

Requesting Organization :	ACF - USA				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
WATER, SANITATION AND HYGIENE		100.00			
		100			
Project Title :	Improving access to water, sanitation and hygiene promotion services contributing to the health and nutritional status of vulnerable IDPs and host communities affected by conflict in Fangak, Jonglei, South Sudan				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/WS/103379	Fund Project Code :	SSD-17/HSS10/SA1/WASH/INGO/5063		
Cluster :	Water, Sanitation and Hygiene (WASH)	Project Budget in US\$:	200,000.00		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/04/2017	Planned End Date :	30/09/2017		
Actual Start Date:	01/04/2017	Actual End Date:	30/09/2017		
Project Summary :	The project will focus on life saving and early recovery through the rehabilitation and construction of WASH services with a gradual return to normality and self-sufficiency, community based operation and maintenance. The proposed emergency WASH intervention seeks to reinforce beneficiary participation and dignity with involvement in the rehabilitation and repair of 5 water points, distribution of basic hygiene kits and hygiene promotion. Construction of 1 institutional latrine at a nutrition site and 240 communal latrines will be facilitated by 30 communal basic sanitation tool kits. Improving hygiene promotion will focus on a participatory approach ensuring beneficiaries are part of and making decision for the long term behaviour change.				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
12,217	13,235	5,236	5,672	36,360	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	1,222	1,324	524	567	3,637
Refugee Returnees	611	662	262	284	1,819
People in Host Communities	10,384	11,249	4,450	4,821	30,904
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					

The project will contribute to the SO1 of the 2017 HRP for South Sudan, which aims at saving lives and alleviating the suffering of those most in need of assistance and protection. In particular, the delivery of water, sanitation and hygiene services (WASH) will contribute to reduce death, injury and disease in priority areas where needs are most severe, and to ensure access to humanitarian assistance to crisis affected communities. The action will also contribute to the SO2 by promoting the establishment of effective and dignified services for survivors and people affected, with a specific focus to protracted and new internally displaced people as well as HHs of malnourished children. Thanks to its presence in the area since 2014, ACF has a good in-depth understanding of the unique needs and vulnerabilities of different population groups, particularly women, girls and in Fangak.

With regards to the Cluster Specific Objectives, The project will address the SO2 to re-establish and improve access to water, sanitation and hygiene promotion services for the vulnerable population affected by conflict, disease outbreaks, acute malnutrition and floods.

WATER: access to safe drinking water will be improved through the rehabilitation of hand pumps and 1 Mini Water Yard in Fangak County to strengthen the provision of water in the villages surrounding or served by the nutrition sites. Water User Committees (WUC) will participate and will receive capacity building through trainings on operation and maintenance (O&M). Water quality monitoring will be done for all rehabilitated water points. The distribution of hygiene kits will be conducted alongside hygiene promotion and demonstration on the use and care for the kits with further follow up visits at household levels to sensitize and monitor the use to the kits.

SANITATION: At 1 OTP, basic sanitation infrastructure will be installed to increase access to safe latrines and hand washing stations to caregivers of malnourished children. This is compliant with the indication of Nutrition Cluster to ensure there is water for appetite test and services in the nutrition sites. The construction of two hundred forty (240) communal latrines will be supported with plastic sheet, slab and communal digging kit to construct their own latrines; target group will include caregivers of SAM cases and other displaced/vulnerable HHs willing to improve their sanitation conditions and behaviors. Emergency hygiene promotion will focus on sensitization and technical guidance on construction techniques, reinforcement of pit with consideration for soil type and water table. Care will be taken to ensure privacy, protection of interests of women, girls and children in the design, location siting of the latrines facilities.

HYGIENE PROMOTION: Behavior change activities will be conducted throughout the project to promote safe water handling at household level, hand washing practices, and construction, proper use and maintenance of latrines. These awareness activities will be done at household level, OTP/TSFP and community level and will target host communities, new and protracted displaced people and caregivers of malnourished children to reduce risks of diarrhea diseases and mitigate potential diarrhea outbreak within the community.

In general, as stated by the WASH Cluster and reinforced by the Nutrition Cluster, given the current situation of food insecurity and high rate of acute malnutrition in the Country, the project will put extra effort in linking WASH with nutrition response provided by the local NGO Hold the Child in order to contribute to address one of the underlying causes of malnourishment. Moreover, the provision of integrated services will additionally contribute to the prevention of water borne diseases among the most vulnerable communities and IDPs in Fangak area, which is prone to cholera outbreaks.

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
Guy Halsey	Country Director	cd.ssd@acf-international.org	+211 (0) 911 072 91
Francesca Colombi	DCD Programme	dcd-programme.ssd@acf-international.org	+211(0) 914 733 901

BACKGROUND

1. Humanitarian context analysis

ACF has been an active humanitarian actor in South Sudan since 1985 and currently has programmes ongoing in Northern Bar el Ghazal, Warrap and Jonglei. Operations in Jonglei have been ongoing since 2014 for response to chronic and acute needs in both nutrition and WASH sectors.

South Sudan is affected by a protracted humanitarian crisis that has worsened during 2016. Since the beginning of the conflict in 2013, more than 3 million people have fled their homes, including 1.9 million people internally displaced and another 1.2 million who have fled to neighboring countries as refugees. Hunger and malnutrition have reached unprecedented magnitude compared with all previous periods. According to the Integrated Food Security Phase Classification (IPC) 2017 report, the food security situation in South Sudan continues to deteriorate, with 4.9 million (about 42% of population) estimated to be severely food insecure (IPC Phases 3, 4, and 5), from February to April 2017, with projection of increase to 5.5 million people, (47% of the national population) at the height of the 2017 lean season in July. The most affected populations are new or protracted Internally Displaced Persons (IDPs) who are dispersed, and the host communities affected by the on-going conflict. Access to safe water remains a challenge, and water borne diseases have spread due to displacement. The percentage of South Sudanese with access to improved sanitation is only the 7%, 41% of the population have access to safe water, and where not hand pump or other water sources are available or functional, people is reported using streams and ponds as main source of water. Majority of water points have been severely damaged during the conflicts or are dysfunctional due to lack of repair. Lack of access to safe water and sanitation represent a protection risk for women, as they have to find a safe place to defecate and they have walk for long distance to fetch water, exposing them to threat of violence. Furthermore, 2016 has witnessed new declarations of cholera epidemic in the country and specifically in Jonglei.

According to 2017 IPC, Fangak is reported as at Phase 3 (Crisis), and projections for the period from May to July not only confirm this condition but, in lack of humanitarian assistance provided, anticipate a worsening of at least 1 Phase. In the area basic services are absent or insufficient to cover the needs of both IDPs (new and protracted) and host community. Poor sanitation, lack of safe water sources, poor child care and inadequate hygiene practices are among the main drivers of undernutrition. An integrated approach to address basic WASH needs within the catchment area of nutrition services may contribute in reducing the morbidity and mortality of vulnerable children and overall population as well as it will establish dignified and effective services for survivors.

2. Needs assessment

Poor access to safe drinking water and sanitation facilities remains a key challenge in Fangak leading to a significant public health risk. During the last quarter of 2016, the area was affected by a cholera outbreak resulting in the contamination of more than 270 people and 4 deaths. In February 2017, three more cases were confirmed by MSF. As the rainy season is approaching, the risk of an further cholera cases remains high and there is need to continue working with the local community to improve their access to water, sanitation and hygiene practices.

Since November 2016, more than 2,000 families have arrived in Old Fangak to flee the clashes in the Unity and Upper Nile. With the lack of WASH NFI, they are collecting drinking water from the river/swamp and mainly practice open defecation. ACF would like to continue to address the needs in this area by supporting 200 households to construct their own latrines, while continuing to provide WASH NFI to keep improving safe water treatment and storage at household level.

3. Description Of Beneficiaries

Fangak County is home for IDPs living host communities. The IDPs are dispersed among all different payams, and bigger concentration is reported in Old Fangak town, where they have been sharing available resources with the host community since the first outbreak of violence in December 2013. During late 2016 and beginning of 2017, new displacement have occurred due to fighting in the nearest states of Unity and Upper Nile, and within Jonglei. Between October and December 2016, around 5,500 IDPs and returnees have reached Fangak County; in 2017 arrivals have decreased, but still an average of 30 to 40 people are reported to reach the locality every week.

According to most recent data, Fangak County hosts around 100,000 people, 10 to 15% of which are registered as IDPs. In general, IDPs are initially given land on a temporary basis, but due to protracted displacement, many of them have been finally integrated into the host community. Both IDPs and host communities belong to the same Nuer tribe. The new arrivals are in general fleeing with no possessions from their villages and have very low coping capacity in terms of ability to respond to new shocks and stresses. Host communities are also affected by the conflict and the minimum inadequate service available are now even more stressed by the increased population due to displacement. In addition to that, high rates of severe acute malnutrition are strongly linked to poor WASH conditions in consideration of that limited access to safe water, poor sanitation conditions and inadequate hygiene practices are among the most important underlying causes of malnutrition, equally affecting host communities and IDPs.

ACF will be serving conflict-affected populations in Fangak, particularly in Old Fangak, with emergency water, sanitation and hygiene services in benefit of IDPs and host community, and at nutrition sites level. The proposed intervention will integrate nutrition and wash to ensure increased impact of community outreach and behaviour change. Caregivers and mothers of malnourished children accessing nutrition services at the sites will benefit from hygiene promotion, hygiene kits distribution and safe potable water rehabilitation.

Vulnerability profiling will allow for the project to support IDPs and host community with basic sanitation and digging tools, water source repair and hygiene promotion. Water points rehabilitated within the catchment area of nutrition site will benefit users and enable better nutrition services provision to patients and their caregivers.

4. Grant Request Justification

The WASH situation in the proposed target area is characterized by a significant lack of latrines in the community, lack of basic WASH infrastructure at health and nutrition sites, and poor access to safe water with most of the population fetching water from the river or swamp that are highly contaminated, causing increase in water related diseases. Practices on good hygiene significantly deteriorated as most of the structures got damaged in the ongoing conflict and or floods. Handwashing with soap at critical times remains a challenge in the community. Fangak faced large scale flooding in the area during August 2016 which contaminated many of the water sources; a cholera outbreak in the area was reported in September 2016 and early January 2017, and the lack of sanitation facilities and access to clean water mean that the risks of further outbreaks remain high. The minimum resources available are stressed by an increased population of protracted IDPs almost integrated in the community and the host community itself; the already critical situation is worsened by new arrivals of IDPs, with low capacity and minimum resources to cope with the situation.

In addition to that, it must be underlined that WASH programming greatly increases the effectiveness of Nutrition programming by reducing causal factors that are drivers of malnutrition. Diarrhea, as the principal symptom of water related disease, inhibits nutrient absorption as any food that is ingested passes out of the body so rapidly. In a vicious cycle relationship between malnutrition and water related disease, as much as water related disease can lead to malnutrition, malnutrition can impair the immune functions which in turn make someone who is malnourished more susceptible to water related diseases.

The proposed action will 1) address the non-functionality of water sources through rehabilitation; 2) monitor water quality through analysis; 3) construct sanitation infrastructure at one nutrition site; 4) promote the use of communal digging and sanitation tools to facilitate the construction of cluster latrines. Hygiene promotion and training of volunteers will support in the improvement of and behaviour change towards hygiene practices that reduces the risk and spread of communicable diseases. Operation and maintenance of the rehabilitated water points will be ensured through the establishment and the training of Water User Committees. Furthermore, the proposed WASH actions are meant to be fully integrated with nutrition programmes ongoing in the area (other partners), to strengthen the link between WASH and nutrition response and to address underlying causes of undernourishment.

It is worth to mention that ACF has a significant capacity and experience with cholera preparedness; through this proposal, a capable partner will be present in Fangak high risk area.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

The project aims at improving access to safe water and sanitation services, strengthened by awareness and sensitization activities for the practice of good hygiene. Water supply will consider aspects of adequate quantity and quality, while latrine construction will ensure women, children and persons with disability are taken care of in the design and access considerations. The use of post distribution monitoring, household visits and sensitization will allow for community feedback and transparency while community participation will be reinforced in the communal use of digging and sanitation tools, participatory hygiene in emergencies. The proposed action will put extra effort to link WASH with nutrition response to address one of the underlying causes of under-nutrition, where the provision of integrated service will additionally contribute to prevention of the water borne diseases among vulnerable communities that are more prone to disease outbreaks.

WATER, SANITATION AND HYGIENE							
Cluster objectives	Strategic Response Plan (SRP) objectives			Percentage of activities			
Re-establish and improve access to water, sanitation and hygiene promotion services for the vulnerable population affected by conflict, disease outbreaks, acute malnutrition and floods.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			100			
<p>Contribution to Cluster/Sector Objectives : The project aims to address the Cluster Strategic Objective 2 to re-establish and improve access to water, sanitation and hygiene promotion services for the vulnerable population affected by conflict, disease outbreaks, acute malnutrition and floods.</p> <p>Improved water access will focus on the rehabilitation of hand pumps and one mini water yard and strengthening of the community based management system through the training of water user committees. WUC will be established and/or re-instated promoting gender balance within the members (inclusion of women and equal responsibilities) and supported with training. Rehabilitation of water facilities close or serving Nutrition site is compliant with the indication of Nutrition Cluster to ensure there is water for appetite test and services in the nutrition sites. Water quality monitoring will be done at each rehabilitated water points. Water treatment kits will be provided to caregivers of SAM and MAM cases to increase consumption of treated water at household level and mitigate risk of diarrhea diseases to malnourished children.</p> <p>The installation of basic sanitation infrastructure will increase access to safe latrines and hand washing stations to caregivers of malnourished children at nutrition sites, while support for communal latrines construction will ensure safe excreta disposal and reduced risk to diarrhea diseases in target communities.</p> <p>Participatory hygiene sessions and distributions will be conducted by Community Hygiene Volunteers and model mothers groups to ensure the diffusion of key messages to the population and a long way in disseminating improved hygiene messages and monitoring behaviour change. This will be supported by evidence based and tailor made sessions targeting the most at risk practices and perceptions. Furthermore, a KAP survey will be realized at the beginning to measure the current practices-results of which will be used to tailor specific hygiene sessions to target high risk behaviors, practices and perceptions. At the end of the project, a second KAP survey will be conducted to measure impact and changes due to improved sensitization and practices.</p>							
Outcome 1							
Increased access to safe water and sanitation, and improved awareness on best hygiene practices in benefit of vulnerable population affected by conflict							
Output 1.1							
Description							
Improved access to safe potable water							
Assumptions & Risks							
<ul style="list-style-type: none"> - Access to population remains the same and security is OK - Community accept to participate in rehabilitation works and be trained in O & M - Core pipeline can supply BH repair items as required - Availability of competent and technically skilled private contractors in location 							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of water points/boreholes rehabilitated					5
Means of Verification : APR, Work completion/handover reports, Monthly reports.							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of people provided with sustained access to safe water supply [SPHERE Standard]...	1,176	1,274	504	546	3,500
Means of Verification : Activity Progress report, works completion report							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	# test results with 0 fecal coliforms per 100 mL sample from rehabilitated sources					10
Means of Verification : Water quality analysis results							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	# of water user committee members trained					40
Means of Verification : Attendance sheet, training report							
Activities							
Activity 1.1.1							
Rehabilitation of 5 water points							
Activity 1.1.2							
Conduct monthly bacteriological water quality analysis at each of the five rehabilitated water points							
Activity 1.1.3							
Five (5) water user committee training targeting 40 individuals (8 per water point rehabilitated)							
Output 1.2							
Description							
Improved access to sanitation and safe excreta disposal							
Assumptions & Risks							

- Rainy Season does not impede access and activities to be implemented
- Availability of core pipeline materials and tools to support digging and sanitation construction
- Beneficiaries and communities willing to participate
- Access to project area and security situation is OK

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of new latrines constructed/rehabilitated					240
Means of Verification : Field visit report, Activity Progress Report							
Indicator 1.2.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of people with access to improved sanitation facilities	1,693	1,835	726	786	5,040
Means of Verification : Activity Progress Report, Field visit report							
Indicator 1.2.3	WATER, SANITATION AND HYGIENE	# of digging tool kits distributed					30
Means of Verification : Distribution list and post distribution monitoring							
Indicator 1.2.4	WATER, SANITATION AND HYGIENE	# of sanitation tool kits distributed					240

Means of Verification : Distribution list, distribution report

Activities

Activity 1.2.1

Construction of 1 institutional latrine at nutrition site

Activity 1.2.2

Support and facilitation for construction of 240 communal latrines

Activity 1.2.3

Distribution of 30 sets of digging tools and 240 sets of sanitation tools

Output 1.3

Description

Improved awareness on hygiene best practices

Assumptions & Risks

- Rainy season does not impede activities
- Community accept modality of distribution and actively participate
- Materials are available from the core pipeline
- Security remains stable

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of people reached through direct and participatory hygiene promotion activities	7,908	17,544	5,236	5,672	36,360
Means of Verification : Activity Progress Report, Hygiene session report							
Indicator 1.3.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of people reached with WASH NFI distribution	5,174	5,606	2,218	2,402	15,400
Means of Verification : Distribution list, Post Distribution Monitoring report							
Indicator 1.3.3	WATER, SANITATION AND HYGIENE	% of households who know 3 of 5 critical times to wash hands					65
Means of Verification : KAP survey							
Indicator 1.3.4	WATER, SANITATION AND HYGIENE	[Frontline] Number of community based hygiene promoters trained	6	6			12

Means of Verification : Attendance list, training report

Activities

Activity 1.3.1

Training of hygiene promotion volunteers

Activity 1.3.2

Hygiene promotion sessions at nutrition sites

Activity 1.3.3

Hygiene promotion sessions in community (IDPs, Host)

Activity 1.3.4

Hygiene kits mobilization, distribution of 2200 kits and post distribution monitoring

Additional Targets :

M & R

Monitoring & Reporting plan

Tracking of activities will be done on a weekly basis by the Project Manager, the two WASH officers and the Hygiene Promotion officer working at field level. The collected information is submitted on a monthly basis to the WASH Technical Coordinator and support staff at HQ level through ACF's Activity Progress Report format along with narrative details on project performance. The project manager will be responsible for collecting the necessary information from various team members and the different department, for example engaging logistics to track details regarding number of items distributed.

Qualitative data, human stories, lessons learnt and best practices will be documented by the teams and feed into the Project Management Cycle to refine and further contextualize project activities. ACF will put in place a simple community feedback mechanism to secure application of good management practices. In order to ensure accountability, the target beneficiaries will be involved at all stages of the project cycle. Representatives from the target communities/villages will be involved to facilitate BNFs selection, distributions and implementation of project activities in a transparent manner.

Indicators such as beneficiaries reached, rehabilitation works completed, latrines installed among others will be used to verify and guide progress in activities and therefore to inform the field team about constraints, delays, achievement. Moreover, progress toward the target value will allow program managers to prioritize works or not, and whenever needed to put in place corrective actions to address possible issues. The tracking of quantitative data will be gathered from primary paper records at field level, for example weekly distribution sheets or weekly hygiene promotion attendance records. These records are simple to manage at field level and provide accurate and instant information that can update progress toward overall targets. The indicator may also be used to guide procurement planning or human resource needs.

Specific tools such as water quality monitoring using del agua kits will be used once per month during project cycle, as a baseline, ongoing monitoring and end-line for assessing impact on water quality at water point level. Post distribution monitoring will be conducted after the distribution by the staff targeting a significant number of beneficiaries for statistic validation of the data collected. A Pre KAP survey will inform the WASH staff about specific problems and help in the definition of hygiene, sanitation and proper water handling topics. Data disaggregated per sex and age will be collected during the project period for reporting purposes, monitoring gender balance and trigger corrective actions if needed, etc.

Other tools such as gender analysis, using focus groups discussions and key interviews will be used to collect qualitative data and discursive information which will guide the project manager and technical coordinator regarding integrative and holistic areas of the program intervention. This will be ongoing monitoring throughout the project cycle to gauge ACF's contribution and efficacy to gender mainstreaming in WASH activities.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Rehabilitation of 5 water points	2017					X	X	X					
Activity 1.1.2: Conduct monthly bacteriological water quality analysis at each of the five rehabilitated water points	2017					X	X	X	X	X			
Activity 1.1.3: Five (5) water user committee training targeting 40 individuals (8 per water point rehabilitated)	2017						X	X	X				
Activity 1.2.1: Construction of 1 institutional latrine at nutrition site	2017						X						
Activity 1.2.2: Support and facilitation for construction of 240 communal latrines	2017					X	X	X	X	X			
Activity 1.2.3: Distribution of 30 sets of digging tools and 240 sets of sanitation tools	2017				X	X	X	X					
Activity 1.3.1: Training of hygiene promotion volunteers	2017				X	X							
Activity 1.3.2: Hygiene promotion sessions at nutrition sites	2017					X	X	X	X	X			
Activity 1.3.3: Hygiene promotion sessions in community (IDPs, Host)	2017					X	X	X	X	X			
Activity 1.3.4: Hygiene kits mobilization, distribution of 2200 kits and post distribution monitoring	2017				X	X	X						

OTHER INFO

Accountability to Affected Populations

Globally, ACF follow the 2010, Humanitarian Accountability Partnership (HAP) guidelines for accountability to affected populations. In practice this focuses on 5 key commitments for how ACF works with affected populations.

1. Transparency: Provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organisation and its affected populations over information provision.
2. Feedback and complaints: Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction.
3. Participation: Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalized and affected are represented and have influence.
4. Design, monitoring and evaluation: Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organization on an ongoing basis and reporting on the results of the process.
5. Leadership/Governance: Demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.

We also understand that working to implement these commitments can be particularly challenging when humanitarian access is limited or absent. For example, communication and information flow can be intermittent and difficulties can emerge in ensuring participation or representation; basic elements of an accountable response. Therefore we will work closely with other partners in the affected areas to ensure that a harmonize approach to the key aspects of HAP guidelines can be adapted.

Implementation Plan

The proposed activity will be implemented by ACF field team in Fangak in close coordination with Cluster members at the State and County level, local authorities, and community members. Skilled personnel will fill the positions of officers (2), and the hygiene promoter (1) will be in charge of organizing the Community Volunteers to ensure social mobilization, sensitization and awareness for improved hygiene and sanitation in the target area.

For the construction of OTP latrines and rehabilitation of water points, ACF WASH department will design the latrines, write up specifications and bill of quantities for the complete construction and water point rehabilitation before working with logistics department to identify competent private sector contractors who will be supervised and approved by ACF technical staff. Beneficiaries will be part of the monitoring of the work progress, be trained in the operation and maintenance of the latrines and charged with daily cleaning and care of the facility. WASH staff in the field will directly report to the Project Manager, under the supervision of the Technical WASH Coordinator and the Deputy Country Director-Programme. Overlapping and complementarities with other projects ongoing in the same locality will be promoted and ensured through efficient coordination with other stakeholders. Water User Committees will be established and trained for the future operation and maintenance of the rehabilitated water sources.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

To promote gender equality ACF will ensure the following :

- Participation of beneficiaries at each stage of programme implementation to guarantee accountability and transparency
- Needs of target population assessed in terms of gender equality (gender roles, relationship and potential barrier experienced by women, girls, men and boys of different age groups)
- Activities tailored on the needs of the selected beneficiaries
- Data collected in order to have sex and age dis-aggregation
- Distribution like hygiene kits and sanitation tools will take into consideration of the specific needs of women, girls, boys and men.
- Feedback mechanism in place and post distribution monitoring to verify beneficiaries satisfaction and ACF compliance of “do no harm” principle while providing services, to assess if equal access to benefits was ensured, and to check potential barriers beneficiaries may face during the implementation of the project
- Detection and prompt referral to concerned stakeholders of GBV cases.

Moreover, equal participation of men and women will be encourage during all the activities:

- Community Volunteers will be selected within the communities and gender balance promoted as much as possible
- Hygiene promotion messages will be promoted among all sex and age groups
- Latrine constructions will target most vulnerable HHs, including women headed households and family groups with elderly and /or disabled dependents. In addition, WASH interventions will be implemented within the catchment areas of nutrition sites, hence targeting directly children under 5 and their care takers without discrimination between boys and girls.

Protection Mainstreaming

Country Specific Information

Safety and Security

Access

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	JNG Field Coordinator	D	1	6,412.00	6	25.00	9,618.00
	<i>1 staff, covered for 6 months at 25% allocation. Monthly cost include salary, allowances, medical and life insurance, visa, work permit, etc.</i>						
1.2	JNG WASH Program Manager	D	1	5,478.30	5	100.00	27,391.50
	<i>1 staff, covered for 5 months average as complementary funding will cover the difference. Cost include salary, allowances, medical and life insurance, visa, work permit, etc.</i>						
1.3	JNG WASH Officer	D	2	1,465.90	5	100.00	14,659.00
	<i>2 staff, covered for 5 months each, 1 month is for recruitment. Cost include salary, allowances, medical and life insurance, visa, work permit, etc.</i>						
1.4	JNG Hygiene Promoter	D	1	636.72	5	100.00	3,183.60
	<i>1 staff, covered for 5 months, 1 month is for recruitment. Cost include salary, allowances, medical and life insurance, visa, work permit, etc.</i>						
1.5	JNG NATIONAL SUPPORT STAFF	D	6	826.02	4	100.00	19,824.48
	<i>6 staff, covered for 4 months average each as complementary funding will cover the difference.. Cost include salary, allowances, medical and life insurance, visa, work permit, etc. The staff include: 1 base officer, 1 cook, 1 cleaner, 4 guards based in Old Fangak. Unit cost is the average monthly cost for the six staff.</i>						
1.6	Country Director	D	1	9,099.00	6	3.00	1,637.82
	<i>1 staff, covered for 6 months at 3% allocation to the project</i>						
1.7	Finance Coordinator	D	1	8,118.00	6	3.00	1,461.24
	<i>1 staff, covered for 6 months at 3% allocation to the project</i>						
1.8	HR Coordinator	D	1	8,118.00	6	3.00	1,461.24
	<i>1 staff, covered for 6 months at 3% allocation to the project</i>						
1.9	Logistics Coordinator	D	1	8,118.00	6	3.00	1,461.24
	<i>1 staff, covered for 6 months at 3% allocation to the project</i>						
1.10	WASH Coordinator	D	1	8,118.00	6	3.00	1,461.24
	<i>1 staff, covered for 6 months at 3% allocation to the project</i>						
1.11	CRD National Finance/HR Team	D	2	2,494.00	6	3.00	897.84
	<i>2 staff (Finance manager and HR manager), covered for 6 months at 3% allocation to the project.</i>						
1.12	CRD National Logistics Team	D	4	2,260.00	6	3.00	1,627.20
	<i>4 staff (Procurement, IT, Logistics and Facilities, Storekeeper), covered for 6 months at 3% allocation to the project</i>						
	Section Total						84,684.40
Supplies, Commodities, Materials							
2.1	IMPROVED ACCESS TO WATER	D	5	5,796.00	1	100.00	28,980.00
	<i>Costs for rehabilitation of 5 water points, 4 hand pumps and 1 mini water yard, including labor costs and materials; water users committees training; water quality tests.</i>						
2.2	IMPROVED ACCESS TO SANITATION	D	30	346.67	1	100.00	10,400.10
	<i>Costs related to construction of 240 communal latrines, 1 latrine and 1 hand washing station at OTP. The cost include tools and materials not provided by the core-pipeline, plus labor costs.</i>						
2.3	HYGIENE PROMOTION AND SENSITIZATION	D	24	410.92	1	100.00	9,862.08
	<i>Cost related to IEC materials, training costs, costs for volunteers and enumerators (KAP surveys)</i>						

2.4	DOMESTIC FREIGHT OF SUPPLIES AND EQUIPMENT	D	5	5,200.00	1	100.00	26,000.00
	<i>Costs related to charter flights for cargo. Access for material is only by air. Transportation is needed for materials provided by core-pipeline and materials procured for rehabilitation of 5 water points, construction of 240 latrines, 1 latrine at OTP, 2200 WASH kits. Estimation of costs is based on previous similar experiences.</i>						
2.5	JNG DOMESTIC FREIGHT OF PASSENGER BY BOAT	D	10	88.00	6	100.00	5,280.00
	<i>Costs related for transportation of field team to project locations by boat</i>						
2.6	VISIBILITY	D	1	884.91	1	100.00	884.91
	<i>Visibility for project including 10 t-shirts, stickers, banners, 10 hats, 2 flags.</i>						
	Section Total						81,407.09
Travel							
5.1	DOMESTIC FREIGHT OF PASSENGER BY AIR	D	2	275.00	6	100.00	3,300.00
	<i>Cost related to transportation with UNHAS of project, support and management staff to Fangak.</i>						
	Section Total						3,300.00
General Operating and Other Direct Costs							
7.1	JNG BASE SET UP AND RUNNING COSTS	D	1	1,200.00	4	100.00	4,800.00
	<i>Costs related to rental, supplies, stationary, communication, thuraya, etc. for Old Fangak base. 4 months average as complementary funding will cover the difference</i>						
7.2	JNG SECURITY REHAB AND MATERIALS	D	1	4,700.00	1	100.00	4,700.00
	<i>Security work in Old Fangak base for fencing and protection against floods</i>						
7.3	CRD OFFICE RUNNING COSTS	D	1	39,825.00	6	3.00	7,168.50
	<i>Running costs for Juba Coordination base covered for 6 months at 3% allocation to the project</i>						
7.4	CRD SUPPORT VEHICLE RENTAL & RUNNING COSTS	D	3	1,585.00	6	3.00	855.90
	<i>Running costs for Coordination car covered for 6 months at 3% allocation to the project</i>						
	Section Total						17,524.40
SubTotal			105.00				186,915.89
Direct							186,915.89
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,084.11
Total 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	
Jonglei -> Fangak	100	12,217	13,235	5,236	5,672	36,360	Activity 1.1.1 : Rehabilitation of 5 water points Activity 1.1.2 : Conduct monthly bacteriological water quality analysis at each of the five rehabilitated water points Activity 1.1.3 : Five (5) water user committee training targeting 40 individuals (8 per water point rehabilitated) Activity 1.2.1 : Construction of 1 institutional latrine at nutrition site Activity 1.2.2 : Support and facilitation for construction of 240 communal latrines Activity 1.2.3 : Distribution of 30 sets of digging tools and 240 sets of sanitation tools Activity 1.3.1 : Training of hygiene promotion volunteers Activity 1.3.2 : Hygiene promotion sessions at nutrition sites Activity 1.3.3 : Hygiene promotion sessions in community (IDPs, Host) Activity 1.3.4 : Hygiene kits mobilization, distribution of 2200 kits and post distribution monitoring

Documents

Category Name	Document Description
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