16	County level capacity building for WIMS including support (e.g facilitation in collection of data, bicycles, computer)	1	10	2	16	26

18	Endline KAP Survey	1	1,125	3	3,375	4,500
	Pipeline Activities					
19	Distribution of NFI sets to communities (1 NFI set consists of 200g bar soap for laundry, 250g for personal hygiene and 10 Sachets of Aqua tabs, 2 Jerrycans)	1	3,000		6,000	9,000
20	Distribution of NFI sets to schools (1 NFI set consists of 100 kg for personal hygiene and 5 Boxes of Aqua tabs)	4	2,000	12	6,000	8,000
21	Provision of Latrine Digging Kits	2	200	6	600	800

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

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

01. Improved access to potable water for communities affected by chronic crisis
02. Improved access to safe sanitation practices and community understanding of hygiene related illness and prevention methods
03. Real time response to WaSH emergencies to save lives, and mitigate epidemiological spread

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. 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)
	1.	# of people provided with sustained access to safe water supply (SPHERE Standard)	30,000
X	2.	# of Existing water points rehabilitated	60
X	3.	# of new latrines constructed	10
X	4.	# of latrines rehabilitated	4
X	5.	# of people provided with sustained access to hygiene latrine facilities	4,000
X	6.	# of households receiving a hygiene kit.	9,000
X	7.	# of people trained on hygiene promotion messages to be shared with their community	500
X	8.	# of Community members trained on management of water, sanitation and hygiene services.	400
	9.	80% of Water User Committees formed and trained, functioning properly	48
	10.	80% of rehabilitated hand pumps have no downtime	48
	11.	90% of rehabilitated hand pumps show less than 10 coliforms/100 mL	54
	12.	Number of people reached with key health and hygiene messages in emergencies	44,588
	13.	Number of Pump Mechanics trained Number of villages/CBOs trained cholera emergency preparedness	32
	14.	80% of Water User Committees formed and trained, functioning properly	48
	15.	Number of Pump Mechanics trained	60
	16.	No. of water points tested pre and post rehabilitation works	60
	17.	Number of villages/CBOs trained cholera emergency preparedness	60

18.	Number of beneficiaries receiving emergency WaSH services	44,588
19.	Number people reached in case of epidemics No of lives saved (cure rates for Cholera cases that test positive)	9,000
20.		
21.	Number of CLTS triggering campaigns conducted	20
22.	Number of open defecation free villages	10
23.	Number of HH latrines constructed	800
24.	Number of institutional latrines rehabilitated	16

vi). Cross Cutting Issues

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

The project places high emphasis on gender with focus on extension of services to vulnerable groups including women. Women will be involved in the design and implementation of activities at the community level, and are empowered by active membership and appointment to leadership positions in Water User Committees. Additionally, female caretakers of malnourished children are targeted for health and hygiene education.

Communities will be empowered through management of their water points, and encouraged to take ownership in order to promote long-term functionality. Partnerships with local suppliers and technicians will be encouraged in order to strengthen capacity to respond to communities' needs and equip vulnerable communities to cope with chronic and acute crises. Through the implementation of community driven sanitation models, communities will take control of their sanitation and hygiene and build latrines to their specifications with locally available materials. Measures will be taken to ensure that there is no significant impact on the environment due to the projects implemented under the program. Activities will incorporate environmentally efficient designs such as reusable grey water for borehole runoff and reduce timber construction in household latrine design. Waste collection and management will be promoted in transit sites and other returnee/IDP locations to build positive impact on the environment. Though it is difficult to isolate and target HIV/AIDS patients in most communities, efforts will be made to collaborate with health partners in these states in identification and increasing services

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.

To address the challenges faced by communities with overcrowding and over use of water points, as well as frequent breakdowns, ACF will undertake the rehabilitation of existing boreholes. In coordination with the local Rural Water Supply and Sanitation officers, as well as payam-level Pump Mechanics, boreholes will be rehabilitated as the same time capacity is built within the local actors. Identification of communities in need of rehabilitations will come from RWSS, as well as from data driven by nutrition programs. To further build capacity of the Pump Mechanics, specific trainings will be undertaken to strengthen their technical knowledge. A Water User Committee will be established at each of the rehabilitated water points, with 7 members tasked with managing and maintaining the water point.

Guided by data collected from OTPs on nutritional status of children in the region, 15 villages with a high percentage of malnourish children will be targeted for village hygiene and sanitation campaigns using CLTS methodologies. ACF will work with the communities to identify an action plan based on their self-identified needs. A baseline Knowledge, Attitude, and Practice (KAP) survey will be conducted at the beginning of the project and an endline survey will be conducted and analyzed to measure the impact of the program.

ACF shall use the Model Mothers methodology for health education and public health promotion. The Mothers Model is a tool used to implement health and nutrition promotion and education at community level, where communities own the implementation model. It is relying on the desire of the community itself to improve health, nutrition and general wellbeing of its members. This promotes long term sustainability even after the NGOs exit, as well as ensuring the messages and communication techniques are as culturally appropriate as possible, and so hopefully most accessible and effective in bringing about behaviour changes, as they are developed and delivered by members of the community.

The Mothers Model provides a high population coverage system, ideally resulting in 100% household coverage at a ratio of around 1 volunteer to 15 households. This leads to excellent access to the communities and tailored communication and re-enforcement of information and support, but also has the potential for information gathering in a census-style population survey. Every 10 – 15 volunteers will be supervised by ACF staff, ensuring quality and commitment to implement this Mothers Model. The Mothers Group model enables the community volunteers to mobilise mothers to take their children for immunization services, to deliver in the MCH, to take in IYCF messages and most importantly for the communities to access public health promotion messages.

All trainings (Pump Mechanic, Water user associations, Nutrition, etc) shall be participatory, interactive and learner-centred and shall incorporate suitable participatory methods such as group discussions, plenary sessions, case studies and innovative examples.

In addition to village hygiene campaigns, ACF will conduct hygiene session through a peer-to-peer model in OTPs. Model Mothers will be selected to promote hygiene among mothers visiting the centers, as well as invite mothers to visit their homes for ideas on improving hygiene.

In light of the recent cholera outbreak in Juba, IDP movements, and rainy season flooding, ACF will respond, in consultation with the WaSH cluster and in collaboration with other partners, to emergency WASH needs in the region. This will include emergency water provision through motorizing boreholes and installation of distribution systems, installation of surface water treatment systems, water trucking if necessary, and household water purification through provision of purification products –with training. Sanitation will be provided through the construction of emergency latrines, bathing shelters and hand washing facilities. Hygiene promotion in emergencies will focus on key messages such as hand washing, safe water handling and storage, safe excreta disposal, and provision of essential hygiene items.

The logical framework matrix identifies a number of risks to the successful implementation of the project. The majority of these relate to security. Although this is a legitimate concern, ACF has an excellent knowledge of the proposed intervention area having worked there for several years. Being established in the area has provided strong acceptance of ACF’s presence and consequently ACF feels confident in operating in the area even when security risks are considered elevated. Consequently ACF is able to mitigate security risks to the project, although ACF will not compromise the security of its personnel, and security plans do exist that include normal operating levels, skeleton operating levels and ceasing of activities/evacuation. Other risks relate to a lack of community participation in the project as well as ruptures in the Unicef pipeline, however with ACF’s established knowledge of local community dynamics and with the efficiency of the Unicef pipeline, neither of these factors have been significant problems in the past, and therefore problems would not be anticipated for this project. The final risk refers to a change in context whereby for example the context may deteriorate from one of “crisis” to “emergency” or “catastrophe”. This would effectively mean an IPC shift from level 3 to level 4 or 5. Should this occur the humanitarian needs will be evaluated and with CHF permission ACF would likely prioritize and scale up relief activities (as represented by the emergency response component of this proposed action).

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)⁹.

All ACF activities are monitored on an ongoing basis by field staff and monthly by Juba-based technical coordinators through biweekly field reports, monthly reports and through periodic site visits. To ensure the highest standard of the intervention, technical support on specific program activities is provided on an ongoing basis to the coordination team and field teams by a sector technical advisor from the headquarters.

Water supply activities will be monitored through water quality testing and sanitary surveys, as well as follow up visits with the water user committees and post implementation monitoring. Residual chlorine will be monitored during any emergency response. Outcomes of the village and peer-to-peer hygiene sessions will be monitored through baseline and endline KAP surveys. The WASH team will work in close partnership with the Nutrition team to identify links between malnutrition incidence and WaSH needs as well as to measure and monitor malnutrition rates and the number of nutrition beneficiaries admitted at the nutrition program centers.

	Description	From	To	Frequency
1	Activity Progress Reports	Field Offices/teams	Juba office then to New York office	Monthly
2	Budget Follow up reports	Juba office	Field offices/teams	Monthly
3	Procurement Follow Up reports	Juba office	Field offices/teams	Weekly
4	Pipeline Updates	Field offices/teams	Juba Office	Weekly
5	Monthly management meetings	Both Juba office & Field offices/teams	Both Juba office & Field offices/teams	monthly
	Semi Annual Donor Reporting	ACF	WASH Cluster	Semi Annual
	Annual Internal Audits	ACF	ACF	Annual
6	3W Matrix for the WASH Cluster	Juba office	WASH Cluster	Monthly
7	Baseline Survey Reporting and End of Project Survey	Field Offices/teams	Used within ACF – Field, Juba office and New York and then shared with all partners at both Juba level and Field level	During the beginning of the project and the end of the project

D. 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)
Common Humanitarian Fund (10/2013)	350,000
Common Humanitarian Fund (01/2014)	700,000

⁹ 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.

Pledges for the CRP project	
Second round of proposals for OFDA APS funding for 2 years focusing on early recovery programming	4,000,000

SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

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./CRP Code: SSD 14/WS/60960		Project title: Reduce Morbidity and Prevent Malnutrition in South Sudan by Addressing Emergency, Chronic and Acute Water, Hygiene, and Sanitation Needs of the Populations in NBeG, Warrap, and Abyei		Organisation: <u>Action Contre la Faime</u>
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	The project will meet the most urgent humanitarian support in Warrap and Bahr El Ghazal states by re-stabling access to safe water and basic sanitation as well as emergency response to diarrhoeal disease therefore ensuring disease prevention.	<ul style="list-style-type: none"> Malnutrition rates in target communities and among displaced population or returnee transit camps are reduced 	<ul style="list-style-type: none"> Monthly program reports, baseline and follow up reporting, program evaluation reports, ACF and GOAL anthropometric and mortality survey reports Pre- and post-KAP surveys 	<ul style="list-style-type: none"> Security situation allow accessing the beneficiaries
CHF project Objective	To Reduce morbidity, mortality and prevent malnutrition in areas prone to IDPs and returnees by provision of WASH facilities and services in Warrap and NBeG states	<ul style="list-style-type: none"> Reduced malnutrition rate in targeted communities, IDPS and returnees 	<ul style="list-style-type: none"> Monthly reports Nutrition anthropometric surveys Nutrition beneficiaries data 	<ul style="list-style-type: none"> No external factors influence rapid changes on malnutrition Security situation allow accessing the beneficiaries
Outcome 1	Improved access to potable water for communities affected by chronic crisis	a) Number of beneficiaries provided with safe water as per SPHERE standards b) # of latrines rehabilitated c) Number of people reached with key health and hygiene messages in emergencies d) Number of Boreholes rehabilitated e) 90% of rehabilitated hand pumps show less than 10 coliforms/100 mL f) 80% of rehabilitated hand pumps have no downtime g) 80% of Water User Committees formed and trained, functioning properly h) Number of Pump Mechanics trained i) Number of villages/CBOs trained cholera emergency preparedness	<ul style="list-style-type: none"> ACF reports (monthly activity reports, field report, training reports and M&E reports) Emergency response reports and assessments Meeting minutes of state and national level cluster meetings Photographs GPS Coordinates 	<ul style="list-style-type: none"> Access to the beneficiaries is ensured Participation and promotion is not hindered by community leaders, local customs or insecurity Contextual difficulties to maintain water quality standards Availability of core pipeline items through UNICEF Occurrence of emergency and response in necessitated and recognized through cluster mechanisms

LOGICAL FRAMEWORK				
CHF ref./CRP Code: SSD 14/WS/60960		Project title: Reduce Morbidity and Prevent Malnutrition in South Sudan by Addressing Emergency, Chronic and Acute Water, Hygiene, and Sanitation Needs of the Populations in NBeG, Warrap, and Abyei		Organisation: <u>Action Contre la Faime</u>
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.1	Rehabilitation of existing water supply systems	<ul style="list-style-type: none"> • Number of boreholes rehabilitated • Number of wells rehabilitated • Number of water user committees trained 	<ul style="list-style-type: none"> • ACF reports (monthly activity reports, field report, training reports and M&E reports) • Emergency response reports and assessments • Meeting minutes of state and national level cluster meetings • Photographs • GPS Coordinates 	Intensification of fighting soes nton destroy water facilities
Activity 1.1.1	Rehabilitation of boreholes and wells			
Activity 1.1.2	Pump mechanic training			
Activity 1.1.3	Water user committee training			
Output 1.2	Water Quality Testing	No. of water points tested pre and post rehabilitation works	<ul style="list-style-type: none"> • ACF reports (monthly activity reports, field report, training reports and M&E reports) • Emergency response reports and assessments • Meeting minutes of state and national level cluster meetings • Photographs • GPS Coordinates 	
Activity 1.2.1	Testing for E Coli for water points			
Activity 1.2.2	Random testing for residual chlorine to test for use of Aqua Tabs distributed and in chlorinated water supply			
Activity 1.2.3	Sanitary surveillance			
Outcome 2	Improved sanitation coverage and community understanding of hygiene related illness and prevention methods	Sanitation coverage improves target areas as shown by the baseline and end line values	<ul style="list-style-type: none"> • ACF reports (monthly activity reports, field report, training reports and M&E reports) • Emergency response reports and assessments • Meeting minutes of state and national level cluster meetings • Photographs 	<ul style="list-style-type: none"> • Access to the beneficiaries is ensured • Participation and promotion is not hindered by community leaders, local customs or insecurity • Contextual difficulties to maintain water quality standards • Availability of core pipeline items through UNICEF • Occurrence of emergency and response in necessitated and recognized through cluster mechanisms

LOGICAL FRAMEWORK				
CHF ref./CRP Code: SSD 14/WS/60960		Project title: Reduce Morbidity and Prevent Malnutrition in South Sudan by Addressing Emergency, Chronic and Acute Water, Hygiene, and Sanitation Needs of the Populations in NBeG, Warrap, and Abyei		Organisation: <u>Action Contre la Faime</u>
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 2.1	Improve sanitation coverage at OTPs and in communities	a) Number of CLTS triggering campaigns conducted b) Number of open defecation free villages c) Number of institutional latrines rehabilitated d) Number of HH latrines constructed	<ul style="list-style-type: none"> ACF reports (monthly activity reports, field report, training reports and M&E reports) Sanitary Surveys Water quality monitoring reports 	ACF staff have enough contact time with communities to trigger CLTS
Activity 2.1.1	Rehabilitation of institutional latrines at OTPs (2,000 beneficiaries)			
Activity 2.1.2	Construction of new latrines at ACF stabilization centres and OTPs (2,000 beneficiaries)			
Activity 2.1.3	Holding CLTS sessions to trigger communities			
Activity 2.1.4	Conduct ODF verification exercise with other actors			
Activity 2.1.5	Conduct ceremonies with ODF villages			
Output 2.2	Emergency latrines	<ul style="list-style-type: none"> # of latrines rehabilitated # of people provided with sustained access to hygiene latrine facilities # of new latrines constructed 	<ul style="list-style-type: none"> ACF reports (monthly activity reports, field report, training reports and M&E reports) Emergency response reports and assessments Meeting minutes of state and national level cluster meetings Photographs 	
Activity 2.2.1	Decommissioning of existing latrines			
Activity 2.2.2	Provision of Latrine Digging Kits			
Output 2.3	Participatory Hygiene Promotion	<ul style="list-style-type: none"> # of people trained on hygiene promotion messages to be shared with their community Number of Global campaigns that ACF 	<ul style="list-style-type: none"> ACF reports (monthly activity reports, field report, training reports and M&E reports) Emergency response reports and assessments Meeting minutes of state and national 	

LOGICAL FRAMEWORK			
CHF ref./CRP Code: SSD 14/WS/60960		Project title: Reduce Morbidity and Prevent Malnutrition in South Sudan by Addressing Emergency, Chronic and Acute Water, Hygiene, and Sanitation Needs of the Populations in NBeG, Warrap, and Abyei	
		Organisation: <u>Action Contre la Faime</u>	
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification
		Assumptions and Risks	
		<ul style="list-style-type: none"> participates in that are WASH related Percent of target population able to recall 3 key hand washing times 	<ul style="list-style-type: none"> level cluster meetings Photographs
Activity 2.3.1	Use of Model Mothers Methodology for Public Health Promotion		
Activity 2.3.2	School hygiene promotion sessions through CHAST methodology (12,000 beneficiaries)		
Activity 2.3.3	Distribution of NFI sets to schools (1 NFI set consists of 100 kg for personal hygiene)		
Activity 2.3.4	Distribution of NFI sets to communities (1 NFI set consists of 200g bar soap for laundry, 250g for personal hygiene, 2 buckets)		
Activity 2.3.5	Social marketing events (World Toilet Day and World Water Day)		
Activity 2.3.6	Village Hygiene and sanitation campaign (CLTS)		
Activity 2.3.6	Nutrition beneficiaries hygiene promotion		
Outcome 3	Real time response to WaSH emergencies to save lives, and mitigate epidemiological spread	<ul style="list-style-type: none"> Number of villages/CBOs trained cholera emergency preparedness Number of beneficiaries receiving emergency WaSH services Number of NFIs distributed Number of NFIs distributed 	<ul style="list-style-type: none"> ACF reports (monthly activity reports, field report, training reports and M&E reports) Emergency response reports and assessments Meeting minutes of state and national level cluster meetings Photographs GPS Coordinates
Output 3.1	Emergency Response to Cholera and other water related epidemics or IDP movements	<ul style="list-style-type: none"> Number people reached in case of epidemics No of lives saved (cure rates for Cholera cases that test positive) Number of NFIs distributed 	<ul style="list-style-type: none"> ACF reports (monthly activity reports, field report, training reports and M&E reports) Emergency response reports and assessments Meeting minutes of state and national level cluster meetings Photographs
Activity 4.1.1	Response to outbreak of emergency in Warrap and Bahr El Ghazal States		

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 August, 2014 **Project end date:** 30 March, 2015

Activities	Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1 : Baseline Survey			X									
Activity 2: Water testing equipment and consumables				X	X	X						
Activity 3: Rehabilitation of institutional latrines at OTPs (2,000 beneficiaries)				X	X							
Activity 4: Construction of new latrines at ACF stabilization centers and OTPs (2,000 beneficiaries)				X	X							
Activity 5: Rehabilitation of boreholes and wells			X	X	X	X	X	X				
Activity 6: Social marketing events (World Toilet Day and World Water Day)			X	X	X	X	X					
Activity 7: Village Hygiene and sanitation campaign (CLTS)			X	X	X	X		X				
Activity 8: Use of Model Mothers Methodology for Public Health Promotion			X	X	X	X						
Activity 9: School hygiene promotion sessions through CHAST methodology (12,000 beneficiaries)						X	X	X				
Activity 10: Nutrition beneficiaries hygiene promotion				X	X	X	X	X	X	X		
Activity 11: Water user committee training			X	X	X	X	X	X				
Activity 12: Pump mechanic training			X	X	X	X	X	X				
Activity 13: Emergency response												
Activity 14: Distribution of NFI sets to communities (1 NFI set consists of 200g bar soap for laundry, 250g for personal hygiene and 10 Sachets of Aqua tabs, 2 Jerrycans)			X	X	X	X	X	X	X	X		
Activity 15: Distribution of NFI sets to schools (1 NFI set consists of 100 kg for personal hygiene and 5 Boxes of Aqua tabs)			X	X	X	X	X	X	X			
Activity 16: Provision of Latrine Digging Kits												
Activity 17 Decommissioning of latrines			X	X				X	X	X		
Activity 18: County level capacity building for WIMS	X	X	X	X	X	X	X	X	X	X	X	X
Activity 19: Mapping of ACF WASH facilities done under CHF												
Activity 20 : Endline Survey										X		

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