

2012 Common Humanitarian Fund for South Sudan

CHF Reserve Application Template

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

Note:

This application shall be submitted to the cluster coordinator and co-coordinator for the relevant cluster with copy to the CHF Technical Secretariat.

If the project is not already in the CAP a project sheet must also be prepared and submitted into OPS.

CHF Reserve No.	
Date Received:	
CAP Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal point:	

To be filled in by the CHF Technical Secretariat

CHF Reserve Grant Request Summary	
Requesting Organisation:	SOLIDARITES INTERNATIONAL
Project Title:	Critical Water supply, Sanitation, hygiene promotion interventions and EP&R for vulnerable and conflict affected populations in South Sudan (Emergency WASH assistance to the refugee population in Yida, Pariang County, Unity State; and Batil and Gendrassa, Maban County, Upper Nile State).
Project Code (if CAP project):	SSD-12/WS/46424
Cluster/Sector:	WASH
Geographic areas of implementation (list State, County and if possible Payam. If the project is covering more than one State please indicate percentage per state):	Unity State – Pariang County, Yida refugees' camp Upper Nile State – Maban County, Yusuf Batil and Gendrassa refugees' camps
Total project budget:	US\$3,115,757
Amount requested from CHF Reserve:	US\$1,700,000
Project Duration (indicate number of months, starting date will be Allocation approval date):	6 months – from 1st of August 2012 to the 31th of January 2013
Total number of beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):	110,000 beneficiaries – Yida camp: 55,000 persons including 25,850 males, 29,150 females, 13,750 children under five, 1,100 elderlies above 60, 30,000 potential beneficiaries Yusuf Batil camp: 35,000 persons including 15,400 males and 19,500 women, 8,400 children under five and 1,400 elderlies above 60. Gendrassa camp: 15,000 potentially persons (on their way from Jamman camps to Gendrassa camp)
Implementing partners (include those that will benefit/ sub-grant from CHF funding):	
Project Contact Details (Provide names, phone numbers, and emails of head of your organization, and the project focal person)	Country director Fabienne Mially juba.hom@solidarites-southsudan.org Plot 2, Hai Cinema, Juba, South Sudan +211 928 254 467

A. Humanitarian Context (Context Analysis)

- In approximately 1,000 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population¹.
- Also explain relation to the work of other partners in the area.

Since May 2011 and the violent crackdown on a civil demonstration in Kadugli, capital of South Kordofan State, Sudan, SPLA-N (Sudan People Liberation Army – North) rebel movement is fighting with Sudanese Armed Forces (SAF) in South Kordofan State (SKS). The fighting extended to Blue Nile State (BNS) in September 2011. Aerial bombardment and insecurity targeting civilian areas has caused food shortages and high rates of malnutrition. With an inability to survive, people have been fleeing crossing the border and going to Yida, in Northern Unity State and in Maban County, Eastern Upper Nile State, South Sudan, carrying with them no possessions and arriving in increasingly worsened physical conditions.

In the months of April-May 2012, the increased tensions between Sudan and South Sudan, SAF military assaults and bombardments in BNS and SKS, and the upcoming rainy season have deteriorated the humanitarian situation and have pushed more people to cross the border between Sudan and South Sudan. As of June 2012, UNHCR has recorded 211,416 refugees in South Sudan, almost 85% of whom arrived from Sudan over the past 11 months, and more than half (113,230 people) settled in Upper Nile State, mainly in Maban County located in Doro and Jamman camps. As for the most recent movement, the refugees arrived in places where local people are already struggling to satisfy their minimum vital needs. The new influx of refugees has caused significant humanitarian challenges in the transit camps where water sources, services and access were of major concerns. In addition, recently arrived refugees arrived in extremely bad conditions. In May 2012, humanitarian agencies launched an urgent call for refugees to be relocated from Jamman camp, which was welcoming refugees from the first wave, to another location due to lack of water availability in the area. 35,000 persons (31,000 recently arrived refugees plus 4,000 most vulnerable people from Jamman 1) have then been relocated to a new camp, Yusuf Batil, where water and other services have been provided with additional push and support from partners. In parallel, the relocation of the remaining Jamman 1 population, around 15,000 persons to a new camp in Gendrasa, 4 km from Yusuf Batil has started from July 2012, 25th. This new camp might accommodate up to 30,000 people, and might host new refugees crossing the border and coming from BNS. Currently, this camp is hosting 1,554 refugees (28/7/12).

In Unity State, UNHCR has officially registered 60,461 refugees. Since April 2012, the population in Yida camp has nearly tripled and is now around 55,000 according to UNHCR's last figures. They are settling in 3 locations in Pariang County. Yida is the largest of these settlements hosting around 97% of the total refugees. Samaritan's Purse (SP) has been the focal agency for the response in Yida since July 2011, and has been responding to cross sectorial needs, along with INGOs (IRC, CARE, MSF, NVPF) and WFP for the UN. UNHCR has recently taken management of registration in Yida. Agencies on the ground are attempting to increase facilities and services to try to keep up with demand, a struggle which is compounded by the lack of available materials, important logistical constraints (which have become tremendous with the rainy season) and lack of local skills which has made interventions challenging in Yida.

SOLIDARITES INTERNATIONAL (SI) conducted a rapid WASH needs assessment in Yida camp from 12th to 14th of May 2012 and in refugee camps located in Maban county, from 7th to 11th of June 2012. The objective was to identify the main gaps, health risks and needs for supporting the WASH efforts for current and future refugees.

In Yida camp, the findings were updated at the beginning of July by Solidarités International's emergency response team from headquarter. The current 338,768 litres produced a day represents only 6.12 L/p/day with the current population². As there is no other source of drinking or non-drinking water in the surrounding area (the closest one is the Jau Lake 16 km away), the population is using this water for all purposes (drinking, cooking and hygiene) and as a consequence, hygiene practices are inadequate. In addition, most of newly arrived refugees have settled more than 1 km away from the closest tap stand. The average number of people per tap is 766³ and this figure is increasing every day with new arrivals. Efforts to dig new boreholes are on-going, despite significant delays. Tests done by SI team indicate that water quality in the boreholes is adequate. However, water consumed at household level is often contaminated due to inadequate containers (presence of algae and E.coli; most jerrycans are damaged) and inadequate distribution systems (damaged pipes and damaged bladders). In addition, none of the existing sources have sufficient drainage, and large stagnant pools lay around the water points causing huge concerns for vector breeding and contamination, worsened by the presence of waste and animals.

The sanitation situation is critical in the camp with only 591 latrines installed (i.e. 93 people per latrine⁴). Open defecation is widely observed, especially among the recently created *Boma* where virtually no latrines have been installed to date. Inadequate hygiene practices are aggravated by the lack of basic commodities such as clean containers, soap⁵ and clothes, hampering not only personal hygiene but also dignity.

Moreover, health partners also raised their concern regarding waterborne diseases and risk of disease outbreak. In the

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.

² Sphere standard in emergency: 15 liters per day per person

³ Sphere Standard: 250 person per tap

⁴ Sphere Standard : 1 toilet to 50 individuals (in transit centers)

⁵ People receive 75g per person while Sphere standard are 250g bathing soap + 200g laundry soap per person per month

hospital managed by Médecins Sans Frontières (MSF), the number of under-five children admitted increased from 104 in June to 209 in July. The mortality rate increased from 7% to 15% over the past month, mainly due to diarrhea (potential Shigella epidemic) and infections such as pneumonia. Finally, malnutrition in the camp is primarily linked to repeated episodes of diarrhea. According to MSF, the majority of medical consultations are linked to water-related diseases which could be mitigated through improved access to water, sanitation and hygiene promotion. In ACF's preliminary report on integrated nutrition survey and retrospective mortality survey, the Global Acute Malnutrition (GAM) is 21,8% which is far beyond the emergency threshold (15%).

In Maban county, the assessment clearly identified urgent needs in Water, Sanitation and Hygiene (WaSH) for the refugees' population settled, transiting and arriving in the area from Blue Nile State. Despite the strong emergency response of the WaSH actors on the ground, and the constant increasing capacities, all the services provided in all locations fall below both SPHERE and HCR refugee standards. It is clear and noted by all agencies that there is a need for additional support, especially in light of the recent rapid influxes.

At present, the 8 water points in Yusuf Batil are producing 500,000 litres a day. However, the refugee population are getting, at home, on average 8 L/p/day (average shared with MSF/GOAL and SI).

However, despite humanitarian response in Yusuf Batil camp, refugees remain in extremely poor health condition. Complete data of mortality and morbidity are not officially shared yet, but likely to be far beyond the emergency thresholds according to the first information collected from MSF.

Through the Emergency and Preparedness Response (EPR), SI has launched a sanitation and hygiene emergency intervention in Yusuf Batil camp. Within a month, SI completed 680 emergency latrines and 70 hand washing station, providing water and soap to 58% of the latrines, and plans to reach 80% in coming days. The latrine coverage is currently below 50 persons per latrine, considering an additional 175 semi-permanent latrines built by GOAL. However, due to the scattered tents set up in some areas of the camp, part of the population remains uncovered because too far from facilities, and open defecation can be widely observed. Emergency latrines will be filled within two months after commissioning.

SI completed a KAP (Knowledge, Attitudes and Practices) survey which has been shared with all health and WaSH partners intervening in the camp in order to adapt and harmonize the responses. SI trained 33 community hygiene promoters and is currently recruiting 60 latrine cleaners, in order to ensure a proper maintenance and use of sanitation and hygiene facilities.

In Gendrassa camp, SI started its emergency intervention focusing on sanitation and hygiene activities. Oxfam GB is the leading agency and in charge of water supply and storage. 48 latrines have been built so far targeting 2,500 potentially new settled refugees, whereas Oxfam GB is working on identifying the location of one borehole and its water distribution network.

B. Grant Request Justification

- In approximately 500 words describe why CHF Reserve funding is sought for this project, and why this particular activity is important. Explain why the activity is time critical and need rapid funding through the CHF Reserve.
- Confirm that your organization's internal reserves or other donor funds are not immediately available and/or appropriate to fund the proposed activities. Please provide information on which donors or what other funding sources have been approached.
- Briefly describe the value added by your organization
- Describe why this activity was not funded through the CHF standard allocation process, and what has changed since that process was completed to make this project emerge as a priority.

Recent sudden influxes of population have resulted in an urgent need for increasing the capacity of existing WASH facilities and services. To date, 55,000 people have been registered at Yida camp, where the host community is about 1,400 people. The Yida camp is expected to grow to 75,000 people in the coming 2 to 3 months.

In addition, information from the Sheikhs with the refugee communities in Maban, have informed humanitarian actors that a possible additional 20,000 persons are remaining in BNS en route to Maban county for refuge.

Moreover, in Yusuf Batil and Yida camps, refugees remain in extremely poor health condition, with high rates of acute and moderate malnutrition, increase in acute watery and bloody diarrhoeas, Shigella outbreak and suspicion of cholera outbreak⁶.

Knowing the current situation in the refugee camps, there are needs in terms of number of water points compared to the total population, total capacity of water made available, distance to the water points, improvement of drainage at water points, and collection and storage containers. With the population increasing and the geographical sharing of the water points, additional sources will be required to meet the demand. There is a pressing need for additional latrines, especially in the outskirts of the camp (recently settled communities), hygiene related NFIs, cleaning campaigns throughout the camp and hygiene promotion sessions.

⁶ 3 positive rapid field tests have been made by MSF during the week 29 in Yusuf Batil camp. They have been sent to Nairobi for confirmation and the results should come very soon.

SI took part in the different coordination meetings led by UNHCR at Juba and Unity and Upper Nile state levels, where several partners stressed the need for one more WaSH partner in Yida to support SP and likewise, in Yusuf Batil camp to support GOAL. SI has maintained a close collaboration with SP and GOAL on the field and has a deep involvement in the WaSH Coordination forum through the presence of a Cluster Focal points for Unity and for Upper Nile States.

In Yida camp, SI has launched an emergency WaSH response project funded by UNHCR since the 15th of June. The first objective was to contain the bloody diarrhoea outbreak (suspected shigella) through the distribution of 2 465 containers, chlorination campaigns around water points targeting water containers (buckets, jerricans). Under UNHCR funds, the SI team plans to equip two new boreholes and to maintain a chlorination campaign in case of water-borne disease outbreak. SI intends to extend its WaSH response but the expected funds from UNHCR are restricted. Therefore, SI submits complementary activities to the CHF Reserve Funding.

As for Yusuf Batil and Gendrassa, SI has launched its emergency intervention through ECHO funds. However, remaining funds are no more enough to cover increasing needs. The CHF Reserve Allocation is an opportunity to maintain SI's capacity to implement an appropriate emergency response to refugee population in Maban County and to rapidly upgrade its action in case of cholera outbreak.

C. Project Description

i) Purpose of the Grant

In approximately 500 words, briefly describe how CHF funding will be used to support core humanitarian activities

SI will respond rapidly and adequately to the existing and expected future WASH needs in Yida and Yusuf Batil camps, through a strong participatory approach, working and coordinating with the affected and host community and humanitarian partners on the ground to increase services and improve capacities to manage the emergency and ultimately, reduce public health risks among refugees.

The planned intervention aims at preventing further deterioration of the health situation in a densely populated area by improving access to water and sanitation facilities and dissemination of hygiene messages. SI will focus on hygiene promotion, improvement of water quality, and minimum access to water and sanitation facilities in close coordination with UNHCR, SP and GOAL. In Yida camp, SP's and SI's coordinated efforts will permit the coverage of the whole camp population. SI will specifically focussed on newly settled areas which lack even the most basic access to water and sanitation facilities. In Yusuf Batil, SI used to collaborate with GOAL, the WaSH leading agency.

The supply procedures that will be used for this project will be as much as possible SI's usual procedures. However, in the cases of emergency, simplified supply process, with only single quotation will be applied whenever required.

ii) Objective

The objective should be specific, measurable, achievable, relevant and time-bound.

SI will contribute to improve access to safe water and appropriate sanitation facilities, and improve hygiene practices of the refugee population in Yida, Pariang County, Unity state and in Yusuf Batil and Gendrassa camps, Maban County, Upper Nile State

iii) Proposed Activities

List the main activities to be implemented with CHF Reserve funding. State the exact location of the operation (provide map if relevant). As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

Result 1 – The refugee population has improved access to safe water and sanitation facilities and the maintenance system is reinforced.

Beneficiaries: 110,000 for water and sanitation activities – Yida camp (55,000 persons), Yusuf Batil camp (35,000 persons) and Gendrassa camp (15,000 persons)

Activities:

Water

- Yida : Whenever possible, replacement of contaminated and damaged containers with new 20L buckets (36,000 persons);
- Yusuf Batil: Equipping of new boreholes with set-up of a water network system, connection to bladders and taps stands wherever the needs are, including in the health centres. The number of bladders and tap stands per water point will be determined based on the yield of the new boreholes (potentially 6,000 directly targeted persons but this activity will benefit to the whole refugee population by increasing the number of litres per day per person);
- Yida & Yusuf Batil camps :
 - o Support the construction of platforms and drainages for new and existing water points in coordination with the WaSH camp agencies.
 - o Through training and monitoring, enhance existing and (when required) form new water management committees for all water points in coordination with WaSH agencies
 - o Monitoring of water quality in refugee camps

sanitation

- Construction of emergency trench latrines (2 slabs per trench in Yida camp and 6 slabs per trench in Gendrassa camp). The location of these emergency latrines will be identified with community members and in coordination with the Camp Managers (15,000 persons);
- Maintenance of emergency trench latrines: daily cleaning and decommissioning when full
- Yida : construction of shared household latrines (8,000 persons);

Result 2 – The exposure to disease outbreak is mitigated and the affected population adopts safe hygiene practices.

Beneficiaries: 85,000 for hygiene activities - Yida camp (55,000 persons), Yusuf Batil camp (15,000 persons) and Gendrassa camp (15,000 persons)

Activities:

- Construction of one hand washing station per existing and new trenches in Yida, Yusuf Batil and Gendrassa camps (36,500 persons) ;
- Large scale cleaning and sanitation campaigns, and education on vector control and transmission to initiate behavioural change and improve existing practices;
- Enhance, support and follow-up on existing Health and Hygiene Committees and hygiene promoters
- Conduct large scale hygiene promotion campaigns, public sessions and water point and households sessions;
- Conduct a Hygiene KAP survey to determine key hygiene promotion messages and measure the impact of hygiene promotion activities;
- Conducting bucket chlorination at SI managed water points and household level in Yusuf Batil
- Preparedness and contingency planning in case of cholera outbreak (Maban county), 4 month response: chlorination and spraying campaigns, 100 emergency latrines with 16 hand-washing stations, additional latrines cleaners, soaps and HP sessions focused on cholera (targeting total population)

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 management of latrines. Family members primarily involved in the sanitation and hygiene at household levels (water fetching, cooking) shall be targeted upmost throughout the intervention. SI will promote women’s participation to make them play an active role in the management of their infrastructures.

Women are the ones taking care of children and upkeep of the home. They are also generally more concerned about their children’s 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

41% of the persons living in Yida camp and 59% in Yusuf Batil camp are under 18. The action will target in priority this category of population. 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.

Protection

The siting of latrines will be conducted in cooperation with the communities and their leaders. SI will make sure that all families are consulted, and particularly women, in order to ensure equal and safe access to the whole community. The latrines will be separated for male and female.

SI will cooperate with Non-violent Peace Force organization who recruited people to organize and avoid conflict at water points. Part of activities of water management committees created by SI will be to support them.

v) Expected Outcomes

List the results you expect to have at the end of the CHF grant period, and provide no more than three measurable indicators you will use to measure your achievement. Please use the defined CHF Standard Output Indicators whenever possible.

Result 1 – The refugee population has improved access to safe water and sanitation facilities and the maintenance system is reinforced.

Result 2 – The exposure to disease outbreak is mitigated and the affected population adopts safe hygiene practices.

	Indicator	Target
1	100% of targeted population has access to safe water with 0 faecal coliform per 100 ml	95,000 beneficiaries (all the population in the Yida and Yusuf Batil camps)
2	Existing water points rehabilitated	5 water points (around 15,000 beneficiaries)

3	Number of new latrines constructed	100 Emergency Latrines (EL) in Yida camp for 5,000 beneficiaries 200 EL in Gendrassa camp = 10,000 beneficiaries 400 shared household latrines in Yida = 8,000 beneficiaries
4	People trained on hygiene promotion messages to be shared with their community	1 to 2 trainees per Boma in Yida camp 33 in Yusuf Batil camp 15 in Gendrassa camp

vi) Implementation Plan

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 health and hygiene committees by giving them strong and appropriate trainings, as well as the means for them to operate as long as possible. The objective is to make communities understand the importance of having cleaned and maintained infrastructures. When possible, targeted water and sanitation facilities will be handed over to community management, giving communities an opportunity to begin managing facilities while SI is able to closely monitor and support.

SI will maintain close coordination with other partners and especially WaSH partners. According to changes in the humanitarian context and evolution of other partners' interventions, SI will be able to adapt its strategy and adjust its response accordingly.

SI focuses on reinforcing community structures such as water management, and health and hygiene committees to promote and ensure community participation and sustainability of the project. The inclusion of community leaders focuses on their ability of taking full responsibility for these programs in the future.

SI will also work to build national staff capacity internally and, where possible, externally through other local stakeholders. According to the Memorandum of Understanding between SP and SI, SI will strengthen and build upon existing WASH structures and WASH mechanisms that have been successfully implemented in Yida.

vii) Monitoring Plan

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

As SI also runs an Emergency Preparedness and Response project through ECHO funding, the monitoring tools and methodologies designed for this project would be used in the current intervention. The program manager and his/her team will be in charge of a close follow-up and reporting on the planned activities. The daily monitoring will be implemented by SI technicians and supervisors. They will regularly report activity progress to the coordination team in order to monitor closely the progress of activities in accordance to the planned objectives, quality standards and timeframe. During the monitoring phase, the team will pay special attention to the quality of work from the committees (Water Management Committees and Health and Hygiene Committees) and assist them if necessary. Additionally, the team will carry out water analysis and quality testing.

Actions will be implemented all along the project to ensure that the objectives will be reached and needs covered:

- Routine field visits by the Programme Manager
- National and international staff regular meetings
- Rapid Knowledge Aptitude and Practice (KAP) survey
- Monitoring on latrines use and maintenance
- Rapid frequentation surveys at the water point
- Follow up on Water management and Health and Hygiene committees
- Follow up of main indicators

SI will hire qualified local staff with sufficient skills and expertise to manage day-to-day activity implementation and to orientate the activities if necessary.

Monitoring is a continuous exercise throughout the program and when and where possible program adjustments will be made to ensure the relevance of programming and appropriate allocation of resources.

D. Secured funding

Please provide details of secured funds for the project from other sources. Indicate the date (month and year) when the funding was secured.

Source/donor and date	Amount (USD)
UNHCR – 15 th of June 2012 – letter of agreement	US\$430,000

SECTION III:

LOGFRAME			
CHF Ref. No. or CAP code: SSD-12/WS/46424	Project title: Critical Water supply, Sanitation, hygiene promotion interventions and EP&R for vulnerable and conflict affected populations in South Sudan (Emergency WASH assistance to the refugee population in Yida, Pariang County, Unity State; and Batil and Gendrassa, Maban County, Upper Nile State).	Organisation: <u>Solidarités INTERNATIONAL</u>	
Overall Objective: To prevent emergency-affected and acutely vulnerable refugees' population from water borne and related diseases in refugee camp.	Indicators of progress: Reduction of mortality and morbidity related to water-borne diseases	How indicators will be measured: Waterborne diseases data monitoring done by health partners	<ul style="list-style-type: none"> • Waterborne diseases data are measured, available, and shared by health partners • Nutrition partners are active • USD/SSP exchange rate remains stable in the timeframe of the project
Specific Project Objective/s: To contribute to improve access to safe water and appropriate sanitation facilities, and improve hygiene practices of the refugee population in Pariang and Maban Counties, Unity and Upper Nile states	Indicators of progress: 100% of targeted population has access to safe water with 0 coliform faecal per 100 ml 100% of targeted population with access to sanitation facilities 70% of targeted population are demonstrating good hand-washing practices at 4 key moments of the day	How indicators will be measured: Water testing results KAP surveys Intervention and verification reports Latrines monitoring	Assumptions & risks: <ul style="list-style-type: none"> • No major changes in context (conflict, natural disaster or general insecurity effecting logistics or markets). • Active coordination and cooperation with local authorities. • Reliable and relevant reporting, information sharing and coordination with humanitarian partners. • All new boreholes planned are completed by the end of August 2012
Results - Outputs (tangible) and Outcomes (intangible): Result 1 – The refugee population has improved access to safe water and sanitation facilities and the maintenance system is reinforced. Result 2 – The exposition to disease outbreak is mitigated and the affected population adopts safe hygiene practices.	Indicators of progress: Existing water points rehabilitated Number of new latrines constructed People trained on hygiene promotion messages to be shared with their community	How indicators will be measured: Monitoring on container distribution Monitoring on latrines construction KAP survey	Assumptions & risks: <ul style="list-style-type: none"> • No major changes in context • Active coordination and cooperation with local authorities. • Sharing of information and coordination with humanitarian partners. • All new boreholes planned are completed by the end of August 2012

<p>Activities:</p> <p><u>Activities related to result 1:</u></p> <ul style="list-style-type: none"> - Improvement of new water points in Yusuf Batil camp; - Support the construction of platforms and drainages for new water points - Whenever possible, in Yida camp, replacement of contaminated and damaged containers with new 20L buckets; - Enhance existing and (when required) form new water management committees for all water points; - Monitoring of water quality; - Construction of emergency trench latrines; - Construction of hand washing station; - Trench latrines maintenance : daily cleaning and decommissioning when full; - Construction of shared household latrines; <p><u>Activities related to result 2:</u></p> <ul style="list-style-type: none"> - Cleaning and sanitation campaigns; - Enhance, support and follow-up on existing Health and hygiene committees; - Hygiene promotion campaigns; - KAP survey - Bucket chlorination at SI managed water points and household level - Preparedness and Contingency planning in case of cholera outbreak 	<p>Inputs:</p> <ul style="list-style-type: none"> • WaSH PMs & Field Officer • Logistician • Technicians, hygiene promoters and community mobilisers • Material for water points equipments • Construction material • Latrines construction material • Hygiene promotion material • Cleaning campaign material • Buckets • Contingency material for cholera outbreak • Committees training • Daily workers <ul style="list-style-type: none"> • 5 cars • Set-up of 2 compounds (guesthouse, office and warehouse) • Communication equipment • Coordination team • Purchase and transport from Juba and Bentiu to Yida and from Juba to Maban County 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Access to intervention locations is possible for timely response • Roads, rivers and airstrips remain secure, open and accessible • The required material is available.
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PROJECT WORK PLAN															
This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The work plan must be outlined with reference to the quarters of the calendar year.															
Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1: The refugee population has improved access to safe water and sanitation facilities and the maintenance system is reinforced.															
Activity (1.1) Improvement of new water points – Yusuf Batil camp								X	X	X	X				
Activity (1.2) Replacement of contaminated/damaged containers with new buckets – Yida camp								X	X						
Activity (1.3) Construction of platforms and drainages for new water points – Yida and Yusuf Batil camps								X	X	X					
Activity (1.4) Training and monitoring of new water management committees – Yida and Yusuf Batil camps								X	X	X	X	X	X		
Activity (1.5) Monitoring of water quality in refugee camps								X	X	X	X	X	X		
Activity (1.6) Construction of emergency trench latrines								X	X						
Activity (1.7) Construction of hand washing station								X	X						
Activity (1.8) - Trench latrines maintenance : daily cleaning and decommissioning when full								X	X	X	X				
Activity (1.9) Construction of shared household latrines – in Yida camp										X	X	X	X		
Result 2: The exposure to disease outbreak is mitigated and the affected population adopts safe hygiene practices.															
Activity (2.1) Cleaning and sanitation campaigns – Yida, Yusuf Batil and Gendrassa camps;								X	X	X	X	X	X		
Activity (2.2) Support and follow-up Health and Hygiene Committees / hygiene promoters – Yida, Yusuf Batil and Gendrassa camps.								X	X	X	X	X	X		
Activity (2.3) Hygiene promotion sessions – Yida, Yusuf Batil and Gendrassa camps.								X	X	X	X	X	X		
Activity (2.4) KAP survey - Yida, Yusuf Batil and Gendrassa camps.								X			X		X		
Activity (2.5) - Bucket chlorination at SI managed water points and household level – Yusuf Batil camp								x	X	X	X				
Activity (2.6) - Preparedness & Contingency plans for cholera outbreak – Maban county								X	X	X	X	X	X		

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

CHF Reserve Grant Request Review Section – Internal

Reviewer		Justification/clarification/recommendations
Function/Title:	Cluster Coordinator or co-coordinator	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:	State-level focal point	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:	CHF Technical Secretariat	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:		
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Function/Title:		
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : <input type="checkbox"/> Yes <input type="checkbox"/> No	