

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
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 <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 	Cluster Geographic Priorities for this CHF Round <p>High Priority Areas:</p> <p>Upper Nile: Malakal, Baiet, Panyikang Jonglei: Ayod, Akobo, Uror, Nyrial, 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	Oxfam Intermon		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	
Project CRP Code	CRP Gender Code		State	%
SSD-14/ WWS/60883	2a		Jonglei	100
CRP Project Title (please write exact name as in the CRP)			County/ies (include payam when possible)	
Strengthening of emergency response and resilience for vulnerable communities in South Sudan through a WASH intervention in Warrap, Lakes and Jonglei States.			Bor South (Bor town and periphery) Twic East county	
Total Project Budget requested in the in South Sudan CRP	US\$ 4,741,694		Funding requested from CHF for this project proposal	
Total funding secured for the CRP project (to date)			US\$ 775,000	
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	35,000 in Bor town).	
Women:	6930 ¹	40,080	Bor periphery, 9,180	
Girls:	2070 ²	10,020		

¹ Estimated as 60% for female caseload, as per the South Sudan DTM update Jan – March 2014

² Children account for 23% of caseload, as per the South Sudan DTM update Jan – March 2014

Men:	4620	40,080
Boys:	1380	10,020
Total:	15,000	100,200

Twic east county: 18.250
Total number of indirect beneficiaries is 62,430

Targeted population:
IDPs, Returnees, Host communities

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)

Indicate number of months: 9 months

Contact details Organization's Country Office

Organization's Address	Mobile Roundabout, Hai Cinema
Project Focal Person	<i>Dorien Boxhoorn,</i> gcoss@oxfamintermon.org , 0954236451 <i>Claire Manera,</i> emmqrss@oxfamintermon.org , 0913006078
Country Director	<i>Ferran Puig,</i> fpuig@oxfamintermon.org , 0912942116
Finance Officer	<i>Asfuqol,</i> afmqrss@oxfamintermon.org ,0913442192
Monitoring & Reporting focal person	<i>Dorien Boxhoorn,</i> gcoss@oxfamintermon.org , 0954236451

Contact details Organization's HQ

Organization's Address	Gran de Via de las Cortes Catalanes 641, 08010 Barcelona
Desk officer	<i>Thai Jungpanich,</i> tjungpanich@oxfamintermon.org
Finance Officer	<i>Nicolas Gravier,</i> ngravier@oxfamintermon.org

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 population³

Within Jonglei State alone, there are still 301,900 displaced people who are in need of further humanitarian assistance⁴. Those in most need are located in the six counties experiencing IPC level 4 (emergency). The security situation in Jonglei, is still highly unstable and volatile. With many villages, infrastructure and markets destroyed by the conflict.

Currently Oxfam is working in the PoC area within the UNMISS compound in Bor. Oxfam will establish a base in Bor from which these activities will be implemented, and will maximize their presence in town through the improvement of WASH infrastructure in Bor Hospital. A rapid assessment conducted on 9th June 2014 identified that WASH indicators are below Sphere standards, due to insufficient funding⁵. Addressing this issue is now critical, due to 24 suspected cases of cholera with 3 fatalities in Twic East county of Jonglei⁶, and 2 suspected cases in neighbouring Minkaman. Other WASH partners (CCOSS, PAH, NCA, IOM and IAS) are addressing WASH needs within Bor South county, therefore Oxfam is willing to support Bor hospital in order to free the resources of other agencies for outlying areas.

Over the years Twic East has been impacted by a series of natural and man made disasters, such as flooding and violent cattle raiding. After the conflict erupted on the 15th of December 2013 Twic East was for a while not accessible for INGO's.

Planned WASH response of Oxfam will take place in close liaison/coordination with CARE.

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.

Oxfam already has an operational presence in Jonglei, with staff implementing activities and engaging with existing coordination mechanisms (such as the WASH Cluster, FSL Cluster, Health Cluster, Humanitarian Coordination Forum, Inter Cluster Working Group and UNMISS Security Team). Oxfam response is built on their experience in Jonglei from 2013 (which involved an emergency response team supporting the WASH cluster), and Oxfam's current intervention in Bor PoC.

Oxfam has important added value by virtue of their presence in neighbouring Awerial county, where they are leading both the FSL and WASH clusters, supporting a population of 96,533.⁷ The IDPs of Awerial are primarily from the same counties targeted in this proposal. Oxfam is aware of the need to support temporary settlements but also to actively support an environment in which the displaced can return home if they choose to. By maintaining a presence in both locations, Oxfam can continue to closely monitor population trends and movement between both sites, including the intentions of the island population in between Bor and Minkaman.

Furthermore, Oxfam is developing a strategy for implementing FSL activities in Jonglei, for which resources are already committed. This will be integrated with WASH activities to ensure a holistic response, and to address the widespread food insecurity (which may result in famine without an urgent multi-sectoral commitment)⁸.

This CHF funding would help to build on Oxfam's WASH response for the IDP's in Bor PoC area. Through this funding Oxfam can increase their WASH activities in Jonglei and ensure that people in Bor as well as in Twic East have access to safe water. At the same time Oxfam is present in Minkaman and are implementing WASH activities for both host and IDP community.

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.

Oxfam will contribute to the following cluster priority activities:

Rehabilitation of existing water points Drilling/construction of new water points

Despite repairs of boreholes, which was completed in 2013 throughout Twic East county and Bor periphery by WASH actors, the conflict of 2014 has destroyed these efforts, as most boreholes and waterpoints were destroyed. Oxfam will assist with the rehabilitation of boreholes where possible, depending on accessibility and security, and also the construction of new water points in areas of high population concentration, in order to meet Sphere standards. Oxfam will also rehabilitate and improve the water supply system in Bor Hospital.

Emergency communal latrines Emergency hygiene promotion training

Emergency latrines are being constructed by CARE International in Twic East County. Furthermore, PAH and IAS are constructing latrines in Bor town and its periphery, Oxfam therefore would like to propose to support these interventions through the construction

³ 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.

⁴ Jonglei ICWG Meeting, OCHA, 6 June 2014; Jonglei WASH Cluster Meeting, WASH Cluster, 29 May 2014; South Sudan Situation Report, OCHA, 23 May 2014

⁵ WASH Assessment Bor Hospital, PAH, 9 June 2014

⁶ Bor PoC Meeting Minutes, ACTED, 19 May 2014

⁷ IOM Registration Data, Awerial County, 20 May 2014

⁸ Food Security Bulletin for May – June 2014, NBS, 3 June 2014; IPC May Projected Situation Communication Final, IPC, 30 April 2014

of elevated blocks of latrines (together with hand washing facilities) in Twic East county and Payuek, Arek and Malou (Bor periphery); These WASH activities will include hygiene promotion, building on lessons learnt from PHP activities of CARE, PAH and IAS in these areas, and will be coordinated in close liaison with the other actors.

Furthermore, latrine and the rehabilitation of washing facilities will be conducted in Bor Hospital together with the dissemination of

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)

Objective:

To provide safe, equitable and dignified access to adequate quantities of safe drinking water and sanitation facilities, as well as promoting good hygiene practices that take into account the specific needs of men, women, boys, girls, elderly and disabled people in accordance with minimum humanitarian standards.

This objective links to the CRP project by focusing on one specific geographical area (Jonglei state), but also supporting the overall project (as indicated in the CRP when stating *Oxfam is ready to scale up and extend activities outside of the PoC area in Bor town and surrounding counties*).

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).

Oxfam plans to build on its existing WASH team in Bor to implement the proposed activities for CHF funding. The team will provide support to Bor Hospital by improving the WASH infrastructure, at the same time Oxfam will expand activities to Bor town periphery focusing on the Malou, Payuek, Arek and Twic East county. To achieve this, Oxfam will build the capacity of host and IDP community members for construction of latrines and water points, and hygiene promotion activities.

Specific activities to be conducted include the following:

- Drilling of 7 boreholes for 3500 beneficiaries (483 girls, 322 boys, 1617 women, 1078 men)
- Rehabilitation of 3 boreholes for 1500 beneficiaries (207 girls, 138 boys, 693 women, 462 men)
- Construction of 15 latrine blocks with handwashing stations for 3000 beneficiaries (414 girls, 276 boys, 1386 women, 924 men)
- Improvement of water supply, washing areas waste disposal in Bor Hospital for 10,000⁹ individuals (1380 girls, 920 boys, 4620 women, 3080 men)
- Training of 40 hygiene promoters, of which at least 50% are female (20 male and 20 female)

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)	15,000 (Women: 6930, Girls: 2070, Men: 4620, Boys: 1380)
X	2.	# of new/ additional water points constructed	7 new/ additional water points constructed
	3.	# of water points rehabilitated	3 water points rehabilitated
X	4.	# of new latrines constructed	15 blocks of new latrines constructed (4 stances each)
X	5.	# of people served by solid waste management	Male: 5000 Female: 5000
X	6.	# of people trained on hygiene promotion messages to be shared with their community	40 people trained on hygiene promotion messages to be shared with their community, 5000 HH reached through hygiene promotion sessions.

vi). Cross Cutting Issues

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

Oxfam will ensure that all activities are carried out with the safety and dignity of the beneficiary population in mind, through the following:

- Regular consultations of separate groups of the population, before, during and after implementation (including related to the design and siting of facilities and any risks which people might feel are related to this)
 - Separation and marking of facilities for men and for women.
 - Regular monitoring regarding safety at different times of day, and usage of different infrastructures by different groups
- Feedback and complaints mechanism (asking the community how they prefer to give feedback)

Oxfam's beneficiary identification criteria will ensure that vulnerable groups affected by cross-cutting issues are targeted. Oxfam considers gender-differentiated approaches essential to all of its humanitarian interventions. Oxfam recognises the different needs and priorities of men and women and also projects different impacts on men and women and that they must each be addressed equally. In emergencies like the one we are facing in South Sudan women and children are the most vulnerable with special needs that need to be addressed.

Women will be consulted and involved in decisions regarding the location and accessibility of water points and sanitation facilities

⁹ Based on hospital utilization rate

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

A Protection Advisor will be recruited by Oxfam and recently a protection assessment was conducted by Oxfam in Bor PoC area.

Oxfam's wider approach of Do No Harm and Safe Programming is embedded in the following tools and guidelines such as; Oxfam's Little Gender Handbook for Emergencies and Gender in Emergencies Minimum Standards. Below are the specific actions and/or analysis that support Oxfam's adherence to the standards:

Mainstream gender effectively through the project cycle:

- Collect and analyse information related to men's and women's differing needs and disaggregate information as much as possible;
- Ensure women are consulted, without men present, at all stages;
- Link project activities to Oxfam's overall gender strategy for South Sudan, especially with regard to policy and advocacy elements;
- Ensure women are specifically briefed about the projects complaints mechanisms and feel able to access them;
- Include gender sensitive indicators and monitoring techniques.

Promote women's participation, dignity and empowerment:

- Ensure that women actively participate in decision making, in project design and implementation;
- Prevent violence against women;
- Oxfam is a signatory to the interagency guidelines on the Prevention of Sexual exploitation and abuse of beneficiaries. These will be shared with staff and partners and form part of the MoU with partners.

Promote women-friendly internal practices:

- HQ managers will ensure that staff involved with this programme will be well versed with Oxfam's minimum standards for women's rights and gender in emergencies as well as the Code of Conduct and related policies.

Environment:

Environmental damage caused by the heavily increased concentration of people in the area needs to be limited as much as possible. This issue will be taken into consideration by Oxfam during the development stage of the project as well as during the entire project lifecycle.

For the next assessment phase of the project, focus group discussions will be held for separate men's and women's groups, and include community leaders, elders, farmers, widows, school children, youth, women-headed households, child-headed households, and the disabled. This process will assist Oxfam to identify how the problems faced affect community members differently, and will inform the project design accordingly. For example, although women are the main users of water facilities, their domestic and childcare responsibilities create difficulties for travelling long distances, which is further exacerbated during the rainy season. Also, a majority of households that are displaced are female-headed. The burden of reaching safe water sources and sanitation facilities for these women is particularly high, therefore women will be consulted and involved in decisions regarding the location and accessibility of water points and sanitation facilities, while ensuring hygiene promoters include at least 50% female members.

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.

Oxfam will implement the project directly, but in close consultation with international NGO CARE International (in Twic East county), the WASH Cluster State Focal Point (PAH), IAS and PAH (Bor South county) and Ministry of Physical Infrastructure and Rural Water department.

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)¹⁰.

Oxfam will develop a performance monitoring plan specifically related to project indicators that will be integrated into the existing Oxfam International Monitoring, Evaluation, Accountability and Learning (MEAL) system. The monitoring plan will be used to collect and analyze data for strengthening management of the project. At the field level, regular monitoring visits conducted by Oxfam field staff will use the MEAL system to measure progress against the work plan and towards achieving the desired results and project objectives. Cross-cutting issues related to protection will be analyzed through the Oxfam Confederation's *Protection Assessment Tool*, by the Humanitarian Coordinator, and existing baseline data will ensure that a gender analysis highlights information to measure the impact of the intervention on women and the issues most affecting them.

A Monitoring, Evaluation, Accountability and Learning Manager is recruited by Oxfam, who will, together with the MEL officer, oversee the overall humanitarian programme quality, and provide support to the programme staff on the ground.

¹⁰ CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

The logical framework of the project will ensure that monitoring is conducted before, during and after the life cycle of the project, and by doing so ensuring accountability to both donors and beneficiaries. Overall, weekly indicator performance tracking tools will be used to measure the achievement against planned targets and the workplan, data will be compiled to enable monthly reviews of progress. Additionally, day to day monitoring tools will be used to track quantitative and qualitative aspects of the programme, on which programme staff will be trained. For example, water point maintenance and latrine assessments will ascertain the overall utilization and maintenance of water and sanitation facilities, and house to house hygiene data collection will include focus groups discussions and interviews with beneficiaries for collection of qualitative data. Furthermore, a complaints mechanism will also be put in place in order to allow beneficiaries an opportunity to address their issues and give feedback on the programme.

Community Health Promoters will be key to activate this framework, led by the project staff and MEAL Manager, who will work at household levels and in coordination with the PHE team to gather information and report back to the Field Manager and WASH Manager.

Technical and operational data will be reviewed by the Humanitarian Coordinator, WaSH Manager and Bor Field Manager, with any arising issues discussed at planning and review meetings. Mid and end term review meeting will be held with key stakeholders to further identify lessons learnt, opportunities for improvement, and potential for increased harmonization and coordination of approaches. Trends in project performance will be reviewed and reflected in progress reports, verified through monitoring visits by the Humanitarian Coordinator, Technical Managers, and Country Director.

D. Total funding secured for the CRP project	
Please add details of secured funds from other sources for the project in the CRP.	
Source/donor and date (month, year)	Amount (USD)
ECHO, until December 2014	1,600,000
Unicef, until December 2014	972,353
Pledges for the CRP project	

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/60883		Project title: Strengthening of emergency response and resilience for vulnerable communities in South Sudan through a WASH intervention in Warrap, Lakes and Jonglei State	
		Organisation: Oxfam Intermon	
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	Increase safe water supply and sanitation facilities on the areas with IDPs and improved their knowledge in terms of hygiene behaviour.	Water and sanitation facilities are located in a safe location where all members of the community can access them. Community knowledge about key moments for hand washing	* Handover report for new and rehabilitated boreholes * Reports of latrine construction * Endline survey * Baseline survey
CHF project Objective	Reduce water borne diseases among IDPs and host communities in Jonglei state affected by current crisis in South Sudan.	Beneficiaries and host communities are less affected by water borne diseases	* Baseline * Endline
Outcome 1	Improve and sustained access and availability of safe water supply, for targeted communities by the end of the project period in Twic East and at Bor Hospital	• 5,000 individuals are accessing safe water by the end of the project period from new or rehabilitated boreholes • Bor hospital and their patients are accessing safe water, 10,000 individuals • In total 15,000 people have access to safe water at the end of the project period	Handover report for new and rehabilitated boreholes. Drilling reports Handover hospital water facilities
Output 1.1	Increased access and availability of a sustained safe water supply in Twic East county	• 5,000 people are within 1km distance and can access a minimum of 15l/p/d of safe water	Handover report for new and rehabilitated boreholes. Drilling reports
Activity 1.1.1	Identification of safe areas within the community for new water points		
Activity 1.1.2	Construction of 7 boreholes with handpumps installation.		

Commented [JN1]: Revise your indicators to be in line with standard cluster indicators. Refer to the standard indicator for guidance on how to formulate indicators..

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Activity 1.1.3	Rehabilitation of 3 boreholes with handpumps installed			
Output 1.2	Increased access and availability through a sustained safe water supply at Bor hospital	<ul style="list-style-type: none"> Bor Hospital and their patients have access to safe water within the perimeters of the hospital (as per standard of less than 15 minutes) of a minimum of 50 l/p/d of safe water 	<ul style="list-style-type: none"> Handover of water facilities with the Bor hospital 	<ul style="list-style-type: none"> Work is not disrupted due to natural hazards or conflict. Prices and availability of construction material and transportation remain stable.
Activity 1.2.1	Identification of technical problems in the water supply network at the Bor Hospital			
Activity 1.2.2	Rehabilitation of water intake.			
Activity 1.2.3	Rehabilitation of water supply network			
Outcome 2	Improved access to sanitation facilities , for targeted communities by the end of the project period in Twic East and at Bor Hospital	<ul style="list-style-type: none"> 4,000 people have safe access to improved latrines Bor hospital has proper sanitation facilities for its patients 	<ul style="list-style-type: none"> Latrines construction report Handover of sanitation facilities with the Bor hospital. 	<ul style="list-style-type: none"> Conflict does not escalate in the intervention areas and population movement does not have an adverse impact on program implementation. Coordination amongst implementing NGOs and Bor Hospital remains strong and facilitates program implementation.
Output 2.1	Increased access and availability of improved latrines in Twic East county	<ul style="list-style-type: none"> 4,000 people are within 150 meters of distance and can access safely elevated latrines. 	<ul style="list-style-type: none"> Latrines construction report 	<ul style="list-style-type: none"> Work is not disrupted due to natural hazards or conflict. Prices and availability of construction material and transportation remain stable.
Activity 2.1.1	Designing latrines taking into account community's opinion and access to elder and disable people			
Activity 2.1.2	Construction of latrines			
Activity 2.1.3	Installation of hand washing facilities (one per block of latrines)			
Activity 2.1.4	Handover of the latrines to the community for their own maintenance			
Output 2.2	Increased access and availability of a sanitation facilities at Bor Hospital	<ul style="list-style-type: none"> Sanitation facilities are accessible for patients within Bor Hospital 	<ul style="list-style-type: none"> Construction reports Handover of sanitation facilities with the Bor hospital. 	<ul style="list-style-type: none"> Work is not disrupted due to natural hazards or conflict. Prices and availability of construction material and transportation remain stable.
Activity 2.2.1	Designing sanitation facilities taking into account health conditions and disabilities of Bor Hospital patients			
Activity 2.2.2	Construction/rehabilitation of latrines with hand washing facilities			
Activity 2.2.3	Construction/rehabilitation of washing areas (laundry and bathing) Bor Hospital			
Activity 2.2.4	Construction/rehabilitation waste disposal site at Bor Hospital			
Outcome 3	Improved hygiene and sanitation practices, for targeted communities by the end of the project period	<ul style="list-style-type: none"> 100% of targeted population in Twic have increased hygiene awareness by the end of the project period (target: 5,000 individuals) 25% of targeted population in Twic are practicing safe hygiene behaviour (specifically hand washing practices at critical times, safe excreta disposal and household water storage) by the end of the project period (target: 5,000 	<ul style="list-style-type: none"> Baseline and Endline Surveys; Field Monitoring Reports 	<ul style="list-style-type: none"> Conflict does not escalate in the intervention areas and population movement does not have an adverse impact on program implementation.

Commented [JN2]: Revise indicator. Same as above..

Commented [JN3]: Use the standard cluster indicator or use them as guide in formulating your indicators.

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
	individuals		
Output 3.1	Improved sanitation and public health knowledge and practice amongst targeted population.	<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"> Work is not disrupted due to natural hazards or conflict.
Activity 3.1.1	Identification of 40 Community health promoters from the communities (at least 50% women)		
Activity 3.1.2	Training about sanitation, hygiene and public health to the CHPs		
Activity 3.1.3	Jerry can cleaning campaign		
Activity 3.1.4	Massive garbage cleaning campaign		
Activity 3.1.5	Hygiene sessions at HH level		
Activity 3.1.6	Hygiene sessions at Hospital level		

Commented [JN4]: Revised to be in line with the Standard Cluster indicators

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: 15 July 2014 **Project end date:** 15 April 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 Rehabilitation of boreholes			X	X	X							
Activity 2 Construction of water points				X	X	X	X					
Activity 3 Construction of latrines			X	X	X							
Activity 4 Installation of hand washing stations		X	X	X	X							
Activity 5 Rehabilitation of sanitation facilities in Bor hospital		X	X									
Activity 6 Training CHPs		X	X		X		X		X			
Activity 7 Jerry can cleaning campaign		X	X	X	X	X	X	X	X	X	X	
Activity 8 Massive garbage collection		X	X	X	X	X	X	X	X	X	X	
Activity 9 Hygiene sessions at HH level			X	X	X	X	X	X	X	X	X	
Activity 10 Rehabilitation of water supply in Bor Hospital			X	X	X	X						

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