

## 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](mailto: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

SOLIDARITES INTERNATIONAL

##### Project CAP Code

SSD-12/WS/46424

##### CAP Project Title

Critical Water supply, Sanitation, hygiene promotion interventions and EP&R for vulnerable and conflict affected populations in South Sudan.

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

- Jonglei State (60%) - Fangak County - Manajang Payam
- Upper Nile State (40%)– Fashoda County - Lull and Kodok rural Payams

##### Total Project Budget in South Sudan CAP

US\$ 2,134,027 (WASH & FSL)

##### Amount Requested from CHF

USD\$ 500,000

##### Other Resources Secured

1,792,000 USD\$

##### Direct Beneficiaries 12,000

Women:	<b>5,600</b>
Men:	6,400
Girls:	2,800
Boys	2,900

##### Total Indirect Beneficiary

89,200 (including 5,000 IDPs and 19,000 returnees)

##### 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 (mm/dd/yy): 04/01/2012**

**End Date (mm/dd/yy): 31/12/2013**

Address of Country Office
Project Focal Person
Email & Tel:
e-mail country director: juba.hom@solidarites-southsudan.org
e-mail finance officer: mal.adm.coo@solidarites-southsudan.org
Address: Plot 2, Hai Cinema, Juba, South Sudan

Address of HQ
e-mail desk officer: btripon@solidarites.org
e-mail finance officer: cmaurin@solidarites.org
Address: 50 rue Klock – 92110 Clichy – France

## SECTION II

### A. Humanitarian Context Analysis

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 population<sup>1</sup>

Fangak County (Jonglei State) and Fashoda County (Upper Nile State) are particularly remote and locked areas with very limited access to minimal services from government and humanitarian support. These areas are prone to natural or conflict related crises leading to a severely acute vulnerability, especially on WaSH access:

Fangak County, located in the northern part of Jonglei State, is quite isolated from the rest of the State during the rainy season and the “natural” link is with Malakal and Upper Nile State through the Nile river. According to the 2008 census, the County counted 110,130 individuals. During the last 4 years, the county went through different crises:

- Kalazaar and cholera outbreaks;
- Multiple conflict-related displacements : an estimated 11,150 IDPs from Pigi County have been reported following G. Athor attacks in February and December 2011;
- Floods displacements: heavy rains resulting in flooding in August – September 2011 causing the displacement of 12,982 people;
- The arrival of estimated 11,000 returnees in 2012.

Fashoda county, located in Upper Nile State, has a population of 36,518 individuals (2008 census). This county has been a final destination for 10,982 returnees (January 2012 data), and more are expected to arrive in 2012. A majority of returnees settling in Fashoda county is living around Kodok town, highly straining on the low level of existing facilities. Additionally, constant insecurity keeps the county population under high level of vulnerability, with sporadic, localized tribal conflicts worsening the already extremely difficult conditions. More recently, Upper Nile State is generally destabilized by the influx of refugees coming from Blue Nile State (Sudan) due to the fighting between Sudan Armed Forces and SPLA-North in that part of Sudan.

SOLIDARITES INTERNATIONAL’s teams conducted needs assessments in Fangak county from 16<sup>th</sup> to 18<sup>th</sup> of August 2011 and in Fashoda county from 10<sup>th</sup> to 14<sup>th</sup> of January 2012 and keeps monitoring the humanitarian situation and updating data through regular field visits since then. The methodology used was individual interviews, focus groups, meetings with local authorities and communities. According to this assessment, the population is particularly vulnerable in terms of access to water in 4 payams: Manajang payam in Fangak county, and Lull and Kodok rural payams in Fashoda County:

County	Payam	Population *	Returnees**	IDPs***	Nb of safe water points	Nb of pers/WP
Fangak	Manajang	38,922	7,974	4,974	2 hand pumps	18,830/HP
Fashoda	Kodok rural	9,947	10,982	No data	4 hand pumps	2,481/HP
	Lull	16,384		No data	2 hand pumps	8,172/HP

\* The population is calculated from the 2008 census with a population growth rate of 3% per year from 2009 to 2011 – according to OCHA strategy for population data

\*\* Returnees since October 2010 provided by OCHA

\*\*\* IDPs from last conflict in December 2011 provided by SSRRC

The above table demonstrates that the existing facilities are far from being sufficient to cover the needs. The large influx of returnees since July 2011, and new arrivals expected in 2012 put an even more serious strain on the infrastructures. People have no other solution but to find alternative sources of drinking water by digging unprotected wells or fetching water directly into swamps or rivers, which highly heighten the risk of further outbreaks of waterborne diseases. None of the existing assessed boreholes and hand-dug wells, have operational management committee in place, which increases the risk for misuse/mismanagement and mechanical breakdown, and leads to unsanitary conditions around the facilities.

Open defecation is the main practice, only some schools and health centers have latrines, and hygiene practices are very poor. The assessment reported that there was no mention of washing hands after defecation or before eating, neither of using ash as a viable

<sup>1</sup> 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.

substitute for soap, except for few more informed returnees.

Data on diseases are extremely rare due to the lack of actors in the area. The only available information reports that, over the past 6 months, 17% of the curative consultations of under-5 years children at the Kodok Tearfund hospital (Fashoda county) were diarrheas. Among these cases, 78% were suffering of dehydration and have been treated with ORS. SI does not have data diseases in Fangak county, but the last KAP survey run by SI shows that 41% of interviewed families had 2 or 3 cases of diarrhea in their family over the past month, and 28% had 4 to 7 cases.

## B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

SI is working in South Sudan since April 2007, implementing WaSH activities in Jonglei and Upper Nile states (in addition to Unity State). SI is currently working in the same two areas proposed for this intervention: in Fangak county since January 2011 through CHF funding, and in Fashoda County, from September 2011 to June 2012 through an OFDA grant. The teams are working on hand pumps and SWAT rehabilitations, construction of infiltration wells, creation of water management committees, training of community hygiene promoters (CHP), Hygiene Promotion (HP) sessions through household and public sessions, and Community Led Total Sanitation (CLTS) approach. These 2 areas are remote, difficult to access, and very few humanitarian actors are working there: SI is the only WaSH actor with World Vision in Fangak county, and there are no other WaSH actors established in Fashoda county. SI has an established knowledge of these areas and a contextual experience intervening in WaSH activities.

Worsened by the arrivals of returnees and the movements of conflict affected population and the potential influx of population in the coming months, the level of access to safe water, hygiene knowledge and sanitation facilities in Fangak and Fashoda counties remains extremely low. The hand pumps and SWAT mentioned in the above table will be rehabilitated by SI by June 2012 through its current funding. However, SI still identifies a range of activities to develop in the area to improve access to WaSH for the population:

- ➔ Hand pumps and well rehabilitations in Fangak County and well rehabilitations in Fashoda County to cover the needs.
- ➔ In line with the WaSH Cluster priorities, SI plans to strengthen community capacities by targeting water committees, hand pump technicians and care takers. SI will work in close cooperation with the local authorities (MoPI) and the water committees, in order to insure the sustainability of activities.
- ➔ To overcome the sanitation and hygiene situation, and following triggering of CLTS in Fangak County in March 2012, SI is planning to support the community to set up their action plan, to monitor the situation, and to report its experience and recommendations to partners.
- ➔ SI will also use the PHAST approach to promote appropriate hygiene practices in public places as water points, schools and health centers with a strong focus to women and children sensitisation.

According to IOM mass returns contingency plan, the WaSH Cluster aims to anticipate the return of 250,000 people. A large part of these returnees might transit through Upper Nile and Unity State. Through this project, SI intends to secure (procurement, transport and pre-positioning) a contingency stock of adequate WaSH supplies in order to timely respond to the emergency water and latrines needs of 5,000 persons for 3 months. This prepositioning is necessary in order to have a timely and adequate emergency response to a sudden influx of returnees. SI also runs an Emergency Preparedness and Response project through ECHO funding, the tools and methodologies designed for this project would be used in the current project if need be.

SI will maintain its deep involvement in the WaSH Cluster through regular participation to the coordination process both at national and local level, and through the presence of a Cluster Focal point for Upper Nile State if funding are confirmed with UNICEF. In case of an emergency, SI will coordinate its action with key stakeholders to conduct rapid needs assessments.

## C. Project Description (For CHF Component only)

### i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

This project will support South Sudan WaSH Cluster strategy, by increasing the equitable access to water, to acutely vulnerable population, by facilitating their behavior change in hygiene and sanitation practices and by strengthening its contingency plan capacity to withstand emergencies. It will contribute to the reduction of morbidity and mortality linked to water-related diseases by providing sustainable access to safe water in vulnerable area hosting IDPs and returnees, while ensuring the presence of a WaSH actor in an area prone to conflicts, refugees' arrival and new returns.

This project aims to urgently prevent vulnerable families from waterborne and water related diseases through the provision of an adequate and sustainable access to safe water to selected vulnerable targeted areas and the enhancement of the local and community capacity. The promotion of appropriate and adapted hygiene practices is an integral part of the proposed activities. Moreover, the sanitation issue will be addressed to CLTS approach. In parallel, SI reinforce its capacity to pre-position adequate WaSH emergency supplies in order to timely assess and respond to WASH emergencies to 5,000 persons.

Solidarités International aims to improve sustainable access to safe water and sanitation facilities and hygiene practices, as well as to develop community capacity in selected acutely vulnerable areas of Fangak County (Northern Jonglei state) and Fashoda county (Upper Nile state).

The main objective is to prevent emergency-affected and acutely vulnerable population from water borne and related diseases in South Sudan, with a specific focus on women and children.

### ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

SI will contribute to improve access to safe drinking water and basic sanitation facilities to the most vulnerable people by responding to humanitarian emergencies and reinforcing their local capacity.

### 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.

#### **Result 1 – The vulnerable population of Fangak and Fashoda counties have a sustainable access to safe water and they develop ability to maintain it**

*Direct beneficiaries targeted: 4,500 individuals*

##### Activities:

- Rehabilitation of 9 water points in Fangak and Fashoda counties (4,500 direct beneficiaries):
  - Rehabilitation and protection of 3 hand pumps and 2 wells in Manajang payam, Fangak County (2,500 direct beneficiaries).
  - Rehabilitation of 4 wells in Fashoda county: 3 in Lull Payam and 1 in Kodok rural payam (2,000 direct beneficiaries),
- Water analysis
- Support the management of 9 water points in Fangak and Fashoda counties:
  - Support the creation of 9 water point management committees with a minimum of 2 women, for each water point rehabilitated,
  - Training of 6 hand pump repair technicians,
  - Coordination with local Water authorities to insure supply of spare parts to water committees and their technicians,
  - Training of 9 care takers for each water point.

#### **Result 2 – Targeted population in Fashoda county develop their access to sanitation infrastructures and improve their knowledge and practices regarding hygiene**

*Direct beneficiaries targeted: 7,000 individuals*

##### Activities:

- Community Total Led Sanitation (CLTS) approach in Manajang payam, Fangak county (3,000 direct beneficiaries):
  - Refreshment training to the triggering SI team,
  - Follow up on triggering in 400 households (7.000 individuals),
  - Support to launch community action plans for 400 households,
  - Monitoring of latrines construction in targeted villages,
  - Writing of a document to be circulated among partners, including lessons learnt and recommendations.
- Sensitisation and Hygiene promotion in public and community places (4,000 beneficiaries) in Fangak and Fashoda counties:
  - Focus group on hygiene problems and solutions with the community in each targeted Payam,
  - Water use promotion events at the 9 rehabilitated water points specifically targeting women,
  - Training of teachers and supply of hygiene and sanitation games kits in 15 schools,
  - Hygiene promotion games sessions to children in 15 schools,
  - Hygiene promotion sessions to women in 9 health centres,
  - Hand washing day campaign and entertainment,
  - Distribution of 4,000 soaps to participants attending public events,
  - KAP surveys before and after the intervention.

#### **Result 3 – A contingency plan to deliver adequate and timely response to basic and emergency WaSH needs of the emergency-affected population, is set up**

*Direct beneficiaries targeted: 5,000 individuals*

##### Activities:

- Regular and close monitoring of the situation in the states of implementation (Upper Nile and Jonglei):
  - Regular participation in National and state WaSH and emergency coordination forums,
  - Participation in WaSH, Health and emergency coordination meetings,
  - Rapid assessments in the event of emergency,
  - Maintaining of alert network with the County commissioners and local health partners.
- Supply of emergency safe water to a maximum of 5,000 beneficiaries and set up emergency sanitation facilities for 5,000 beneficiaries during 3 months:
  - Pre-positioning of emergency WaSH supplies to a maximum of 5,000 beneficiaries during 3 months
- Sensitisation to safe hygiene practices

### iv). Cross Cutting Issues

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

#### Gender issue

SI will seek to address the needs of men and women, paying attention to gender issues in the designing and implementing of the intervention. Such an approach will include specific training and public sessions for women; ensuring they are represented in the conduction of hygiene promotion activities and the creation of Water Management Committees. Family members primarily involved in the water management at household levels (water fetching, cooking) shall be targeted uppermost throughout the intervention. In each water committees, SI will promote women's participation to make them play an active role in the management of their water

point, not only on the hygiene and cleaning part but also on supervision of users and cash management.

Women are the one taking care of children and house upkeep. They are also generally more concerned about their children health. Therefore, they are a particular group of interest for hygiene promotion activities and will be the main beneficiaries of the sessions. The objective is for them to be able to relay the messages and the good practices to the rest of the family, with a particular attention to children.

In addition to the effort made for female membership, SI will ensure that female community members are given equal opportunities to contribute to community meetings focused on the design and management of services.

#### Children

Specific needs for children will be carefully considered so that the intervention will not put them at risk and will respond adequately to their vulnerability. They will be a particular target of these proposed interventions, through activities in 15 primary schools which will up-grade educational conditions.

#### **v) Expected Result/s**

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

Result 1 – The vulnerable population of Fangak and Fashoda counties have a sustainable access to safe water and they develop ability to maintain it.

Result 2 – Targeted population of Fangak and Fashoda counties develop their access to sanitation infrastructures and improve their knowledge and practices regarding hygiene.

Result 3 – Adequate and timely response to basic and emergency WaSH needs of the most vulnerable population, is ensured through monitoring and humanitarian response.

	<b>Indicators</b>	<b>Target (indicate numbers or percentages)</b>
1	Increase of 30 % of the total population with access to 15 litres of water per person per day.	4,500 individuals including 2,100 women and 2,160 children.
2	100% of rehabilitated water points show less than 10 FC/100mL, and 100% of SWAT taps show free chlorine rate within the standards.	4,500 individuals including 2,100 women and 2,160 children.
3	Increase of 50% of the targeted population with access to sanitation facilities.	3,000 direct beneficiaries which are 400 households targeted, including 905 women and 1,140 children.
4	At the end of the project, 60% of the targeted population is washing hands after defecation and before eating with soap or ash.	4,000 direct beneficiaries including 2,000 children and 1,900 women.
5	Capacity to deliver emergency WaSH services to 5,000 people in according to the SPHERE standards – at least 5 litres of drinking water per person per day for up to 3 months and 50 persons per latrines.	5,000 direct beneficiaries including 2,500 women and 2,400 children

#### **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.

SI will strengthen the water committees by given them strong and appropriate trainings, as well as the means (tools and spare parts) for them to operate as long as possible. The objective is to make communities understand the importance of having functioning safe water sources. All of the targeted water facilities will be handed over to community management prior to the end of the program duration, giving communities an opportunity to begin managing water facilities while SI is able to closely monitor and support. SI intends to continue working in the area after the end of program, funds allowing, and will thus plan to continue to monitor and provide technical assistance to water point management committees after the end of the program duration.

SI focuses on reinforcing community structures such as water point management committees and community-based hand pump repair technicians to promote and ensure community participation in the project. The organization is looking at relying on existing structures whenever they are in place, in order to avoid duplication and not to hinder local initiatives. The inclusion of community leaders focuses on their ability of taking full responsibility for these programs in the future.

Local government structures such as the Rural Water Authority (RWA), SSRRC and other local partners remain involved in SI programming and their staff will be included and invited to capacity building/training sessions to prepare for the full handover of water facilities and to link the county level government to community managed facilities.

SI will also work to build national staff capacity internally and, where possible, externally through other local stakeholders.

#### **vii) Monitoring Plan**

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

SI routinely monitors and evaluates all phases of programme implementation as well as former activities implemented in the two counties in order to take lessons to be learnt to adjust its approach. Data will be collected through regular field monitoring visits, interviews with beneficiaries and stakeholders, meetings and data exchange with authorities and other stakeholders and surveys. Throughout the implementation of the project, SI will conduct monitoring and internal evaluation activities, which will consist of: weekly activity reports, water point frequentation surveys, water quality analysis reports, and monthly programme follow-up reports.

Two Knowledge, Attitudes and Practices (KAP) surveys will be conducted, one at the beginning and one at the conclusion of the project as a means to accurately target hygiene promotion messages and measure the impact of hygiene promotion activities. Measurable and time bound indicators are used in conjunction with the KAP surveys, water point surveys and regular assessment reporting to ensure the impact of the programme is achieved by the end of the implementation period.

The main constraint remains the difficult access in targeted areas during the rainy season: The restriction is almost total in all area of intervention from end-May to end-September, and in the rest of Fashoda county from end-May to end-November. This time will be more dedicated to preparation activities on the second phase of the project with designing work, material procurement, and trainings. Some soft activities might be continuing in locations accessible by boat, but it will remain very restricted as even trips inside Malakal town are limited during this period.

**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)
None	

### 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: <u>SSD-12/WS/46424</u>	Project title: <u>Critical Water supply, Sanitation, hygiene promotion interventions and EP&amp;R for vulnerable and conflict affected populations in South Sudan.</u>		Organisation: <u>Solidarites INTERNATIONAL</u>
<p><b>Overall Objective:</b> <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <p>To prevent emergency-affected and acutely vulnerable population from water borne and related diseases in South Sudan, with a specific focus on women and children.</p>	<p><b>Indicators of progress:</b> <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> <li>• Reduction of 30% of the monthly number of children under 5 years old suffering from diarrhea</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>• Waterborne diseases data monitoring</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i></p> <p>Waterborne diseases data are available, and communicated by health partners</p>
<p><b>Specific Project Objective/s:</b> <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i></p> <p>To improve access to safe drinking water and basic sanitation facilities to the most vulnerable people by responding to humanitarian emergencies and reinforcing their local capacity.</p>	<p><b>Indicators of progress:</b> <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i></p> <ul style="list-style-type: none"> <li>• Number of liters of safe water available per person and per day</li> <li>• % of increase of latrines built in the area</li> <li>• % of increase of people washing their hands at crucial moments</li> <li>• Capacity to deliver emergency WaSH services to 5,000 people in according to the SPHERE standards – at least 5 liters of drinking water per person per day for up to 3 months and 50 persons per latrines.</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i></p> <ul style="list-style-type: none"> <li>• Frequentation and collect of water by regular surveys at the water points</li> <li>• Monitoring phase on CLTS approach</li> <li>• Survey on practice and behaviors changes at household level before starting and at the end of the project: KAP surveys</li> <li>• Intervention and verification reports</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i></p> <ul style="list-style-type: none"> <li>• No major changes in context (conflict, natural disaster or general insecurity effecting logistics or markets).</li> <li>• Active coordination and cooperation with county and payam level authorities.</li> <li>• Reliable and relevant reporting, information sharing and coordination with humanitarian and government partners.</li> </ul>

<p><b>Results - Outputs (tangible) and Outcomes (intangible):</b></p> <ul style="list-style-type: none"> <li>• Please provide the list of concrete DELIVERABLES - outputs/outcomes (<b>grouped in Workpackages</b>), leading to the specific objective/s:</li> </ul> <p>Result 1 – The vulnerable population of Fangak and Fashoda counties have a sustainable access to safe water and they develop ability to maintain it.</p> <p>Result 2 – Targeted population of Fangak and Fashoda counties develop their access to sanitation infrastructures and improve their knowledge and practices regarding hygiene.</p> <p>Result 3 – Adequate and timely response to basic and emergency WASH needs of the most vulnerable population, is ensured through monitoring and humanitarian response.</p>	<p><b>Indicators of progress:</b></p> <p>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</p> <ul style="list-style-type: none"> <li>• Increase of 30 % of the total population with access to 15 liters of water per person per day.</li> <li>• 100% of rehabilitated water points show less than 10 FC/100mL, and 100% of SWAT taps show free chlorine rate within the standards.</li> <li>• Increase of 50% of the targeted population with access to sanitation facilities.</li> <li>• At the end of the project, 60% of the targeted population is washing hands after defecation and before eating with soap or ash.</li> <li>• Capacity to deliver emergency WaSH services to 5,000 people in according to the SPHERE standards – at least 5 litres of drinking water per person per day for up to 3 months and 50 persons per latrines.</li> </ul>	<p><b>How indicators will be measured:</b></p> <p>What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> <li>• Water point frequentation surveys</li> <li>• Water quality tests monitoring</li> <li>• KAP surveys</li> <li>• CLTS monitoring in targeted villages</li> <li>• Intervention and verification reports</li> </ul>	<p><b>Assumptions &amp; risks:</b></p> <p>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</p> <ul style="list-style-type: none"> <li>• No major changes in context</li> <li>• Active coordination and cooperation with county and payam level authorities.</li> <li>• Sharing of information and coordination with humanitarian and government partners.</li> </ul>
<p><b>Activities:</b></p> <p>What are the key activities to be carried out (<b>grouped in Workpackages</b>) and in what sequence in order to produce the expected results?</p> <p><b>For result 1:</b></p> <ul style="list-style-type: none"> <li>• Rehabilitation of 9 water points.</li> <li>• Water analysis.</li> <li>• Support the management of 9 water points by creating water management committees</li> </ul> <p><b>For Result 2:</b></p> <ul style="list-style-type: none"> <li>• Community Total Led Sanitation (CLTS) approach</li> <li>• Sensitisation and Hygiene promotion in public and community places</li> <li>• Distribution of 4,000 soaps to participants attending public events,</li> <li>• KAP surveys before and after the intervention.</li> </ul>	<p>• Inputs:</p> <p>• What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</p> <ul style="list-style-type: none"> <li>• WaSH PM and his assistant</li> <li>• 2 watsan Technicians (Fangak, Fashoda)</li> <li>• 1 Community Mobilizer (Fangak, Fashoda)</li> <li>• 1 boat and driver boat (Fangak &amp; Fashoda)</li> <li>• 1 car (Fashoda &amp; Kodok)</li> <li>• Materials (SWAT/water point rehabilitation)</li> </ul> <ul style="list-style-type: none"> <li>• WaSH PM and his assistant</li> <li>• 2 Hygiene Promoter (Fangak, Fashoda)</li> <li>• 1 boat and drive boat (Fangack &amp; Fashoda)</li> <li>• 1 car (Fashoda &amp; Kodock)</li> <li>• Training in CLTS/HP (SI staff)</li> <li>• Material HP &amp; CLTS</li> <li>• Soaps</li> <li>• Stationary (KAP &amp; Brochures/ leaflets printing for HP) &amp; material to provide to schools and HC</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b></p> <p>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</p> <p>Access to intervention locations is possible for timely response.</p> <p>Roads, rivers and airstrips remain secure, open and accessible.</p> <p>The required material is available</p>

<p><b>For Result 3</b></p> <ul style="list-style-type: none"> <li>Regular and close monitoring of the situation in the states of implementation</li> <li>Rapid assessments in the event of emergency,</li> <li>Supply of emergency safe water to a maximum of 5,000 beneficiaries and set up emergency sanitation facilities for 5,000 beneficiaries during 3 months:</li> <li>Pre-positioning of emergency WaSH supplies to a maximum of 5,000 beneficiaries during 3 months</li> <li>Sensitisation to safe hygiene practices</li> </ul>	<ul style="list-style-type: none"> <li>Humanitarian monitoring (Field coordination, HoM)</li> <li>Purchase and transport from Juba to Malakal emergency WaSH supplies</li> <li>Training in emergency response (all the national staff)</li> <li>Car/boat</li> </ul>		
---	---	--	--

<b>PROJECT WORK PLAN</b>												
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.												
<b>Activity</b>	<b>Q1 / 2012</b>			<b>Q2 / 2012</b>			<b>Q3 / 2012</b>			<b>Q4 / 2012</b>		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Result 1</b>												
Activity (1.1) Rehabilitation of 9 Water points												
- 3 HP rehabilitation					x	x				x		
- 6 wells rehabilitation						x				x	x	x
Activity (1.1) Support the management of 9 WP				x	x	x				x	x	x
<b>Result 2</b>												
Activity (2.1) CLTS Monitoring				x	x	x						
Activity (2.2) Hygiene promotion												
- KAP survey					x							x
- Hygiene public sessions						x				x	x	x
<b>Result 3</b>												
Activity (3.1) Monitoring of Emergency situation				x	x	x	x	x	x	x	x	x
Activity (3.2) Stock pre-positioning and interventions				x	x	x	x	x	x	x	x	x
Monitoring of activities				x	x	x				x	x	x

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