

South Sudan 2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster

WASH

CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities

Activities in line with the 2012 CAP priorities:

1. To increase timely and equitable access to safe water, sanitation, and hygiene services to vulnerable populations affected by emergencies, and to maintain stability in areas prone to water-related conflict
2. To strengthen acutely vulnerable communities to withstand emergency WASH crises, with a priority on rehabilitation of existing water infrastructure, and supporting operation and maintenance systems
3. To facilitate behavior change in acutely vulnerable communities in hygiene and sanitation practice through targeted hygiene promotion focusing on women and children, and through improved access to and use of sanitation facilities

Cluster Geographic Priorities

Conflict- and emergency-affected populations. Particularly, but not limited to, populations in Upper Nile State, Unity State, and Jonglei State.

Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

Requesting Organization

Nile Hope Development Forum-NHDF

Project CAP Code

SSD-12WS/46313

CAP Project Title

Support WASH Emergencies Response Among IDPs,returnees and Vulnerable host Communities in Akobo and Pigi County(s) Jonglei state

Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)

Jonglei State, Akobo (Dengjok,Nyandit and Alali) ,Pigi (Canal, Atar, Khorfulus, Mareng, Alui)

Total Project Budget in South Sudan CAP

US\$655,000

Amount Requested from CHF

US\$400,000

Other Resources Secured

156,000 (in Kind from UNICEF)

Direct Beneficiaries 11,066

Women:	4500
Men:	2000
Girls:	2,510
Boys	2,056

Total Indirect Beneficiary

19,500 individuals

Catchment Population (if applicable)

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

Project Duration (max. of 12 months, starting from allocation date)

Start Date: March 10 2012

End Date: March 09 2013

<p>Address of Country Office</p> <p>Project Focal Person John Bilok</p> <p>Email & Tel: +211911401168 johnbilok@yahoo.com</p> <p>e-mail country director: paulbiel@yahoo.com</p> <p>e-mail finance officer: gaimarow@yahoo.com</p> <p>Address: Juba</p>
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<p>Address of HQ</p> <p>e-mail desk officer buonybol@yahoo.com</p> <p>e-mail finance officer: rocket@yahoo.com</p> <p>Address: Akobo</p>

SECTION II

<p>A. Humanitarian Context Analysis</p> <p>Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population¹</p> <p>Jonglei state is considered one of the most volatile regions among the ten states of the new Republic of South Sudan accounting for nearly half of the deaths caused by inter-communal conflicts in 2012. Among the eleven counties of Jonglei state, Akobo and Pigi Counties are particularly vulnerable locations. The humanitarian situation in Akobo and Pigi counties remains increasingly complex and is exacerbated by growing numbers of returnees coming back mainly from the North as the deadline approaches in April. Following a series of attacks in Pigi (Atar) and Akobo (Dengjok) as reported from Rapid Humanitarian Assessment missions, there's urgent need of Water, Sanitation and Hygiene services in these two counties being affected by conflicts. Akobo County has a total population of 136,210 according to the Sudan Census 2008 and the County is divided into eight payams, four in the east and four in the west. Pigi County on the other hand has a population of 90,000 people. Akobo county is predominantly inhabited by Lou Nuer and Anyuak while Pigi is inhabited by Dinka with IDPs from other parts of the counties such as Uror, Ayod, Nyirol and Fangak. The areas that were most affected by the recent conflicts in both counties include the following: Akobo (Dengjok 3,300 individuals, Pigi: Atar and Agaak 7,000 people, Khorfulus 1,200 people, Canal 6,000 and Mareng 2,000 people.</p> <p>¹ <i>Inter-agency assessment Reports: Summary Assessment Report, Fangak and Pigi Counties, Jonglei state (04-08 November, 2010); Pigi (Canal, Kholfulus & Mareng) IDP assessment report (24-26 March, 2011); Pigi (Canal, Kholfulus & Mareng) IDP assessment report (24-26 March, 2011); Report on Rapid Humanitarian Assessment Mission to Dengjok Payam, Akobo County.</i></p>

<p>B. Grant Request Justification</p> <p>Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization</p> <p>The available safe water is not enough for these populations at the moment and therefore, people are drinking unsafe water from rivers which in turn will cause diarrhea and other water borne diseases. The immediate impact of high returns and IDPs is increasing pressure in sharing these scarce and basic water and sanitation amenities among the IDPs, returnees and resident population that are also vulnerable such as women, children (boys and girls). Generally, communities situated along the river banks that rely on unsafe surface water for drinking and domestic purposes and large number of these communities have poor sanitation coverage or practices that are the most affected by diseases. The consequences of poor water, sanitation and hygiene are stark, with more boys and girls dying from water- and sanitation- related illnesses such as diarrhea; this exacerbates the health of malnourished boys and girls and opportunistic infections like pneumonia have been reported. NHDF is already on the ground and is committed to provision of safe water, sanitation and hygiene services to the affected communities that will cover aspects of social mobilization, rehabilitation of water facilities, rehabilitation of sanitation facilities, hygiene promotion, capacity building for the communities and support of community-led sanitation and hygiene approaches. NHDF is making all necessary efforts to ensure that water and sanitation facilities like latrines will consider the special needs of women and girls (e.g. separate latrines for ladies at the market place), especially because of the underlying cultural issues. The impact of poor environmental sanitation is particularly felt in the cities, towns, large villages or other places where people live in close proximity. Poor hygiene and environmental sanitation are major causes of diseases such as cholera and Acute Watery Diarrhea (AWD) among children and women throughout Pigi and Akobo. The average child in Jonglei experiences several episodes of diarrhea each year, which is a leading cause of death among children under-five years. The proposed intervention will help the communities address the serious water, sanitation and hygiene issues caused by ongoing inter-tribal conflicts and inaccessibility in most parts of the state coupled with high influx of returnees.</p>
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<p>C. Project Description (For CHF Component only)</p> <p>i) Purpose of the grant</p> <p>Briefly describe how CHF funding will be used to support core humanitarian activities</p> <p>The purpose of this grant is to help underwrite the necessary project costs and be able to reduce the risk of death among the most vulnerable communities from diseases associated with lack of safe water, sanitation and hygiene services, lack of clean water and safe water coupled with sanitation practices among the IDPs, returnees and vulnerable host communities. NHDF will continue working in close collaboration with other WASH Cluster partners to ensure the set objectives are achieved.</p> <p>ii) Objective</p> <p>State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)</p> <p>1 .Increased timely and equitable access to safe water, sanitation and hygiene services to affected communities by conflicts and</p>

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

- other emergencies by establishing new emergency and rehabilitation of water facilities.
- Facilitate behavior change in acute vulnerable communities through targeted hygiene promotion focusing on emergencies service.
 - Strengthen capacity of the acutely vulnerable community members to withstand emergency WASH crisis and support the operation and maintenance of their facilities.
 - Strengthening coordination, monitoring and information sharing among the partners in all levels

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

- Mobilization and sensitization of the communities, general sensitization and awareness raising involving women, children and men to actively participate in hygiene and sanitation promotion.
- Conduct rapid rehabilitation work of twenty (20) assessed broken water points in Akobo, Nyandit and Bilkey to improve safe water supply system. This will target 15,000 individuals (3000 HH) with access to clean water after the rehabilitated water points.
- Construction (2 blocks) and rehabilitation (3 units) of Emergency Sanitation facilities, Institutional latrines, segregated by gender targeting 1000 pupils in both counties.
- Distribution of WASH emergency supplies e.g. hygiene kits, purification tablets, water containers, digging tool kits, hand washing containers to 1600 households (Akobo 600 hh) and Pigi 1000 hh well assessed.
- General sensitization on good sanitation practices and hygiene awareness targeting 2000 individuals (Akobo/Dengjok 1000 people and Pigi 1000 respectively that will include large representatives of women.
- Construction of 2 Surface emergency water treatment systems and maintenance of 2 existing systems that will provide clean and safe drinking water for 4000 people in Pigi County (1 Canal, 1 in Mareng, 1 Khorfulus and 1 in Atar Chuei)
- Training and refresher course for 16 SWAT operators, 8 females and 8 males.
- Refresher training for 140 persons on Sustainable Water Management focusing on proper operation and management of water facilities; a third shall be women.
- Support and roll out Community Led-Total Sanitation targeting 10 villages where there is large population of IDPs and returnees.
- Participate in all relevant inter-sectoral and WASH sector coordination, assessment humanitarian missions and work to strengthen County WASH coordination mechanisms with all the partners carrying out similar activities.

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Key cross cutting issues of gender, environment and capacity building will be mainstreamed into the intervention as a matter of ensuring holistic and sensitive programming. We shall ensure all gender, including women and girls participate in the implementation of the initiative and are prominent beneficiaries and recipients of the WASH knowledge and supplies. Data will be disaggregated to highlight beneficiaries in terms of sex, and where possible, age. WASH facilities like latrines will consider the special needs of women and girls (e.g. separate latrines for ladies at the market place), especially because of the underlying cultural issues. We shall work to ensure there's minimal damage by the WASH supplies and activities (like latrine construction) to the environment. Proper siting of the latrines will be very important, especially to ensure there's no encroachment to water sources like rivers. We shall work with the community to ensure proper waste disposal, e.g. through appropriate knowledge provision and attitudinal change. Throughout the intervention, we shall work to strengthen the capacities of various cadres of staff like the hygiene promoters and water user committees; this is important to ensure quality and sustained delivery of services to the affected community.

v) Expected Result/s

Key project outcomes/results shall include: Increased knowledge and capacity of the community to maintain water points; Gradual positive behavior practices especially in regard to latrine construction and consistent usage and hand-washing practice; Increased access, to WASH facilities and amenities and improved knowledge of usage of the same; WASH infrastructure (water points, latrines, hand-washing facilities) that meets the immediate water, hygiene and sanitation needs of the target audience.

	Indicator	Target (indicate numbers or percentages)
1	Number of community mobilized and sensitized to voluntarily dig, construct and maintain their latrines.	<ul style="list-style-type: none"> 1000 HH have access to improved latrines and knowledge through awareness raising(800 female and 300 male)
2	Number of hand pumps rehabilitated and maintained	<ul style="list-style-type: none"> 20 boreholes rehabilitated and operational. 15,000 individuals have access to improved water through rehabilitated water points
3	Number of sanitation institutional facilities constructed and rehabilitated	<ul style="list-style-type: none"> 2 new emergency blocks of school latrines constructed.(1 for girls and 1 for boys) 3 Rehabilitated(2 boys and 1 for girls) 1000 pupils reached with key WASH practices(700 male and 300 female)
4	Number of households received WASH emergency items	<ul style="list-style-type: none"> 1000 households have received appropriate WASH emergency supplies for IDPs, Returnees and vulnerable population
5	Number of Emergency SWATs constructed and rehabilitated	<ul style="list-style-type: none"> 1 emergency SWATs constructed. 4000 people with accessed to improved clean water. 2 SWATs emergency facilities maintained
6	Number of households practicing good water, sanitation and hygiene behavior	<ul style="list-style-type: none"> 2000 individuals attended key hygiene sessions(1500 women and 500 men)

7	Number of SWATs operators provided with emergency water treatment training	<ul style="list-style-type: none"> 8 new SWATs operators provided with training(8 male and 8 female) 8 refresher training for rehabilitated SWAT operators.
8	Number of water users committees acquired knowledge and skills on Water management	<ul style="list-style-type: none"> 140 water users committees received refresher training course
9	Number of villages triggered and roll out CLTS activities	<ul style="list-style-type: none"> 10 villages triggered. 5 villages declared OD Free
10	Number of partners increased participation and attending county WASH cluster monthly coordination meetings	<ul style="list-style-type: none"> 90% of the partners attended the County WASH coordination

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

The overall oversight of the project implementation will be done by NHDF WASH structure headed by the WASH Manager and supported by WASH Assistants in the field in the respective counties and with regular support from Juba Office coordination desks as well as the state head quarter in Bor. NHDF's WASH structure is administered from the top by a WASH Manager, who works with an assistant, WASH Assistant Manager. An instrumental asset in this initiative shall be the BCC Strategist/Consultant who shall have the key mandate for behavior change communications (BCC) in regard to sanitation and hygiene issues. NHDF's Programs Coordinator shall work to harmonize the effort and ensure direction towards the common objective. The team will work with local existing networks of WASH pillars/institutions as County rural water supplies and sanitation of both counties such as Water User Committees (WUCs), pump mechanics and hygiene promoters. There shall be one state focal point that will be based in the state capital that will run all WASH activities with partners including coordination meeting, because of the attendant emergency preparedness and response issues. This technical team shall secure full administrative and coordination support from NHDF's Executive Director, Human Resource Manager as well as from the Accounts Office. NHDF has its headquarter in Akobo with sub office in Pigi County.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

The day-to-day monitoring and supervision of the project progress will be presided over by the WASH Manager and will also involve the State Coordinator. The Programs Coordinator will also play a pivotal role in monitoring field activities and will make technical visits to the field site to ensure consistency with, and adherence to, the work plan. NHDF will respectively report to CHF steering committees on the progress of their activities on the following using the appropriate format of reporting. NHDF shall ensure there is effective monitoring of the activities especially during the implementation and shall conduct a stakeholder-driven project-exit evaluation to find out the impact or otherwise of the intervention. NHDF's WASH Department will not spare any effort and will ensure the provision of basic service delivery to the affected communities. NHDF Department will track the progress of the activities and ensure proper documentation is done.

NHDF WASH Manager will work closely with Programs Coordinator to ensure adequate monitoring and coordination mechanism and ensure effective and timely reporting is done. NHDF will ensure adequate and timely reporting of the progress and effective information sharing and networking with all the stakeholders and other cluster members.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)
UNICEF will provide WASH supplies in kind	In-kind

SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

LOGFRAME			
CHF ref. Code: SSD-12WS/46313	Project title: Support WASH Emergencies Response Among IDPs, Returnees and Vulnerable Host Communities in Akobo And Pigi County(S) Jonglei State	Organisation: NHDF	
Overall Objective: <ul style="list-style-type: none"> Reduction of risk of death among the most vulnerable communities from diseases associated with lack of safe water, sanitation and hygiene services 	Indicators of progress: <ul style="list-style-type: none"> 11,066 direct individuals have access to improved water, sanitation and hygiene good practices 	How indicators will be measured: <ul style="list-style-type: none"> Monthly, quarterly and annual final reports. Disease Registers/Entries at the Health Facilities: Less people reporting watery diarrhoeas infection at the health units 	Assumptions & risks: <ul style="list-style-type: none"> Inter-tribal conflict does not hinder the implementation process Resources are available on time Effective Coordination of logistical support
Specific Project Objective/s: <ul style="list-style-type: none"> Increased timely and equitable access to safe water, sanitation and hygiene services to conflict-affected communities and other emergencies by establishing new emergency and rehabilitation of water facilities Facilitate behavior change in acute vulnerable communities through targeted hygiene promotion focusing on emergencies service. <p>Strengthening coordination, monitoring and information sharing among the partners at all levels</p>	Indicators of progress: <ul style="list-style-type: none"> 20 boreholes rehabilitated and operational 15,000 individuals have access to improved water through rehabilitated water points 2 SWATs constructed and 2 maintained 2 new emergency sanitation blocks constructed 3 unit latrine blocks rehabilitated (schools) <p>1000 HHs have improved knowledge and behaviour of proper use of latrines 1000 pupils reached with key hygiene messages 2000 individuals attended key hygiene sessions. 16 SWATs operators and 140 WMCs acquired knowledge in WASH</p> <ul style="list-style-type: none"> Partners have improved information sharing on humanitarian coordination of the activities 	How indicators will be measured: <ul style="list-style-type: none"> Progressive activity reports GPS for the rehabilitated water points School latrine sanitation forms Rehabilitation Photos Observation of sanitation facilities at homes Observation of clean water containers at HH level Observation of 3 critical moments being practiced at the HH level. Observation of water treatment at point of use Observation of Water User Committees exercising their roles. Project photos (Training) attendance lists Increased number of partners attending WASH coordination meetings Information sharing improved 	Assumptions & risks: <ul style="list-style-type: none"> Accessibility to sites due to insecurity Availability of spare parts Timely disbursement of project funds No dry boreholes

<p>Results - Outputs (tangible) and Outcomes (Intangible):</p> <ul style="list-style-type: none"> • Targeted beneficiaries have increased and timely equitable access to safe water, sanitation and hygiene services • Targeted beneficiaries in two counties have less risk of transmission of water borne related diseases • Improved capacity and behavior of community members to maintain and operate WASH facilities • Improved WASH monthly coordination and humanitarian meetings 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • 11,066 direct (19,500 indirect) individuals of the targeted population have accessed to improved water, sanitation and good hygiene practices • 20 boreholes are properly maintained • 1000 household members properly treating their water • 2 School sanitation block facilities operational and maintained • 3 Sanitation facilities rehabilitated and operational • 4 SWATs operational • Targeted population able to mention at least 3 key hand washing critical times or moments using soap • 140 WMCs members and 16 SWATs operators equipped and acquired knowledge on WASH • Number of humanitarian coordination meeting conducted. <ul style="list-style-type: none"> • Number of County WASH Coordination meetings conducted 	<p>How indicators will be measured:</p> <ul style="list-style-type: none"> • Monthly, quarterly reports • Project photos • Social mobilization photos • Rehabilitated boreholes GPS • Boreholes rehabilitation photos before and after rehabilitation • Monthly and quarterly progressive reports • Participants attendant forms/registers • Registration of the members attending WASH county coordination meetings • Minutes circulated 	<p>Assumptions & risks:</p> <ul style="list-style-type: none"> • The disarmament of civil population will not affect the project • The overall security improved • Funds/resources available on time • Tribal conflict does not affect the activities • Logistics effective
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<p>Activities:</p> <ul style="list-style-type: none"> • Mobilization and sensitization of communities • Rehabilitation of assessed water points • Construction of 2 block latrines as emergency sanitation latrines • Rehabilitation of 3 units of emergency sanitation facilities • Distribution of emergency WASH supplies • General sensitization awareness • Construction of 1 Surface Emergency Treatment System. • Maintenance and repair of 2 SWATs systems • Training/refresher course for 16 SWATs operators • Refresher training of Water User Committees • Support Community Led-Total Sanitation • Participate in wider sector coordination and humanitarian missions. 	<p>Inputs:</p> <ul style="list-style-type: none"> • Posters, banners, EIC materials • Stationery, fuel, boat, microphone • Social mobilization team • Spare parts, assessment forms • Rehabilitation team • Mobilizers, equipment, local materials, • Speed boat/motor bike • Building materials, transport • Engineer • Local materials • Casual labor • Mobilizers • Masons • WASH Manager/Assistant • Distributors,mobilizers • Transport,fuel,boat,vehicle,stationery,storage space • Posters,banners,transport,fuel microphones • Operators, pump mechanics, consumable building materials and other WASH supplies • Facilitators, training manuals, stationery, transport and facilitation of the team • Trainer, stationery, food,for participants, transport. • Stationery, manuals, facilitators • Transport, fuel and stationery 		<p>Assumptions, risks and pre-conditions</p> <ul style="list-style-type: none"> • Availability of funds • Overall security situation prevails. • Effective participation of beneficiaries
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PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The workplan must be outlined with reference to the quarters of the calendar year.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
• Result 1 Targeted beneficiaries have increased and timely equitable access to safe water, sanitation and hygiene services															
Activity (1.1) Mobilization and sensitization of community			X	X	X	X	X	X	X	X	X	X	X	X	
1.2 general sensitization and awareness of the community to actively participate in the project			X	X	X	X	X	X	X	X	X	X	X	X	
1.3 CLTS triggering and roll out in the villages					X	X	X	X	X	X					
• Result 2 Targeted beneficiaries in two counties have less risk of transmission of water borne related diseases															
Activity (2.1) Rehabilitation and maintenance of 20 hand pumps				X	X	X	X	X	X	X	X	X			
2.2 Rehabilitation and maintenance of 2 SWATs				X	X	X	X	X	X	X	X	X			
2.3 Rehabilitation of 3 instance-1 blocks				X	X	X	X	X	X	X	X	X			
2.4 Construction of 2 school latrines and message dissemination				X	X	X	X								
2.5 Construction of 1 SWAT					X	X	X								
• Result 3 Facilitate and enhanced capacity and behavior of community members to maintain and operate WASH facilities.															
Activity (3.1) Training/Refresher course for 140 WMCs					X	X	X								
3.2 Training for 16 SWATs operators						X	X								
• Result 4 Improved WASH monthly coordination and humanitarian meetings															
Activity 4.1 Participate in all relevant inter-sectoral humanitarian coordination meetings/missions				X	X	X	X	X	X	X	X	X	X	X	

*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%