South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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

This project proposal shall be submitted by cluster partners in <u>two stages</u> to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the <u>first stage</u>, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the <u>second stage</u> 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.

SECTION I:

CAP Cluster

WASH

CHF Cluster Priorities for 2014 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2014.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
- Cholera Response	High Priority Areas:
- Emergency water treatment units	Upper Nile: Malakal, Baliet, Panyikang
- Rehabilitation of existing water points, where appropriate	Jonglei: Ayod, Akobo, Uror, Nyrial, Duk, Pigi
- Drilling/construction of new water points, if appropriate	Unity: Pariang, Abiemnom, Mayom, Koch, Mayendit, Leer,
 Convert hand pumps to motorized boreholes with tap stands Emergency communal latrines 	Panyijar
- Distribution of hygiene kits	PoC's & Mingkamon
- Distribution of WASH NFIs	
- Emergency hygiene promotion training	Medium Priority Areas:
	Henry Mile Marco Mark (Eschado La constructional Marco (100-10
	Upper Nile: Manyo, Melut, Fashoda, Longochuck, Mawut, Ulang Jonglei: Fangak, Twic East, Bor South, Pibor, Pochalla
	Unity: Rubkona, Guit
	Warrap: Tonj East, Tonj North, Tonj South
	Lakes: Rumbek North, Rumbek Central, Cuibiet
	Abyei

SECTION II

Project d The section		re to be filled by the organization	requesting CHF fundi	ng.			
Requesti	ng Organization			vities will be	implemente	ounty (payams when possible) d. If the project is covering more ge per State	
People in	Need (PIN)		State % County/ies (include payam when				
Project C		CAP Gender Code	Central Equatoria				
330-14/1	13/09031	1					
	ect Title (please write ex cy WASH assistance to I	<i>kact name as in the CAP)</i> DPs in Juba (non-POC)					
	ject Budget requested South Sudan CAP	US\$192,600	Funding request this project p		n CHF for	US\$440,250	
	ding secured for the ect (to date)	US\$0		kind)? Yes		proposal co-funded (if yes, list the item and indicate t sheet)	
of beneficiari	•	below indicates both the total number I number of targeted beneficiaries	Indirect Bene	ficiaries /	Catchmen	t Population (if applicable)	
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	100,000 perso	ns			
Women:	2,802	486					
Girls:	5,604	943]				

Men:	1,555		275			
oys:	5,602		943			
Fotal:	15,563		2,647			
	oopulation: ict affected, IDF	Ps, Returnees,	Host communities, Re	efugees:		CHF Project Duratio Allocation approval date
recent arriv Lologo neig distribution Host comm restaurants Kator, and i	rals: 4,168 indi ghborhood (nun by WFP and Is nunity: 11,075 p in Konyo Kony in other places	viduals in Maha nbers based on slamic Relief). persons in 9 scl /o, and 108 resi in Juba Town a	us settlements includii d Primary School and registration for aid nools, 5 churches, 210 taurants plus 327 sho tocording to the needs City Council does not	d 320 in 6 pps in s. NB:		
	nting Partner		tner/s who will be sub			Indicate number of mont
contracted	if applicable an	d correspondin	g sub-grant amounts))		1 July – 31 Decembe
Contact d	letails Organ	ization's Co	Intry Office			Contact details Orga
	details Organ on's Address		untry Office a Thalata, Juba, Sout	h		Contact details Orga Organization's Address
	on's Address	Plot 5/1 Nimr Sudan Aneta Brzosto	a Thalata, Juba, Sout ek k@peopleinneed.cz	h		
Organizatio	on's Address cal Person	Plot 5/1 Nimr Sudan Aneta Brzoste +211.955119 Naruth Phadu	a Thalata, Juba, Sout ek <u>k@peopleinneed.cz</u> 305 ungchai ungchai@peopleinnee			Organization's Address
Organizatio Project Foc	on's Address cal Person rector	Plot 5/1 Nimr. Sudan Aneta Brzost. <u>aneta.brzoste</u> +211.955119 Naruth Phadu <u>Naruth.phadu</u> +211.954213 Denisa Ludas	a Thalata, Juba, Sout k k@peopleinneed.cz 305 ungchai ingchai@peopleinneed 197 sova pva@peopleinneed.cz	ed.cz		Organization's Address Desk officer

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

The current IDP situation (as of 6 June 2014) in Mahad Primary School (Mahad PS), and Lologo Neighborhood (Lologo) is as follows:

In Mahad PS, the number of IDPs has increased from 1,927 individuals in March 2014 to an estimated 4,168 persons as a consequence of continuing conflict in Jonglei and Upper Nile. This number is based on WFP registration for food distributions in March and April, to which were added recent new arrivals of about 2,241 persons based on registration by Islamic Relief conducted in May. RRC CES and Governor CES have cancelled their plans to relocate the IDPs to another location, and instead have officially recognized Mahad as a temporary IDP site in Juba Town until the end of the rainy season (for at least the next 4 months).

In Lologo, the situation is complicated by the fact that the approximately 320 IDPs are staying in abandoned houses. In recent weeks some homeowners have returned and asked the IDPs to leave their houses. Those IDPs who were asked to leave have instead moved into tents provided by SPLM on a private plot. This issue of illegal home occupation has never been successfully (if at all) dealt with by Juba County Commissioner, who has jurisdiction over the issue, and creates a challenging environment to work in.

At Mahad PS and Lologo, the IDPs have enormous WASH needs (access to safe water, basic hygiene and sanitation services), and the site is highly vulnerable to waterborne diseases (Cholera, diarrhea) due to the congestion in the area and the challenges in providing WASH services in an open site.

Currently, PIN has funding from IOM CERF round 2 to continue providing CCCM services at both Mahad PS and Lologo, with a major focus on flood control.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

This grant will enable PIN to continue providing basic WASH services in Mahad Primary School and Lologo Neighborhood for the next 6 months, and to continue and expand our Cholera WASH response in Juba town and CES until the end of 2014.

PIN is currently officially appointed by RRC CES as site manager in the 2 IDP sites, and PIN Emergency Coordinator meets regularly with the Mayor of Juba, RRC CES, and Mahad School Management to share information and seek support, which has allowed PIN to sustain close and favorable relations, and to seek support from the afore mentioned authorities whenever problems arose in the past.

Most of the WASH activities in Mahad PS and Lologo, including our Cholera WASH response, have been carried out using IOM RRF and PIN private funding, both of which are ending shortly (21.06.2014). Thus we anticipate needing additional funds for the next 6 months to (1) continue providing basic WASH services in both IDP sites, and to carry out WASH infrastructure improvements, especially constructing additional WASH facilities (such as latrines, showers, water points) once the sites are decongested; and (2) to continue our Cholera WASH response in both IDP sites, in Konyo Konyo and Kator areas, and other locations in Juba Town and CES where such need of assistance may arise.

The project will utilize supplies from the UNICEF pipeline: hygiene kits, cholera kits, ORS, and PUR. Request will be made with support from the WASH Cluster to UNICEF once this project is approved.

The proposed action will be conducted in coordination with the WASH Cluster, GoSS, Juba City Council, UN agencies, and participating INGO/NNGO partners. No other actors are currently known to be planning to conduct WASH activities in Mahad or Lologo.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

Cluster priorities targeted by this action:

- Cholera Response
- Emergency communal latrines
- Distribution of hygiene kits
- Distribution of WASH NFIs

To provide immediate support to improve WASH services in IDP sites in Mahad PS and Lologo by reaching population in need in displacement sites, and to carry out Cholera WASH response activities in Konyo Konyo market and Kator payam, and other places in Juba Town and CES where will be need of assistance through awareness campaigns, hygiene promotion, and distribution of hygiene kits and WASH NFIs to the most vulnerable people.

ii) Project Objective

State BRIEFLY the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or

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.

kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

CAP/CRP objective:

To provide basic WASH services to IDPs in non-POC sites in Juba.

Specific objective of this CHF-funded action:

To provide basic WASH services in two IDP sites in Juba (outside the PoCs), and to provide Cholera WASH response in Konyo-Konyo Market and Kator Neighborhood, and other places in Juba Town and CES and in IDPs sites (non-PoC).

iii) Project Strategy and proposed Activities

Present **BRIEFLY** the project strategy (what the project intends to do, and how it intends to do it). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective. List the main activities and results 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 (broken down by age and gender to the extent possible).

Project Strategy

PIN intends to provide WASH support for 4,168 IDPs at Mahad Primary School and 320 IDPs in Lologo Neighborhood, and to provide a WASH response to the Cholera outbreak (which started in May 2014) for 11,075 people in Konyo-Konyo market and Kator neighborhood in Juba Town. Based on the needs, PIN will implement cholera response activities in other parts of Juba and CES. In Konyo-Konyo market, Kator neighborhood and other parts of Juba Town, beneficiaries will be selected within areas of high population concentration and where consequently Cholera risks are high (such as restaurants, markets, schools, public gathering places like churches). The selection of the vulnerable households/individuals will be based on criteria agreed with the WASH Cluster, and focus will be hot spots of Cholera cases based on information provided by the Health Cluster.

The intended action will be accomplished via the following activities:

Activities

1. Water trucking

Safe drinking water will be trucked to the IDP sites in Mahad PS and Lologo Neighborhood, to supply the water systems previously installed by PIN in these locations and to provide safe water for 4,488 IDPs. Water trucking will be also provided to water tanks that we will set up in Konyo-Konyo market and Kator for purpose of hand washing in the most vulnerable places. Filtered and treated water will be purchased from a local distributor, with additional treatment to come from Chlorine tablets, as needed (the need will be identified through pool testing).

2. Construction and maintenance of WASH facilities

Additional WASH facilities (e.g. water tanks, tap stands, latrines, bathing shelters, soak pits) will be constructed at Mahad PS and Lologo Neighborhood, in order to achieve Sphere Standards for emergency WASH services.

3. Waste management

PIN will carry out both solid and liquid waste management in Mahad PS and Lologo Neighborhood, in order to meet the needs of 4,488 IDPs. Trash will be collected by the IDPs on a daily basis and deposited in a pre-designated trash site, and twice per week waste will be transported out of the sites to dumping sites normally used by waste removal service providers.

4. Distribution of hygiene kits

PIN will distribute bathing and laundry soaps, female sanitary pads, and other basic hygiene items as needed to the 4.488 IDPs. These are in-kind items are to be provided by UNICEF.

5. Distribution of PUR, ORS, and Cholera kits

Distribution of PUR will be conducted in Konyo-Konyo and Kator and other places of Juba Town and CES if there will be a need of assistance in market areas, targeting principally restaurants. Distribution of PUR, ORS, and Cholera kits will target vulnerable households based on criteria currently being developed in coordination with the WASH Cluster, to those households affected by Cholera, and to the population living in confirmed hot spots (this information will be provided to PIN by Health partners who are in charge of case management), including schools and churches. These are in-kind items will be provided by UNICEF.

6. Hygiene promotion and Cholera awareness campaigns

Both hygiene promotion and Cholera awareness campaigns will be carried out weekly in the IDP sites, in Konyo-Konyo market, in Kator neighborhood, and other part of Juba Town and CES as the needs will arise (focusing particularly in restaurants, schools, and churches). PIN will employ national hygiene promoters (6), who have been previously employed under previous actions for similar purposes and are already trained and experienced. Additionally PIN will hire volunteers from Juba University and from community to do cholera awareness and distribution in targeted areas in Juba Town. PIN will put an emphasis on female hygiene promoters in order to reach women and mothers, who are usually responsible for hygiene and water fetching in the household.

7. Other WASH improvements

Drainage and other related improvements required in the IDP sites may be necessary in order to complement the main WASH activities and infrastructures, and to support the Cholera WASH response. The precise activities will be assessed at the launch of this proposed action.

8. Assist Health partners with coordination and referral of Cholera cases to Juba Teaching Hospital or other CTC/CTUs.

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

OUTCOME 1

Improved access to WASH services and facilities.

Output/Result 1.1:

At least 4,488 IDPs have access to safe water.

For the 2 IDP sites, provision of water will meet the Sphere Standards of 15 L/pp/day or 62,520 L/day in Mahad PS and 4,800 L/day in Lologo.

Output/Result 1.2:

At least 4,488 IDPs have access to adequate WASH facilities according to Sphere standards. For the 2 IDP sites, that means 84 latrine stances and 21 bathing stalls in Mahad PS, and 7 latrine stances and 2 bathing stalls in Lologo.

OUTCOME 2

Improved hygiene awareness and Cholera awareness.

Output/Result 2.1:

At least 4,488 IDPs are provided with hygiene kits.

All IDPs households to receive monthly supplies of soaps and sanitary pads. Other items to be determined as needed and based on available UNICEF pipeline.

Output/Result 2.2:

At least 50% of all targeted beneficiaries in Kator, Konyo Konyo market and other identified vulnerable areas in Juba, are provided monthly with PUR, ORS, and Cholera kits.

Output/Result 2.3:

At least 50% of targeted IDPs and 25% of targeted individuals in Kator and Konyo Konyo market and other identified vulnerable areas in Juba Town are sensitized monthly on the usage of the distributed hygiene kits, PUR, ORS, and Cholera kits, and on the methods to prevent waterborne diseases and Cholera risks.

OUTCOME 3

At least 4,488 IDPs have an improved access to waste management services.

Output/Result 3.1:

Solid and liquid waste is regularly (weekly) removed from the sites.

Output/Result 3.2:

Improved drainage prevents stagnant pools and prevents run-offs into septic systems. The actual number of drainages to be improved will be determined at the start of the project.

v) List below the output indicators you will use to measure the progress and achievement of your project results. <u>Use a reasonable and measurable number of indicators and ensure that to the most possible extent</u> chosen indicators are taken from the cluster <u>defined Standard Output Indicators</u> (SOI) (annexed). Put a cross (x) in the first column to identify the cluster <u>defined SOI</u>. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

uisayy	neyai	ed by gender and age. Ensure these indicators are fulther used in th	le logname.
SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
Х	1.	# of people provided with sustained access to safe water supply (SPHERE Standard)	Sphere standards in the 2 IDP sites: 15 liters/pp/day; representing 62,520 liters/day in Mahad, and 4,800 liters/day in Lologo.
Х	2.	Percentage of IDPs provided with sustained access to WASH facilities.	100% of IDPs (4488 persons)
	3.	Percentage of community members receiving hygiene promotion and Cholera awareness messaging.	50% of IDPs (2,244 persons) and 25% of Konyo-Konyo and Kator targeted beneficiaries (2,769 persons)
Х	4.	# of people (IDPs) served by solid waste management Services (e.g. trash sites).	80% of IDP (3,590 persons)
Х	5.	Number of additional water point constructed.	2 new water tanks installed in Konyo-Konyo market, and 2 water tanks installed in most vulnerable places in Kator neighborhood.
	6.	Number of Latrine institutional emergency latrines maintained	91 latrine stances (84 latrine stances at Mahad and 7 latrine stances at lologo)
	7.	Number of institutional bathing stalls maintained.	23, (21 bathing stalls at Mahad and 2 bathing stalls at Lologo)
	8.	Number of IDPs receiving a hygiene kits.	4,488

9.	
10.	
11.	
12.	
13.	
14.	

vi). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

Gender: PIN will make all the necessary efforts to ensure that the IDP population is adequately represented and involved in decision making, and that all segments of the population including vulnerable and marginalized groups have equal access to the provided services.

Environment: PIN will make all efforts to reduce the impact of concentrated population on the environment, but without sacrificing the quality of the assistance to the IDPs.

HIV/AIDS: N/A

vii) 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.

Activities Coordination:

PIN participates in weekly WASH and CCCM Cluster meetings at Juba level, in monthly RRC CES meetings, and in monthly SMoH CE meetings. PIN is the focal point for the Cholera WASH response in Konyo-Konyo market and Kator neighborhood, and regularly coordinates activities with other INGO/NNGO partners.

Activities implementation:

PIN staff is present regularly (at a minimum weekly) in Mahad Primary School, in Lologo Neighborhood, in Konyo-Konyo market, in Kator neighborhood, and will regularly visit other vulnerable areas in Juba Town identified as in need of assistance. PIN staff is involved in the daily delivery of services to the IDPs, liaising with school management, Juba City Council, RRC CES, and other INGOs/NNGOs working at the sites, and generally trying to solve problems that come up each week.

The proposed action will be carried out by a team comprising:

- 1 expatriate emergency coordinator with previous WASH experience in South Sudan, who will supervise the action;
- 1 national program assistant with previous WASH experience in IDP sites, responsible for the field implementation of the activities and monitoring;
- 1 national program assistant with training as a clinical officer;
- 6 national hygiene promoters with previous experience;
- Volunteers recruited from Juba University and Kator payam community.

In addition, the response team will be further supported by PIN Juba support team (logistics, finance).

viii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

- 1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
- 2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
- Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
 Ensure key monitoring and reporting activities are included in the project workplan (Section III)².
- Monitoring will be conducted regularly by PIN staff along with relevant actors as appropriate, to ensure the outcomes set in the proposed action are completed. Monitoring will be done continuously based on the indicators highlighted above and set by the WASH Cluster and SPHERE standards.
- PIN will use monitoring and reporting tools approved by WASH Cluster and other clusters, and will consult with the WASH Cluster regarding an appropriate M&E schedule. The Monitoring will be conducted weekly by PIN team in coordination with the area IDP representatives and local authorities.
- Data collected by PIN will be analyzed in consultation with the relevant clusters. As such, data related to our WASH
 activities and Cholera WASH response will be passed on to the WASH Cluster for their input and assistance in analyzing
 and dissemination.
- 4. M&E and reporting activities are included in the work plan.

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

In addition, a functional complaint response mechanism will be set up in both IDP sites enabling IDPs (women, men, girls, and boys) to raise their concerns. Issues raised will be collected by trained staff and addressed in an appropriate way. At present, PIN has in place a weekly meeting with implementing partners and IDP leaders, during which all issues related to services for the IDPs are discussed.

D. Total funding secured for the CAP project Please add details of secured funds from other sources for the project in the CAP.	
Source/donor and date (month, year)	Amount (USD)
Pledges for the CAP project	

SECTION III:

This section is <u>NOT required</u> 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.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

CHF ref./CAP (Code: SSD-14/WS/69651	Project title: Emergency WASH assistance	Organisation: People in Need (PIN)				
Goal/OI	bjectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks			
Goal/Impact (cluster priorities)	To provide basic WASH services to IDPs in non-POC sites in Juba.	100% of IDPs provided with sustained access to WASH facilities. Provision of safe drinking water according to Sphere standards in the 2 IDP sites: 15 liters/pp/day; representing 62,520 liters/day in Mahad, and 4,800 liters/day in Lologo.	PIN internal records, HH surveys, WASH Cluster reports, Health Cluster reports.	 IDPs remain at their current sites. Cholera response continues to be coordinated by Health and WASH Clusters in conjunction with relevant UN agencies and GoSS ministries. Local authorities continue to allow access and operations in the area. Security situation does not deteriorate. 			
CHF project Objective	To provide basic WASH services in two IDP sites in Juba (outside the PoCs), and to provide Cholera WASH response in Konyo-Konyo Market and Kator Neighborhood, and other places in Juba Town and CES and in IDPs sites (non-PoC).	The same as above, and Community members receiving hygiene promotion and Cholera awareness messaging - 50% of IDPs and 25% of Konyo-Konyo and Kator, and other vulnerable areas in Juba targeted beneficiaries.	HH impact surveys, Health Cluster records, records from local health facility	Pipeline supplies for Cholera response are available from UNICEF or other partners.			
Outcome 1	Improved access to WASH services and facilities.	Sphere Standards for WASH are met for the 2 IDP sites, and construction 4 additional water tanks in Konyo-Konyo market and Kator.	PIN internal records, HH surveys, WASH Cluster reports, Health Cluster reports.	School officials, RRC CES, and Juba City Council continue to cooperate with PIN.			
Output 1.1	At least 4,488 IDPs have access to safe water	 # of people provided with sustained access to safe water supply (SPHERE Standard) Number of additional water points are constructed 	PIN internal records, HH surveys, photos, WASH Cluster reports.	Water trucking supplier is able to provide sufficient quantities of treated water supply.			
Activity 1.1.1	Water trucking.						
Activity 1.1.2	Water treatment (using Chlorine tablets or	other appropriate substitutes from UNICEF pipeline	e).				
Activity 1.1.3			new installations in Konyo-Konyo Market and Kator	Neighborhood.			
Output 1.2	At least 4,488 IDPs have access to adequate WASH facilities according to	Number of Latrine institutional emergency	PIN internal records, photos, WASH Cluster	There is sufficient space, especially in Mahad PS, for number of structures required.			

CHF ref./CAP (Code: SSD-14/WS/69651	Project title: Emergency WASH assistance	Organisation: People in Need (PIN								
		···· ·································									
Goal/OI	pjectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks							
	Sphere standards.	Number of institutional bathing stalls maintained.									
Activity 1.2.1	Construction, repair, rehabilitation, and maintenance of institutional emergency latrines.										
Activity 1.2.2	Construction, repair, rehabilitation, and maintenance of institutional emergency bathing shelters (with soak pits).										
Outcome 2	Improved awareness of good hygiene practices and Cholera.	50% of IDPs and 25% of target beneficiaries in Konyo-Konyo and Kator and other vulnerable areas in Juba show awareness of good hygiene practices and Cholera	PIN internal records, baseline and impact HH surveys, KAP surveys, WASH Cluster reports.	UNICEF pipeline is sufficient.							
Output 2.1	At least 4,488 IDPs are provided with hygiene kits.	• Number of IDPs receiving hygiene kits.	PIN internal records (distribution lists), photos, WASH Cluster reports.	UNICEF pipeline is sufficient.							
Activity 2.1.1	Distribution of hygiene kits (from UNICEF p	ipeline) to IDPs									
Output 2.2	At least 50% of targeted individuals are provided with PUR, ORS, and Cholera kits.	 Percentage of targeted beneficiaries in Kator, Konyo Konyo market and other identified vulnerable areas in Juba, are provided monthly with PUR, ORS, and Cholera kits 	PIN internal records (distribution lists), photos, WASH Cluster reports.	UNICEF pipeline is sufficient.							
Activity 2.2.1	Distribution of PUR, ORS, and Cholera kits	(from UNICEF pipeline) to restaurants in Konyo-Kon	yo and Cholera-affected households in Kator.								
Output 2.3	At least 50% of targeted IDPs and 25% of the targeted vulnerable individuals are sensitized on the usage of the distributed hygiene kits, PUR, ORS, and Cholera kits, and on the methods to prevent water	At least 50% of the targeted IDPs and 25% of the targeted vulnerable beneficiaries receive monthly hygiene promotion and Cholera awareness.	PIN internal records, photos, WASH Cluster reports.	UNICEF pipeline is sufficient.							
	borne diseases and Cholera.										
Activity 2.3.1	Hygiene promotion (IEC materials from UN										
Activity 2.3.1 Activity 2.3.2	Hygiene promotion (IEC materials from UN	IICEF pipeline and PIN's own procurement). s from UNICEF pipeline and PIN's own procurement	t).								
Activity 2.3.2	Hygiene promotion (IEC materials from UN										
	Hygiene promotion (IEC materials from UN		t). PIN internal report, photos, WASH Cluster reports.								
Activity 2.3.2 Outcome 3	Hygiene promotion (IEC materials from UN Cholera awareness campaign (IEC material At least 4,488 IDPs have an improved	s from UNICEF pipeline and PIN's own procurement 80 % of IDPs served by solid waste management		Suppliers remain available and affordable.							
Activity 2.3.2	Hygiene promotion (IEC materials from UN Cholera awareness campaign (IEC material At least 4,488 IDPs have an improved access to waste management services. Solid and liquid waste is regularly (weekly)	s from UNICEF pipeline and PIN's own procurement 80 % of IDPs served by solid waste management (e.g. trash sites). • Number of people served with weekly	PIN internal report, photos, WASH Cluster reports. PIN internal report, photos, waste removal reports	Suppliers remain available and affordable.							

CHF ref./CAP Code: SSD-14/WS/69651		Project title: Emergency WASH assistant	Organisation: People in Need (PIN)					
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks				
Output 3.2	Improved drainages prevent stagnant pools and facilitate run-offs into septic systems.	All sites reporting fewer than 1 major flood event per month.	PIN internal report, WASH Cluster reports.					
Activity 3.2.1	Construction, repair, rehabilitation, mainte	nance of drainages.						
Activity 3.2.2								

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:

01 July 2014

Project end date:

31 December 2014

Activities		Q1/2014			Q2/2014			3/201	14	Q4/2014		
Activities	Jan	Feb	Mar	Apr M	ay J	Jun	Jul /	۹ug	Sep	Oct I	Nov E)ec
Activity 1.1 – Provision of safe drinking water							Х	Х	Х	Х	Х	Х
Activity 1.2 – Provision of adequate WASH facilities							Х	Х	Х	Х	Х	Х
Activity 2.1 – Distribution of hygiene kits							Х	Х	Х	Х	Х	Х
Activity 2.2 – Distribution of PUR, ORS, Cholera kits							Х	Х	Х	Х	Х	Х
Activity 2.3 – Hygiene promotion and Cholera awareness							Х	Х	Х	Х	Х	Х
Activity 3.1 – Waste management							Х	Х	Х	Х	Х	Х
Activity 3.2 – Drainage improvements							Х	Х	Х	Х	Х	Х
M&E							Х	Х	Х	Х	Х	Х

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