

Requesting Organization :	World Vision South Sudan	
Allocation Type :	1st Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
WATER, SANITATION AND HYGIENE		100.00
		100
Project Title :	Wau Shilluk Emergency Hygiene and Sanitation Project	
Allocation Type Category :	Frontline services	

OPS Details			
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/WASH/INGO/804
Cluster :		Project Budget in US\$:	200,000.00
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/04/2016	Planned End Date :	31/10/2016
Actual Start Date:	01/04/2016	Actual End Date:	31/10/2016

Project Summary :

This project will contribute to the HRP 2016 objective of saving lives and alleviating suffering of affected populations through improved safe access to sanitation and hygiene services and resources with dignity. The proposed lifesaving interventions will target IDPs and vulnerable host population who are hosting IDPs in Wau Shilluk. The proposed interventions will compliment nutrition interventions being undertaken by IMC and World Vision, through improved hygiene and sanitation practices. This will result in reduced incidences of acute malnutrition and diarrhea among children under 5 and reduction of water, sanitation and hygiene related diseases among targeted populations. This intervention will create synergies and complement with other national NGOs and INGOs WASH partners operational in Wau Shilluk such as Solidarities International who may also be funded through CHF 2016 for clean water supply. Learning spaces at schools shall be used as hygiene promotion platforms and sanitation services through coordination with local government key stakeholders, NGOs and the education cluster. In partnership with the protection cluster, the project will address protection related concerns linked to sanitation facilities to mitigate gender-based violence and to ensure minimum safety and privacy requirements are upheld. WASH core pipeline supplies shall be utilized to ensure optimization of resources, value for money and improve implementation efficiency. Beneficiary and community participation to ensure project ownership and accountability shall be achieved through community contribution in the project implementation cycle, for example, communities will contribute labor for excavation of latrine pits and garbage management pits, and construction of superstructure of latrines using local materials sourced by community. The project will seek to improve the safety and dignity for displaced people, particularly girls and women, through safe menstrual hygiene management. The project implementation strategy and model shall be based on participation of communities, working with key stakeholders, capacity building and coordination.

The key project interventions are; construction of latrines, waste management through establishment of garbage pits, menstrual hygiene management through distribution of hygiene and dignity kits to women and girls, schools sanitation and hygiene promotion and hygiene awareness support provided through home visits to target population.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
916	3,254	1,248	1,152	6,570

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	290	268	558
Internally Displaced People	850	2,372	605	558	4,385
People in Host Communities	66	228	353	326	973
Pregnant and Lactating Women	0	654	0	0	654

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

This project will target severely affected communities in need of lifesaving emergency WASH interventions in areas with new or continued displacement trends in the past six months of 2015 in Wau Shilluk , Upper Nile State

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Jacobus Koen	Program Development Director	jacobus_koen@wvi.org	+211 928 123 529
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BACKGROUND**1. Humanitarian context analysis**

Wau Shilluk informal settlement site was established in December 2013 after civilians from Malakal Town and the surrounding area fled there for safety. As of October 2015, Wau Shilluk had an estimated population of 32,400 people of which the majority (93%) are IDPs. These displaced populations include 5,000 people displaced from Detang, Lelo and Warjock as a result of fighting in June-July 2015. Wau Shilluk is an island which has a big swamp that separates the dwellings into two distinct locations. Latrines had been placed on either side of the swamp, while the 9 SWAT systems supported by Solidarities are next to the river bank along the island. In September 2015, these IDPs were displaced by renewed fighting between government troops and SPLM/A-IO forces on the west bank of the Nile near Malakal in South Sudan's Upper Nile state between June and Sept 2015. As a result humanitarian assistance to these IDPs was suspended from June to early October 2015 due to lack of access and insecurity. Existing WASH infrastructure in these locations are unable to provide adequate WASH services due to the large population in this settlement. In 2014, 823 cases of cholera with 17 deaths were reported in Wau Shilluk. The cholera cases were exacerbated by lack of safe and adequate sanitation, hygiene and inadequate safe water. In previous interventions by CARE and Mediar in 2014, a total of 206 emergency latrines were been constructed. However CARE and Mediar pulled out of Wau Shilluk in March 2015, since then most of the latrines have filled up, there also has been an influx of IDPs resulting in a very low sanitation coverage falling below the minimum sphere standards of at least 1 latrine per 50 persons thus placing the IDPs population at risk of another cholera outbreak. As part of the emergency response, World Vision planned to construct 455 latrines in Oct 2015 to June 2016, and decommission full and unsafe latrines. A total of 650 latrines are required to meet the sanitation needs of the current population. Moreover, as long as IDPs continue to stay in Wau Shilluk, on-going decommissioning and construction of additional latrines and hygiene promotion is critical in order to save the lives of the populations who are at risk to sanitation and hygiene related diseases. By June 2016, latrine coverage will be expected to be 71 persons per latrine against sphere minimum standards of 50 persons per latrine in an emergency camp setting. A total of 650 latrines are required to meet the minimum sanitation standards of the current population. Moreover, as long as IDPs continue to stay in Wau Shilluk, on-going decommissioning and construction of additional latrines and hygiene promotion is critical in order to save the lives of the populations who are at risk to sanitation and hygiene related diseases.

2. Needs assessment

According to surveys conducted by CARE in Wau Shilluk in December 2014, 66% of the displaced population continue to use unprotected sources such as rivers, swamps and stagnant waters for domestic purposes (drinking, cooking, and cleaning). This is alarming from a public health perspective and is seen as a major risk. Water availability and quality aspects become more critical in the rainy seasons. It is evident that prevention methods (awareness-raising and provision of appropriate water and sanitation facilities) and continued emergency preparedness for potential outbreaks in Wau Shilluk is essential. During the Rapid Needs assessment conducted by WV in late October 2015, approximately 650 latrines are required to serve the sanitation needs of the population at Wau Shilluk, so as to meet sphere standards of 1 latrine per 50 people in an emergency camp set up. In addition, it was evidence the existing latrines were also in poor state and were filling fast. During the assessment it was evident, there is rampant open defecation around latrines including the passages. The swamp at Wau Shilluk is basically an open defecation field and you can only walk through it using designated paths. It was evident during the assessment that people were not using latrines in a proper manner. Main reason was because they were filthy and did not appear safe to use. Also due to cultural reasons – some of the people have grown up without a latrine and do not see the reason for changing that habit and using one. At Wau Shilluk, approximately 22,500 people have access to safe water supplied by 9 SWAT systems operated by Solidarities International. The rest of the population use raw water from the swamp or from River Nile. Hygiene Practices are poor with food vendors selling food in the open market. Vector control is poor and house flies thrive from garbage heaps which are evidently at available unused space of land. Hygiene and Sanitation related is prevalent in Wau Shilluk due to poor hygiene.

3. Description Of Beneficiaries

As per results from demographic Assessment carried out by REACH in Jan 2015 at Wau Shilluk, the majority of IDPs (72.7%) arrived from Malakal and Panyikang Counties; they began arriving in December 2013 and January 2014 (60%). Arrivals from Fashoda County account for 18.7% of the site population, (77%) of these IDPs arrived in March 2014 or later. The remaining IDPs came from Upper Nile State. According to this survey IDPs comprised 93% of the total population in Wau Shilluk .At Wau Shilluk 48% of population are females while 52% are males population. 28% of the population are children aged between 0 to 9 years, while 30% of population are aged between 10 to 19 years old, 22% of the population are youths aged between 20 to 29 years while 9% of the population are adults between of 30-39. 11% of the total population is over 40 years. Beneficiaries shall include vulnerable people such as Pregnant and Lactating Women (PLW), the elderly and people with disabilities. The majority (90%) of the target group will therefore be IDPs. The project shall therefore prioritize, the needs of IDPs, those of vulnerable host communities who are in severe need of humanitarian lifesaving support

4. Grant Request Justification

The current intervention in sanitation and hygiene are inadequate to address the needs. Wau Shilluk Settlement population was estimated at 27,000 individuals (5512 households) according to population figures from World Vision International's registration of beneficiaries for emergency food rations in October 2015. Currently only 4000 persons have access to latrines 0 this represent% of target population. Additional latrines are required to replace those filling up and being decommissioned in Wau Shilluk. It may take some time as it is unlikely that the IDPs settled in Wau Shilluk will return to their original locations. Poor excreta disposal, hygiene practices and contamination of water sources, is the main cause of high prevalence of water-borne diseases in Wau Shilluk. Clean environment at household level has a major impact on health as well as the nutrition status of affected people at Wau Shilluk. This project will contribute to provision of adequate and appropriate sanitation facilities, vector control through management of garbage disposal, and improved hygiene practices benefiting affected IDPs and vulnerable host communities in Wau Shilluk.

World Vision has several ongoing humanitarian projects (WASH, Food Security and Livelihoods, Nutrition , Food Assistance, NFIs Peace building and Education) in Malakal, Fashoda, Manyo and Melut counties in Upper Nile state. This is in addition to ongoing interventions in sanitation and hygiene, Nutrition, NFI and Food Assistance in Wau Shilluk. Through the proposed CHF intervention, World Vision will complement other partner interventions in target areas and address identified gaps in ongoing projects. The proposed emergency WASH response for Wau Shilluk will focus on the immediate sanitation and hygiene needs to address the acute needs of the affected population and avoid a disease outbreak. WV South Sudan has secured US \$ 50,000 co-funding from WV Taiwan in support of this CHF funded intervention.

5. Complementarity

This project will complement other ongoing humanitarian projects that WV has in Wau Shilluk This include food security and livelihoods, food aid, Nutrition and Protection projects. It will also work in synergy with Solidarities International who are supporting safe water supply and hygiene interventions in Wau Shilluk.

LOGICAL FRAMEWORK

Overall project objective

Contribute to saving lives and alleviating suffering through safe access to sanitation and hygiene services and resources with dignity

WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO2: Affected populations are enabled to practice safe excreta disposal with dignity in a secure environment	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	60
CO3: Affected populations have knowledge and appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	40

Contribution to Cluster/Sector Objectives : The proposed project will contribute to cluster objectives (2) : Affected populations are enabled to practice safe excreta disposal with dignity in a secure environment and (3) Affected populations have knowledge and appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene In line with the cluster strategy, WVSS will target the conflict-affected people that have been displaced and demonstrate life threatening needs through the delivery and sanitation and hygiene support. Taking into consideration the CHF and cluster parameters of prioritization, WVSS plans to target Wau Shilluk in Upper Nile, which is one of the locations hosting a large population of IDPs with continued high levels of WASH needs.

Outcome 1

Improved access to safe sanitation to 4000 IDP population in new displacement settlements in the last 6 months

Output 1.1

Description

4000 Individuals have access to safe sanitation

Assumptions & Risks

1. Access and security constraints in to Wau Shilluk. World Vision is has presence in Wau Shilluk since April 2015. WV will continue to liaise with UNOCHA, WASH cluster and other existing protocols to resolve access with local authorities as happened in 2015.
2. Lack of adequate and timely stocks of WASH core pipeline supplies . World Vision has incorporated the required core pipeline in the proposal. Upon approval WV will pursue the required WASH NFIs/materials from available pipeline supplies. This will be delivered to required location in a timely manner,
3. Logistical support by Logistic Cluster: Logistic cargo support by Logistic Cluster for timely delivery will be of essence. World Vision will make keep updating and revising its contingency emergency response plans to ensure timely security clearance and approval of WASH cargo flights to the project location

Activities

Activity 1.1.1

Conduct focused group discussions (FGDs) at targeted community settlement, to get feedback on design, implementation and monitoring of appropriateness of sanitation facilities

Activity 1.1.2

Construct household latrines to be shared between 2- 4 families, segregating female and male users

Activity 1.1.3

Establishment of 4 garbage disposal pits in collaboration with households/community

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people with access to improved sanitation facilities	872	808	1,208	1,112	4,000

Means of Verification : Monthly progress reports, field monitoring reports

Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of people served by waste management					4,000
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Means of Verification : Monthly Project Reports

Outcome 2

Affected populations have knowledge and appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene

Output 2.1

Description

6570 affected population have improved knowledge and appropriate hygiene behavior to prevent contamination and spread of Diarrhea and other water borne diseases

Prior to commencement of hygiene interventions, community participation in the planning and implementation of this intervention will be sought and complaint /feedback mechanism will be agreed upon and established. Monitoring of the complaints and remedial action will be documented during the project implementation cycle . This will be with a view of promoting accountability. The community participation in the planning implementation and monitoring of the hygiene interventions will be solicited

At the onset, the project will identify and training 10 community hygiene promoters who will be supervised by hygiene coordinator. The hygiene promoters will be equipped with hygiene promotion materials that will easily be understand . Hygiene promotion campaigns will be conducted at water collection points Hygiene messaging will include educating the community on the the routes by which diarrhea diseases can be transmitted (F diagram) and ways to mitigate and prevent water borne diseases. Emphasis will be put on importance of mitigating contamination of food and water with feces. Hygiene messaging will also focus on delivering Key messages such as importance of hand washing with soap, importance of latrines and need to have them well maintained/cleaned and vectors control through effective garbage disposal management.. Children are good agents of hygiene behavior change, this project will work with the Education Cluster to utilize learning spaces as a platform for hygiene message dissemination, as well as to provide hygiene services in schools. Through community hygiene promoters, the project make follow up home visits to reinforce and support hygiene awareness at household level, targeting women, girls, men and boys. Water containers sourced from WASH core pipeline supplies, will be distributes to the target community to facilitate improved hygiene -it is estimated 4000 individuals [1000 HH] will be targeted by this intervention.

In addition the project will source from the WASH cluster and distribute Menstrual Hygiene Management kits targeting 2400 Women and girls. Women hygiene promoters will specifically provide advice and demonstrate on how the kits will be utilized in a dignified and discrete manner during a women only gathering.

Hand washing facilities with soap will be promoted at HH level, with community providing and maintaining the facilities 4 Bars of hand washing soap per HH per month will be distributed to the target 4000 individuals. The soap will be sourced from WASH core pipeline supplies.

The project will coordinate hygiene promotion activities with Solidarities International (SI) that is supporting safe water supply at Wau Shilluk. Through collaboration with SI, this project f will encourage washing of water containers with soap prior to collection of water at water points. Soap will be provided by the project and a community hygiene promoter will work with the water operators to water collecting water wash their water collecting containers before the same are lined up to collect water

At end of the project, an KAP survey will undertaken to evaluate hygiene behavior change. The aim will be to determine % of target beneficiaries who hand wash with soap during 3 out of 5 critical times for hand washing.

Afripads, Water containers, Soap, will be sourced from the WASH core pile supplies as are as proposed on the attached WASH core pipeline projection .

Assumptions & Risks

- (1) Deterioration of security situation, WVSS will continuously coordinate with partners and stakeholders; monitor situation regularly; work closely with OCHA/ UN and INGOs; security support in place; regular context/conflict analysis; continue to update contingency plans
- (2) Limited availability of supplies/materials from local suppliers/markets, including fuel shortages, WVSS shall Monitor markets, including identify alternative sources of supplies; Coordinate procurement activities with other humanitarian organizations and through the Logistics Cluster (fuel); Cash-based programming to mitigate market shortages and allow flexibility
- (3) Unwillingness of community leaders and other key decision makers to facilitate implementation of project activities (provision of land / community volunteers), the project shall ensure stakeholders participation in the project. Get buy in by the host communities and the government and engage with all key stakeholders throughout the project cycle and establishment of an effective complains reporting mechanism

Activities

Activity 2.1.1

Conduct focused group discussions at targeted community settlement, to get complaints feedback and inputs on appropriate design, implementation and monitoring of hygiene promotion campaigns and awareness

Activity 2.1.2

Identify and train community hygiene promoters, 50% will be women on hygiene awareness and promotion.

Activity 2.1.3

Beneficiary registration and distribution of appropriate menstrual hygiene management kits targeting 2400 adolescent girls and women of child bearing age.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected women & girls enabled to practice safe, dignified menstrual hygiene management.	0	1,920	0	480	2,400
Means of Verification : PDM reports, Progress reports, Distribution lists							
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people equipped to practice good hygiene behaviors through participatory hygiene promotion	916	3,254	1,248	1,152	6,570
Means of Verification : Training reports, Field monitoring reports							
Indicator 2.1.3	WATER, SANITATION AND HYGIENE	Core Pipeline # of MHM kits distributed					6,000

Means of Verification : Project Activity Report

Additional Targets : Additional Indicators included in the revision above. This are indicator 1.1.2 and indicator 2.1.3. Revision on target for Frontline # of emergency affected people equipped to practice good hygiene behaviors through participatory hygiene promotion revised to 6570.

M & R

Monitoring & Reporting plan

World Vision South Sudan has Quality Assurance department that is responsible for program monitoring, evaluation and accountability .World Vision DME Coordinator for Upper Nile and the WASH Project officer will be responsible for monitoring and reporting of key outputs on regular basis. Project team and the M & E Assistant will also conduct regular field monitoring visits.

As part of the M & E Plan, the following will be the source of verification, frequency of data collection, data collection methodology and persons responsible for indicators.

Indicator 1.1.1: Number of people participating in at least 3 Focused: group discussion to discuss design, implementation and monitoring of safe sanitation facilities

Source of Verification: Attendance List

Frequency of data collection: every two months during community meeting on accountability issues; at the start of project and after end of project

Monitoring Tools/data collection method: Focus Group Discussions

Person Responsible: WASH Project Officer

Indicator 1.1.2, Number of people with access to improved sanitation facilities

Source of Verification: Project activity reports, End of Project Evaluation Report

Frequency of data collection: Monthly and end of Project Evaluation

Monitoring Tools: Observations, Focus Group Discussions

Person Responsible: WASH Project Officer

Indicator 1.1.3: Number of new latrines constructed

Source of Verification: Project activity reports, End of Project Evaluation Report

Frequency of data collection: Monthly Reports and end of Project Reports

Monitoring Tools/data collection method: Observation/Site visits

Person Responsible: WASH Project Officer

Indicator 1.1.4: Number of Garbage Disposal Pits established

Source of Verification: Project activity reports, End of Project Evaluation Report

Frequency of data collection: Monthly Reports and end of Project Reports

Monitoring Tools/data collection method :Observation/Site visits

Person Responsible: WASH Project Officer

Indicator 1.1.5: Number of People served by waste management

Source of Verification: Project activity reports, End of Project Evaluation Report

Frequency of data collection: Monthly Reports and end of Project Reports

Monitoring Tools/data collection method : Observation/Site visits

Person Responsible: WASH Project Officer

Indicator 2.1.1: Number of People trained on hygiene promotion messages to be shared with their community

Source of Verification: Attendance List during training of CHPs.

Frequency of data collection: During CHP Training sessions

Monitoring Tools/data collection method :Training Report

Person Responsible: WASH Project Officer

Indicator 2.1.2 Number of People reached with hygiene messaging

Source of Verification: Monthly reports, End of project Evaluation Report

Frequency of data collection: Monthly reports and end of project.

Monitoring Tools/data collection method: Observation, Focus Group discussion

Person Responsible: Hygiene Coordinator

Indicator 2.1.3: Number of Menstrual management Kits distributed

Source of Verification: Project Activity Report

Frequency of data collection: Monthly

Monitoring Tools/data collection method: Beneficiary List

Person Responsible: WASH Project Officer

Indicator 2.1.4: Number of women enabled to practice safe, dignified menstrual hygiene management.

Source of Verification: Project Activity Report

Frequency of data collection: Monthly

Monitoring Tools/data collection method: Beneficiary List

Person Responsible: WASH Project Officer

Indicator 2.1.5: % of people practicing handwashing with soap during 3 out of 5 critical times for handwashing

Source of Verification: SMART Survey (Baseline) and End of project Evaluation Report

Frequency of data collection: At project inception and at end of Project

Monitoring Tools/data collection method: Household Survey, Focus Group Discussion

Person Responsible: DME Coordinator, Up

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct focused group discussions(FGDs) at targeted community settlement, to get feedback on design, implementation and monitoring of appropriateness of sanitation facilities	2016				X		X		X		X		
Activity 1.1.2: Construct household latrines to be shared between 2- 4 families, segregating female and male users	2016					X	X	X	X	X			

Activity 1.1.3: Establishment of 4 garbage disposal pits in collaboration with households/community	2016					X	X	X	X				
Activity 2.1.1: Conduct focused group discussions at targeted community settlement, to get complaints feedback and inputs on appropriate design, implementation and monitoring of hygiene promotion campaigns and awareness	2016				X	X	X	X	X	X	X		
Activity 2.1.2: Identify and train community hygiene promoters, 50% will be women on hygiene awareness and promotion.	2016				X	X	X						
Activity 2.1.3: Beneficiary registration and distribution of appropriate menstrual hygiene management kits targeting 2400 adolescent girls and women of child bearing age.	2016					X		X		X			

OTHER INFO

Accountability to Affected Populations

- Consultation with men, women, boys and girls, as well as community leaders and focus group among affected population during project design, implementation and monitoring so as to identify needs with the aim of including them in the implementation planning and for learning purposes.
- WV will solicit complaint mechanism/feedback from community leaders and focus group discussion as well through quarterly meetings with community, make follow up to remedy the complaints where possible, including incorporating the feedback in the project implementation.

Implementation Plan

The project will be implemented directly by World Vision in collaboration with target community. Household Latrines will be dug by household members. They will also provide local materials such as grass. The project will provide timber, iron sheets and nails to construct substructure and plastic slabs. Hygiene promoters will be selected and enlisted from the target community.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Solidarities International	World Vision will collaborate in sanitation and hygiene promotion activities. SI is providing support in safe water supply
IMC	The organisation is implementing a nutrition program. WV will collaborate with them in improved hygiene and sanitation

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

The project is designed to contribute significantly to gender equality. Latrines constructed to care for the sanitation needs will have separate units for female and male users. The project will aim to promote equal participation of both males and females in all the project interventions and incorporation of the concerns of both males and females as part of community project implementation and consultation. The project will also focus on achieving a 50% gender representation and support in all project activities and interventions.

Protection Mainstreaming

The humanitarian crisis in South Sudan has further exacerbated gender inequality, especially with regard to health risks and sexual and gender-based violence. For example, women and girls face risks when they leave their homes to conduct daily duties, such as collecting firewood or water. Young girls are at greater risk of being forced into early marriage to provide their families with money as a coping mechanism during the crisis. Separated children, especially boys, face the risk of being recruited into the armed forces or being targeted by ethnic-based violence. In particular, recruitment of boys below the age of 18 years has been prevalent in Wau Shilluk since the onset of the crisis.

The project will have separate sanitation facilities for female and male users, with visible demarcation erected. These Latrines will be located closer to homesteads at minimum distances, to ensure that women do not have to travel far to access services. Consideration will be done to ensure latrines are accessible by disabled and elderly men and women and physically disabled persons by construction of ramps to them. In addition, during hygiene promotion, women will be responsible for creating awareness to target women on the use of dignity kit /menstrual hygiene management kit, in a discreet and dignified manner, in a women's only forum. The project management will also work closely with protection committees when issues of GBV or child abuse are encountered.

Country Specific Information

Safety and Security

The main threats in South Sudan are conflict and violence, economic decline, disease and climatic shock. Since independence in 2011, South Sudan has experienced a continuous rise in crime, especially in Juba. This trend can be directly attributed to continued political instability coupled with poor infrastructure. Years of civil war, tribal conflict, and political unrest have provided the population with ready access to weapons and the knowledge of how to use them. Gunfire, especially in the hours of darkness, is not uncommon throughout the country. Since December 2014 political violence has been prevalent in South Sudan, with Upper Nile, Unity, Jonglei as being most affected. In addition violent crimes (murder, armed robbery, home invasions, cattle raiding, and kidnapping) and non-violent petty theft and fraud are pervasive. In Juba, the most frequently reported violent crimes include armed robbery, home invasions, and car-jacking. Armed robberies and car-jacking are the most common type of violent crime to affect expatriates. Both crimes usually occur during the night time hours and often involve multiple perpetrators. The number of reported car-jacking incidences has sharply increased since July 2014. These incidents have been violent and have targeted the diplomatic and international communities. Outside Juba, road ambushes and banditry are fairly common and often involve violence. Road banditry is common, especially during hours of darkness. These types of crime mostly affect the local population, large retaliatory attacks to include large scale fighting, kidnapping, and murder can have a spillover effect.

Non-violent crimes of petty theft and fraud are the most common forms of crime throughout South Sudan and are usually committed against targets of opportunity. These crimes include pick pocketing, theft of items from vehicles, fraudulent currency exchanges, and drive-by muggings. Drive-by muggings are another common occurrence. Road Safety and Road Conditions

General road conditions are extremely poor. The vast majority of roads are unpaved or poorly maintained. Unpaved roads usually resemble, and regularly serve as, river beds that are strewn with ruts, rocks, ditches, or other obstacles that make passage very difficult. During the rainy season (May-November), all roads can become impassable due to flooding and the lack of drainage. Road travel times are often much longer than expected due to the poor road conditions, disabled vehicles, and slow traffic. Large overloaded trucks can also pose a risk to other traffic on roadways between major towns. Finally, livestock and other animals often wander the roads, even within city limits. Reliable mechanics and the availability of spare parts are extremely limited to non-existent outside of Juba.

Medical care is extremely limited, and the limited capabilities degrade quickly outside of Juba. There are few ambulance services, and none meet international standards. Primary health care workers, especially in rural areas, lack adequate professional training, and instances of incorrect diagnosis and improper treatment are common.

World Vision South Sudan has a Security and Safety Department that is responsible for leadership, operational support and oversight of the security management system. It is responsible for staff Security. All Staff deployed in Insecure locations in South Sudan are trained in Security Management, in hostile environments. The department provides regular updates to staff on security situation in south Sudan. It closely liaises with UNDSS and NGO forum and issues location specific Security alerts to concerned staff in a timely manner. It is also responsible for advising top level management on staff relocation and evacuation when need arises.

Access

Wau Shilluk is to the North East of Malakal Town and is approximately 45 minutes from Malakal by speed boat. Access to Wau Shilluk is mainly by river. Alternative access is by hired cargo freights (helicopters). However due to distances from point of dispatch in Rumbek, the helicopters can only deliver 1.5 MT from and to Wau Shilluk, making it a very expensive alternative. Following conflict between government forces and SPLA/IO on the Western Bank of River Nile in Upper Nile in June 2015, access to Wau Shilluk was affected leading to suspension of humanitarian intervention. However following 3 months negotiation between the UN and the Government and Opposition forces, access to Wau Shilluk by the river and by air has since been restored as from 1 Oct 2015. The river access is essential, as required bulky supplies to support humanitarian interventions are basically delivered in Malakal through airfreight (and by Barge from Bor/Juba via river Nile, security allowing).

Prior to Western Bank of river Nile being an SPLA-IO area, supplies from Sudan were able to reach Wau Shilluk. These were routed from Renk via river Nile. Currently this route is blocked as the river access from Renk to Malakal is not yet opened. Some commodities including food, fuel get to Wau Shilluk through the porous borders of Upper Nile and Southern Kordofan in Sudan. Most supplies are sourced in Juba after they are imported by traders. The supplies are dispatched to Bor or Rumbek from where they are airlifted to Malakal by airfreight or by Barge. From Malakal, the supplies are dispatched to Wau Shilluk via commercial boats. In addition, Malakal forms the base for Humanitarian Agencies intervening in Wau Shilluk, and personnel normally use the river access to and fro Wau Shilluk, as their current accommodation in Wau Shilluk is basic.

Unicef and the WASH cluster are in the process of establishing a Warehouse at Wau Shilluk with aim of supporting storage and management of humanitarian supplies for this location. This warehouse is expected to be set up in the first quarter of 2015. This development coupled with improved security and access will have positive impact on Humanitarian interventions in Wau Shilluk.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	WASH Project Officer	D	1	6,930.00	6	5000.00%	20,790.00
	<i>responsible for direct day to day project implementation, field based grade level. The unit costs has been estimated by consideration of the grade level of the position, the cost includes salary, medical, staff benefits, hazard and social security</i>						
1.2	Hygiene Coordinator	D	1	1,560.00	6	10000.00%	9,360.00
	<i>responsible for direct day to day project implementation, supervision of CHP and hygiene promotion, field based grade level. The unit costs has been estimated by consideration of the grade level of the position, the cost includes salary, medical, staff benefits, hazard and social security</i>						
1.3	Hygiene Promoters	D	10	560.00	5	10000.00%	28,000.00
	<i>responsible for community mobilizations and hygiene promotion. These are casual field based community based, the cost is a monthly or daily rate which is agreed as county cluster level as incentives and also recommended by SSRRC</i>						

1.4	WASH Sector Advisor	s	1	8,500.00	6	500.00%	2,550.00
1.5	Driver	s	2	780.00	6	3000.00%	2,808.00
1.6	Security Guards	s	4	400.00	6	3000.00%	2,880.00
1.7	Logistics officer-Field	s	2	2,200.00	6	1000.00%	2,640.00
1.8	Finance Staff-Field	s	4	2,200.00	6	1000.00%	5,280.00
1.9	DME (Quality Assurance) officer (person/Month)	s	1	8,250.00	6	500.00%	2,475.00
1.10	Supply Chain Manager (person/Month)	s	1	8,300.00	6	500.00%	2,490.00
1.11	Security Officer (Person/Month)	s	1	7,200.00	6	500.00%	2,160.00
1.12	Response Manager (Person/Month)	s	1	8,300.00	6	500.00%	2,490.00
1.13	Emergency Operations Manager (person/Month)	s	1	7,200.00	6	500.00%	2,160.00
Section Total							86,083.00
Supplies, Commodities, Materials							
2.1	Iron Sheets for latrine superstructure and substructure-, Resin coated CI 6m long gauge 28-Peices	D	7	28.00	80	10000.00%	15,680.00
2.2	Timber (2x2)-4m long pieces	D	5	5.00	80	10000.00%	2,000.00
2.3	Timber (4x2) -4m long pieces	D	6	6.00	80	10000.00%	2,880.00
2.4	Nails (roofing and Ordinary) -Kg	D	4	4.00	80	10000.00%	1,280.00
2.5	Hinges and Aldrops for Latrines doors- pairs	D	2	4.00	80	10000.00%	640.00
2.6	IEC materials for Hygiene promotion (kit)	D	1	2,500.00	2	10000.00%	5,000.00
2.7	Warehousing cost in Juba (months)	D	3	2,000.00	1	10000.00%	6,000.00

2.8	Transportation and handling of supplies(Warehouse-Airport) - MT	D	20	200.00	1	10000.00%	4,000.00
2.9	Transportation and handling of supplies(Field)-MT	D	30	500.00	1	10000.00%	15,000.00
2.10	Distribution of WASH emergency supplies - times	D	2	1,450.00	1	10000.00%	2,900.00
2.11	IEC materials for Hygiene promotion- kit	D	0	1,500.00	1	10000.00%	0.00
Section Total							55,380.00
Equipment							
3.1	Garbage pit management kits(shovels, mattock, , rope, Pails, crow bars etc)	D	2	300.00	1	10000.00%	600.00
3.2	Laptop for Project officer-unit	D	1	1,399.35	1	10000.00%	1,399.35
Section Total							1,999.35
Contractual Services							
4.1	Construction of latrines substructure/pitlining and slab positioning (masons/Capenter work)-Per unit latrine	D	80	200.00	1	10000.00%	16,000.00
Section Total							16,000.00
Travel							
5.1	Field Travel (Juba-field-Juba); project implementation personnel	D	4	400.00	3	10000.00%	4,800.00
5.2	Field Travel (Juba-field-Juba) ; Project monitoring personnel	D	2	400.00	2	10000.00%	1,600.00
5.3	Staff travel (R& R, Home leave, Per diem , 2 staff)	D	2	1,250.00	2	10000.00%	5,000.00
Section Total							11,400.00
General Operating and Other Direct Costs							
7.1	Stationery- per purchase	D	1	150.00	2	10000.00%	300.00
7.2	Field Internet - per month	D	1	500.00	6	10000.00%	3,000.00
7.3	Telephone communication - per month	D	1	300.00	6	10000.00%	1,800.00
7.4	Field Generator (fuel and maintenance) - per month	D	1	763.50	6	10000.00%	4,581.00
7.5	Field Vehicle/Boat Operating costs-Per month	S	2	770.15	6	3000.00%	2,772.54

7.6	Juba-field Cash transfer-times	D	1	600.00	6	10000.00 %	3,600.00
7.7	End of Project Evaluation/KAP Survey-times	D	0	0.00	0	10000.00 %	0.00
Section Total							16,053.54
SubTotal			208.00				186,915.89
Direct							156,210.35
Support							30,705.54
PSC Cost							
PSC Cost Percent							7%
PSC Amount							13,084.11
Total Cost							200,000.00
Grand Total CHF Cost							200,000.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Malakal	100	872	808	1,208	1,112	4,000	Activity 1.1.1 : Conduct focused group discussions(FGDs) at targeted community settlement, to get feedback on design, implementation and monitoring of appropriateness of sanitation facilities Activity 1.1.2 : Construct household latrines to be shared between 2- 4 families, segregating female and male users Activity 1.1.3 : Establishment of 4 garbage disposal pits in collaboration with households/community Activity 2.1.1 : Conduct focused group discussions at targeted community settlement, to get complaints feedback and inputs on appropriate design, implementation and monitoring of hygiene promotion campaigns and awareness Activity 2.1.2 : Identify and train community hygiene promoters, 50% will be women on hygiene awareness and promotion. Activity 2.1.3 : Beneficiary registration and distribution of appropriate menstrual hygiene management kits targeting 2400 adolescent girls and women of child bearing age.
Documents							
Category Name			Document Description				
Project Supporting Documents			CHF-2016-SA1_WASH_Core Pipeline _ needs for World Vision South Sudan.xlsx				