

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, Nyirol, Duk, Pigi Unity: Pariang, Abiemnom, Mayom, Koch, Mayendit, Leer, Panyijar</p> <p>PoC's & Mingkamon</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	
Christian Mission for Development	State	%
Project CRP Code	County/ies (include payam when possible)	
SSD-14/WS/60682	Jonglei	100
CRP Gender Code		
2a	Ayod, Duk and Nyirol	
CRP Project Title (please write exact name as in the CRP)		
Provide timely and equitable WASH services to emergency-affected IDPs, returnees and acutely vulnerable host communities to withstand WASH crises in Ayod, Duk and Nyirol Counties of Jonglei State		
Total Project Budget requested in the in South Sudan CRP	US\$ 850,000	
Total funding secured for the CRP project (to date)	US\$ 490,322	
Funding requested from CHF for this project proposal	US\$ 797,602	
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:	14,876	23,400
Girls:	9,918	14,255
Men:	8,978	14,250
Boys:	8,288	12,000
Total:	42,060	63,905

Targeted population:

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)

N/A

Indicate number of months: **9 Months.**

1 August 2014 – 31 April 2015

Contact details Organization's Country Office

Organization's Address	308 Afro – Asian Business Centre Juba University Area, At-labara Juba, South Sudan
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Country Director	Rev. Thomas Tut Gany E – Mails: ed@cmdsouthsudan.org tutgany@gmail.com Tel: 0927262266;0919701340
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Contact details Organization's HQ

Organization's Address	Ayod County- Ayod Town Head Office
Desk officer	Ayod Head Office E-mail: info@cmdsouthsudan.org Telephone: 0919701340; 0955432664
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A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

The most recent OCHA Situation Report places the number of displaced people in Jonglei at 310,900 (OCHA Sit. Report 39, June 2014) of which women and children are the most affected. Ayod, Duk and Nyirol with a combined population of 313,544 respectively (2008 Sudan National Census) (48.1% male and 51.9% female) despite the conflict have been safe havens for conflict affected IDPs from parts of Jonglei, Unity and Upper Nile. These areas have witnessed the highest numbers of displacements in Jonglei, with actors reporting figures of up to 200,000 in only the three aforementioned counties. Reports and inter agency WASH assessments place the number of vulnerable people at over 100,000 (OCHA, May 2014) of which over 60% are females and children below the age of 12. Internal displacements of civilian populations due to insecurity, not only led to irrelevance of household WASH facilities such as latrines, but also a tendency of communities to congregate in more stable areas, that in most cases have inadequate WASH facilities such as water points, latrines and bathing facilities. Increased caseloads of IDPs in the areas of Ayod, Duk and Nyirol, with majority settled in temporary sites are posing a health risk in each of these areas, due to WASH services that are far below sphere standards. A most recent IRNA in these areas warned of possibility of epidemics of diarrheal and water borne related diseases. Cholera outbreaks have been reported in parts of Jonglei with counties lying along the flood plains and sobat highly susceptible. (CARE, MAY 2014). The scenario is expected to be exacerbated by possibility of floods in the rainy season, which will render unusable available water points and hygiene and sanitation facilities and increase risk of water related diseases.

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.

The tendency of displaced communities to congregate and settle in particular areas poses a health risk to IDPs due to a likelihood of these areas not to have sufficient WASH facilities. Maximum utilization of access in these counties will greatly favor and mitigate aggravated WASH related incidences that are expected to be worse upon the commencement of the rains in Ayod, Duk and Nyirol Counties

Women and young girls continue to bear the burden of moving long distances (average 4.5km – Jonglei State) and lining up at water points for hours to get clean water; putting them at a point of vulnerability with some of them especially school aged girls ending up missing school and susceptible to attacks and abuse as they trek long distances in search for clean and safe water, additionally, safe water handling remains an issue with 72% of households storing water in unsafe (open) containers.

Despite bearing the responsibility for WASH related activities, women continue to be excluded from decision-making and participation in water and sanitation activities. (CARE and UNICEF 2013). The need to cover up gaps within the aforementioned counties through provision/repairs of water points, conversion of hand pumps into motorized water systems and distributions of water purification tablets will boost clean water availability in these counties. Emergency communal latrine rehabilitations coupled with hygiene promotion messages/campaigns and trainings of key community level WASH actors in the aforementioned counties will greatly reduce tendencies of open defecations in these counties that pose a great health risk to the communities that are susceptible to diarrheal diseases. CMD has proven capacity in WASH responses in the area with her head offices in Ayod. Through CHF funding, CMD plans to strengthen ongoing and emergency WASH services in each of the counties of Ayod, Duk and Nyirol, especially in areas that are hard to reach, but with significant numbers of displaced and vulnerable people.

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.

C. Project Description (For CHF Component only)
<p>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.</p> <p>The main aim of the project is to cover up gaps within the WASH sector that have endangered greatly the lives of the people in the counties of Ayod, Duk and Nyirol. The project aims at improving WASH standards to meet SPHERE standards especially amongst girls and women through the rehabilitation/repairs of broken down hand pumps, setting up motorized solar powered hand pumps mounted with storage tanks, distribution of Hygiene Kits, WASH NFIs, Sanitation and hygiene promotion campaigns coupled with latrine rehabilitations and communal set ups will be done during the project. Through strengthening of existing structures CMD will contribute to the achievement of the below mentioned cluster objectives.</p> <ul style="list-style-type: none"> • Cholera Response • Rehabilitation of existing water points. • 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>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)</p> <p>The main objective of the CHF project is to improve WASH practices to meet SPHERE standards amongst IDPs and Vulnerable Host Communities with priority given to women, children, and households identified as highly food insecure (IPC Level – Emergency and Crisis) and areas that are Cholera prone. Alongside this, the project will aim to;</p> <ol style="list-style-type: none"> 1. Increase access to safe and clean water amongst vulnerable communities in the counties of Ayod, Duk and Nyirol aimed at reducing incidences of water borne/diarrheal related diseases and malnutrition. 2. Improve hygiene and sanitation practices amongst returnee and host communities through institutional and communal latrine setups/rehabilitations. 3. Build resilience of host communities to withstand emergency shocks through DRR tailored WASH trainings and awareness campaigns aimed at mitigating effects of extreme circumstances within the counties. These will be coupled with psycho – social messages targeting mainly children and school aged youths. 4. Strengthen coordination, monitoring and information sharing with partners at the county, state and national levels.
<p>iii) Project Strategy and proposed Activities Present the project strategy (what the project intends to do, and how it intends to do it). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective. <u>List the main activities and results to be implemented with CHF funding. 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).</u></p> <p>As a good practice, CMD works directly in collaboration with local authorities and beneficiaries right from the onset (planning) of the project to ensure inclusiveness, accountability and effectiveness of the project. This project will ensure existence of continuous WASH activities in the aforementioned counties aimed at achieving SPHERE standards and triggering behavioral change towards good WASH practices.</p> <p>Through the 9 Month period, CMD will carry out the following activities;</p> <ol style="list-style-type: none"> 1. Organize meetings with key stakeholders at payam and county levels including inline county officials, WASH actors, community leaders aimed at agreeing on a consolidated approach aimed at reaching both male and female vulnerable groups equally with WASH services. 2. Convert hand pumps into solar powered motorized pump stations mounted with 20,000 Liter Steel tanks and tap outlets in Ayod, Duk and Nyirol in highly populated settlements aimed at benefiting over 5,000 (3,500 females and 1,500 males) people in the aforementioned counties and easing the burden of women and girls lining up for long at boreholes to access water. 3. Carry out borehole rehabilitations in areas with identified broken hand pumps, to ease pressure on available hand pumps. This will also involve raising of platforms in areas that are likely to be affected by floods. This will ensure continual usage of

hand pumps during the rainy season. It is anticipated that this will benefit close to 15,000 people. (10,500 females and 4,500 males).

4. Carry out systematic repairs and rehabilitations of hand-dug wells, through surface lining with concrete blocks to avoid in collapse during the rainy season. Presence of wells has been witnessed to ease pressure on hand pumps and as a safe alternative source of clean water for mainly women set to benefit over 2,000 people.
5. Distribute Water Treatment tablets to at least 5,000 households in areas far away from clean water sources to reduce instances of unsafe water consumptions especially amongst communities reporting high levels of malnutrition and incidents of diarrheal diseases.
6. Construct/rehabilitate institutional, communal and household gender segregation latrines, that are lockable and fitted with lighting (if required) to boost safe hygiene and sanitation practices and suitability for use by all age groups. This will be further aided by UNICEF core pipeline acquired slabs, and the use of local materials. These will improve sanitation practices of at least 15,000 people mostly women (60%).
7. Construct/Rehabilitate communal and household gender segregated lockable bathing shelters (3:1, Female: Male) in areas of Ayod, Duk and Nyirol set to benefit 9,000 people. (6,750 females).
8. Provide standard WASH NFIs and Hygiene standard kits to atleast 1,500 Households in Ayod, Duk and Nyirol Counties of which 80% will be female headed households
9. Setup/Install at least 150 solid waste disposal points to benefit atleast 37,500 people in Ayod, Duk and Lankein.
10. Rapid orientations of 360 (40% female) WASH service providers who include hygiene promoters, volunteers, pump mechanics and community mobilisers to carry out WASH related activities. These will be further equipped with skills on cross cutting issues such as child protection, education, HIV/AIDs, Environment protection and Food Security.
11. Organize awareness campaigns in Ayod, Duk and Nyirol which include WASH signages and posters in local dialects, outdoor publicity campaigns, institutional based campaigns well suited for both men and women aimed at inducing behavioral change towards safe hygiene practices in at least 5,000 Households. Alongside CMD printed materials, CMD will obtain IEC materials through the UNICEF core pipeline and PSI. These will further be used in the Cholera Response activities.
12. Organize, hold, lead monthly coordination meetings aimed at creating inter cluster linkages at county and state level to address WASH related cross cutting issues such as Nutrition, health, protection and education.
13. Carry out periodic monitoring and evaluation exercises that will involve field staff, M&E personnel Juba based staff in collaboration with local authorities.

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

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

1. 6 hand pumps converted into solar powered motorized pump stations mounted with 20,000 Liter Steel tanks and tap outlets in Ayod, Duk and Nyirol and benefiting over 5,000 (3,500 females and 1,500 males) people in the aforementioned counties.
2. Atleast 30 boreholes rehabilitated in areas with identified broken hand pumps, and benefitting close to 15,000 people. 70% female).
3. 15 hand-dug wells rehabilitated/repaired/set up through surface lining with concrete blocks to avoid in collapse during the rainy season and benefit at least 3,000 people. (70% female)
4. At least 5,000 households provided with Water Treatment tablets to at in areas far away from clean water sources to reduce instances of unsafe water consumptions especially amongst communities reporting high levels of malnutrition and incidents of diarrheal diseases.
5. 300 institutional, communal and household gender segregation latrines, that are lockable and fitted with lighting Constructed/ rehabilitated to boost safe hygiene and sanitation practices and suitability for use by all age groups and 15,000 people mostly women (60%).
6. 300 communal and household gender segregated lockable bathing shelters constructed/rehabilitated (3:1, Female: Male) in areas of Ayod, Duk and Nyirol and benefit 9,000 people. (6,750 females).
7. At least 150 solid waste disposal points setup to benefit atleast 37,500 people in Ayod, Duk and Lankein.
8. At least 1,500 Households provided with standard WASH NFIs and Hygiene standard kits of which 80% will be female headed households.

9. 360 (40% female) WASH service providers who include hygiene promoters, volunteers, pump mechanics and community mobilisers trained to carry out WASH related activities.
10. 12 awareness campaigns in Ayod, Duk and Nyirol carried out and reached at least 5,000 Households.
11. At least 9 monthly coordination meetings held aimed at creating inter cluster linkages at county and state level to address WASH related cross cutting issues such as Nutrition, health, protection and education.

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)
X	1.	# of people provided with sustained access to safe water supply (SPHERE Standard)	24,000 people. Female: 17,000, Male: 7,000
X	2.	# of new/ additional water points constructed	7
X	3.	# of Existing water points rehabilitated	44 Water points. 30 Hand Pumps, 14 Hand dug wells.
X	4.	# of new latrines constructed	200
X	5.	# of latrines rehabilitated	100
X	6.	# of people provided with sustained access to hygiene latrine facilities.	15,000 people. Female: 9,000, Male: 6,000
X	7.	# of people served by solid waste management	37,500
X	8.	# of households receiving a hygiene kit.	1,500 Households. 1,200 female headed households. 300 male headed households.
X	9.	# of people trained on hygiene promotion messages to be shared with their community	240 people. 96 females, 144 males
X	10.	# of Community members trained on management of water, sanitation and hygiene services.	120 people. 48 females, 72 males
	11.	# of new emergency bathing shelters setup that are gender segregated and lockable on the inside.	300
	12.	# of people served by the emergency bathing shelters	9,000 people. 6,750 females, 2,250 males
X	13.	# of people trained on hygiene promotion messages to be shared with their community	360

vi). Cross Cutting Issues

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

CMD will use both internal and external tools to address cross-cutting issues and comply with relevant internal and international standards. During the assessment phase of the project, focus group discussions were held for separate men and women's groups, included community leaders, elders, school children, youth, women-headed households, child-headed households, and the disabled. This process assisted CMD to identify how the problems faced affected community members differently, and has facilitated the project design accordingly. Inter-linkages between education, protection, nutrition and health will be done during this project. Women and other vulnerable groups will be given beneficiary priority during the project. Girl child education, HIV/AIDs, environment protection, mine awareness and girl child rights messages will be incorporated into trainings. Latrines will be constructed at-least at standard distances from water points.

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.

CMD will be responsible for project implementation through the direct engagement of key project staff, such as the State and Field Coordinator, WASH Officers, Field Officers and Community Mobilisers and yet will achieve this in collaboration with local actors in Ayod, Nyirol and Duk Counties. Trained beneficiaries identified from amongst the targeted populations will be frontline through community WASH service promoters and to advance messages on WASH in an emergency setting. For technical aspects of project implementation, CMD will engage expertise from lead WASH agencies within the state.

To ensure the maximum impact of the intervention, CMD will strengthen existing structures, as opposed to creating parallel systems that do not add value to local capabilities. Primary stakeholders identified include the county Departments of Water, Sanitation and health and chiefs coordinated by the county RRC Secretary. CMD will implement each stage of the project in collaboration with these stakeholders and aim to include representatives from each government and non-government structure in training and capacity

building components. Whilst doing this, CMD will also take into account the strategies and plans of the state and a national level. Coordination will be maintained through CMD's commitment to attend WASH cluster meetings at a state and national level, both in Jonglei and Juba.

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.

Baseline indicators and technical capacities will be used to measure whether progress is being made towards achieving results and project objectives. In addition, capacity assessments will be conducted to determine existing skill levels of targeted beneficiaries, in order to design training and assess its impact both immediately following training and periodically throughout the project duration. CMD has developed a performance-monitoring plan specifically related to these project indicators.

The monitoring plan will be used to collect and analyze data for strengthening management of the project. At the field level, regular monitoring visits conducted by CMD field staff will use cluster-approved systems to measure progress against the work plan and towards achieving the desired results and project objectives. Data collected from field visits will be used to report to the cluster on a monthly basis, with additional narrative and financial reports provided to CHF as per contractual requirements.

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

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)
CHF 2014 ROUND ONE	200,000
USAID – IOM	290,322
Pledges for the CRP project	
In kind contributions from affiliate churches	12,000

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

SECTION III:

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/60682		Project title: Provide timely and equitable WASH services to emergency-affected IDPs, returnees and acutely vulnerable host communities to withstand WASH crises in Ayod, Duk and Nyirol Counties of Jonglei State		Organisation: Christian Mission for Development., (CMD)
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? <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. 	What are the key indicators related to the achievement of Cluster Priority activities <ul style="list-style-type: none"> - Percentage decrease in the number of new cholera cases - # of emergency water treatment units setup. - # of existing water points rehabilitated. - # of new water points established. - # of hand pumps converted into motorized boreholes with tap stands. - # of emergency communal latrines setup - # of HHs supplied with hygiene kits - # of HHs provided with WASH NFIs. - # of people trained in Hygiene promotion. 	What are the sources of information on these indicators? <ul style="list-style-type: none"> - Progressive and activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary Enumeration, registration and distribution forms. - PHCC Health Data. - House to House randomized visits to ascertain purification tablet usage. - Direct Observations. 	<ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized. 	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	<p>What is the result the project will contribute to by the end of this CHF funded project?.</p> <ul style="list-style-type: none"> - Increased access to safe and clean water amongst vulnerable communities in the counties of Ayod, Duk and Nyirol aimed at reducing incidences of water borne/diarrheal related diseases and malnutrition. - Improved hygiene and sanitation practices amongst returnee and host communities through institutional and communal latrine setups/rehabilitations. - Built resilience of host communities to withstand emergency shocks through DRR tailored WASH trainings and awareness campaigns aimed at mitigating effects of extreme circumstances within the counties. These will be coupled with psycho – social messages targeting mainly children and school aged youths. - Strengthened coordination, monitoring and information sharing with partners at the county, state and national levels. 	<p>What indicators will be used to measure whether the CHF Project Objective are achieved?</p> <ul style="list-style-type: none"> # of HHs with access to safe and clean water in the counties of Ayod, Duk and Nyirol. # of HHs with improved hygiene and sanitation practices amongst returnee and host communities. # of people trained in WASH tailored exercises, aimed at building resilience of host communities in Ayod, Duk and Nyirol. # of county level coordination meetings held in Ayod, Duk and Nyirol and reported to the State and National cluster level. 	<p>What sources of information will be collected/already exist to measure this indicator?</p> <ul style="list-style-type: none"> - Progressive and activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary Enumeration, registration and distribution forms. - PHCC Health Data. - House to House randomized visits to ascertain purification tablet usage. - Direct Observations. 	<p>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</p> <ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized.
Outcome 1	<ul style="list-style-type: none"> - Increased access to safe and clean water amongst vulnerable communities in the counties of Ayod, Duk and Nyirol aimed at reducing incidences of water borne/diarrheal related diseases and malnutrition. 	<ul style="list-style-type: none"> • # of people provided with sustained access to clean and safe water. 	<ul style="list-style-type: none"> - Progressive and activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary enumeration, registration and distribution forms. - PHCC Health Data. - House to House randomized visits to ascertain purification tablet 	<ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized.

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
			usage. - Direct Observations.	
Output 1.1	- New Water points constructed, Rehabilitated or upgraded to provide clean, safe water coupled with PuR distributions	<ul style="list-style-type: none"> • # Water of new points constructed, Rehabilitated or upgraded to provide clean, safe water. • # of HHs supplied with PuR Tablets. • # of Existing water points rehabilitated • # of new/ additional water points constructed 	<ul style="list-style-type: none"> - Activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary Enumeration, registration and distribution forms. - PHCC Health Data. - House to House randomized visits to ascertain purification tablet usage. - Direct Observations. 	<ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized.
Activity 1.1.1	6 hand pumps converted into solar powered motorized pump stations mounted with 20,000 Liter Steel tanks and tap outlets in Ayod, Duk and Nyirol and benefiting over 5,000 (3,500 females and 1,500 males) people in the aforementioned counties.			
Activity 1.1.2	Atleast 30 boreholes rehabilitated in areas with identified broken hand pumps, and benefiting close to 15,000 people. 70% female).			
Activity 1.1.3	15 hand-dug wells rehabilitated/repaired/set up through surface lining with concrete blocks to avoid in collapse during the rainy season and benefit at least 3,000 people. (70% female)			
Activity 1.1.4	At least 5,000 households provided with Water Treatment tablets to at in areas far away from clean water sources to reduce instances of unsafe water consumptions especially amongst communities reporting high levels of malnutrition and incidents of diarrheal diseases.			
Activity 1.1.5	6 hand pumps converted into solar powered motorized pump stations mounted with 20,000 Liter Steel tanks and tap outlets in Ayod, Duk and Nyirol and benefiting over 5,000 (3,500 females and 1,500 males) people in the aforementioned counties.			
Outcome 2	- Improved hygiene and sanitation practices amongst returnee and host communities through institutional and communal latrine setups/rehabilitations.		<ul style="list-style-type: none"> - Progressive and activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary Enumeration, registration and distribution forms. - PHCC Health Data. - House to House randomized visits to ascertain purification tablet usage. - Direct Observations. 	<ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized.
Output 2.1	- People provided with Sustained access to sanitation and hygiene facilities.	<ul style="list-style-type: none"> • # of people provided with sustained access to sustained and hygiene latrine facilities. • # of Existing water points rehabilitated • # of new latrines constructed • # of households receiving a hygiene kit 	<ul style="list-style-type: none"> - Progressive and activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary Enumeration, registration and distribution forms. - PHCC Health Data. 	<ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized.

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
			<ul style="list-style-type: none"> - House to House randomized visits to ascertain purification tablet usage. - Direct Observations. 	
Activity 2.1.1	300 institutional, communal and household gender segregation latrines, that are lockable and fitted with lighting Constructed/ rehabilitated to boost safe hygiene and sanitation practices and suitability for use by all age groups and 15,000 people mostly women (60%).			
Activity 2.1.2	300 communal and household gender segregated lockable bathing shelters constructed/rehabilitated (3:1, Female: Male) in areas of Ayod, Duk and Nyirol and benefit 9,000 people. (6,750 females).			
Activity 2.1.3	At least 1,500 Households provided with standard WASH NFIs and Hygiene standard kits of which 80% will be female headed households.			
Output 2.2	<ul style="list-style-type: none"> - People served with solid waste services. 	<ul style="list-style-type: none"> • # of people served with solid waste services. 	<ul style="list-style-type: none"> - Progressive and activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary Enumeration, registration and distribution forms. - PHCC Health Data. - House to House randomized visits to ascertain purification tablet usage. - Direct Observations. 	<ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized.
Activity 2.2.1	At least 150 solid waste disposal points setup to benefit atleast 37,500 people in Ayod, Duk and Lankein.			
Outcome 3	Built resilience of host communities to withstand emergency shocks through DRR tailored WASH trainings and awareness campaigns aimed at mitigating effects of extreme circumstances within the counties. These will be coupled with psycho – social messages targeting mainly children and school aged youths.		<ul style="list-style-type: none"> - Progressive and activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary Enumeration, registration and distribution forms. - PHCC Health Data. - House to House randomized visits to ascertain purification tablet usage. - Direct Observations. 	<ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized.
Output 3.1	People trained and enlightened on WASH related issues through hygiene promotion activities	<ul style="list-style-type: none"> • of people trained on hygiene promotion messages to be shared with their community 	<ul style="list-style-type: none"> - Progressive and activity reports by CMD and other WASH Partners operating in the county. - Photographic and video evidence. - Beneficiary Enumeration, registration and distribution forms. - House to House randomized visits to ascertain purification tablet usage. 	<ul style="list-style-type: none"> - Accessibility of Ayod, Duk and Nyirol Counties. - Timely disbursement of funds. - Security remains stable in these areas. - Adverse weather conditions minimized.

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
		- Direct Observations.	
Activity 3.1.1	360 (40% female) WASH service providers who include hygiene promoters, volunteers, pump mechanics and community mobilisers trained to carry out WASH related activities.		
Activity 3.1.2	12 awareness campaigns in Ayod, Duk and Nyirol carried out and reached at least 5,000 Households.		

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:	31 April 2015
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	Activities	Q2	Q3/2014		Q4/2014			Q1/2015			Q2/2015		
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1	Organize meetings with key stakeholders at payam and county levels including inline county officials, WASH actors, community leaders aimed at agreeing on a consolidated approach aimed at reaching both male and female vulnerable groups equally with WASH services providers.			X	X								
2	Convert hand pumps into solar powered motorized pump stations mounted with 20,000 Liter Steel tanks and tap outlets in Ayod, Duk and Nyirol in highly populated settlements aimed at benefiting over 5,000 (3,500 females and 1,500 males) people in the aforementioned counties and easing the burden of women and girls lining up for long at boreholes to access water.			X	X	X	X	X	X	X	X		
3	Carry out borehole rehabilitations in areas with identified broken hand pumps, to ease pressure on available hand pumps. This will also involve raising of platforms in areas that are likely to be affected by floods. This will ensure continual usage of hand pumps during the rainy season. It is anticipated that this will benefit close to 15,000 people. (10,500 females and 4,500 males).			X	X		X	X		X	X	X	
4	Carry out systematic repairs and rehabilitations of hand-dug wells, through surface lining with concrete blocks to avoid in collapse during the rainy season. Presence of wells has been witnessed to ease pressure on hand pumps and as a safe alternative source of clean water for mainly women set to benefit over 2,000 people.			X		X	X		X	X	X		
5	Distribute Water Treatment tablets to at least 5,000 households in areas far away from clean water sources to reduce instances of unsafe water consumptions especially amongst communities reporting high levels of malnutrition and incidents of diarrheal diseases.			X		X	X	X	X	X		X	
6	Construct/rehabilitate institutional, communal and household gender segregation latrines, that are lockable and fitted with lighting (if required) to boost safe hygiene and sanitation practices and suitability for use by all age groups. This will be further aided by UNICEF core pipeline acquired slabs, and the use of local materials. These will improve sanitation practices of at least 15,000 people mostly women (60%).			X	X	X	X		X	X	X	X	
7	Construct/Rehabilitate communal and household gender segregated lockable bathing shelters (3:1, Female: Male) in areas of Ayod, Duk and Nyirol set to benefit 9,000 people. (6,750 females).			X	X	X	X		X	X	X		
8	Provide standard WASH NFIs and Hygiene standard kits to at-least 1,500 Households in					X	X	X	X	X	X		

	Activities	Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Ayod, Duk and Nyirol Counties of which 80% will be female headed households												
9	Setup/Install at least 150 solid waste disposal points to benefit atleast 37,500 people in Ayod, Duk and Lankein.					X	X	X		X	X		
10	Rapid orientations of 360 (40% female) WASH service providers who include hygiene promoters, volunteers, pump mechanics and community mobilisers to carry out WASH related activities. These will be further equipped with skills on cross cutting issues such as child protection, education, HIV/AIDs, Environment protection and Food Security.				X		X		X		X		
11	Organize awareness campaigns in Ayod, Duk and Nyirol which include WASH signages and posters in local dialects, outdoor publicity campaigns, institutional based campaigns well suited for both men and women aimed at inducing behavioral change towards safe hygiene practices in at least 5,000 Households. Alongside CMD printed materials, CMD will obtain IEC materials through the UNICEF core pipeline and PSI. These will further be used in the Cholera Response activities.				X		X		X		X		
12	Organize, hold, lead monthly coordination meetings aimed at creating inter cluster linkages at county and state level to address WASH related cross cutting issues such as Nutrition, health, protection and education.				X	X	X	X	X	X	X	X	

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