

Requesting Organization :	Associazione Volontari per il Servizio Internazionale			
Allocation Type :	2nd Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
EDUCATION		100.00		
		100		
Project Title :	Comprehensive Cholera-Prevention Response in Education in Kapoeta and Magwi			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/E/104085	Fund Project Code :	SSD-17/HSS10/SA2/E/INGO/6577	
Cluster :	Education	Project Budget in US\$:	302,507.51	
Planned project duration :	9 months	Priority:		
Planned Start Date :	01/09/2017	Planned End Date :	31/05/2018	
Actual Start Date:	01/09/2017	Actual End Date:	31/05/2018	
Project Summary :	<p>AVSI South Sudan conducted an education rapid assessment in Kapoeta region, covering the areas of Kapoeta North, Kapoeta East and Kapoeta South, from Wednesday July 5th to Friday July 7th 2017. The aim of the assessment was to understand the education situation in Kapoeta State, especially related to aspects of hygiene and sanitation, considering the recent outbreak of cholera that affected the region.</p> <p>In order to tackle this cholera crisis, AVSI is proposing a comprehensive response to this situation through a direct intervention in schools with a WASH programme that will respond to the immediate health threats that pupils are facing during learning hours due to the poor hygiene conditions of the schools. The strategy behind this intervention is to use schools as catalysts for behavioral change regarding cholera-prevention and treatment among the whole community of the area.</p> <p>The first step of this intervention will focus on providing the schools with the right tools for facing a potential cholera-outbreak in the establishments. Constructing proper latrines and boreholes, installing water tanks for water collection, and distributing hand-washing facilities and general hygiene supplies will be crucial in the first stage of the cholera response. The current situation of the latrines (in all schools) of 1 every 112 students in average (not sex-differentiated), is far below the SPHERE standards of 1 toilet every 30 girls and 1 toilet every 60 boys, does not guarantee a safe and clean learning environment. In fact, they are insufficient in number and in quality, and many of the available are already filled or almost collapsed. Key activities: construction of boreholes and latrines, installment of water tanks and hand-washing facilities, distribution of WASH items.</p> <p>The second step will be meeting the capacity gap at the school level. Teachers and PTAs have not been trained on cholera preparedness and response. It is important to intervene through capacity building to engage teachers and PTA members to ensure that pupils in particular, and the community in general, are informed about the risk of cholera and best hygiene practices to adapt to in order to avoid contamination (e.g. washing hands after visiting toilets, hygiene food handling, drinking clean water and proper waste disposal). Beneficiaries need therefore to be empowered to take control of their health by practicing proper hygiene and sanitation in their schools, homes, and surroundings. In order to accomplish that, training will be complemented by the establishment of hygiene clubs that will have the objective of carrying out WASH-related activities with the students so as to familiarize them with the importance of conducting their lives in proper hygiene conditions. It is envisaged that this will mitigate the probability of a severe outbreak of cholera in the targeted schools. Moreover, the establishment of hygiene clubs in the schools will enable the students to learn and share hygiene messages and practices with their families, and so as to not only mitigate cholera in schools but also in the communities. Using schools as entry-points, this strategy is conceived to bring behavioral changes in the whole population of the targeted geographical area. Key activities: hygiene and sanitation training, cholera-prevention training, establishment of hygiene clubs in schools.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
206	101	4,222	3,232	7,761

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Trainers, Promoters, Caretakers, committee members, etc.	206	101	0	0	307
Other	0	0	4,222	3,232	7,454

Indirect Beneficiaries :

The indirect beneficiaries will be the households of the pupils and the related communities (approx. 32000 people).

Catchment Population:

N/A

Link with allocation strategy :

This intervention is complying with the allocation strategy because it responds to the needs of the cholera affected population, and thus, it is a life-saving action.

Kapoeta is a high priority due to the recent cholera outbreak, one of the most severe in the past 5 years. Moreover, this intervention will support rainy season programming. Finally, gender is not only mainstreamed in the activities but it represents an important element of the activities.

Concerning the cluster strategies, this intervention proposes activities that comply with the thematic and geographical priorities developed by the SSEC (cholera prevention through rehabilitation / construction of hand-washing facilities and latrines, provision of soap and HTH, school-based cholera response teams to undertake chlorination, hygiene messaging, referral to cholera treatment / health centers).

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
Antonio Buzzelli	Program Officer	antonio.buzzelli@avsi.org	0928050006
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BACKGROUND**1. Humanitarian context analysis**

The cholera outbreak started on the 24th of April 2017 in Chumakori village, Kapoeta North, and expanded in all Kapoeta counties after few weeks. By the end of June, 2363 cases of cholera were reported and 32 people died because of it. The cholera outbreak in Kapoeta to large extent is attributable to vulnerable people living in unsanitary conditions without access to safe drinking-water and adequate sanitation and hygiene.

At the beginning of the outbreak, the government experienced huge human capacity gaps, and still does so, to contain the cholera epidemic. In order to cope with this problem, approximately 80 people have been sent from Torit and from Juba to assist the local communities. Regrettably, no cholera-prevention activities have been conducted in schools, and still no CSO is working on the issue at the moment.

Even though the outbreak extension has reduced – from 15-20 people affected per day to 2-3 cases per day, – the problem is still persistent due to the fact that a

significant portion of the population is still living in deplorable hygiene and sanitarian conditions. As part and parcel of the community, the schools are facing the same dire sanitation challenges and are failing to meet the minimum hygiene standards; consequently, these challenges pose greater risks to the lives of the children. The majority of the schools in Kapoeta State and Magwi are in fact urgently in need of clean water and hygiene facilities and supplies, which are key elements to meet the right requirements that will prevent cholera from escalating in schools. Precisely, the gaps that have been reported in the schools are: absence of usable latrines, water tanks, hand-washing facilities, boreholes, and general hygiene supplies. Even though only 6 cases of cholera have been reported in learning institutions so far, this statistic is still an indicator of the dangerous threat that the epidemic is posing in the area. And due to the poor sanitary conditions of the institutions, this number is likely to increase, considering also the heavy rain season. The situation in the schools in Magwi is no different than the one in Kapoeta. The schools face very poor hygiene conditions and that exposes them to cholera threats, aggravated by the high number of students and the low number of hygiene facilities.

In addition to these structural and physical gaps, poor hygiene practices and poor water sanitation in schools are usually the effect of unawareness of the dangers these practices and habits pose to life. For instance, since 2015 no teachers training has been conducted in any of schools in Kapoeta, and especially in the eastern part of the

State, such activities have never been implemented. Awareness campaigns on cholera, cholera-prevention training for teachers, establishment of cholera-response teams (hygiene clubs) within the schools will represent valuable activities to fill those information gaps.

2. Needs assessment

AVSI South Sudan conducted an education rapid assessment in Kapoeta region, covering the areas of Kapoeta North, Kapoeta East and Kapoeta South, from Wednesday July 5th to Friday July 7th 2017. The aim of the assessment was to understand the education situation in Kapoeta State, especially related to aspects of hygiene and sanitation, considering the recent outbreak of cholera that affected the region. AVSI has a permanent office in Magwi in support of EiE project funded by UNICEF. Direct observation in the visited schools brought the following challenges:

- 1) The two main problems that the schools are facing are the lack of food and teachers. Many schools have not been involved in the WFP feeding program and the enrolment of pupils has significantly decreased. In Kapoeta East out of 14 functioning schools, just 7 are benefiting of this program. Concerning the teachers, the majority of them is not trained and the number is not sufficient in relation with the number of pupils.
- 2) Really poor hygiene promotion. Schools are not provided with soap and hand washing facilities.
- 3) The latrines are insufficient in number and in quality. Many of them are already filled or almost collapsed.
- 4) Lack of boreholes and water tanks to collect the clean water
- 5) Lack of hygiene & sanitation awareness and behaviour

3. Description Of Beneficiaries

The direct beneficiaries will be 7454 students from the 13 most vulnerable primary schools in Kapoeta South, East, North and Magwi.

The indirect beneficiaries will be the households of the pupils and the related communities (approx. 32000 people).

The aimed schools for this intervention have been selected based on their vulnerabilities toward a possible cholera outbreak (hygiene and sanitation gaps), and on their high number of students and proportion of students per teacher. For example, Singaita Primary School in Kapoeta South is facing a terrible WaSH situation: with more than 750 pupils (and a dozen of teachers) it is lacking sufficient number of latrines, a water tank, a borehole, and general hygiene supplies. The beneficiary schools will be the following:

Singaita Primary School (Kapoeta South)
Kapoeta Mixed Primary School (Kapoeta South)
Kuleu Light Academy Nursery and Primary School (Kapoeta South)
Bishop Sisto Mazzoldi Nursery and Primary School (Kapoeta South)
Kotome Nursery and Primary School (Kapoeta South)
St. Bakhita Girls Primary School (Kapoeta East)
ISTL (Brainstorm) Primary School (Kapoeta East)
St. Daniel Comboni Boys Primary School (Kapoeta East)
Magwi p/s (Magwi)
Magwi Central p/s (Magwi)
Blessed Nursery and p/s (Magwi)
Palounganyi p/s (Magwi)
Riwoto Primary School (Kapoeta North)

The target population (by the activities) will be represented by the school teachers, PTAs and hygiene club members, who will be the vehicle for cholera-prevention education and mobilization.

4. Grant Request Justification

AVSI South Sudan conducted an education rapid assessment in Kapoeta region, covering the areas of Kapoeta North, Kapoeta East and Kapoeta South, from Wednesday July 5th to Friday July 7th 2017. The aim of the assessment was to understand the education situation in Kapoeta State, especially related to aspects of hygiene and sanitation, considering the recent outbreak of cholera that affected the region. The rapid assessment has been conducted through desk review, at the Kapoeta State Ministry of Education and with field observation in 5 schools in Kapoeta North, Kapoeta South and 5 in Kapoeta East. Semi-structured key informant interviews have been conducted to 41 people (headteachers, RRC...).

Direct observation in the visited schools confirmed what has been reported by the informants.

The cholera outbreak has already represented an acute public health issue and has caused deaths in schools and in the communities in Kapoeta. This demands quick and effective response in schools so that the risks of contracting cholera among pupils is mitigated.

The assessment showed an urgent need for a cholera-prevention intervention in the most vulnerable schools of Kapoeta and Magwi. The most important gaps are:

- Really poor hygiene promotion.
- Schools are not provided with soap and hand-washing facilities.
- The latrines are insufficient in number and in quality. Many of them are already filled or almost collapsed.
- Lack of clean drinking-water and water tanks to collect the water.

At the moment, no NNGO or INGO is implementing cholera-prevention interventions in the schools of Kapoeta. AVSI is proposing itself to fill this operational gap with a prompt response in order to avoid the spreading of cholera in the most vulnerable schools of the area.

Concerning the schools in Magwi, they are already supported by AVSI with a UNICEF funded project, which will create synergies between the two projects.

The proposed mode of delivery will comprise the following:

1. Partnership and collaboration: Strong partnership and collaboration with the target schools. AVSI has great experience in working hand in hand with PTA members and communities, as Education Cluster lead in Eastern Equatoria, and as implementing partner for UNICEF in Magwi, Torit and Ikwoto County. UNICEF, WASH cluster and health care organizations (WHO, hospitals etc.) would be key partners for opportunities of synergies and collaboration.
2. Capacity Development and empowerment: Training and capacity development would form an integral part of the project implementation. Teachers and PTAs would be trained on cholera preparedness and response and would be expected to empower children and establish hygiene clubs in schools.
3. Mobilization strategy: Teachers, PTAS and hygiene clubs will play an effective role in the mobilization of schools to create cholera and hygiene awareness and sensitization of students in particular and communities in general on healthy hygiene practices to adapt to avoid contamination.

5. Complementarity

The targeted schools are supported by GESS programme, implemented in EES by Caritas Torit. This programme has the objective of ameliorating the conditions of girls' education, and schools in general, in all South Sudan. The activities that are carried out are:

- Creating an enabling social-cultural environment for supporting girls' education through social and behaviour change communication through radio and community outreach.
- Cash transfers to encourage enrolment and retention of girls in schools, helping them to buy things they need in order to attend school, and contribute to poverty reduction in the family and the community.
- Capitation grants as general support to help supplement running costs and improve the learning environment. The goal is reducing the cost of education and encouraging families to send their children to school. School capitation grants provide a reliable source of funding for school operations including facilities, materials to improve the learning environment and quality of education.
- Practical support through enhanced & effective school governance, effective & supportive supervision at school & Payam level, appropriate school-based teacher professional development training, school-based mentoring for girls and use of appropriate teaching & learning materials.

The proposed intervention is going to complement the support received by these schools by offering a comprehensive approach that will take into consideration the already active support activities. An important synergy will be explored by complementing GESS' Social & Behaviour Change Communication with cholera prevention and response communication carried out by the hygiene clubs. This SSHF project will also contribute to encourage enrolment and retention of girls in schools by making the learning spaces attentive to girls' hygiene needs and by offering them hygiene and sanitation awareness and kits. Finally, GESS' practical support to schools will be complemented by offering them appropriate WASH infrastructures, and teachers will receive capacity building training on cholera prevention in order to safeguard the health conditions of the children.

In Magwi, the project will benefit and will be strengthened by the synergy with another UNICEF EIE project run by AVSI in four primary schools of the county, namely: Blessed, Paluonganyi, Magwi Primary and Magwi Central. AVSI is already supporting these schools with an education project in order to create a safe and quality environment for students. This synergy will allow the schools to reach acceptable standards of hygiene and sanitation and to prevent possible cholera outbreak. This project is also a way to face many difficulties emerged, that the education project alone could not resolve. For example, the construction of a sufficient number of latrines, following the SPHERE standards, or the excavation of boreholes.

LOGICAL FRAMEWORK

Overall project objective

Mitigate the risk of a cholera-outbreak in the 13 most vulnerable schools in the counties of Magwi, Kapoeta North, South and East

EDUCATION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Risks to crisis-affected girls and boys (3-18) are reduced.	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	100

Contribution to Cluster/Sector Objectives :

Outcome 1

PTA members and pupils acquired knowledge, life-saving skills and means to prevent and respond to cholera threats in 13 schools in the counties of Magwi, Kapoeta North, South and East

Output 1.1

Description

Pupils are engaged in the dissemination of practices of cholera-prevention and hygiene and sanitation promotion, and employ them with up-to-standards WASH facilities

Assumptions & Risks

- Means of proper communication were employed to sensitize the pupils
- WASH intervention reach minimum level that permit the correct employment of facilities

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	EDUCATION	[Frontline] Number of youth engaged in dissemination of life-saving messages on child protection, hygiene, health, nutrition and GBV in schools and local communities			4,22 2	3,23 2	7,454

Means of Verification : Monitoring reports and field visits

Activities

Activity 1.1.1

Establishment of one hygiene club in each school

Activity 1.1.2

Installation of hand-washing facilities in 9 schools

Activity 1.1.3

Distribution of hygiene kits in each school

Activity 1.1.4

Distribution of chlorine and other purification items in each school

Activity 1.1.5

Distribution of dignity kits in each school

Output 1.2							
Description							
PTA members have knowledge of practices of hygiene & sanitation and cholera-prevention and are responsible for the correct maintenance of WASH facilities							
Assumptions & Risks							
PTA member meet regularly and have strong leadership							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	EDUCATION	[Frontline] Number of PTA trained in life-saving skills	206	101			307
Means of Verification : Monitoring reports and field visits							
Activities							
Activity 1.2.1							
Provision of one training on cholera-prevention in each school							
Activity 1.2.2							
Provision of one training on hygiene and sanitation in each school							
Activity 1.2.3							
Training on use and maintenance of WASH facilities							
Activity 1.2.4							
Construction of one borehole in 3 schools							
Activity 1.2.5							
Installation of one water tanks in 10 schools							
Activity 1.2.6							
Construction of sex-segregated latrines in 13 schools							
Additional Targets :							

M & R

Monitoring & Reporting plan

Monitoring and evaluation will be used first and foremost to support project management and adaptation to the local context. In particular, an initial analysis of knowledge, attitude, and behaviors of students on issues related to hygiene and sanitation will be conducted through a survey in the 13 schools. The survey will include some key questions on teaching practices and school governance so as to identify the schools that need special attention, for which monitoring and organizational support will be strengthened. The results of the survey will be shared with PTAs members and will be used to focus and customize the trainings provided with the intervention.

Monitoring and evaluation will function also as a mechanism to ensure the incorporation of beneficiaries' concerns as well as a quality assurance mechanism. Besides the first review of the survey results, during the life span of the intervention, based on the project indicators reported in the logical framework, in two additional occasions the project team will review together with PTA members the progress of the project, bottle necks and potential obstacles related to its implementation. This will permit to identify and find venues to address the most challenging activities, which in turn will ensure the smooth implementation of the project. Moreover, it will guarantee that the project will take into account key feed backs from the community of beneficiaries. The same findings will be shared with the education cluster, so that evidence of impact, challenges and support (if required) is addressed in timely manner.

Based on the logical framework indicators, the monitoring of activities will be shared with the SSHF team (donor) in two occasions: in the mid of the intervention and at the end of it. Additionally, on an on-going basis, evidence of the distribution will be shared with the donor. To ensure that progress against indicators is measured timely, the two social workers, in coordination with the chairmen of Hygiene clubs, will compile monthly reports using predefined forms that reflect the project indicators. Additionally, the project manager will conduct periodic visits (every one or two months) to the schools to verify the progress of physical interventions, which will be reported in absolute value and in terms of contribution to the relevant sphere standards, and the quality of data reported by social workers. The country M&E will assist and oversee the entire monitoring of the project as well as the survey on knowledge on attitudes and behaviours and the post-distribution monitoring. Data will reflect the following level of disaggregation: school, age group, male vs female pupils, class attended, as well as registered and unregistered pupils. Project progresses will be shared with the educations cluster, so that evidence of impact, challenges and support (if required) is addressed in timely manner. Finally, school head teachers will be asked to answer a sort of post-distribution monitoring questionnaire to review the quality of the physical interventions and equipment installed.

Workplan

Activitydescription	Year													
		1	2	3	4	5	6	7	8	9	10	11	12	
Activity 1.1.1: Establishment of one hygiene club in each school	2017												X	
	2018													
Activity 1.1.2: Installment of hand-washing facilities in 9 schools	2017												X	X
	2018	X	X											

Activity 1.1.3: Distribution of hygiene kits in each school	2017																	X	X	
	2018	X	X																	
Activity 1.1.4: Distribution of chlorine and other purification items in each school	2017																		X	X
	2018	X	X																	
Activity 1.1.5: Distribution of dignity kits in each school	2017																		X	X
	2018	X	X																	
Activity 1.2.1: Provision of one training on cholera-prevention in each school	2017																		X	
	2018																			
Activity 1.2.2: Provision of one training on hygiene and sanitation in each school	2017																		X	
	2018																			
Activity 1.2.3: Training on use and maintenance of WASH facilities	2017																			
	2018			X																
Activity 1.2.4: Construction of one borehole in 3 schools	2017																		X	X
	2018	X	X																	
Activity 1.2.5: Installation of one water tanks in 10 schools	2017																		X	X
	2018	X	X																	
Activity 1.2.6: Construction of sex-segregated latrines in 13 schools	2017																		X	X
	2018	X	X																	

OTHER INFO

Accountability to Affected Populations

AVSI has long been committed to accountability by results, as understood and operationalized in measurements of impact over the medium to long term. AVSI is also committed to the quality and relevance of our programs from the beneficiary's perspective. AVSI's Accountability Framework (AAFAP), guided by the Inter Agency Steering Committee's (IASC) Five Commitments to Accountability to Affected Populations and Core Humanitarian Standards (CHS), is an opportunity for AVSI to go deeper into the 5 points of method and to formalize the data collection and participatory methods which are already in practice.

For the implementation of the current project AVSI will work following 4 Accountability to Affected Population's commitments:

- (i) Provide public information

Providing appropriate, accessible and timely information to all segments of an affected community in targeted areas, including on: AVSI's mission, accountability commitments, code of conduct, complaints procedure and relevant contact details; (ii) project, including goals and objectives, evaluation/ progress reports, project time span and budgetary information as relevant; (iii) people's rights and entitlements; (iv) processes that affect the people AVSI seeks to assist, to ensure that they can make informed decisions and choices; (v) wider information about access to assistance

- (ii) Involve local communities in decision making

- (iii) Listening (feedbacks and complaint handling mechanisms)

AVSI managers will oversee the feedback and complaints system; at least one feedback and complaint box (or temporary office managed by one AVSI's Officer) will be put in place in each county. All complaints will be recorded and specific measures will be taken in line with the AVSI's FCHM Guidelines; sensitive complaints received will be immediately shared with SSHF team and investigation report shared.

- (iv) Staff behavior and attitudes

The organisation is accountable to its own staff to provide good management. This includes appropriate policies (Code of Ethics, Child Protection Policies, Code of Conduct...), procedures and training. Staff and managers in AVSI and its partner agencies have a right to expect management that prepares them to do their job. Managers will be equipped to support their staff in carrying out their responsibilities for quality and accountability, and all staff should be appropriately trained (both at HQ and field level) and supported so that they understand their role and can develop the competencies required to implement emergency and development programmes in an accountable way.

Implementation Plan

Description of the implementation:

The project will be implemented in 4 different geographical areas, with the purpose of supporting schools in Kapoeta North, South, East and Magwi region to cope with significant threats on the field of hygiene and sanitation and cholera preparedness.

Given the accessibility constraints in the different areas of intervention, the promotion of ownership among the communities takes the utmost importance in the success of the initiative. While AVSI will improve the capacity of community stakeholders, through proved community mechanisms (PTA, Hgiene Clubs, local government) a minimum and constant supervision and support will be guaranteed thanks to ever-present support staff.

Key staff:

While a roving WASH specialist will oversee the construction and excavation works of WASH facilities throughout the region, 2 social workers based in Kapoeta town will ensure a reliable and constant communication from the beneficiaries' school in Kapoeta North, East and South, with AVSI coordination offices in Torit. From Magwi the supervision is guaranteed by a project officer and a social worker, that are already deployed with the synergic project of EiE, funded by UNICEF. Monitoring of the project under the program and operation side will be ensured by a robust team of logistic, finance and M&E personnel.

Major tasks:

The project has 3 major tasks: 1. enhance the capacity of school stakeholders in hygiene, sanitation and cholera preparedness and response, 2. Enhance the WASH capacity of school premises. 3. Distribute WASH and Hygiene material in the targeted schools.

Activity sequence:

The scheme below tries to narrate the activity sequence as per implementation plan:

STEP 1. Recruitment of human resources.

- 1.1 WASH specialist
- 1.2 Social workers

1.3 Initiate the coordination with pipeline and cluster

STEP 2: Capacity building and premises enhancement:

- 2.1 (follows 1.1) start the engineering studies and search for adequate contractor for construction/establishment of water harvesting system (5), latrines (9), boreholes (2)
- 2.2 (follows 1.1 and 1.2) cholera preparedness & response training
- 2.3 (follows 1.1 and 1.2) hygiene and sanitation training
- 2.4 (follows 1.1) secure and deliver the WASH items
- STEP 3. Promote hygiene and cholera preparedness
- 3.1 (follows 2.2 and 2.3) establishment of hygiene school clubs
- 3.2 (follows 2.3 and 2.4) distribution of hygiene kits and dignity kit
- 3.3 (follows 2.1) distribution of handwashing facilities

Implementation schedule:

The implementation schedule shall, wherever is possible, follow the activity sequence, whereby following the recruitment of the appropriate human resources in the first month of the project, the process of capacity building of the school stakeholders as well as the study for the enhancement of school premises in cholera response will be initiated.

While the process of construction of boreholes, latrines and water harvesting system is expected to be completed after 4 months from the beginning of the initiative, the capacity building shall end no more than after 2 months from the selection of the human resources, concurrently with the formation of the school clubs.

The coordination with the line clusters and core pipelines is already in place and will ensure a timely securement and delivery of the WASH items.

Implementation support:

The correct and timely implementation will only be possible with adequate support and collaboration from Government, local and school authorities and with the participation of the school stakeholders. AVSI detached offices and headquarter will guarantee appropriate monitoring and operational support, while the line clusters and OCHA will ensure coordination and provision of guidelines and kits.

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

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project is committed to gender equality (G2a marker). Activities will be developed with the active participation of women teachers and parents in all stages of the implementation process, so as to ensure that girls' priority needs are taken into consideration and that WaSH infrastructures meet the right gender standards (IASC, 2015, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery). Key gender-mainstreamed activities:

- Training will be conducted by both males and females facilitators
- Training classes will be mixed and the participants will work together
- Training will cover menstrual hygiene as a cholera-prevention activity
- Higiene clubs members will be both males and females
- HC will promote gender-equality
- Latrines will be sex-differentiated

Protection Mainstreaming

Protection principles are incorporated in the implementation. AVSI will prevent and minimize as much as possible any unintended negative effects of the intervention which can increase people's vulnerability to both physical and psychosocial risks.

Moreover, people's access to assistance and services will be arranged in proportion to need and without any barriers (e.g. discrimination). A special attention will be paid to vulnerable individuals and groups who have difficulty accessing assistance and services.

Finally, appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints will be set up.

All AVSI South Sudan staff members have been trained on child protection, disability and gender mainstreaming.

Country Specific Information

Safety and Security

According to the Ministry of Education and the two County Education Directors in Kapoeta and the RRC department, the state security is at a normal level. Since the beginning of 2017, no attacks or ambushes have been reported.

The only issue concerns cattle raiding, but considering the presence of pastoral communities it is considered a normal fact and not a threat to security in the state.

While in Kapoeta State there are no problem of accessibility and all the roads are almost safe, in Magwi County the situation is different. Due to the high presence of rebels in all the roads connecting Magwi to other villages, the city is isolated. Every months, ambushes and shoots are registered, fact that reduce the movements from and to the town. The only way to reach safely the city is to participate at the UNMISS armed convoy, organized from Torit once per month.

Access

Access to the schools in Kapoeta State is safe. The selected schools are within the towns of Kapoeta, including Kapoeta South and East, Riwoto (Kapoeta North) and Narus (Kapoeta East) and there are no major problems of accessibility. Kapoeta is connected with Juba by 2 flights per week and the road from Isohe, where AVSI base is situated, is safe. The flights from Torit are rare. Furthermore, Narus and Riwoto are easily reachable thanks to a road in good condition. While in Kapoeta State there are no constraints of accessibility and all the roads are almost safe, in Magwi County the situation is different. Due to the high presence of rebels in all the roads connecting Magwi to other villages, the city is isolated. Every months, ambushes and shoots are registered, fact that reduces the movements from and to the town. The only way to safely reach the city is to participate to the UNMISS armed convoy, organized from Torit once per month. The four schools of the project are within Magwi town and are easily reachable from the center.

AVSI South Sudan operations in Eastern Equatoria are logistically supported by our bases in Uganda, providing constant supply and support.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Wash specialist	D	1	1,800.00	8	100.00	14,400.00
	<i>The project will use 1 national wash specialist with both the necessary qualifications and is from the immediate area of implementation. Fixed contract for duration of project. LOE 100%. Duty station: Kapoeta County.</i>						
1.2	Community workers	D	2	500.00	9	100.00	9,000.00
	<i>1 Community Worker at \$500 per month for 6 months to support hygiene and nutrition activities, 100% charged to CHF. Location Kapoeta County. The Community Worker, with experiences in South Sudan, will be recruited for 9 months, all the project duration. The gross salary is composed by the net, the Personal Income Tax (PIT), the National Social Security Fund (NSSF), the Medical Insurance and the End of Contract Benefit (ECB) component. He will support the project manager for all the activities related to education awareness and for monitoring and reporting process.</i>						
1.3	M&E Specialist	D	1	3,190.00	9	25.00	7,177.50
	<i>1 M&E expatriate at \$3,190 per month for 9 months to design and analyze the good practice of hygiene and sanitation of the pupils and teachers. he is in charge to design the post rapid distribution monitoring inside the schools to control the item distributed nad physical intervention. he will be recruited for 9 months, only the 25% is allocated to the project. The gross salary is composed by the net, the Personal Income Tax (PIT), medical insurance and R&R allowance.</i>						
1.4	Driver	D	1	500.00	9	100.00	4,500.00
	<i>1 Driver at \$500 per month for 9 months to assist Project Manager, 100% charged to the project Location Kapoeta and Torit County. He will support projects activities in the area and will be recruited for 9 months, all the project duration. The gross salary is composed by the net, the Personal Income Tax (PIT), the National Social Security Fund (NSSF), the Medical Insurance and the End of Contract Benefit (ECB) component.</i>						
1.5	Logistician	D	1	1,100.00	9	100.00	9,900.00
	<i>1 Logistician at \$1.100 per month for 9 months to assist the procurement of the project, 100% charged to CHF. Location Torit and Juba. The logistician will support the project manager for all the procurement and reporting process. He will be recruited for 9 months, all the project duration. The gross salary is composed by the net, the Personal Income Tax (PIT), the National Social Security Fund (NSSF), the Medical Insurance and the End of Contract Benefit (ECB) component.</i>						
1.6	Accountant	D	1	850.00	9	100.00	7,650.00

	1 Accountant at \$850 per month for 9 months to manage all financial accounting and reporting during the project, 100% charged to CHF. Location Torit. The logistician will support the project manager for all the procurement and reporting process. He will be recruited for 9 months, all the project duration. The gross salary is composed by the net, the Personal Income Tax (PIT), the National Social Security Fund (NSSF), the Medical Insurance and the End of Contract Benefit (ECB) component.						
1.7	Country director	D	1	4,290.00	9	18.00	6,949.80
	1 Country representative at \$4,290 per month for 9 months, 18% charged to CHF. Location Juba, Central Equatoria. The CR will supervise, facilitate and support all the implementation process, for all the project duration. The unit cost is calculated taking into consideration the net, the Rest and Recuperation forfait, the medical insurance and the taxes.						
	Section Total						59,577.30
2. Supplies, Commodities, Materials							
2.1	Construction of latrines	D	13	5,000.00	1	100.00	65,000.00
	Construction of 13 Temporary gender segregated latrines at \$5000 each in 13 schools within Kapoeta east, south and north & Magwi County, 100% charged to CHF. The number of latrines has been estimated according to number of the targeted schools in need. The Temporary gender segregated latrines construction cost includes materials and casual work employed. The Temporary gender segregated latrines cost has been estimated according to current local market prices and previous projects implemented in South Sudan. they will be constructed using local constructors to strength the local market and increase the community welfare.						
2.2	Installation of water tanks	D	13	1,600.00	1	100.00	20,800.00
	Construction of 13 Water tank at \$1,600 each in 13 schools within Kapoeta east, south and north & Magwi County, 100% charged to CHF. The number of latrines has been estimated according to number of the targeted schools in need. The Water Tank cost includes materials and casual work employed. The Water tank cost has been estimated according to current local market prices and previous projects implemented in South Sudan. They will be constructed using local constructors to strength the local market and increase the community welfare.						
2.3	Construction of boreholes	D	3	12,000.00	1	100.00	36,000.00
	Construction of 3 Borehole at \$12,000 each in 13 schools within Kapoeta south and north & Magwi County, 100% charged to CHF. The number of borehole has been estimated according to number of the targeted schools in extremely need. The Borehole cost includes materials and casual work employed. The Borehole cost has been estimated according to current local market prices and previous projects implemented in South Sudan. They will be constructed using local constructors to strength the local market and increase the community welfare.						
2.4	Hygiene and cholera prevention training	D	13	1,600.00	1	100.00	20,800.00
	Training cost in 13 schools for 7,761 participants of hygiene and cholera prevention training (teachers and PTA) at \$1,600 per school in Kapoeta south and north & Magwi County, 100% charged to CHF. The cost of hygiene and cholera prevention training includes the trainer fee, venue, meals, transport refunds for participant and training materials. The cost of the training has been estimated according to previous training experiences.						
2.5	Establishment of hygiene clubs	D	13	300.00	2	100.00	7,800.00
	Running cost of Hygiene clubs in 13 schools for 200 participants (pupils, teachers and PTA) at \$300 twice in Kapoeta east, south and north & Magwi County, 100% charged to CHF.						
2.6	Hiring of casual labor	D	1	250.00	9	100.00	2,250.00
	Casual labour will help the logistic to upload, offload and distribute the item given from the pipelines to the schools of the project. The cost is calculated based on CCCM casual labour rate.						
2.7	Transport of material	D	2	4,500.00	2	100.00	18,000.00
	Transport cost for 2 trips of material for Education and hygien and sanitation material in 13 schools in Kapoeta south, east, north and Magwi County for two time, 100% charged to CHF. The number of transports has been estimated according to the work plan of the project. The transport cost has been estimated according to the available local services.						
2.8	Monitoring and Evaluation	D	4	2,200.00	1	100.00	8,800.00
	Monitoring and Evaluation at 2,200\$ to assess the situation at the beginning and at the end of the project with a baseline and endline in the four area of intervention (Kapoeta south, east, north and Magwi). The evaluation will be done using AVSI procedures and standards. The assessment will be done with field data collection that will integrate the secondary data collected for the area. The analysis will produce the final evaluation report. the cost include all the expenditure related to Monitoring and evaluation process.						
	Section Total						179,450.00
3. Equipment							
3.1	Purchase of motorbike	D	1	3,000.00	1	100.00	3,000.00
	1 Motorbike at \$3,000 to support community worker in the movements for implementing the activities hard to reach areas, 100% charged to CHF. Location Kapoeta. The motorbike is necessary in order to reach the targetted schools. The cost of the motorbike has been estimated according to current market prices.						
3.2	Purchase of Thuraya	D	1	1,150.00	1	100.00	1,150.00

	1 Thuraya at \$1,100 to comply with the security procedure of AVSI South Sudan and guarantee a constant communication for the coordination of the activities. 100% charged to CHF. Location Kapoeta. The cost of the thuraya has been estimated according to current market prices.						
	Section Total						4,150.00
4. Contractual Services							
4.1	Hiring of engineering consultancy	D	1	4,000.00	1	100.00	4,000.00
	1 Engineer at \$1000 per month for 4 months to follow the constructions and rehabilitations, 100% charged to CHF. Location Kapoeta County. He will follow all the construction activities and is contract will be consultancy.						
	Section Total						4,000.00
5. Travel							
5.1	Flights Juba-Kapoeta	D	12	200.00	1	100.00	2,400.00
	12 flights Juba-Kapoeta at 200\$ each to provide transport for the WASH Specialist and personnel for the implementation of the project. The cost of internal flight is the cost from UNHAS and other private company already active in the area (KUSHAIR, South Supreme Airlines). The flight will be used in order to allow the key staff to participate to cluster meeting or to the meeting with the donor, in order to give updates about the implementation of the project.						
5.2	Expert field mission from HQ	S	1	230.00	10	100.00	2,300.00
	The humanitarian advisor will do 10 days of field mission to monitor the project and guarantee the best results.						
5.3	Car rental	D	12	200.00	1	100.00	2,400.00
	Car rental and local transport costs at \$200 per day to support AVSI staff in the movement costs for implementing project activities. The Car rental and public transports cost will cover the movement of activity staffs and other staff members to the targeted schools. The cost has been estimated according to the number of movements and local service prices.						
	Section Total						7,100.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Office rent costs	D	1	7,200.00	9	20.00	12,960.00
	Office rent costs includes \$5,500 office rent of Juba office and \$1,700 office rent for Torit, Magwi and Kapoeta. The cost will be allocate 20% in the project.						
7.2	Fuel and maintenance costs of the vehicle	D	1	1,400.00	9	100.00	12,600.00
	Fuel and maintenance for vehicle at \$1,400 per month for 9 months to support AVSI staff in the movement costs. The fuel for vehicle will refuel the vehicle used by project staff members in order to implement and monitor the activities in the targeted schools. The cost of fuel has been estimated according to movement esteem and local market prices.						
7.3	Bank charges	D	1	320.00	9	100.00	2,880.00
	Bank charges at \$320 each month to support AVSI administration in the financial management of the project. The bank charges cost is estimated according to current bank cost.						
	Section Total						28,440.00
SubTotal			101.00				282,717.30
Direct							280,417.30
Support							2,300.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							19,790.21
Total Cost							302,507.51

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Kapoeta North	25	19	9	317	159	504	
Eastern Equatoria -> Kapoeta South	25	65	37	1,495	1,128	2,725	
Eastern Equatoria -> Magwi	25	74	27	1,508	1,293	2,902	
Eastern Equatoria -> Kapoeta East	25	48	28	902	652	1,630	

Documents

Category Name	Document Description