

Requesting Organization :	Christian Mission for Development				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
WATER, SANITATION AND HYGIENE		100.00			
		100			
Project Title :	Provision of Emergency WASH Support to IDPs and Vulnerable Host Communities in Ayod, Nyirol and Kapoeta South Counties (Jonglei and Eastern Equatoria States).				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-17/HSS10/SA2/WASH/NGO/6440		
Cluster :		Project Budget in US\$:	450,000.38		
Planned project duration :	8 months	Priority:			
Planned Start Date :	01/08/2017	Planned End Date :	31/03/2018		
Actual Start Date:	01/08/2017	Actual End Date:	31/03/2018		
Project Summary :	<p>CMD proposes an 8 month project to continue and intensify current lifesaving water, sanitation and hygiene services for IDPs and host communities in Ayod, Nyirol (Jonglei State) and Kapoeta South (Eastern Equatorial State) with a scope to expand to other high-need areas within these counties. This emergency response proposes to reach 40,000 individuals in Ayod, Nyirol (Jonglei State) and Kapoeta South (Eastern Equatorial State) with an expanded package of life-saving, emergency WASH interventions that will address the evolving needs in both states. In Ayod, CMD already reached over 15,000 individuals to date with intensive water, sanitation and hygiene promotion campaign to respond to the cholera outbreak and provision of safe water by rehabilitating hand pumps/boreholes. The intensified package will continue to have an emergency cholera outbreak response and will implement comprehensive hygiene behavior-change components, robust integration with health and nutrition interventions, and fully streamlined gender and protection needs as identified.</p> <p>The main components of the project are:</p> <ul style="list-style-type: none"> • Provision of clean water supply to households and community structures with rigorous water quality testing above current practice that also include rehabilitation of broken/damaged boreholes. • Provision/rehabilitation of semi-permanent/permanent latrines in institutional infrastructures (hospitals, schools, nutritional centers) for existing IDPs and new arrivals with tailored designs for people with disabilities/older adults and children. • Expanded, comprehensive hygiene promotion with a focus on behavior change interventions and menstrual hygiene and NFI distributions. • Health, nutrition and WASH integration to mitigate WASH-related illness and morbidity via referral tracking systems and integrated outbreak response planning. 				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	6,000	16,000	10,000	8,000	40,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	2,520	6,720	4,200	3,360	16,800
People in Host Communities	2,160	5,760	3,600	2,880	14,400
Other	1,320	3,520	2,200	1,760	8,800
Indirect Beneficiaries :					
120,000 Indirect beneficiaries; (60% female; 42% IDPs; 45% below 30 years). It is anticipated that every direct beneficiary will indirectly benefit 3 other people with whom they have direct contact. This includes benefiting from knowledge gained by beneficiaries, sharing of supplies distributed and as well as utilization of facilities set up targeting a particular group of persons.					
Catchment Population:					
Ayod: - 100,000; Nyirol: - 70,000; Kapoeta South: - 50,000. These consist of populations living within the vicinity of the main areas of intervention. More than 55% of these are women and children.					
Link with allocation strategy :					

In line with the allocation strategy, the project seeks to implement WASH interventions to address cholera outbreaks in cholera risk areas of Ayod, Nyirol and Kapoeta South. The Greater Kapoeta has some of the highest cholera infection rates at present, due to lack of adequate WASH partners. The allocation emphasizes the need for increased WASH interventions in areas with severe food insecurity and malnutrition.

In the recent Integrated Phase Classification (IPC) reported Ayod at elevated levels (IPC Level, 4 and 5). CMD plans an integrated response in Ayod, Nyirol and Kapoeta South which will include WASH support to planned nutrition and health interventions aimed at reducing morbidity and mortality through provision of clean, safe and adequate water, dignified sanitation services as well as hygiene promotion messaging. The need to maintain adequate WASH service delivery in areas of high and prolonged displacement is also planned in this project. Ayod and Nyirol County are the most critical areas with a high number of IDPs that are mainly coming from parts of Jonglei, Upper Nile and Unity. The intervention will prioritize new displaced people providing NFIs and supporting the payams with the highest % of IDPs.

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
In kind contributions from affiliate churches	15,000.00
	15,000.00

Organization focal point :

Name	Title	Email	Phone
Rt. Rev. Thomas Tut Gany	Executive Director	ed@cmdsouthsudan.org	+211 950 888 555
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BACKGROUND

1. Humanitarian context analysis

The protracted conflict in South Sudan has resulted in multiple displacements across the country compounding the WASH needs of an already vulnerable population. The remaining coping abilities have been further eroded by prolonged food insecurity, economic collapse and disease outbreaks. The widespread lack of safe drinking water, improved sanitation facilities and poor hygiene practices has left a large proportion of the population at risk of preventable WASH related diseases. IDPs remain among the most vulnerable groups in South Sudan, with the most acute and vulnerable populations found in Unity, Upper Nile and Equatorias.

Many IDP populations remain in remote rural locations, which had limited to no basic WASH services before the crisis began. Existing WASH infrastructure in these locations is unable to provide adequate WASH services due to the population increase.

With the humanitarian crisis in South Sudan deepening and spreading, the 2017 Humanitarian Needs Overview (HNO) estimates that some 7.5 million people, over 60% of the population, are in need of humanitarian assistance. More than 3.4 million people have been displaced – 1.9 million internally displaced persons (IDPs) and 1.5 million refugees who have fled to neighbouring countries. Health conditions have deteriorated, and food insecurity and malnutrition have skyrocketed.

The May 2017 IPC release puts an estimated 5.5 Million people in need of humanitarian assistance. The highest proportions of populations in Crisis, Emergency and Catastrophe are observed in Greater Jonglei State (63%) and Unity State (61%).

WASH needs are also closely linked to food security and nutrition. The overall WASH situation is magnified by the endemic nature of cholera and other water borne epidemics in South Sudan, which disproportionately affects children under 5. High malnutrition rates are strongly linked to poor WASH conditions exemplified in the diarrhea-malnutrition cycle which is prevalent in vulnerable populations.

Displaced women and girls continue to be disproportionality affected by protection related WASH issues, with gender based violence occurring due to insufficient and unsafe access to water and sanitation facilities.

2. Needs assessment

Displacement tracking matrices indicate Ayod and Nyirol as reportedly hosting some of the largest IDP populations in Jonglei; an estimation of 221,399 individuals as of July 2017 . Many of these IDPs are residing in the payams of Wau, Mogok, Pagil and Pajiek in Ayod; and Thol, Nyambor, Pultruk and Chuil in Nyirol. A CMD multi - sectoral assessment in locations of Jiech, Gorwai and Pagil had vulnerable caseloads of close to 148,000 persons; majority boys and girls. Kapoeta South county is currently experiencing high infection rates of cholera; with CFRs averaging 2%. (SS Health Cluster, 2017). An approximated 50,000 persons are at risk of cholera in Kapoeta South alone according to preliminary reports from IOM mobile teams. Without any infrastructure, Ayod and Nyirol can only be accessed by air and movements inside the county are mainly done by foot. CMD began WASH interventions in Ayod in 2012 running the programs from the sub offices of Jiech, Gorwai and Pagil; while in Nyirol CMD has worked with OXFAM mainly in Lankein, Pultruk, Thol and Nyambor. Access to safe water and sanitation facilities has been identified as the major cause of WASH related illnesses including cholera; coupled by poor WASH behavioral tendencies amongst the populations. Boreholes are the main and only source of safe water in most parts of the county Due to long queuing times, communities sometimes prefer to collect water from unsafe sources like swamps and open well. Boreholes usually break more frequently due to their over-used.

Since April 2017, cholera cases have been confirmed in Ayod and Kapoeta South. An alert was triggered from Nyirol County too. Among the first cases, most of them were IDPs who moved to cattle camps in Jonglei and communities involved in mining in Kapoeta. Poor hygiene practices, chronic open defecation and unavailability of adequate safe water source worsen the epidemic. CMD took the lead of the WASH response in Ayod with support from other WASH and Health Partners (PAH, IOM, IMC, RMF, CRS) in controlling the outbreak of cholera. In July 2017, the number of new case seems to be reducing which clearly shows the outcome of joint effort among WASH and Health partners. In June 2017, Ayod and Nyirol County was classified at elevated levels of food insecurity. There's a narrow window of opportunity to provide WASH life-saving interventions to prevent further deterioration.

There's need for an established national partner in the cholera response in the Greater Kapoeta, with most of the WASH partners currently responding on a short-term mission. CMD envisages the opportunity to have a fully-fledged WASH response in Kapoeta South working closely with IRW, IOM and UNICEF.

3. Description Of Beneficiaries

CMD targets 40,000 people under this project, 40% of these female by providing lifesaving WASH services to affected populations in high priority counties of Ayod and Nyirol (Jonglei) and Kapoeta South. (Eastern Equatoria) 42% of the people targeted are IDPs, 36% host communities under stress. Other groups include returnees and people with special needs. Majority of the IDPs populations targeted are multiply displaced. Water supply will mainly focus on meeting hygienic and personal needs, however reservoirs can be established at water end points to trap spillages for livestock consumption. Hygiene promotion will target mostly females; mainly to be done in an out of camp setting.

Beneficiary selections have been done with participation of the local communities; data is mainly from assessments both inter-agency and in house. IPC Data, IRNAs, IOM DTM Data, RRT/RRM reports, Sit. Reps, WFP Village Assessments have all played a contributory role in identifying the most vulnerable populations. The project will seek to establish resilient solutions that are community driven and invented.

4. Grant Request Justification

The areas targeted have been flagged by the Inter Cluster Working Group due to severity of needs as a result of food insecurity, displacement, disease and intermittent funding over a protracted period. A cholera outbreak in Ayod and Kapoeta South necessitates a fully fledged WASH response in these locations. Data from the main PHCC in Lankein and Pultruk indicates high numbers of AWDs too. The project aims at dealing with the root causes of active transmission of WASH related diseases by ensuring adequate supply of clean and safe water through borehole rehabilitations and disinfections, provision of water treatment solutions, provision of WASH NFIs to ensure safe handling of water. Sanitation facilities including latrines will be setup - to improve fecal disposal in these areas and to minimize incidences of open defecation. The 8 month period will aim at fostering behavioral change in time for the rainy season through rigorous hygiene promotion and refresher trainings of management committees.

Malnutrition and food insecurity have both been linked to poor WASH standards; hence justification for a WASH response in these locations. Multi -sectoral modalities of intervention have been planned, working with the humanitarian coordination units at state and country level - these will guide in targeting of communities exposed to other thematic area needs such as malnutrition, disease, protection issues amongst others. CMD will collaborate directly with lead agencies such as UNICEF, WFP, IOM and FAO during the project duration.

5. Complementarity

A 3 months Rapid Response Fund (RRF) WASH and Health grant closing in July to CMD has enabled a reduction of active transmission of cholera to 0 cases by Week 27 in Ayod County. SSHF funding will enable the continuation of a sustained response especially as the rains beginning these areas. A Health, WASH, FSL and Education intervention is planned in the locations of Ayod and Nyirol; offering better value for money and as well a full humanitarian package to vulnerable communities. CMD will take over the WASH implementation in Kapoeta South from IOM RRTs; addressing the WASH component of the cholera outbreak in the county and as well taking lead for the local coordination in the area. Schools targeted for education will be used as platforms for nutrition screening and referrals and cross cutting messaging in collaboration with other partners on ground.

LOGICAL FRAMEWORK

Overall project objective

The main objective of the 9 month project is to reduce occurrence of disease and death amongst food insecure, highly malnourished vulnerable populations due to WASH related diseases by;

- providing timely access to safe and sufficient quantities of water for drinking, domestic use and hygiene purposes meeting SPHERE standards.
- providing access to appropriate and inclusive sanitation and hygiene facilities and services to vulnerable populations in Jonglei and Eastern Equatorial State.
- Fostering behavioral change amongst vulnerable populations to mitigate WASH related disease and practice good hygiene.

WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Sustain access to water, sanitation and hygiene promotion services for 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	40
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.	SO2: Protect the rights and uphold the dignity of the most vulnerable	40
Enhance emergency WASH capacities of local communities, authorities and partners.	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	20

Contribution to Cluster/Sector Objectives : In line with the cluster strategy, the project seeks to address areas with high numbers of IDPs, cholera affected and highly food insecure and malnourished communities. (High GAM rates and IPC 4 classification). An integrated approach has been adopted in the project; since cholera has been linked to high GAM and food insecurity. Adequate clean and safe water, access to appropriate sanitation facilities and fostering behavioral change through hygiene promotion will be the core of the project. CMD will work with health and nutrition partners to strengthen referral pathways.

Outcome 1

IDPS, vulnerable host communities and returnees have safe, easily accessible quantities of water for drinking, cooking, personal and domestic use

Output 1.1

Description

Water points established/upgraded/repared/rehabilitated to provide clean, safe, adequate and sustainable water access and increase accessibility based on people per water point.

Assumptions & Risks

Accessibility of targeted locations, timely disbursement of project funds to facilitate the quick-start of the project activities, County Government providing adequate security in areas prone. The overall security status in country remains calm. Effectiveness of logistics between Juba and locations targeted by intervention. Airstrips always remains land-able to UNHAS flights to enable staff pay weekly/monthly visits to the project sites.

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of water points/boreholes rehabilitated					65
<p>Means of Verification : Water point rehab log sheets. Household utilization forms. Water quality testing reports End of project survey of 100 households Progressive and activity reports by CMD and other WASH partners operating in the county. Photographic evidence</p>							
Activities							
Activity 1.1.1							
Non functional water points rehabilitated							

Output 1.2							
Description							
Households supplied with WASH NFIs including PuR Tablets, Aqua Tabs, filter cloths							
Assumptions & Risks							
Accessibility of targeted locations, timely disbursement of project funds to facilitate the quick-start of the project activities, County Government providing adequate security in areas prone. The overall security status in country remains calm. Effectiveness of logistics between Juba and locations targeted by intervention. Airstrips always remains land-able to UNHAS flights to enable staff pay weekly/monthly visits to the project sites							
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 people reached with WASH NFI distribution	375	800	425	400	2,000
<p>Means of Verification : Distribution Reports Waybills PDM reports Household utilization reports</p>							
Activities							
Activity 1.2.1							
WASH NFIs including PuR/Aquatabs, filter cloths provided to vulnerable HHs							

Outcome 2							
Description							
IDPs, returnees and vulnerable host communities provided with improved access to safe, sanitary, and hygienic living environment through delivery of sanitation services that are secure, sanitary, user-friendly and gender-appropriate.							
Output 2.1							
Description							
Emergency safe, gender appropriate latrines and hand washing facilities set up/rehabilitated							
Assumptions & Risks							
Accessibility of targeted locations, timely disbursement of project funds to facilitate the quick-start of the project activities, County Government providing adequate security in areas prone. The overall security status in country remains calm. Effectiveness of logistics between Juba and locations targeted by intervention. Airstrips always remains land-able to UNHAS flights to enable staff pay weekly/monthly visits to the project sites							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of people with access to improved sanitation facilities	3,000	8,000	5,000	4,000	20,000
<p>Means of Verification : Completion Reports Photographic evidence HH utilisation reports Morbidity Data</p>							
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of new latrines constructed/rehabilitated					100

Means of Verification : Latrine completion forms

HH surveys
Photographic evidence

Activities

Activity 2.1.1

Gender appropriate and safe Emergency latrines and Hand washing facilities setup

Output 2.2

Description

Vulnerable households provided with cluster accepted standard hygiene and dignity kits.

Assumptions & Risks

Accessibility of targeted locations, timely disbursement of project funds to facilitate the quick-start of the project activities, County Government providing adequate security in areas prone. The overall security status in country remains calm. Effectiveness of logistics between Juba and locations targeted by intervention. Airstrips always remains land-able to UNHAS flights to enable staff pay weekly/monthly visits to the project sites

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of menstrual hygiene management (MHM)/ dignity kits distributed					500

Means of Verification : Distribution Reports

PDM Reports
Waybills
Photographic evidence

Activities

Activity 2.2.1

HHs provided with Hygiene, Dignity/MHM Kits

Outcome 3

Communities and populations have reduced risk of WASH-related diseases, or negative impacts on nutritional status, through access to improved hygienic practices as a result of hygiene promotion activities and improved coordination

Output 3.1

Description

Hygiene promotion messages, sanitation and hygiene initiatives, campaigns organized at county, payam, boma and village level.

Assumptions & Risks

Accessibility of targeted locations, timely disbursement of project funds to facilitate the quick-start of the project activities, County Government providing adequate security in areas prone. The overall security status in country remains calm. Effectiveness of logistics between Juba and locations targeted by intervention. Airstrips always remains land-able to UNHAS flights to enable staff pay weekly/monthly visits to the project sites

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of people reached through direct and participatory hygiene promotion activities	6,000	16,000	10,000	8,000	40,000

Means of Verification : Activity Reports

Photographic Evidence
HH KAP surveys

Activities

Activity 3.1.1

Hygiene promotion carried out in areas targeted.

Activity 3.1.2

Regular monitoring and evaluation of project activities.

Additional Targets :

M & R

Monitoring & Reporting plan

Standard indicators for each of the outputs have been utilized; which are measurable and achievable over the project period. CMD will work closely with the cluster and SSHF TS monitoring team to ensure quality and timely project delivery. The project will have a dedicated Monitoring and Reporting personnel tasked with timely reporting to donors, clusters and key stakeholders. A monitoring plan specific for the project is being developed. The monitoring plan will be used to collect and analyze data for strengthening management of the project. At the field level, regular monitoring visits conducted by CMD Juba and State level based staff will use cluster-approved systems to measure progress against the work plan and towards achieving the desired results and project objectives as planned. CMD M & E will share the monitoring field report quarterly. Data collected from field visits will be used to report to the cluster on a monthly basis, with additional narrative and financial reports provided to SSHF Unit as per contractual requirements. Cluster recommended reporting lines will be fully adhered to such as 5Ws matrices. Community participation in project monitoring and evaluation will be done which will involve utilization of single sex focus groups, same age peer group discussions to obtain accurate feedback from beneficiaries as an accountability mechanisms aimed at implementation, lessons learnt and avoid repetition of implementation short falls. To further complement and strengthen the monitoring and evaluation of activities, CMD will conduct a mid-term review meeting with stakeholders, particularly those from the targeted community, but also including county-level authorities and other agencies operating in the area. The review will involve not only stakeholders related to the WASH component of the exercise, but also those related to Nutrition, Health, and protection to ensure that a comprehensive approach is maintained for addressing the needs of the most vulnerable. Lessons learnt from the project will be documented and shared with stakeholders to increase the impact of future interventions.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Non functional water points rehabilitated	2017									X	X	X	X
	2018	X	X	X									
Activity 1.2.1: WASH NFIs including PuR/Aquatabs, filter cloths provided to vulnerable HHs	2017									X	X	X	
	2018		X	X									
Activity 2.1.1: Gender appropriate and safe Emergency latrines and Hand washing facilities setup	2017										X	X	
	2018		X	X									
Activity 2.2.1: HHs provided with Hygiene, Dignity/MHM Kits	2017										X	X	
	2018		X										
Activity 3.1.1: Hygiene promotion carried out in areas targeted.	2017								X	X	X	X	X
	2018	X	X	X									
Activity 3.1.2: Regular monitoring and evaluation of project activities.	2017									X	X	X	X
	2018	X	X	X									

OTHER INFO

Accountability to Affected Populations

All CMD led assessments had potential beneficiaries take part in every exercise. We emphasize transparency in project implementation by directly involving the community in every stage of the project to ensure clear understanding of objectives of the project, expectations and stakeholders. CMD has incorporated the Commitments on Accountability to Affected Populations (CAAP) into all relevant statements, policies and operational guidelines including incorporating them in staff inductions. CMD ensures facilitation of the provision of feedback from affected people on the services. Suggestion boxes will be fixed at all CMD field offices to maximize on inputs from communities. Information will be available to local communities in local languages through community mobile megaphone radios, forums such as church meetings amongst others. Staff, volunteers and consultants, both national and international, are provided with adequate and timely inductions, briefings, and clear reporting lines that promote positive organisational behaviours and enable staff to understand their responsibilities, work objectives, organisational values, accountability commitments, key policies and local context. CMD works with partners and other stakeholders to ensure the needs of the most vulnerable are addressed while upholding all standards of Do No Harm.

Implementation Plan

The project will be carried out through the direct engagement of key project staff, such as the Field Coordinators, WASH Manager, WASH Officers and Community WASH structures. The project will commence immediately after approval of allocation from TS/UNDP. The overall supervision of the project will be by the programs coordinator – working with HQ and Field based staff. CMD will engage expertise from lead WASH agencies within the states.(UNICEF, IOM)

To ensure the maximum impact of the intervention, CMD will strengthen existing structures and on-going WASH activities. Project implementation will cut across other thematic areas such as Health and Nutrition with activities such as health and nutrition messaging incorporated into activities. CMD will implement each stage of the project in collaboration with these stakeholders and aim to include representatives from all stakeholders in training and capacity building components

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Pipeline and expertise support in targeted locations
OXFAM	Technical WASH support in Nyirol County.
IOM	WASH collaboration in Kapoeta South County.

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 has been designed with the needs of all groups factored in. The needs of Boys, Girls, Men and Women have been analysed across the project cycle. A gender analysis is included in the project’s needs assessment and is reflected in the project’s activities and the project outcomes. Gender mainstreaming in project design will promote the flow of gender equality into implementation, monitoring and evaluation. Women and girls are affected by inadequate WASH services more than men and boys. Women and girls bear the rigor of availing water in the home. Reducing collection time minimizes protection risks to women while collecting water. It also means an increase in time spent on other productive activities. Women spending more time with their children will most likely reduce the impacts of malnutrition and likelihood of disease outbreak, as well as improve the overall health of their households. In order to achieve a globally standard WASH response,

CMD will:

- Analyze and take into consideration-gendered division of tasks within households and communities and the different needs of women, men, girls and boys in water provision, sanitation and hygiene.
- Consult girls and women at all stages of the WASH project, particularly about the location and the design of water points, showers and toilets in order to reduce time spent waiting and collecting water and to mitigate incidences of violence. Ensure that evaluation and translation teams include female staff.
- Encourage an equal representation of women and men in the committees and in trainings so that all users have an equal mastery of WASH facilities. Involve boys and men in hygiene maintenance and in hygiene programs.
- Separate the blocks of latrines and showers respecting a ratio of six latrines and shower stalls for women to four for men; doors will be lockable from the inside; female and male facilities shall be indicated by a pictograms
- Respond to the specific hygiene needs of menstruating girls and women with the construction of special washing facilities and through provision of female hygiene kits

Protection Mainstreaming

Guidelines on protection mainstreaming have been adopted by CMD, with capacity received from the ProCAP trainings. Firstly the “Do No Harm” principle has been factored. From the initial stages of conceptualizing a project, to hiring staff, acquiring materials, implementation, CMD will examine the potential negative and positive impact of programming decisions on the conflict context; while ensuring expectations are not overly raised and considering who conducts the project activities with ethnic safety in mind. Some of the concepts will need to be introduced carefully or be addressed in smaller groups or individually. Tools and inputs that could later be used as weapons such as pangas and knives will not be provided to the communities. Safety and dignity of beneficiaries will be prioritised; female beneficiaries will be provided with appropriate hygiene and dignity kits. WASH infrastructure will be gender and protectively appropriate; lockable and fitted with lights. The project will seek to strengthen and support self protection and will work in collaboration with protection actors such as Intersos. The project will seek to analyze dividers and sources of tensions between groups; analyze connectors between groups and across groups and consider implicit ethical messages associated with the project. In working with the local authorities, CMD has analyzed the risks and opportunities linked to engaging with government dynamically, in view of the conflict analysis and regular informal monitoring of the context.

Country Specific Information

Safety and Security

Ayod and Nyirol are both equally controlled by government and opposition forces; with majority of populations far away from militarized zones into villages and deep field locations. CMD works with authorities in both government and rebel controlled areas to ensure access to people in need in unhindered. Kapoeta South is relatively stable. Information sharing to ensure easy and free access across all areas will be done. Local staff will be recruited from areas of operation - to reduce the risks involved around foreign staff safety. CMD will work with the NGO forum and OCHA access team to ensure staff security guidelines are upheld.

Access

CMD has on - ground presence in Ayod and Nyirol. Our response in Kapoeta South is to take over from IOM RRTs. The areas have remained relatively stable; a contributory factor to the high case load of IDPs in these locations. The areas are accessible and landable by both fixed winged crafts and helicopters and are on UNHASS regular schedules. CMD works with local authorities and communities in every humanitarian intervention; with 90% of our staff hailing from the areas of intervention as a safety policy. Staff are given security training - before deployment to the field locations and are accommodated within humanitarian premises in the field locations. Ethnical considerations for the deployment of International staff are upheld in relation to security advise from the NGO forum, UNDSS and other partners.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Project Manager (100%)	D	1	2,440.00	8	100.00	19,520.00
	<i>Roving Capacity, Juba, Bor, Kapoeta, Field Locations; 100% time on project.</i>						
1.2	Assistant WASH Manager (100%)	D	1	1,100.00	8	100.00	8,800.00
	<i>Roving Capacity, Juba, Bor, Kapoeta, Field Locations; 100% time on project.</i>						
1.3	WASH Officers (3)	D	3	1,000.00	8	100.00	24,000.00
	<i>Field Based, 100% time on project (Ayod, Kapoeta South and Nyirol)</i>						

1.4	Field Coordinator	D	1	2,200.00	8	41.00	7,216.00
<i>Roving Capacity, Juba, Bor, Kapoeta, Field Locations; 50% time on project.</i>							
1.5	Community WASH Mobilisers	D	2	218.00	8	100.00	3,488.00
<i>100%Field Based; Kapoeta South and Nyirol. 100% time on Project</i>							
1.6	Executive Director	S	1	5,000.00	8	25.00	10,000.00
<i>Roving Capacity, Juba, Bor, Kapoeta, Field Locations; 25% time on project.</i>							
1.7	Programs Coordinator	S	1	4,000.00	8	25.00	8,000.00
<i>Roving Capacity, Juba, Bor, Kapoeta, Field Locations; 25% time on project.</i>							
1.8	M & E / Programs Officer	S	1	2,400.00	8	50.00	9,600.00
<i>Juba based. 50% time on the project.</i>							
1.9	Finance Manager	S	1	1,800.00	8	30.00	4,320.00
<i>Juba based. 30% time on the project.</i>							
1.10	Logistics and Procurement Manager	S	1	1,500.00	8	25.00	3,000.00
<i>Juba based. 25% time on the project.</i>							
1.11	Finance Officer	S	1	1,200.00	8	25.00	2,400.00
<i>Juba based. 25% time on the project.</i>							
1.12	Field Logistics Officers	D	3	366.00	8	100.00	8,784.00
<i>Field based. 100% time on the project.</i>							
1.13	Office Support Staff (2 cooks)	D	2	163.00	8	100.00	2,608.00
<i>Field Based, 100% time on project (Ayod, Kapoeta South and Kapoeta East)</i>							
1.14	Office Support Staff (2 Guards,)	D	2	163.00	8	100.00	2,608.00
<i>Field Based, 100% time on project (Ayod, Kapoeta South and Kapoeta East)</i>							
1.15	Monthly Hygiene Promotion forum and awareness campaigns	D	3	395.40	8	100.00	9,489.60
<i>Community led campaigns on a monthly basis - in each of the 3 locations</i>							
Section Total							123,833.60
2. Supplies, Commodities, Materials							
2.1	India Mark II Hand Pump fast moving spare kits	D	0	0.00	0	0.00	0.00
<i>To Be Obtained from WASH Core Pipeline - QTY to be determined by UNICEF/IOM Pipeline Managers.</i>							
2.2	Iron Sheets/Timbers, Nails, Tool kits.	D	500	45.00	1	100.00	22,500.00
<i>Purchased from local markets - to upgrade facilities on a case by case basis.</i>							
2.3	Latrine Digging Kits	D	0	0.00	0	0.00	0.00
<i>To Be Obtained from WASH Core Pipeline - QTY to be determined by UNICEF/IOM Pipeline Managers.</i>							
2.4	Filter Cloths	D	0	0.00	0	0.00	0.00
<i>To Be Obtained from WASH Core Pipeline - QTY to be determined by UNICEF/IOM Pipeline Managers.</i>							
2.5	Tarpaulins/Plastic Sheets	D	0	0.00	0	0.00	0.00
<i>To Be Obtained from WASH Core Pipeline - QTY to be determined by UNICEF/IOM Pipeline Managers.</i>							
2.6	WASH NFIs (Including PuR tablets, Standard Hygiene and Dignity Kits	D	0	0.00	0	0.00	0.00

	<i>To Be Obtained from WASH Core Pipeline - QTY to be determined by UNICEF/IOM Pipeline Managers.</i>						
2.7	Latrine Slabs	D	0	0.00	0	0.00	0.00
	<i>To Be Obtained from WASH Core Pipeline - QTY to be determined by UNICEF/IOM Pipeline Managers.</i>						
2.8	Transportation Costs from main Hubs to field locations	D	6	7,000.00	1	100.00	42,000.00
	<i>Charter Flights to transport supplies from CMD main hubs to Kapoeta South, Nyirol and Ayod Counties</i>						
2.9	Distribution costs for WASH and Dignity Kits	D	3	2,500.00	1	100.00	7,500.00
	<i>Includes Transportation, Distribution and PDM exercises</i>						
	Section Total						72,000.00
3. Equipment							
3.1	Standard Office Equipment - Mobile Kit for Kapoeta South	D	1	8,000.00	1	100.00	8,000.00
	<i>Incl. Solar System; VSAT; Tables; Chairs; 1 Laptops and a Printer.</i>						
	Section Total						8,000.00
4. Contractual Services							
4.1	Non-functional water point rehabs/repairs	D	65	800.00	1	100.00	52,000.00
	<i>Boreholes Rehabs in three Counties (27 BHs in Ayod, 19 BHs in Nyirol and 19 BHs in Kapoeta South)</i>						
4.2	Latrines Setups/Rehabs through community participation.	D	100	400.00	1	100.00	40,000.00
	<i>100 Latrines setups/rehabs using semi - permanent materials (40 in Ayod, 30 in Nyirol and 30 in Kapoeta South)</i>						
4.3	Training of WASH service providers	D	80	60.00	1	100.00	4,800.00
	<i>Training and rapid orientation of service providers (32 HPs in Ayod, 24 HPs in Nyirol and 24 HPs in Kapoeta South). Include WMCs, HPs, Pump Mechanics and Community volunteers. Include transportation, refreshments, allowances, IEC materials and certification</i>						
4.4	Hand Washing Setups/Rehabs through community participation using semi - permanent materials	D	100	400.00	1	100.00	40,000.00
	<i>Hand washing facilities setups/rehabs using semi - permanent materials (40 in Ayod, 30 in Nyirol and 30 in Kapoeta South)</i>						
4.5	Monthly Incentives for 80 Hygiene Promoters - cholera preventive team	D	80	35.00	8	100.00	22,400.00
	<i>80 full time hygiene promoters (32 HPs in Ayod, 24 HPs in Nyirol and 24 HPs in Kapoeta South)</i>						
	Section Total						159,200.00
5. Travel							
5.1	In - Country flights (EES and GUN) - UNHASS	D	3	550.00	8	100.00	13,200.00
	<i>In - Country flights (CES and GUN) - UNHASS (2 returns/month each at \$550)</i>						
5.2	Local Coordination, transportation costs within Payams and bomas targeted.	D	3	1,000.00	8	50.00	12,000.00
	<i>Fuel, vehicle hire and maintenance costs - Includes use of locally available means such as manual labour</i>						
5.3	Staff Per Diems	D	6	100.00	8	100.00	4,800.00
	<i>SPD for Juba, Bor, EES and field based staff directly involved in project implementation.</i>						
	Section Total						30,000.00
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	D	2	2,000.00	8	30.00	9,600.00
<i>Office Rent for Juba and Field Offices</i>							
7.2	Monthly internet subscription	D	2	1,000.00	8	25.00	4,000.00
<i>Monthly internet subscription - 3 offices supported 25%</i>							
7.3	Office Maintenance and running costs	D	3	1,000.00	8	25.00	6,000.00
<i>Juba and Field Office Maintenance and running costs -100% cost on WASH project.</i>							
7.4	Visibility and Signage	D	3	1,142.50	1	100.00	3,427.50
<i>Visibility and Signage - Ayod, Nyirol and Kapoeta South</i>							
7.5	Bank Charges	D	1	4,500.00	1	100.00	4,500.00
<i>1% of total project budget.</i>							
Section Total							27,527.50
SubTotal			982.00				420,561.10
Direct							383,241.10
Support							37,320.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							29,439.28
Total Cost							450,000.38

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 South	30	1,800	4,800	3,000	2,400	12,000	Activity 1.1.1 : Non functional water points rehabilitated Activity 1.2.1 : WASH NFIs including PuR/Aquatabs, filter cloths provided to vulnerable HHs Activity 2.1.1 : Gender appropriate and safe Emergency latrines and Hand washing facilities setup Activity 2.2.1 : HHs provided with Hygiene, Dignity/MHM Kits Activity 3.1.1 : Hygiene promotion carried out in areas targeted. Activity 3.1.2 : Regular monitoring and evaluation of project activities.
Jonglei -> Ayod	40	2,400	6,400	4,000	3,200	16,000	Activity 1.1.1 : Non functional water points rehabilitated Activity 1.2.1 : WASH NFIs including PuR/Aquatabs, filter cloths provided to vulnerable HHs Activity 2.1.1 : Gender appropriate and safe Emergency latrines and Hand washing facilities setup Activity 2.2.1 : HHs provided with Hygiene, Dignity/MHM Kits Activity 3.1.1 : Hygiene promotion carried out in areas targeted. Activity 3.1.2 : Regular monitoring and evaluation of project activities.

Jonglei -> Nyirol	30	1,800	4,800	3,000	2,400	12,000	Activity 1.1.1 : Non functional water points rehabilitated Activity 1.2.1 : WASH NFIs including PuR/Aquatabs, filter cloths provided to vulnerable HHs Activity 2.1.1 : Gender appropriate and safe Emergency latrines and Hand washing facilities setup Activity 2.2.1 : HHs provided with Hygiene, Dignity/MHM Kits Activity 3.1.1 : Hygiene promotion carried out in areas targeted. Activity 3.1.2 : Regular monitoring and evaluation of project activities.
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Documents	
Category Name	Document Description