South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against Consolidated Appeal 2014

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 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 - Emergency water treatment units - Rehabilitation of existing water points, where appropriate - Drilling/construction of new water points, if appropriate - Convert hand pumps to motorized boreholes with tap stands - Emergency communal latrines - Distribution of hygiene kits - Distribution of WASH NFIs - Emergency hygiene promotion training	• Twic County—Abyei preparation • Wau, Malakal, Bentiu, Juba towns—Returnee preparation/response • Pibor County—Early recovery activities in Pibor town, Gumuruk town, Boma town; or emergency response for renewed conflict • Akobo and Uror Counties—Emergency response after renewed conflict, retaliation • Nyirol,Ulang, Baliet—Sobat corridor • Maban County—Maban host community response • Fashoda County—Kodok • Malakal County—ongoing response to stranded returnees • Renk County—ongoing response to unresolved returnee needs • Aweil East and Aweil North Counties—Mile 14 response • Tonj South, Tonj East, Tonj North Counties—chronic WASH needs in an historically underserved area, affected most recently by floods • Counties with high malnutrition verified by surveys that have been endorsed by nutrition cluster • Any exceptional counties should be strongly justified

SECTION II

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

Requesting Organization	Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State		
Universal Network for Knowledge & Empowerment Agency	**State**	**%**	*County/ies (include payam when possible)*

Project CAP Code	CAP Gender Code	Upper Nile	100%	*Nasir County*
SSD-14/WS/60620	1			

CAP Project Title *(please write exact name as in the CAP)*			
Accelerated WASH Project (AWASHP)			

Total Project Budget requested in the in South Sudan CAP	US$: **400,000.00**	Funding requested from CHF for this project proposal	US$: **168,745**
Total funding secured for the CAP project *(to date)*	US$:	Are some activities in this project proposal co-funded (including in-kind)? Yes ☐ No ☒ *(if yes, list the item and indicate the amount under column i of the budget sheet)*	

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*			Indirect Beneficiaries / Catchment Population (if applicable)
	Number of direct beneficiaries targeted in CHF Project	**Number of direct beneficiaries targeted in the CAP**	
Women:	3,688	12,640	
Girls:	2,088	9,085	
Men:	2,256	9,085	

Boys:	2,910	8,690
Total:	10,942	**39,500**

Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities, Refugees	**CHF Project Duration** (12 months max., earliest starting date will be Allocation approval date)
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) UNKEA	Indicate number of months: 8 **1August 2014 – 31 March 2015**

Contact details Organization's Country Office	
Organization's Address	P.O Box: 504, Juba South Sudan Munuki Payam along Gudele road at ICCO Compound
Project Focal Person	*Milka Irungu* milkairungu@gamil.com *+211 954626100*
Country Director	*Simon Bhan Chuol,* *simon@unkea.net* *unkea.southsudan@gmail.com* *+211 955 295 774* *+211 917 976 984* *www.unkea.net*
Finance Officer	*David Dak Deng* *David.dak@unkea.net* *deng_dak@yahoo.co.uk* *+211 910 485 494*
Monitoring & Reporting focal person	*Besenso Wani* *Email: waniunkea@gmail.com* *Tel: +211955426471*

Contact details Organization's HQ	
Organization's Address	Nasir County, Upper Nile State Republic of South Sudan, P.O Box: 504 Juba
Desk officer	*Bua Shally* *buashally@gmil.com* *info@unkea.net*
Finance Officer	*Gwolo Emmanuel* *Tel: +211954338727* *+211922273232* *Email.gwoloemma@gmail.com*

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 population[1]

Nasir County of Upper Nile State continues to be a humanitarian emergencies flash point as characterized by high population's displacements and movement (As of May 2013, Inter-agencies assessment report) the number of IDPs and returnees in Nasir County is 11,910 and 718 respectively. The major triggers being the persistent inter communal violence, cattle raids and floods. The long dry season between December and May is the major catalyst where most populations move over long distance in search for water, food and pasture. During such movement, a chain reaction of communal attacks and cattle raids are common phenomena. About 35% of the boreholes drilled in some parts of the county are non functional and requires urgent repairs and maintenance.

About 80% of the households do not have access to chlorine tablets for treating water before consumption. An estimated 75% of the households especially in these payams walk for more than 1 km to access water and the most disadvantage to this situation are women and girls as they are people who are fetching water for the family. In addition, 85% of primary and secondary schools don't have water harvesting tanks and hand washing facilities. Heavy water point contaminations usually occur during the heavy rains with floods making the situation even worse. This has resulted to increase the risk and vulnerability of boys/girls under five to acute water diarrhea, Typhoid, hepatitis and trachoma are some of the major water born and water wash diseases. Lack of knowledge on safe water storage, simple treatment and purification using chlorine tablets, boiling, filtration and sedimentation among the communities has been responsible for increased water born diseases such as acute watery diarrhea and typhoid fevers among these communities.

About 75% of community members have not been trained on safe water management. So far, there have been few number of pump mechanics trained at these communities to maintain the existing number of boreholes, access to and use of latrines for human excreta disposal has been the major community health risk factor. About 93% of the households don't have latrines. Open bush defecation is the major methods of human waste disposal practices. In addition, household basic sanitation practices such as designated waste collection pit, hand washing after visiting latrine, safe preparation and storage of food and water are some of the bottlenecks.

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 funding is requested to support UNKEA's accelerated response initiative (ARI) to provide clean and safe water as well as basic sanitation facilities to vulnerable IDPs, returnees and host communities in Nasir County of Upper Nile. This will in turn result to significant reduction in morbidity and mortalities associated with water born and water wash diseases such as acute water diarrhea, Hepatitis, Typhoid and conjunctivitis. Specifically, this fund will benefit 10,942 women, men, boys and girls in Nasir county.

The funding will support construction and repairs boreholes, latrine facilities as well as procurement and supply of water and sanitation facilities. On the other hand, building the capacity of the local community to manage their own water and sanitation facilities would a significant landmark for sustainability. This project will supplies the water purification tablets and distribution of hygiene kits to the target populations

With 10 years working experience in Upper Nile with its headquarters in Nasir County, UNKEA has a strong community's support and acceptability making its programs cost effective and sustainable through working with community volunteers. UNKEA has viable working relationship with its government, NGOs and donor partners. As a lead agency, UNKEA is the principle recipient of the emergency fund from the ACT alliance for procurement and supply of NFIs for IDPs and returnees in Upper Nile.

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.

Increasing the number of water points through construction of new boreholes and repair if broken ones would accelerate access to clean and safe water. In addition, sensitizing the communities on simple water purification and treatment would significantly reduce the morbidity and mortality associated with water born diseases

Digging of public latrines in social places like markets, installation of water collection facilities in schools including robust grass root community mobilization and awareness campaigns on use of latrines, hand washing practices, safe food and water storage would contribute to increased access to clean water and basic sanitation facilities that would significantly reduce most wash born and water born diseases such as conjunctivitis, acute watery diarrhea and Typhoid

Skills training of simple pump mechanics, water management committees and distribution of slabs for latrine construction will enhance sustained access to basic sanitation and hygiene facilities in most households

ii) Project Objective
State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kick start/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

- To increase access to clean and safe water to vulnerable IDPs, returnees and host communities in Nasir County

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[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.

- To increase access to household basic sanitation facilities in Nasir County.
- To build the capacity of local communities to sustain the management of their own water and sanitation facilities

iii) Project Strategy and proposed Activities

Present 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).

- Renovation of 5 water points in Nasir County
- Distribution of water treatment chlorine tablets in households in Nasir County
- Teaching households on simple water treatment, purification and storage techniques in Nasir County
- Scaling up and renovation of public latrines in Nasir County
- Procurement and distribution of latrine plastic slabs in Nasir County
- Procurement and distribution of water jerry cans for safe water storage in Nasir County
- Conducting home based health education on household waste disposal techniques in Nasir County
- Formation and training of school sanitation/ health clubs in Nasir County
- Distribution of pipeline hygiene kits in Nasir County
- Recruitment and training of Hygiene and sanitation promoters as ToT in Nasir County
- Formation and training of water management committees in Nasir County
- Training of 5 pump mechanics to repair broken boreholes in Nasir County
- Conducting targeted community outreach campaigns on WASH promotion in Nasir County

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

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

This project will accelerate access to clean and safe water as well as basic sanitation facilities which will subsequently reduce morbidity and mortality associated with water born diseases. On the other hand, this project will empower local community through capacity building to mobilize their own resources to manage their water and sanitation facilities

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

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)
X	1.	people provided with sustained access to safe water supply (SPHERE Standard) (15 litres/ person/day within 1 km distance)	10,942 (Women: 3,688 Girl: 2,088 Boy: 2,910 Men: 2,256)
X	2.	Number of existing water boreholes rehabilitated	10
X	3.	Number of new pit latrines constructed	10
X	4.	Number of existing latrines rehabilitated	10
X	5.	Number of people provided with sustained access to hygiene latrine facilities	10,942 (Women: 3,688 Girl: 2,088 Boy: 2,910 Men: 2,256)
X	6.	Number of people trained on solid waste management.	1,775
X	7.	Number of households receiving a hygiene kit.	1,200
X	8.	Number of people trained on hygiene promotion messages to be shared with their community	Women: 30 Men: 20
X	9.	Number of community members trained on management of water, sanitation and hygiene services.	Women: 23 Men: 22
X	10.	Number of households provided with latrine plastic slabs	20
X	11.	Number of community reached with health education on rubbish pit use for household waste disposal in 9 payams in two counties	17,774
X	12.	Number of community members trained as pump mechanic	18 (Women: 10 Men: 8)
X	13.	Number of people receive jerry canes	1000 (Women: 700 Men: 300)

vi). Cross Cutting Issues

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

UNKEA will address HIV/AIDS and sexual and gender based violence (SGBV) as mutually reinforcing thematic areas. Long walking distances to water source can be a major trigger of sexual violence against women and addressing it would help to prevent its occurrence. This will be done through community level mobilizations and sensitization of community leaders to address the root causes of SGBV fueling the spread of HIV/AIDS and other sexually transmitted infections, unwanted pregnancies will be undertaken. Equal participation and empowerment of both men and women in addressing urgent health concerns, SGBV, RH, HIV/AIDS, poor hygiene and sanitation practices especially open defecation, hand washing practices, domestic waste management, health seeking

behaviors will be incorporated. UNKEA will ensure that community leaders such as chiefs, home health promoters and traditional healers as well as birth attendants are used as change agents during health promotions such as protection of water points, use of latrines, hands washing and safer sex behaviors. These thematic issues will be scripted in form of dilemmas to be enacted by artists, song and dramatists and role played in a public place agreed upon by the beneficiaries and the local public administration in conjunction with UNKEA. Public members will debate the dilemmas while identifying the best options for each dilemma which after public consensus will be painted onto a large mural for community members to continue with the discussions which will lead to a behavior change.

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.

UNKEA will factor in the immense role played by the community in identifying their own water points and sanitation local resources that can be used. UNKEA will include a mixture of innovative approach using community outreach events during which health education on use of latrines and protection of water sources are intensively addresses.

In addition, the use of community leaders as change agents during cm campaigns will be the main approach construction, repairs and protection of water points will be undertaken at the initial phase of the project implementation. UNKEA will acquire the pipeline emergency kits through the WASH cluster. The GPS of all the functional water points will be recorded and documented throughout the project capacity building through trainings of pump mechanic in each payam and water management committees in each Boma will be undertaken. Supportive supervision will be provided at regular interval during the implementation phase of the project. This will ensure that communities have the capacity to sustain the project when UNKEA pulls out.

Community involvement through recruitment and training of WASH volunteers as health educators will be a cornerstone of the project implementation. This will ensure that safe water and basic sanitation issues are discussed at household level Collaboration and coordination will be key in the implementing the project. UNKEA will however, initiate and promote dialogue and collaboration with it partners such as line ministries, NGOs, the communities and local authorities.

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.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)[2].

Monitoring

Monitoring of the project will be done at country and field levels. Through previous operational experience in WASH programs, UNKEA has strong capacity to identify and measure appropriate indicators, conduct regular data collection, analysis and dissemination. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. The following initiatives will be adopted to incorporate the activities in this proposal into the current monitoring plan.

A planning and orientation workshop will be conducted in August, 2014 at the beginning of the project. This will ensure that UNKEA has good data with which to measure progress against work plan during the intervention. The logical framework will provide the basis for monitoring the project indicators. The output indicators will be measured using program records and reports.

To keep abreast of the progress of the project, various methods of monitoring the project will include filed visits that will be conducted quarterly by the WASH adviser as the Country officer. The WASH Manager will conduct monthly supervisions to all project sites. Quarterly and annual review meetings will be held including all stakeholders and beneficiaries. This will help to assess the external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objective. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities.

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[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.

Reporting

UNKEA will use the data collection tools of the WASH cluster and device tools to capture other relevant information for its internal purposes. Project data will be collected and analyzed immediately by the Project Officers under the supervision of the Project Manager. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The officers will also be responsible for compiling the data into a fair draft which will be reviewed by the project coordinator to ensure that data is collected for the relevant indicators, adherence to reporting formats and quality of the document. UNKEA will comply with specific donors reporting requirements and deadlines

As part of internal data quality audits, UNKEA will use standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and officers and will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This wills involve data quality checks in randomly selected project sites and to be done on quarterly basis. All collected data will be stored electronically and manually to ensure its security as part of control and safety measure.

Project reports including success stories will be generated by the project officers and will be reviewed by the project managers at the field level. The project manager will then send reports to the WASH adviser who will finally review it and send to the donors

A database for recording beneficiary information and mapping trends across the implementation locations will be created and the information is to be disseminated to all stakeholders on regular basis. A score-card monitoring system will be developed to monitor the progress against key indicators for each health facility. The M & E plan will include building the capacity of project staff through focused M & E trainings. An evidence-based evaluation approach will be employed to assess the overall effectiveness and impact of the program

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)
	00
Pledges for the CAP project	
	00

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.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-14/WS/60620		Project title: Accelerated WASH Project (AWASHP)		Organisation: __UNIVERSAL Network FOR Knowledge Empowerment & Agency__
Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
Goal/Impact (cluster priorities)	*What are the Cluster Priority activities for this CHF funding round this project is contributing to?* To increase access of clean and safe water and latrines in upper Nile to reduce the number of water borne diseases.	*What are the key indicators related to the achievement of* • No. of beneficiaries accessing clean and safe water and number of functioning latrines in the project site.	*What are the sources of information on these indicators?* • Joint assessment reports • Wash Cluster Reports • State Ministry of health Report • Monitoring and Evaluation from wash Cluster and ministry of health	• Stable security situation to guarantee access to project areas • Heavy Downfalls leading to floods • Active community participations at all stages of the project • Uninterrupted funding flow to support the operations of the project • Stable inflation in the currency to cause any budget shortfall • Continuous displacements of IDPs as the conflict is still active • Risk of inaccessibility to project sites due to flooding, security in Nasir, • The high security tension between the government and opposition forces is likely to result to escalation of full scale violence resulting to massive displacements and loss of lives and property
CHF project Objective	Increase opportunity for quality life-saving in health wise for 10,942 individuals by having access to clean water, proper sanitation and hygiene.	• No. beneficiaries having accesses to clean water and are aware of sanitation and hygiene measures.	• Joint assessment reports • Wash Cluster Reports • State Ministry of health Report • Monitoring and Evaluation from wash Cluster and ministry of health	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country • Heavy Downfalls leading to floods
Outcome 1	• Increased access of clean water, sanitation and hygiene observed • Increased access to WASH facilities in learning spaces leading to reduction of infection of water related disease;	• 10,942. of beneficiaries accessing clean water • 10,942 of beneficiaries gender segregated latrines	• UNKEA reports • Report from Ministry of Health at State and GOSS • Needs and Livelihood assessment • UN Assessment reports	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country • Heavy Downfalls leading to floods

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-14/WS/60620		**Project title:** Accelerated WASH Project (AWASHP)		**Organisation:** __UNIVERSAL Network FOR Knowledge Empowerment & Agency__
Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
	• Increased access and use of latrines			
Output 1.1	Community mobilized to rehabilitate the existing water points so as to observe hygiene and sanitation in the community.	• Number of beneficiaries with access to clean water, sanitation and hygiene (10,942). • Number of existing boreholes rehabilitated.	• UNKEA reports • Report from Ministry of Health at State and GOSS • Needs and Livelihood assessment • UN Assessment reports	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country
Activity 1.1.1	• Meeting with stakeholders E.G chiefs, community leaders and women leaders. Unkea staffs in the field location updates the above leaders about our progress of the project.			
Activity 1.1.2	• Training of communities and mechanics about water point management. UNKEA conducts brief training to some community on rehabilitation of the water point in Nasir county			
Activity 1.1.3	• Sensitization and Mobilization of community members to rehabilitate water points			
	• Train mechanics and community members to rehabilitate water points Nasir County.			
Activity …	If required, insert other lines to add activities necessary to achieve output 1.1			
Output 1.2	• Access to sustained access to hygiene latrine facilities improved	• Number of new pit latrines constructed • Number of latrines rehabilitated • Number of latrine slabs distributed	• UNKEA reports • Report from Ministry of Health at State and GOSS • Needs and Livelihood assessment • UN Assessment reports	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country during the project period.
Activity 1.2.1	• Construct 10 new pit latrines			
Activity 1.2.2	Rehabilitate 10 pit latrines			
Activity 1.2.3	• Distribute 50 latrine slabs			
Output 1.3	• Community knowledge of appropriate hygiene practices improved. • Community members trained on management of water and sanitation	• Number of people trained on hygiene promotion messages to be shared with their community • Number of community members trained on management of water point and sanitation	• UNKEA reports • Report from Ministry of Health at State and GOSS • Needs and Livelihood assessment • UN Assessment reports	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country during the project period.
Activity 1.3.1	Conduct Hygiene promotion training in nasir county			
Activity 1.3.2	Conduct training on water point management and sanitation			
Outcome 2	Appropriate hygiene practices and solid water management in Nasir County.	• Number of community members trained in Nasir County by the end of the project.	• UNKEA reports • Report from Ministry of Health at State and GOSS • Needs and Livelihood assessment • UN Assessment reports	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country during the project period.
Output 2.1	• Improved community knowledge on appropriate household waste disposal.	• Number of community members reached with health education on rubbish pit use for household waste disposal in 9 payams in two counties	• UNKEA reports • Report from Ministry of Health at State and GOSS • Needs and Livelihood assessment	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country during the

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-14/WS/60620		**Project title:** Accelerated WASH Project (AWASHP)		**Organisation:** **UNIVERSAL Network FOR Knowledge Empowerment & Agency**
Goal/Objectives/Outcomes/Outputs		**Indicator of progress**	**Means of Verification**	**Assumptions and Risks**
			• UN Assessment reports	project period.
Activity 2.1.1	Train community members on rubbish pit use for household waste disposal			
Output 2.2	• Community capacity on pump management improved.	• Number of community members trained as pump mechanic.	• UNKEA reports • Report from Ministry of Health at State and GOSS • Needs and Livelihood assessment • UN Assessment reports	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country during the project period.
Activity 2.2.1	Training of community members about pump maintenance			
Output 2.3	• Household water storage facilities increased.	• Number of households receiving water jerry-cans. .	• UNKEA reports • Report from Ministry of Health at State and GOSS • Needs and Livelihood assessment • UN Assessment reports	• Peaceful coexistence between IDPs and host Communities • Availability of funds • Stability in the country during the project period.
Activity 2.3.1	Distribute water jerry-cans to targeted beneficiaries			

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:	**1 August 2014**	**Project end date:**	**31 March 2015**

Activities	Q2/2014			Q3/2014			Q4/2014			Q1/2015		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activity 1 Conduct rapid assessments in emergencies affected areas in Upper Nile state (Nasir county).					X							
Activity 2 Mobilize and facilitate the community to rehabilitate 10 pit latrines and 10 water points					X							
Activity 3 Provide hygiene kits and water purification tabs e.g chlorine to 10,942 beneficiaries.					X							
Activity 4 Provide training to the society about maintenance and technical support of the water points, awareness in hygiene and sanitation							X	X				
Activity 5 Distribution of supplies e.g water container, plastic slabs.						X	X	X	X	X	X	X
Activity 6 Conduct monthly monitoring and coordination meetings for WASH and other clusters such as Health and relevant Ministries at State level in Upper Nile State					X	X	X	X	X	X	X	X
Activity 7 Collaborate with community leaders to conduct hygiene and sanitation meetings between IDPs and host community to promote hygiene in IDPs and host community					X	X						

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