

Requesting Organization :	World Vision South Sudan				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
WATER, SANITATION AND HYGIENE		100.00			
		100			
Project Title :	Tonj North Emergency WASH Project				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/WS/103038	Fund Project Code :	SSD-17/HSS10/SA2/WASH/INGO/6519		
Cluster :	Water, Sanitation and Hygiene (WASH)	Project Budget in US\$:	374,643.05		
Planned project duration :	7 months	Priority:			
Planned Start Date :	01/08/2017	Planned End Date :	28/02/2018		
Actual Start Date:	01/08/2017	Actual End Date:	28/02/2018		
Project Summary :	<p>The index case of cholera was report in the Toch areas (nomads residing in swampy areas) of Tonj East and these areas are usually used by farmers from Tonj North for cattle grazing. Since the rainy season has already begun, the people of Tonj North will be coming back from Toch with their cattle to cultivate the land. With the return of these farmers to Tonj North, the risk of cholera spreading to the population of Tonj North is extremely high. Recently, 14 cases of cholera were treated at the Maria- Lou hospital in Tonj North. In response to this crisis, WVSS will be implementing cholera response through WaSH integrated activities in Tonj North. WVSS will be targeting five payams that border Tonj East and these payams include Rualbet, Aleik, Kirik, Akop and Awul. To effectively response to the cholera outbreak that is spreading to Tonj North, there is a need for increased community awareness on cholera and other diarrhea diseases and improved access to safe sanitation facilities. The proposed project intends to contribute to the reduction of avoidable mortality and morbidity through the provision of life-saving integrated WaSH services to vulnerable populations, especially women, girls, men and boys affected by armed- conflict and the host communities through a flexible, responsive and synergistic approach. This project will be targeting 50,000 individuals (Men: 11,760, Women: 12,740, Boys: 12,240 and Girls: 13,260) in Tonj North.</p> <p>Before the initiation of hygiene interventions, focus group discussions(FGD) with women, men, boys and girls at targeted community settlements will be conducted to get feedback on design, implementation, and monitoring of sanitation facilities, ensuring safety and mitigation of Protection / GBV risks, especially for females. These FGDs will also be utilized to trigger Community Led Total Sanitation (CLTS) to mobilize the community to stop open defecation. Nineteen two stance block latrines will be constructed at key health facilities. This is a total of 38 latrine units. WVSS expects each toilet to serve approximately 50 outpatients per beneficiary, so we expect approximately 1,900 beneficiaries to have access to these toilets. Three clean- up campaigns to improve environmental sanitation at schools and health facilities will be conducted since these are key areas where people gather and transmission of infectious diseases such as cholera is at a heightened risk. WVSS also plans to conduct cholera awareness and prevention campaigns each month of implementation to improved hygiene practices and health-seeking behavior for WASH-related infectious diseases and provide knowledge on appropriate behaviors to prevent and mitigate WaSH related diseases and encourage good hygiene practices to 50,000 individuals (Men : 11,760 Women: 12,740, Boys:12,240 and Girls: 13,260). These prevention campaigns will also emphasis the importance of using MHM kits. WVSS will identified 500 of the most vulnerable women and girls through using a participatory approach (transparent) involving the target community, partners, and other stakeholders and these women and girls will receive menstrual hygiene management kits. WVSS will achieve this objective by training one hundred community hygiene promoters on hygiene awareness and promotion and 50% of them will be women. WVSS will also assess the target population and identified 1500 of the most vulnerable households ((Men: 1410, Women: 1524, Boys: 1470, girl: 1596 and total 6000 individuals) for distribution of WaSH non-food items (NFIs) such as jerry cans, buckets, PUR tabs and soap. A formal need assessment has not been completed yet, but it will take place during the beginning stages of project implementation.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	11,760	12,740	12,240	13,260	50,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total

Indirect Beneficiaries :**Catchment Population:****Link with allocation strategy :**

During the implementation of the proposed project, WVSS will use innovative approaches such as outreaches to provide emergency lifesaving integrated WaSH interventions specifically focus on the cholera response. Prior to commencement of hygiene interventions, community participation in the planning and implementation of this intervention will be sought and complaint /feedback mechanism will be agreed upon and established. Monitoring of the complaints and remedial action will be documented during the project implementation cycle. This will be done with the goal of promoting community engagement and accountability. The community participation in the planning implementation and monitoring of the hygiene interventions will also be solicited. WVSS will also utilize CLTS for triggering the community to take action to stop open defecation.

At the onset, the project will identify and train 100 community hygiene promoters who will be supervised by the hygiene coordinator. The hygiene promoters will be equipped with hygiene promotion materials that will be easy to understand. Hygiene promotion campaigns will be conducted at water collection points. Hygiene messaging will include educating the community on the routes by which cholera can be transmitted and ways to mitigate and prevent water borne diseases. Hygiene messaging will also focus on delivering key messages such as the importance of hand washing with soap, the importance of using latrines and keep them clean and well maintained. Since children are good agents of hygiene behavior change, the project will work with the education cluster to utilize learning spaces as a platform for hygiene message dissemination, as well as to provide hygiene services in schools. Through community hygiene promoters, the project will make follows up home visits to reinforce and support hygiene awareness at the household level, targeting women, girls, men and boys. Water containers, soap, PUR tabs and other WASH supplies from the WASH core pipeline will be distributes to the target community to facilitate improved hygiene. 1500 households (Men: 1410, Women: 1524, Boys: 1470, girl: 1596 and total 6000 individuals) will be targeted for the distribution of these supplies. WVSS will also be constructing latrine at key health facilities to ensure beneficiaries have access to quality sanitation facilities.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Jacobus Koen	Program Development and QA Director	jacobus_koen@wvi.org	+211 928 123 529
Lyndsay Hockin	Operations Director	Lyndsay_Hockin@wvi.org	+211 925 418 048
Rhonda Holloway	Programme Officer	Rhonda_Holloway@wvi.org	+211-92 5827 931

BACKGROUND**1. Humanitarian context analysis**

In 2016, the humanitarian crisis in South Sudan deepened and spread, causing tremendous human suffering for millions of people across the country. The humanitarian community has been responding to a crisis largely concentrated in the Greater Upper Nile region, however, additional areas in the country face mounting humanitarian needs due to the cumulative impact of conflict, economic decline and a severe erosion of coping capacities. The cost of living has increased exponentially, with the South Sudan Consumer Price Index (CPI) increasing by 835.7% from October 2015 to October 2016, the highest year-on-year inflation rate in the world. Insecurity along main roads has crippled trade and the ability of traders to access hard currency for imports. The eruption of fighting in the country's capital, Juba, in July 2016 was a trigger to large-scale displacement and violence; that has spread to previously un-affected areas such as Warrap. More than three million people have been forced to flee their homes since the conflict began in December 2013. This number includes nearly 1.8 million people who have been internally displaced (with 50% estimated to be children) and more than 1.5 million who have fled as refugees to neighboring countries.

In South Sudan, the official statistics indicate that only 15% of household use sanitary means of excreta disposal, and 55% have access to improved drinking water. The picture is likely to be even poorer in rural areas of the country as well as in the overcrowded urban areas of South Sudan. Although the government set a target of reducing the number of people who did not have sustainable access to safe drinking water and sanitation by 50% in three years from 2010, there appears to be neither government policy nor a safe drinking water programme in place to achieve this target. Coupled with the current conflict which started on the night of 15 December 2013 in the country, the little progress that might have been made in relation to improvements in water and sanitation provision, has been halted, if not reversed, in the parts of South Sudan most affected by the conflict.

Conflict continually disrupts existing limited health services and infrastructure while creating new population displacement and the need to keep modifying existing or proven interventions to fit the context. Children and women bear the greatest suffering in South Sudan though occasionally men and boys will be isolated from certain interventions as they may not be able to move freely due to targeting and risk of forced conscription in the government and opposition armies. Child maternal morbidity and mortality rates in South Sudan are highest in the world due to low coverage of basic health services, poor infrastructure and chronic malnutrition. Lack of access to safe drinking water is serious social and public health concern in the country. In addition, poor sanitation and open defecation are common across almost all of the 10 states of South Sudan.

2. Needs assessment

WVSS's proposed interventions will be targeting cattle keepers, households without pit latrines, communities without protected bore holes that use unprotected water sources and communities displaced by ongoing conflict. The target population needs more community awareness on cholera and other diarrhea diseases and more access to safe sanitation and water. A formal assessment has not been completed yet, but it will be complete during the early stages of implementation.

3. Description Of Beneficiaries

The total population of Tonj North is estimated at 219,526. Tonj North County has all the aggravating factors that call for an emergency response as per WHO guideline.

The SMART survey conducted last year in May 2016 showed that the GAM was at 12.4. The May 2017 IPC states that the former Northern Bahr el Ghazal state is facing severe food insecurity caused by high food prices and diminished household purchasing power. All counties except Aweil Center are experiencing Emergency (IPC Phase 4) acute food insecurity through July 2017. This project will target 25,000 beneficiaries who are most in need of humanitarian assistance in Tonj North. This project will be targeting the group most at risk for cholera which are cattle keeper, households with pit latrines, community without protected boreholes that use unprotected water sources for drinking and displaced communities due to the conflict. These target groups will be identified through the need assessment complete at the beginning of project implementation.

The severely affected vulnerable population targeted by this project consists of women, men, children, and people living with disability, the elderly population and other vulnerable groups. Because of the protracted armed conflicts in South Sudan, women and children have been significantly affected by armed conflict and displaced from their home, resulting in limited access to health services, food and livelihood. This has resulted in increased morbidity and mortality, which could have been avoided with adequate WASH services, balanced food and access to health services, especially routing immunization to prevent vaccine preventable diseases, such as measles, among children under five.

4. Grant Request Justification

Cholera is a deadly infection from contaminated water or food that can kill within hours and spreads very quickly. In the past few weeks, South Sudan has experienced cholera outbreaks in a few different areas of the country, and they are intensifying. The probable risk factors fueling transmission include: using untreated water from the River Nile and water tankers; lack of household chlorination of drinking water; eating food from unregulated roadside food vendors or makeshift markets; open defecation/poor latrine use especially following the conflict. In addition, due to the protracted nature of the crisis since 2013, there has been destruction of infrastructure and limited investments to improve social services to the general population as such, living conditions have deteriorated with declining access to safe water and sanitation amenities; the worsening, economic situation, the cost of accessing safe water from the water trucks has increased substantially thus forcing households to resort to unsafe water sources; and lastly in southern Liech, humanitarian access remained limited due to persistent hostilities that kept away partners and thus impeding the initiation of comprehensive and sustained cholera interventions to interrupt transmission and prevent widespread and protracted outbreak.

Because of movement of people, deteriorating economic situation, limited access to clean water, poor sanitation and the open defecation which is too common in South Sudan, the cholera outbreak that started in Juba last year has spread to other counties among Tonj East in Warrap state. From the start of the cholera outbreak on the 18 May 2017 up to 25 May 2017, 374 cases of cholera were admitted in Tonj East and 17 cases were confirmed dead. Because of the increasing number of cases of cholera in Tonj East and the challenged that Comitato Collaborazione Medica (CCM), an international NGO providing health services in Tonj East, is facing, the State Ministry of Health has called upon World Vision South Sudan, WHO and UNICEF to support the Ministry of Health in responding to the outbreak of cholera. In Tonj North, WVSS will response to the cholera outbreak in the most affected area through hygiene promotion messages and awareness campaigns, distribution of commodities such as aqua tabs, soaps can and buckets and the construction of latrines at key health facilities.

5. Complementarity

WV is currently implementing health project in four counties of Warrap state (Twic, Tonj North, Gogrial West and Gogrial East) focusing on health system strengthening. This SSHFSA2 project will complement the HPF Lot 10 project in Tonj North in the areas of community awareness, improving access to safe sanitation and cholera preparedness/ response. Through HPF funding in Tonj North, WV is supporting 4 PHCCs and 9 PHCUs. Under SSHFSA2 project, WVSS will construct institutional latrines at some of the health facilities targeted under HPF.

LOGICAL FRAMEWORK

Overall project objective

WVSS's interventions will address the immediate needs of internally displaced persons and other vulnerable populations affected by conflict in Tonj North through increasing access to water, sanitation, and hygiene promotion services while supporting efforts to build local capacity and employing innovative mechanism to respond better in a protracted emergency situation. The intervention will specifically target vulnerable populations such as women, particularly of child bearing age, PLW, infant and young children, and children under five years.

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	60
Sustain access to water, sanitation and hygiene promotion services for vulnerable population affected by conflict, disease outbreaks, acute malnutrition and floods.	SO2: Protect the rights and uphold the dignity of the most vulnerable	40

Contribution to Cluster/Sector Objectives : The proposed project will contribute to cluster objectives by enabling the affected populations to access safe sanitation. This project will also provide knowledge on the appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene.

Outcome 1

Improved access to safe sanitation for 1900 people(Men :446, Women: 474, Boys:465 and Girls: 515) in Tonj North, a vulnerable area for cholera outbreaks, in the next 7 months

Output 1.1

Description

50,000 individuals have access to safe sanitation.

Assumptions & Risks

Supplies are adequate and prepositioned timely
 Accessibility is allowable for activities to continue
 Security situation improved
 Funds are adequate to support the activities
Risks
 Heightened insecurity, no access
 Supplies looted, or no access to preposition
 Funds delayed

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 people with access to improved sanitation facilities	446	474	465	515	1,900

Means of Verification : Monthly progress reports, field monitoring reports

Indicator 1.1.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of new latrines constructed/rehabilitated					38
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Means of Verification : Monthly progress reports, field monitoring reports

Activities

Activity 1.1.1

Conduct focus group discussions with women, men, boys and girls at targeted community settlements to get feedback on design, implementation, and monitoring of sanitation facilities to ensure safety and mitigation of protection / GBV risks, especially for females. These FGDs will also be utilized to trigger CLTS to stimulate the community to take action to stop open defecation.

Activity 1.1.2

Construct latrines at key health facilities

Activity 1.1.3

Clean-up campaigns to improve environmental sanitation at schools and health facilities (key areas where people gather and transmission of infectious disease such as cholera is at a heightened risk)

Outcome 2

Affected populations will have knowledge on appropriate behaviors to prevent and mitigate WaSH related diseases and be encouraged to practice good hygiene.

Output 2.1

Description

50,000 affected people will have improved knowledge on appropriate hygiene behavior to prevent contamination and spread of cholera and other water borne diseases.

Assumptions & Risks

Supplies are adequate and prepositioned timely
 Accessibility is allowable for activities to continue
 Security situation improved
 Funds are adequate to support the activities
 Risks
 Heightened insecurity, no access
 Supplies looted, or no access to preposition
 Funds delay

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 reached through direct and participatory hygiene promotion activities	11,760	12,740	12,240	13,260	50,000
Means of Verification : PDM reports, Progress reports, Distribution lists							
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of community based hygiene promoters trained	50	50			100
Means of Verification : Monthly progress reports, field monitoring reports							
Indicator 2.1.3	WATER, SANITATION AND HYGIENE	[Frontline] Number of menstrual hygiene management (MHM)/ dignity kits distributed					500
Means of Verification : Monthly progress reports, field monitoring reports							
Indicator 2.1.4	WATER, SANITATION AND HYGIENE	[Frontline] Number of emergency affected women and girls enable to practice safe, dignified menstrual hygiene management		245		255	500
Means of Verification :							
Indicator 2.1.5	WATER, SANITATION AND HYGIENE	[Frontline] Number of people reached with WASH NFI distribution	1,410	1,524	1,470	1,596	6,000
Means of Verification : Monthly progress reports, field monitoring reports							

Activities

Activity 2.1.1

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

Activity 2.1.2

Train community hygiene promoters, of which 50% will be women, in hygiene awareness and promotion.

Activity 2.1.3

Beneficiary registration and distribution of WaSH NFIs(jerry cans, buckets, PUR tabs and soap)targeting 1500 households (Men: 1410, Women: 1524, Boys:1470, girl: 1596 and total 6000 individuals).

Activity 2.1.4

Conduct campaigns to promote cholera awareness and prevention, in addition to improved hygiene practices such as the importance of utilizing MHM kits and other health-seeking behavior for WASH-related infectious diseases.

Activity 2.1.5

Beneficiary registration and distribution of menstrual hygiene management MHM kits 500 individuals (Women:245 Girl: 255).

Additional Targets :

M & R

Monitoring & Reporting plan

To ensure the successful implementation of SSHF SA2, the Director of operations, the WaSH advisor, the People and Culture director, the Finance Director, Q&A Manager, and the Senior Program Officer will work closely with the field staff and provide them the necessary technical, financial, human resource and logistical support.

A. SMT/SLT involvement in the project. This team will have the following senior staff who will be involved in the project (Director of operation, the P&C Director, the Sector Team Leader/ WaSH Technical advisor, the Senior Program Officer, the Finance Director, Senior Finance Manager, Quality Assurance Manager and the Procurement / Supply Management). The SMT will be involved in the launch of the SSHF SA2 and will also monitor closely its implementation to ensure that all the activities are implemented and the targets achieved in line with the logical framework. The SMT, through the Director of Finance and Senior Finance Manager, will also support the team in the management of budget to ensure efficiency and effectiveness in budget management and value for money. The director of operations will support the project in all areas related to operation, including procurement and supply. The WaSH technical advisor will undertake a maximum of three supportive visits to the field to provide technical support and ensure that quality integrated WaSH services are delivered in Tonj North. On a monthly basis, the WaSH technical advisor and the senior program officer will receive monthly project report, analyze them and provide feedback to the team to improve project implementation. The WaSH technical advisor will coordinate with the WaSH cluster coordinators, the SSHF technical secretariat and participate in all the WaSH cluster meetings and technical working groups ' activities. He will ensure that all monthly 5Ws and reports are submitted timely.

B. Field Staff involvement in SSHF SA2. Under the direct supervision of the Zonal Program Manager and project manager, the team in the field will be directly involved in the day to day implementation of activities. At the county level, the hygiene coordinator will ensure smooth implementation of the project and report to the project manager. The hygiene coordinator will supervise all SSHF hygiene promotion activities and provide regularly technical support to staff. He/ she will ensure that all activities are implemented as per the LGF and ensure timely submission of program's reports. The quarterly report and end of project report will be shared with the cluster coordinator and the SSHF- TS.

C. Accountability. There will be monthly progress review meeting to which community leaders, CHD representatives and WV staffs will participate to look at the status of the project's implementation. During these meetings, the progress of implementation will be discuss.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct focus group discussions with women, men, boys and girls at targeted community settlements to get feedback on design, implementation, and monitoring of sanitation facilities to ensure safety and mitigation of protection / GBV risks, especially for females These FGDs will also be utilized to trigger CLTS to stimulate the community to take action to stop open defecation.	2017								X	X			
	2018												
Activity 1.1.2: Construct latrines at key health facilities	2017									X	X	X	X
	2018	X											
Activity 1.1.3: Clean-up campaigns to improve environmental sanitation at schools and health facilities (key areas where people gather and transmission of infectious disease such as cholera is at a heightened risk)	2017									X	X	X	
	2018												
Activity 2.1.1: Conduct focused group discussions at targeted community settlements to get complaints feedback and inputs on appropriate design, implementation, and monitoring of hygiene promotion campaigns and awareness.	2017								X	X			
	2018												
Activity 2.1.2: Train community hygiene promoters, of which 50% will be women, in hygiene awareness and promotion.	2017								X	X	X		
	2018												
Activity 2.1.3: Beneficiary registration and distribution of WaSH NFIs(jerry cans, buckets, PUR tabs and soap)targeting 1500 households (Men: 1410, Women: 1524, Boys:1470, girl: 1596 and total 6000 individuals).	2017										X	X	X
	2018	X	X										
Activity 2.1.4: Conduct campaigns to promote cholera awareness and prevention, in addition to improved hygiene practices such as the importance of utilizing MHM kits and other health-seeking behavior for WASH-related infectious diseases.	2017								X	X	X	X	X
	2018	X	X										
Activity 2.1.5: Beneficiary registration and distribution of menstrual hygiene management MHM kits 500 individuals (Women:245 Girl: 255).	2017								X	X	X	X	X
	2018	X	X										

OTHER INFO

Accountability to Affected Populations

In line with the WaSH cluster strategy, WVSS will maintain its commitment to engaging with affected communities at all phases of the program cycle through focus group discussions with women, men and youth on issues concerning their needs. WVSS' Quality and Assurance framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.

Implementation Plan

Successful implementation in terms of management, coordination, and finance will be overseen by an experienced WaSH specialist. Project finance will be coordinated by the Senior finance managers, Zonal finance manager and overseen by WVSS' operations director. Financial oversight will be monitored at regional level also to ensure that accountability and effective use of resources, in line with project contracts, is maintained. Project coordination will be overseen by the project manager, in partnership with WV South Sudan's support, operation and GAM departments. The three departments assist with project administration, technical oversight, and project M+E. Reporting lines and distribution of labor will be overseen by the operation department, and the project manager will be charged with direct supervision. To maximize efficiency, this project will be carried out in consultation with the WaSH Cluster. This will ensure solid impact, avoid duplication, and promote sustainability where and when possible.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WaSH cluster	Coordination of all emergencies lifesaving WaSH activities and core pipeline supplies

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

All WVSS project activities aim to mainstream gender sensitivities through proposal design, assessments, implementation and monitoring of activities. For instance, during the project design the unique challenges and vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs. For implementation, the gender breakdown of the staff hired by WVSS is also considered as an important component of gender mainstreaming. WVSS aims to have at least 50% of its staff be female. Furthermore, gender disaggregation is critical in WVSS's standard operating procedures for best practices in collection and analysis of beneficiary data.

Protection Mainstreaming

This project will cater to the latest lifesaving needs, in line with the aims and objectives of the WaSH Cluster. This SSHF supported intervention is consistent with the basic humanitarian principles of humanity, neutrality, and impartiality. The project will support the delivery of current essential lifesaving services to continue protecting the lives of the most vulnerable groups in the escalating conflict in South Sudan, particularly women, and children in the emergency situation. This project operates with the understanding that activities will take into account equity principles that promote the protection of women and girls. This WaSH project also take into consideration cross-cutting issues, and at all stages of the project cycle, WaSH practitioners work with experts from Nutrition, FSL, and health, among others, to ensure that programming is effective, targeted and making the most of key resources and staff for the benefit of IDPs. This multi-sector approach is only possible due to the emphasis WVSS places on working directly with partners to ensure effective communications. This reduces overlap and duplication and provides the most of resources where needed the most.

Country Specific Information

Safety and Security

Violent conflict remains a concern for project implementation in South Sudan, including fighting between non-state actors and SPLA as well as inter-communal violence. These factors present a constant threat to the security of staff, particularly in staff heavy projects such as emergency health responses. WVSS gives special attention to safety and security of staff as it is considered very important by the SLT/SMT. For this reason, WVSS has put in place security measures to ensure staff safety and security are assured through up to date guidance from an experience Safety and security manager who provide the necessary advice to the WVSS teams at the national and the state offices. In the field, the person responsible for the staff security and safety is the Zonal Program manager who has vast experience in staff security and safety. WVSS will also rely on other entities such as UNDSS and OCHA to get reliable security updates which will inform its programs in Warrap state.

Access

WVSS will always seek to understand the situation and context of the response areas. If there are National or international NGOs in those locations they will be consulted on some of the challenges expected. For locations with serious access challenges, OCHA will be involved to negotiate access. In locations where World Vision operates good relationships have been developed and in most cases in these locations access has been fairly okay.

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	Project Manager	D	1	3,555.00	7	100.00	24,885.00
	<i>Responsible for direct day to day project implementation, field based grade level. The unit costs has been estimated by consideration of the grade level of the position , the cost includes salary, medical, staff benefits, hazard and social security</i>						
1.2	Hygiene Coordinator	D	1	1,238.00	7	100.00	8,666.00
	<i>Responsible for direct day to day project implementation, supervision of CHP and hygiene promotion , field based grade level. The unit costs has been estimated by consideration of the grade level of the position , the cost includes salary, medical, staff benefits, hazard and social security</i>						
1.3	Hygiene Promoters	D	100	50.00	7	100.00	35,000.00

	<i>Responsible for community mobilizations and hygiene promotion. These are casual field based staff. The cost is a monthly or daily rate which is agreed as county cluster level as incentives and also recommended by SSRRC.</i>						
1.4	WASH Sector Advisor	D	1	8,775.00	7	10.00	6,142.50
	<i>This position will provide overall technical support to the team based in Tonj North and will ensure that the project is successfully implemented and services are provided in line with WHO and MoH standards. The post holder will be the focal point between the SSHF technical secretariat, the health cluster and WVSS.</i>						
1.5	Driver	D	2	639.00	7	100.00	8,946.00
	<i>The drivers will be responsible for transporting project staff and equipment. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing</i>						
1.6	National Office Support(International) based in Juba	S	1	7,400.00	7	5.00	2,590.00
	<i>Facilities and Security Director, Operations Director, Resource Acquisition Director, National Director, and Finance Director</i>						
1.7	Zonal Finance manager	S	1	8,780.00	7	5.00	3,073.00
	<i>Financial and grant financial reporting-(The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.8	Quality Assurance officer	S	1	8,780.00	7	5.00	3,073.00
	<i>Monitoring, evaluation and quality assurance. (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.9	Zonal Programme manager	S	1	8,780.00	7	5.00	3,073.00
	<i>Provides oversight of the project implementation on timeliness, scope and budget. (The salary charged consists of basic salary, hardship allowance and goods and services,</i>						
1.10	National Office National support staff- based in Juba	S	1	1,500.00	7	10.00	1,050.00
	<i>P & C/ HR Officer, Logistics Officer, Financial accountant ,booking officer</i>						
1.11	Camp Cleaner-Tonj North	D	1	300.00	7	100.00	2,100.00
	<i>The camp cleaner will be responsible for cleaning the office space utilized by project staff. The unit costs has been estimated by consideration of the grade level of the position , the cost includes salary, medical, staff benefits, hazard and social security.</i>						
1.12	Finance/ Admin Assistant- Tonj North	D	1	1,011.00	7	50.00	3,538.50
	<i>The finance assistant will be responsible for the bookkeeping and accounting related to this project. The unit costs has been estimated by consideration of the grade level of the position , the cost includes salary, medical, staff benefits, hazard and social security.</i>						
	Section Total						102,137.00
2. Supplies, Commodities, Materials							
2.1	Construction of 2 Stance latrines blocks for health facilities	D	19	5,527.00	1	100.00	105,013.00
	<i>This line will cover the cost of two stance institutional latrines at key health facilities. Two stance latrine are two unit latrines, so we will be building a total of 38 latrines.</i>						
2.2	IEC materials for Hygiene promotion (kit)	D	1	1,500.00	7	100.00	10,500.00
	<i>This line is the cost of hygiene promotion kit for trainings, campaign and other project activities.</i>						
2.3	Warehousing cost in Juba (months)	D	3	700.00	1	100.00	2,100.00
	<i>The cost of renting a warehouse to store supplies.</i>						
2.4	Transportation and handling of supplies(Warehouse-Airport) - MT	D	20	270.00	1	100.00	5,400.00
	<i>The cost of transporting supplies from warehouse to airport.</i>						
2.5	Transportation and handling of supplies(Field)-MT	D	1	12,000.00	1	100.00	12,000.00
	<i>The cost of transporting supplies to the field.</i>						
2.6	Distribution of WASH emergency supplies - times	D	2	1,500.00	2	100.00	6,000.00
	<i>This line item supports the cost of distributing of emergency supplies.</i>						
2.7	Training Hygiene Promoters	D	6	2,500.00	1	100.00	15,000.00

	<i>This line covers the cost of training hygiene promoters. This includes the venue, refreshments, training materials (Flip charts, Marker pens Note books, Biro pens)and transportation.</i>						
2.8	Campaigns to promote cholera awareness & prevention	D	7	400.00	1	100.00	2,800.00
	<i>This line covers the cost of the campaigns to promote cholera awareness and prevention.</i>						
2.9	Campaign to promote clean up at health facilities and school	D	3	800.00	1	100.00	2,400.00
	<i>This line covers the cost of campaigns for clean up promotion at health facilities and schools.</i>						
	Section Total						161,213.00
3. Equipment							
3.1	Laptop for Project manager and hygiene coordinator-unit	D	2	1,500.00	1	100.00	3,000.00
	<i>This line will be used to procure laptops for the project manager and hygiene coordinator which is very important to the implementation of SSHF project.</i>						
	Section Total						3,000.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	Field Travel (Juba-field-Juba); project implementation personnel	D	4	550.00	1	100.00	2,200.00
	<i>These are costs of project staff to travel to and from field locations to Juba</i>						
5.2	Field Travel (Juba-field-Juba) ; Project monitoring personnel	D	2	550.00	1	100.00	1,100.00
	<i>This line will cover travel for staff from Juba to monitor this project.</i>						
	Section Total						3,300.00
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	Generator fuels , Maintenance, Repair for office and health facilities	D	2	2,300.00	7	25.00	8,050.00
	<i>This line is the cost for office and health facility generator fuel, maintenance and repair.</i>						
7.2	Vehicle running costs - National Office	S	1	6,000.00	7	5.00	2,100.00
	<i>This line is to covers a 5% contribution to vehicle operating costs at the national office.</i>						
7.3	Communication Costs for wash staff	S	6	15.00	7	100.00	630.00
	<i>This costs of airtime for both thuraya and mobile phones for the staff for coordination and communication with the field team</i>						
7.4	Stationery/ cartridges for the project	D	1	400.00	7	100.00	2,800.00
	<i>Cost of stationery for Tonj North</i>						
7.5	VSAT (Internet) charges for Tonj North Office	S	1	7,556.00	7	15.00	7,933.80
	<i>This is a shared cost for internet charges in Tonj North and Kuajok Zonal office to enable the teams to manage to emails and reports.</i>						
7.6	World Vision South Sudan Juba Office rental costs	S	1	33,000.00	7	5.00	11,550.00
	<i>This line is the contribution to office space utilized by the WaSH team in Juba office</i>						

7.7	Juba Office supplies	S	1	3,325 .40	7	5.00	1,163.89
<i>This line is the contribution to office utilities used by the WaSH team in Juba office</i>							
7.8	Bank charges/ Cash Transfer charges	S	1	3,000 .00	7	5.00	1,050.00
<i>Costs related to bank transactions</i>							
7.9	Zonal Camp Management and supplies	D	1	3,000 .00	7	20.00	4,200.00
<i>These are costs related to management of staff camps in the filed locations</i>							
7.10	Security Costs (Tonj North and Zonal Office)	S	1	14,25 0.00	7	10.00	9,975.00
<i>The security cost will cover cost related to secured staff, asset, equipment and material related to this project.</i>							
7.11	Vehicle rent cost	D	1	2,500 .00	7	100.00	17,500.00
<i>This line item is for vehicle rent, repair and fuel for SSHF project activities in HF and communities</i>							
7.12	Motorbike- fuel, spare parts, maintenance.	D	1	600.0 0	7	100.00	4,200.00
<i>These are costs of motorbike running cost for SSHF project activities in HF and communities.</i>							
7.13	Generator rent	D	1	1,333 .00	7	100.00	9,331.00
<i>This line will be used to rent a new generator which is very important for the implementation of SSHF project.</i>							
Section Total							80,483.69
SubTotal			201.00				350,133.69
Direct							302,872.00
Support							47,261.69
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							24,509.36
Total Cost							374,643.05

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap -> Tonj North	100	11,760	12,740	12,240	13,260	50,000	<p>Activity 1.1.1 : Conduct focus group discussions with women, men, boys and girls at targeted community settlements to get feedback on design, implementation, and monitoring of sanitation facilities to ensure safety and mitigation of protection / GBV risks, especially for females These FGDs will also be utilized to trigger CLTS to stimulate the community to take action to stop open defecation.</p> <p>Activity 1.1.2 : Construct latrines at key health facilities</p> <p>Activity 1.1.3 : Clean-up campaigns to improve environmental sanitation at schools and health facilities (key areas where people gather and transmission of infectious disease such as cholera is at a heightened risk)</p> <p>Activity 2.1.1 : Conduct focused group discussions at targeted community settlements to get complaints feedback and inputs on appropriate design, implementation, and monitoring of hygiene promotion campaigns and awareness.</p> <p>Activity 2.1.2 : Train community hygiene promoters, of which 50% will be women, in hygiene awareness and promotion.</p> <p>Activity 2.1.3 : Beneficiary registration and distribution of WaSH NFIs(jerry cans, buckets, PUR tabs and soap)targeting 1500 households (Men: 1410, Women: 1524, Boys:1470, girl: 1596 and total 6000 individuals).</p> <p>Activity 2.1.4 : Conduct campaigns to promote cholera awareness and prevention, in addition to improved hygiene practices such as the importance of utilizing MHM kits and other health-seeking behavior for WASH-related infectious diseases.</p> <p>Activity 2.1.5 : Beneficiary registration and distribution of menstrual hygiene management MHM kits 500 individuals (Women:245 Girl: 255).</p>

Documents

Category Name	Document Description