OCHA
Coordination Saves Lives

Project Proposal

Requesting Organization :	ACF - USA	
Allocation Type :	1st Round Standard Allocation	
Primary Cluster	**Sub Cluster**	**Percentage**
WATER, SANITATION AND HYGIENE		100.00
		100
Project Title :	Humanitarian Emergency Response in South Sudan improving the access to Water, Sanitation and Hygiene (WASH) to contribute to the health and nutrition status of vulnerable people	
Allocation Type Category :	Frontline services	

OPS Details

Project Code :		**Fund Project Code :**	SSD-16/HSS10/SA1/WASH/INGO/845
Cluster :		**Project Budget in US$:**	299,666.30
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/04/2016	**Planned End Date :**	30/09/2016
Actual Start Date:	01/04/2016	**Actual End Date:**	30/09/2016

Project Summary :

This concept note proposes WASH activities in two priority locations in South Sudan. Firstly, Fangak County has remained a priority location since the start of the ongoing conflict and continues to have a significant Internally Displaced Population (IDP) population and affected host population that remain vulnerable under the current
circumstances. Secondly, a critical nutrition situation with Global Acute Malnutrition (GAM) prevalence far above the 15% emergency threshold is persisting in the Warrap State. The proposed activities aim to reduce vulnerability malnourished children through targeted WASH interventions in both locations.
During the ongoing ACF CHF project in Fangak county, ACF have identified remaining WASH needs, a lack of institutional capacity to continue meeting needs and /or a lack of WASH partners to meet needs. ACF have also identified new locations through collaboration with local nutrition partners and WASH partner assessments. Thus, ACF propose to expand the coverage of the current emergency WASH project and to stabilize the factors which contribute to mortality and morbidities in the target IDP and host populations in Keew and Juaibor Payams located in Fangak County, Jonglei State. Juaibor has received no support in terms of WASH services and in Keew there is need to continue a meaningful WASH intervention to ensure that minimum standards are maintained.
This response will increase the ability for populations to access to safe water supply and improve hygiene and sanitation practices through context specific approaches considering the limited access for sustained material support and the potential for future displacement of the population. Ensuring safe water supply to affected populations remains one of the main priorities for the WASH Cluster strategy and in Jonglei, this project, using CHF funds, will continue to work through a gender sensitive approach to improve access to safe water sources for the communities by distribution of water transporting containers to reduce number of trips to water sources.
The response is integrated with the life-saving nutrition activities and food security and livelihoods projects being undertaken by ACF and local partners in same target area through WASH activities that will target vulnerable malnourished children and caregivers in the same catchment area. Specifically this WASH intervention ensures a minimum package of WASH for households of malnourished children under 5 and caregivers and will target to increase the basic access to WASH services through improving the ability for populations to treat and store drinking water and increase the hygiene practices through a combined approach of age and gender specific messaging and community mobilization campaigns. The WASH minimum package is a cross sectorial approach to prevent and treat causes of under nutrition and will be executed in both targeted locations.
Across both locations hygiene and sanitation actions will be taken to improve knowledge, behavior and practices through appropriate behavior change approaches and messaging. Mother to mother support groups will be formed and trained to continue the hygiene promotion activities in the villages and ensure sustained good hygiene practices linked with malnutrition status. The intervention in Jonglei will also contribute to increasing community preparedness for cholera outbreaks training of staff and community workers on AWD and cholera response activities. The result is to provide people with both the capacity and knowledge to maintain an adequate level of protection against disease outbreak while improving their overall hygiene practices that will pave the way for a more long term WASH programming in the area. These activities will lead to reducing incidence of water related diseases, reducing morbidity and mortality and reducing malnutrition incidence as diarrhea is a direct cause of malnutrition

Direct beneficiaries :

Men	Women	Boys	Girls	Total
6,402	12,111	3,498	3,789	25,800

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,049	1,137	2,186
Internally Displaced People	1,902	6,111	1,338	1,449	10,800

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

This project will contribute to SO1 of the HRP for South Sudan project by delivering water, sanitation and hygiene (WaSH) services to affected populations and address all 3 of the WASH Cluster Objectives. ACF propose to:
1) provide adequate WASH services for vulnerable persons living in Fangak county as a level 2 location in need of the frontline WASH services, and victims of prolonged displacement from Unity State due to conflict.
2) respond to underlying causes of malnutrition in non-conflict states of Warrap an eligible location aligned with Level 3 priority. Warrap demonstrates severe rates of malnutrition, 29% GAM rates above 15% thresholds and significant needs in WASH services, with evidence of low access to safe water and poor hygiene practices at household level.

SO1 WATER: ACF are increasing sustained access to safe water through rehabilitation to hand pumps in both locations, through participation with water user committees, including training and capacity building on ongoing operation and maintenance (O&M) as well as gender balanced participation to strengthen the role of women within the communities.
ACF proposes scaling up the cluster recommendation for point of use (PoU) treatment methodology for household water treatment (HHWT), according to specific context in both target areas. In Fangak vulnerable households will receive key messaging around PoU treatments, the safe water chain' and recommended filter/boiling practice to remove pathogens from water. Enabling this behaviour change ACF propose support vulnerable households of malnourished (SAM/MAM) children and caregivers and other vulnerable IDP's and host households (single headed households, children under five) with essential materials to facilitate this practice; essentially a kit including water storage containers with taps or collapsible jerry cans, cloth filters and boiling pots as part of a minimum WASH package. In non-conflict states, nutrition caseloads are targeted with NFI distribution of water containers for storage of drinking water at household level as part of WASH minimum package. The storage container will be sourced via the pipeline mechanism. Both distribution modalities are intended as one-off distribution over the project period as these items are durable and long –lasting.
SO2 SANITATION: Sanitation programming is aligned with "out-of –camp" approach. CHV's will Community Led Total Sanitation (CLTS) triggering events to increase awareness of risks from open defecation and allow communities to develop relevant solutions. Given additional vulnerability related to high occurrence of female single-headed households in Fangak County, households will be supported with plastic sheeting and digging kits for construction of latrines distributed through the model mother peer to peer sessions. In Warrap no subsidy is given related to sanitation. The ACF hygiene promotion (HP) strategy ensures community engagement throughout the phases of the project cycle
SO3 HYGIENE: ACF benefit from technical transversal expertise on behavior change methodologies and frameworks. Including formative assessment in key behaviors of IYFC, hand-washing, HHWT and excreta disposal, to develop appropriate messaging. To maintain community participation and enabled behaviour changes, ACF will continue to incentivize community hygiene volunteer (CHVs), team leaders and model mother, with minimum Sphere ratios of 1:500. Training in Participatory Hygiene and Sanitation Transformations (PHAST) techniques to ensure messaging leads to meaningful changes in behaviour not merely knowledge distribution. In Fangak County menstrual hygiene management (MHM) activities to targeted beneficiaries, who require continued support in addressing needs related to MHM.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Lionel LaFont	Country Director	cd.ssd@acf-international.org	0911072918
Eve Mackinnon	WASH coordinator	washco.ssd@acf-international.org	0925733131

BACKGROUND

1. Humanitarian context analysis

There has been no recent influx of IDP's since the conflict occurring in Unity State in May/June 2015. The June 2015 IRNA in Keew indicates that the main cause of the displacement in these areas was armed conflict in Guit, Koch and Leer Counties of Unity State by warring factions, which resulted in fleeing of IDPs (since March 2014) to Keew areas of Pullita Payam and Fangak County in Jonglei State. Juaibor Payam is located in north Fangak County with 5 Bomas: Juaibor, Tangyang, Kuerwal, Palei and Kuemray. It is predominately inhabited by the Luk sub clan of Nuer. The area is controlled by SPLA-IO and is considered relatively safe. The IDPs are hosted mainly by the host communities belonging to the same tribe (Nuer) and assessment reports show that there is good relationship between the host communities and the IDPs and low risk of insecurity due inter-tribal conflict in the current locations. Keew maintains access through a local airstrip for both helicopters and fixed wing aircraft. Juaibor is located 3 hours walk from Keew and also has landing for fixed wing aircraft and helicopters.
There has a health and nutrition response to support to IDP's and associated host populations in Keew and Juaibor, however WASH activities have only been active in Keew since November 2015 and in Juaibor no specific WASH partner has been engaged.
The ACF Multi-Sector Emergency Team has been delivering nutrition, WASH and health activities in Keew since August 2015 along with partners Christian Missions Aid (CMA), who also implement health activities in Juaibor. In Juaibor Medair ERT Nutrition team established OTP/targeted supplementary feeding programme (TSFP) to respond to the emergency nutrition needs of the IDPs and host population for 3 months until end of August 2015 after they made a handover to CMA. There has been no separate WASH response in Juaibor.
In November 2015 ACF started WASH activities under separate CHF funding covering 3 Payam Keew, Toch and Old Funghak. It is expected that WASH activities in Toch and Old Funghak will be handed over to SI whilst Keew, falls outside the scope of SI implementation and thus will continue to be supported by ACF.
According to the most recent IPC the overall nutrition situation in August-September remained Critical with GAM prevalence above the Emergency threshold (GAM >15%) in the conflict affected states and the nutrition situation projected to remain critical GAM 15-29.9% for conflict-affected states post-harvest.

ACF has been present in Warrap State since 2005 responding to both chronic and acute humanitarian needs through an integrated strategy, FSL, and WASH activities to have a meaningful impact on the communities' resilience and prevent childhood morbidity. The major humanitarian concern in Warrap State is severe chronic malnutrition rates. In Twic county ACF has responded to emergency needs of IDP's displaced from Unity State and in Toch county tribal conflict results in displacement occurring on a local and small scale nature

2. Needs assessment

The proposed project activities contribute significantly to all three WASH Cluster Sector strategic objectives.
According to Cluster Objective 1 ACF will ensure improved access to safe and sufficient quantity of water for drinking water and other uses in affected targeted populations. ACF will respond to immediate needs to rehabilitate failing infrastructure to increase sustainable water supply. In Warrap (16%) of households meet minimum Sphere standards for water access. Poor water quality in Warrap is a contributing factor to chronic under nutrition in <5, for example lack of safe water storage at household level (40%), and determined by issues including low socio-economic status of households and behavioral determinants, and constraints in technical solutions such as limited filter options or disinfection products available on the private market. The proposed strategic WASH intervention will link to nutrition caseloads, targeting vulnerable households of malnourished children with a minimum package of WASH services aimed at reducing severe malnutrition.
Improved water sources are rare in Fangak county, only 4 hand pump exist in the target area and the majority of the population fetch water directly from open water sources. Recent ACF water quality baseline assessments in Fangak (sampled households - 52) indicated of 60% >1000FC/100ml and 32% >100FC/100ml. Given the link between poor water quality and water related morbidities and mortalities, and its role in exacerbating malnutrition in vulnerable groups, ACF proposes a PoU water quality intervention, using appropriate and context specific approaches in both locations.
ACF will respond to affected populations to enable safe excreta disposal with dignity related to Cluster Objective 2. ACF conducted a gender analysis through single sex FGD's, to understand specific needs in terms of access to sanitation. In Jonglei sanitation practice is almost 100% open defecation in target communities and conducted in the swamp. Barrier analysis indicated following reasons favoring open defecation being strong cultural norms and lack of perceived health risks especially among male respondents. Certain environmental factors make latrine construction challenging and a lack of self-efficacy. Whilst women acknowledged risks to health, there were concerns to relate to protection issues. Considering these barriers there is urgent need for hygiene promotion and participatory sanitation awareness sessions amongst male and female beneficiaries and enabling knowledge such a technical support in construction of appropriate household latrines, which support privacy and offer protection including targeted support of materials to vulnerable households. The role of sanitation practice, including correct disposal of children faeces, in transmission of communicable WASH diseases and hence malnutrition in vulnerable households makes improved sanitation an urgent need in both locations.
Specific objective 3 concerns prevention and mitigation of WASH related diseases through improved knowledge and practices in affected populations. ACF will use communication for behaviour change techniques to address certain behavioral determinants for hygiene and sanitation practices, including knowledge and attitudes, as well as environmental and contextual factors that renders both IDP and host population extremely vulnerable to WASH related morbidities and health issues, which included lack of water storage containers and lack of soap.

3. Description Of Beneficiaries

In Gogrial State (formally Warrap) State ACF will be targeting host communities without IDP's in what was formally Gogrial West Payam. The activities will target a total of 15,000 beneficiaries, however targeted programming will be responding to households of malnourished children and caregivers from nutrition caseloads. The beneficiaries are rural communities and are agro-pastoralists. They are predominantly of Dinka Ethnic Origin.
The most recent assessment data from Keew ACF (Dec 2015) indicates 21,893 IDP's and host community members (23%<5, 55% <18 and 55% F and 45% male). It is estimated that over 70% of them are female (women and girls) and the remaining are male (mostly boys of under 18 years and few elderly men). The IDPs are living integrated in the host communities belonging to the same Nuer tribe. The IDP's fled from Unity state after conflict in 2014 and in May 2015. They fled from Unity with no possessions and have very low coping capacity strategies in terms of ability to respond to new shocks or stresses. There is little opportunity for livelihood opportunities, and IDP's gain income from selling food rations on local market. The access to food on the market is very low, even if the community had access to income generating activities.
Jaipur is located 3 hours from Keew by foot. In May 2015, IDPs from Guit and Leer in Unity state fled to Juaibor Payam after fighting broke out in their areas. As a result, parts of the Juaibor are predominately occupied by IDPs. Juaibor is located in the north western part of Fangak County; on a higher ground in the middle of a swampy area. It borders Barboi payam to the North, Pullita payam to the south, Paguir payam to the east and Keew payam to the SW.
IDPs are generally integrated into the host community no specific locations for the IDPs. Communities are mainly agro-pastoralists (cattle rearing and sorghum farming). It is predominately inhabited by the Luk sub clan of Nuer. The area is controlled by SPLA-IO and is considered relatively safe. A rapid response team in June 2015 estimated the population in Juaibor (not formally registered) as 11,646 people: with 3,005 children under five, representing 2,010 households.

4. Grant Request Justification

The following points detail the rationale that justifies why ACF should be funded to undertake emergency WASH programming in Fangak and Gogrial County.
1. ACF remain strategically well positioned and established in both locations, with existing nutrition and WASH programs in Keew and close collaboration with local nutrition partners in Juaibor. There remains a good level of humanitarian access to this area and ACF will be able to start activities immediately as agreements with local authorities and coordination with implementing partners has already been established.
2. ACF is a leader in the WASH sector in South Sudan, with a high level of participation and coordination in the WASH Cluster as well as continued coordination between with other sectors. In both locations CHF funding will add value to nutrition programming, by ensuring key WASH actions support our nutrition projects in Warrap and through local partners in Jonglei. This is particularly relevant in Warrap given high rates of malnutrition and link to WASH cluster allocation strategy.
3. ACF are also Co-coordinators of Nutrition cluster at State level and have capacity and expertise to deliver integrated multi-sectorial WASH activities to address underlying causes of under-nutrition. Proposed ACF WASH programming greatly increases the effectiveness of Nutrition programming by reducing causal factors that are drivers of malnutrition. Diarrhea, as the principal symptom of water related disease, inhibits nutrient absorption as any food that is ingested passes out of the body so rapidly. This is compounded by water related disease usually reducing appetite at a time when due to the infection, metabolic requirements are actually greater than normal and consequently the body requires more rather than less sustenance. Furthermore there is a vicious cycle relationship between malnutrition and water related disease. As much as water related disease can lead to malnutrition (as described previously), malnutrition can impair the immune functions which in turn make someone who is malnourished more susceptible to water related diseases. Consequently the link between WaSH and malnutrition is very significant, and the lifesaving work that is already done by ACF's treatment of malnutrition in Warrap and Jonglei (through partners) states will be significantly complemented by this proposed WaSH action. Life-saving will also come from the emergency response component that will meet the critical WaSH needs in Jonglei caused by displacement due to the fighting in the neighboring states.
4. The overall outcomes, outputs and activities of the proposed project are closely in-line with the WASH Cluster strategy outlined in the 2015 Humanitarian Response Plan (mid-year review) and the CHF-SA1 strategy paper. The activities respond to two priority needs intended to be addressed through CHF funding. Firstly ACF focus on maintaining adequate WASH service delivery in areas of high and prolonged displacement, where populations are dependent on humanitarian assistance. Secondly, responding to high malnutrition rates in non-conflict states by addressing underlying causes and by implementing that a minimum WASH package targeted at household of malnourished children.
5. To date there has been no significant WASH interventions Juaibor Payam, whilst needs are high and access to IDP and host population is sufficient to deliver a response.
6. The WASH intervention in Warrap addresses high WASH vulnerabilities that contribute to some of the highest level of undernutrition in the country (GAM-24.2%, SAM-5.0%) according to the latest IPC report. A post-harvest Nutrition SMART survey conducted by ACF in November 2015 observed 29.1% GAM and SAM 4.0% rates and are the highest observed since 2008.
7. ACF has a significant capacity and experience with cholera preparedness and response. ACF ensures that a capable WASH partner is present in this high risk area.

5. Complementarity

In Warrap major needs in terms of water supply infrastructure exist highlighted through the baseline KAP survey. Only 9% of households use up to 120 l/day, the remaining 91% use less than 120/l/day. Considering the average household size of eight people and Sphere guidelines of 15 l /pp /day over 90% of the respondents do not have access to recommended daily water volumes per day. Moreover, low level of knowledge of barriers for disease transmission; 42% of respondents think that nothing can be done to prevent diarrhea. This finding highlights continued need to change knowledge, attitudes and practices to prevent diarrhea at household level and behavior change frameworks to contribute to deliver more effective hygiene and sanitation implementation. The current WASH project is working to address these issues through rehabilitation to water supply infrastructures and promotion of PHAST and CLTS approaches to mobilize improved hygiene behaviour in communities through a participatory approach. The proposed activities address needs such as distribution of NFI to enable safe water storage at household level. ACF are State WASH cluster Focal Point and continued coordination of WASH partners in Warrap State is part of the proposed activities.

In November 2015 ACF started WASH activities under CHF funding covering 3 Payam Keew, Toch and Old Funghak. It is expected that WASH activities in Toch and Old Funghak will be handed over to SI whilst Keew, falls outside the scope of SI implementation and thus WASH needs will continue to be supported by ACF, as outlined in this proposal. The proposed activities in Keew and Jaibour complement the current activities by extending length of intervention will allow follow up of behaviour change programming, such as community led sanitation approaches and further training to CHVs in behaviour change methodologies, retaining the investment and progress already made. Furthermore, we shall continue to support needs of vulnerable women and young girls in menstrual hygiene management. Currently we are piloting the use of 'Afripads', based on results of FGD's. The proposed activities will re-integrate the results and evaluation from the current programming and design, using the insights derived from communication and feedback with the communities in Keew to conduct a high quality intervention in Jaibour; similar in context and needs.

The proposed ACF interventions are targeted in communities with high levels of malnutrition and associated high vulnerabilities to WASH diseases contributing to poor nutritional status. Significant malnutrition caseloads presenting in Keew and Juaibor – in Keew 355 SAM and MAM children, resulting from screening of 1700 children. Rates of SAM and MAM in Fangak county are projected to remain high into 2016 according to most recent September IPC; projected caseload in Keew and Juaibor is 1800 SAM/MAM cases under the proposed project period. As known that diarrhea aggravates malnutrition provision of safe water and sanitation contributes significantly to improved health outcomes. Based on this perspective ACF intends to embed the WASH response which complements the nutrition programming implemented directly by ACF or through nutrition partners. WASH Interventions and monitoring of a 'minimum package' at household level includes access to safe water in terms of quality, and acceptable quantity, distance and storage of water. Households will also be enabled with handwashing knowledge, including use of soap or ash and critical times. Lastly, access to sanitation and practice safe disposal of children feces will be managed. These interventions for malnourished children provide an opportunity to target and assist the most vulnerable families proactively. Compliance of households to minimum package will be monitored through follow up households' surveys and also included in endline and baseline surveys.

LOGICAL FRAMEWORK

Overall project objective

The objectives is to improve access to safe water in terms of quality and quantity available, improve access to safe sanitation options and hygiene practices through supporting enabling environment and integrated participatory approaches which seek to increase the impact of the intervention on the overall the health status and reduce vulnerabilities of the beneficiaries to WASH related diseases. The project seeks to target the most vulnerable beneficiaries in catchment location who are most vulnerable to WASH related diseases or protection and gender related health and hygiene issues. The overall project objective is to provide quality WASH programming to respond to urgent humanitarian needs.

WATER, SANITATION AND HYGIENE		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
CO1: Affected populations have timely access to safe and sufficient quantity of water for drinking, domestic use and hygiene (SPHERE)	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	35
CO2: Affected populations are enabled to practice safe excreta disposal with dignity in a secure environment	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	30
CO3: Affected populations have knowledge and appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	35

Contribution to Cluster/Sector Objectives : ACF will contribute to timely provision and access to safe water, improve access to sanitation and improved hygiene including respond to remaining needs of vulnerable women and young girls in both target locations.
The WASH intervention in Warrap addresses high WASH vulnerabilities that directly contribute to some of the highest level of undernutrition in the country (GAM-24.2%, SAM-5.0%) according to the latest IPC report. A recent post-harvest Nutrition SMART survey conducted by ACF in November 2015 observed 29.1% GAM and SAM 4.0% rates and are the highest observed since 2008 when ACF began to monitor trends of malnutrition in this area. ACF's proposed response responds to immediate needs to rehabilitate failing infrastructure to increase sustainable water supply. In Warrap (16%) of households meet minimum Sphere standards for water access which leads to problems with hygiene. Poor water quality in Warrap is considered to be a contributing factor to chronic under nutrition in <5, demonstrated by a lack of safe water storage at household level (40%), determined by contextual issues including low socio-economic status of households and behavioral determinants such as lack of knowledge on causes and prevention on diarrhea, and constraints in technical solutions such as limited filter options or chemical disinfection products available on the private market. The proposed strategic WASH intervention will link to nutrition caseloads, thereby targeting vulnerable households of malnourished children with a minimum package of WASH, reducing severe malnutrition.
In Jonglei high mortality and morbidity related to the poor access to WASH and high risks of disease outbreaks given the presence of endemic cholera exist. Also significant malnutrition caseloads presenting in Keew and Juaibor - CMA/ACF have treated 355 SAM and MAM children, resulting from screening of 1700 children. Rates of SAM and MAM in Fangak county are projected to remain high into 2016 according to most recent September IPC; projected caseload in Keew and Juaibor is 1800 SAM/MAM cases under the proposed project period. Improved water sources are rare in Fangak county, only 4 hand pump exist in the target area, the majority of the population fetch water directly from open water sources. Recent ACF water quality baseline assessments (sampled households - 52) indicated of 60% >1000FC/100ml and 32% >100FC/100ml. The response to the needs for potable water will scale up PoU household water treatment among vulnerable communities in both host and IDP populations. Moreover the population lacks containers for transport and separate storage at household level. Under the present project collapsible jerry cans are distributed to the most vulnerable households (identified through nutrition screening, IDP status and other WASH vulnerabilities) however scope is limited under current project proposal, necessitating ongoing funding to maintain access to potable water to most vulnerable in Keew and Juaibor.
Furthermore, seasonality influences level of risk as dry season prolong, open water sources become heavily contaminated, and the risk of acute watery diarrhea and associated WASH morbidities increases. There is a lack of awareness in the communities regarding risk of communicable diseases which this proposal seeks to address.

Outcome 1

Targeted population have improved access to safe water and enabled to improve water quality at household level through promotion a point of use household water treatment and the safe water chain

Output 1.1

Description

A total of 1800 (1200 Keew and 600 Jibor) vulnerable households including malnourished children and caregivers have improved access to safe potable water and are enabled to carry out improved water related care practices at household level

Assumptions & Risks

Cooperation with Nutrition partners for active case finding
Access to population remains the same and security is OK
Population accept our hygiene promotion messages
Core pipeline can supply items as required – filter cloths, plastic bucket with taps and collapsible jerry cans

Activities

Activity 1.1.1

Distribution of 1800 boiling pots and filter cloth, collapsible jerry can and water storage containers (bucket with taps) for caregivers of malnourished children for safe water storage at household level

Activity 1.1.2

Conduct mass hygiene promotion campaigns for treatment of water through boiling and filtering

Activity 1.1.3

Conduct Post Distribution Monitoring for distribution of NFI items

Activity 1.1.4

Water Quality monitoring at HH level sampling baseline and endline

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people enabled to practice safe water at the household level.	1,902	6,112	1,337	1,449	10,800

Means of Verification : Activity Progress Reports (APR), Monthly Reports, PDM, Beneficiary data, Distribution reports,Water Quality Monitoring Database Analysis

Output 1.2

Description

Rehabilitation of 33 existing water points

Assumptions & Risks

Boreholes are require rehabilitation at time of intervention
Access to population remains the same and security is OK
Community accept to participate in rehabilitation works and be trained in community O & M
Core pipeline can supply items as required

Activities

Activity 1.2.1

Training to water user committees (WUC's) on operation and maintenance including minimum female participation

Activity 1.2.2

Repair works to existing boreholes/water points (3 in Keew/Juaibor and 30 in Warrap)

Activity 1.2.3

Distribution of tool kits to WUC's through pump mechanic associations (PMA's) (10 in Warrap)

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	Frontline # of water points/boreholes rehabilitated					33
Means of Verification : Completion reports, MoU with community, local partners							
Indicator 1.2.2	WATER, SANITATION AND HYGIENE	Frontline # Number of emergency affected people with access to improved water sources	4,815	6,735	2,376	2,574	16,500
Means of Verification : APR, Monthly Reports, Beneficary data, work completion reports, HH survey, WQ monitoring							

Outcome 2

Vulnerable IDP and host communities and beneficiaries have improved capacity to practice and carry out safe sanitation and hygiene behaviors

Output 2.1

Description

Conduct training of 4 HP , 22 CHV and 43 Model Mothers in appropriate PHAST techniques and WASH hygiene messaging to be delivered in Keew and Jibor

Assumptions & Risks

Rainy Season does not impede access and activities
Community accept incentives to continue work
No further displacement from area

Activities

Activity 2.1.1

Training of HP in PHAST techniques for WASH related hygiene promotion and WASH hygiene messaging

Activity 2.1.2

Training of CHV in PHAST techniques for WASH related hygiene promotion and WASH hygiene messaging

Activity 2.1.3

Training of Model Mothers in PHAST techniques and in key hygiene messages for caregivers of malnourished infants

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Frontline # of community based hygiene promoters trained	13	56			69

Means of Verification : APR, Training Reports, Certificates and Monthly Reports, CHV weekly Reports

Output 2.2

Description

90 community level PHAST sessions leading to improved sanitation and hygiene practices demonstrated by improved knowledge, attitudes and behavior change at household and community level

Assumptions & Risks

Rainy Season does not impede access and activities
Community accept incentives to continue work
No further displacement from area

Activities

Activity 2.2.1

90 Community mobilization sessions using PHAST approach

Activity 2.2.2

Distribution of latrine digging kits and plastic sheeting to vulnerable households (Model Mothers/CHV's)

Activity 2.2.3

Mini KAP Baseline and Endline Conducted on WASH minimum package at household level

Activity 2.2.4

Household sessions delivered by CHV's to caregivers of malnourished children <5

Activity 2.2.5

Model Mothers hold weekly peer-peer sessions incentivized through soap delivery on hand-washing at key times

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.2.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people equipped to practice good hygiene behaviors through participatory hygiene promotion	1,902	6,112	1,337	1,449	10,800
Means of Verification : APR, Monthly Reports, Community Action Plans (CAP's), PHAST reports, FGD and HH survey, KAP baseline and endline							
Indicator 2.2.2	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people enabled to safely dispose of excreta in an emergency setting	1,362	1,476	584	633	4,055
Means of Verification : APR, Monthly Reports, Observation, ODF status, distribution reports, KAP survey, HH survey							

Output 2.3

Description

1000 vulnerable young women are able to practice improved menstrual hygiene management with dignity and reducing vulnerabilities to health and protection related issues with key items distributed through model mother groups in Keew and Jibor

Assumptions & Risks

Rainy Season does not impede access and activities
Community accept modality of intervention
No further displacement from area

Activities

Activity 2.3.1

Distribution of 1000 MHM kits with targeted messaging

Activity 2.3.2

Conduct one post distribution monitoring

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.3.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected women & girls enabled to practice safe, dignified menstrual hygiene management.	0	1,000	0	0	1,000
Means of Verification :							
Indicator 2.3.2	WATER, SANITATION AND HYGIENE	Core Pipeline # of MHM kits distributed					1,000
Means of Verification : Distribution reports, PDM reports							

Outcome 3

Affected communities and at risk groups in Warrap are ensured safe, equitable and sustainable access to water for drinking and domestic chores (15l/pp/day) (0 faecal coliforms/ml) and malnourished mothers/carers and children enabled with improved hygiene and sanitation knowledge and behaviors leading to reduction in diarrhea in target households.

Output 3.1

Description

2000 households of malnourished mothers and children enabled to practice safe water chain and improve their management of safe drinking water.

Assumptions & Risks

Nutrition caseload remains relevant
Access and acceptance remains in the community
Local supply chains and markets are functional
Security remains stable

Activities

Activity 3.1.1

Distribution of 2000 water storage container (bucket and lid) to care-givers of malnourished children

Activity 3.1.2

Targeted household hygiene promotion on safe water chain and safe storage of drinking water

Activity 3.1.3

Water Quality Analysis baseline and endline monitoring

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people enabled to practice safe water at the household level.	3,600	4,800	1,728	1,872	12,000

Means of Verification : HH survey, PDM

Output 3.2

Description

15,000 beneficiaries receiving appropriate hygiene promotion messaging and participating in participatory sessions

Assumptions & Risks

Population and nutrition caseloads remains relevant
Access and acceptance remains in the community
Local supply chains and markets are functional
Security remains stable

Activities

Activity 3.2.1

Training for 30 CHV and 30 model mothers

Activity 3.2.2

2 Mass sensitization events held for celebration of World Toilet Day and Global Handwashing Day and household hygiene promotion sessions on key messages

Activity 3.2.3

600 HP sessions will be performed by WASH community volunteers integrated with Community Nutrition Volunteers' and mothers to mothers groups

Activity 3.2.4

30 CLTS triggering events held to initiate latrine construction

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 3.2.1	WATER, SANITATION AND HYGIENE	Frontline # of community based hygiene promoters trained	15	45			60
Means of Verification : Training Reports, APR, Monthly Reports							
Indicator 3.2.2	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people equipped to practice good hygiene behaviors through participatory hygiene promotion	4,500	6,000	2,160	2,340	15,000
Means of Verification : APR, Monthly Reports, CHV Weekly Reports, FGD's, KAP survey							

Additional Targets : Jonglei
70% of Households with water quality of 0 faecal coliforms / 100ml
70% of beneficiaries demonstrate safe water storage and handling at household level
30% of Vulnerable people using a toilet for defecation (household or shared) aiming for accessibility to vulnerable young women, elderly and disabled;
60% of beneficiaries with knowledge of 3 to 5 key times for hand-washing
1800 women receiving soap during Model Mother Peer Groups
Warrap:
HH survey (KAP survey)
70% of Households with water quality of 0 faecal coliforms / 100ml
70% of beneficiaries demonstrate safe water storage and handling at household level
60% of beneficiaries with knowledge of 3 to 5 key times for hand-washing
40% of beneficiaries with access to a clearly identified hand washing location with water and soap/ash is available at household level
30% of Vulnerable people reporting use of a toilet for defecation (household or shared)

M & R

Monitoring & Reporting plan

Indicators such as beneficiaries reached will be used to guide progress in activities and will therefore act a process and output indicators. Progress toward the target value will allow program managers to prioritize works or not. The tracking of quantitative data will be gathered from primary paper records at field level, for example weekly distribution sheets or weekly hygiene promotion attendance records. These records are simple to manage at field level and provide accurate and instant information that can updates progress toward overall targets. The indicator may also be used to guide procurement planning or human resource needs.

In general tracking of activities will be recorded on a weekly basis by supervisors and activity managers at field level. The program manager will submit this information monthly and update an activity progress reporting format along with narrative detail on project performance. This will be conducted on a monthly basis. The project manager will be responsible for collecting the necessary information from various team members, including specifically field supervisors or directly from the hygiene supervisors. The program manager may engage with logistics to track details regarding number of items distributed for example.

Data collected should be utilized by all members of the program team, most importantly by the project manager and decision makers involved in work planning and activity planning.

Specific tools such as water quality monitoring using del agua kits will be used twice during project cycle, as a baseline and endline for assessing impact on water quality at household level. Also the water quality tool will be used case by case to ensure acceptable water quality after a particular activity at the water source. Post distribution monitoring will be conducted as one-off assessment after monitoring.

Other tools such as gender analysis, using focus groups discussions and key interviews will be used to collect qualitative data and discursive information which will guide the project manager and technical coordinators regarding integrative and holistic areas of the program intervention. This will be ongoing monitoring throughout the project cycle to gauge ACF's contribution and efficacy to gender mainstreaming in WASH activities.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Distribution of 1800 boiling pots and filter cloth, collapsible jerry can and water storage containers (bucket with taps) for caregivers of malnourished children for safe water storage at household level	2016					X	X	X					
Activity 1.1.2: Conduct mass hygiene promotion campaigns for treatment of water through boiling and filtering	2016					X	X	X					
Activity 1.1.3: Conduct Post Distribution Monitoring for distribution of NFI items	2016								X				
Activity 1.1.4: Water Quality monitoring at HH level sampling baseline and endline	2016				X				X				
Activity 1.2.1: Training to water user committees (WUC's) on operation and maintenance including minimum female participation	2016				X	X							
Activity 1.2.2: Repair works to existing boreholes/water points (3 in Keew/Juaibor and 30 in Warrap)	2016				X	X	X						
Activity 1.2.3: Distribution of tool kits to WUC's through pump mechanic associations (PMA's) (10 in Warrap)	2016					X	X		X				

Activity 2.1.1: Training of HP in PHAST techniques for WASH related hygiene promotion and WASH hygiene messaging	2016				X								
Activity 2.1.2: Training of CHV in PHAST techniques for WASH related hygiene promotion and WASH hygiene messaging	2016				X								
Activity 2.1.3: Training of Model Mothers in PHAST techniques and in key hygiene messages for caregivers of malnourished infants	2016				X								
Activity 2.2.1: 90 Community mobilization sessions using PHAST approach	2016					X	X	X	X	X			
Activity 2.2.2: Distribution of latrine digging kits and plastic sheeting to vulnerable households (Model Mothers/CHV's)	2016					X	X	X	X				
Activity 2.2.3: Mini KAP Baseline and Endline Conducted on WASH minimum package at household level	2016				X					X			
Activity 2.2.4: Household sessions delivered by CHV's to caregivers of malnourished children <5	2016					X	X	X	X	X			
Activity 2.2.5: Model Mothers hold weekly peer-peer sessions incentivized through soap delivery on hand-washing at key times	2016					X	X	X	X	X			
Activity 2.3.1: Distribution of 1000 MHM kits with targeted messaging	2016					X		X	X	X			
Activity 2.3.2: Conduct one post distribution monitoring	2016									X			
Activity 3.1.1: Distribution of 2000 water storage container (bucket and lid) to care-givers of malnourished children	2016					X	X	X	X	X			
Activity 3.1.2: Targeted household hygiene promotion on safe water chain and safe storage of drinking water	2016					X	X	X	X	X			
Activity 3.1.3: Water Quality Analysis baseline and endline monitoring	2016				X								
Activity 3.2.1: Training for 30 CHV and 30 model mothers	2016				X								
Activity 3.2.2: 2 Mass sensitization events held for celebration of World Toilet Day and Global Handwashing Day and household hygiene promotion sessions on key messages	2016				X		X						
Activity 3.2.3: 600 HP sessions will be performed by WASH community volunteers integrated with Community Nutrition Volunteers' and mothers to mothers groups	2016					X	X	X	X	X			
Activity 3.2.4: 30 CLTS triggering events held to initiate latrine construction	2016					X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

lobally, ACF follow the 2010, Humanitarian Accountability Partnership (HAP) guidelines for accountability to affected populations. In practice this focuses on 5 key commitments for how ACF works with affected populations.

1. Transparency: Provide accessible and timely information to affected populations on organizational procedures,structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organisation and its affected populations over information provision.
2. Feedback and complaints: Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction.
3. Participation: Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence.
4. Design, monitoring and evaluation: Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organisation on an ongoing basis and reporting on the results of the process.
5. Leadership/Governance: Demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.

We also understand that working to implement these commitments can be particularly challenging when humanitarian access is limited or absent For example, communication and information flow can be intermittent and difficulties can emerge in ensuring participation or representation; basic elements of an accountable response. Therefor we will work closely with other partners in the affected areas to ensure that a harmonize approach to the key aspects of HAP guidelines can be adapted.

Implementation Plan

ACF shall target distributions of NFI's at households of malnourished children targeting nutrition caseloads. The WASH team will collaborate with nutrition case works to identify target beneficiaries from line lists of patients and will conduct targeted distributions. CHV will follow up with house to house visits and hygiene messaging to ensure the items are used correctly.

To evaluate the impact of PoU approach, ACF will continue regular and systematic bacteriological water quality monitoring at household level and will also form part of the community mobilization to demonstrate actual faecal contamination.

PHAST sessions will be held in community groups of around 20 households from a community together. The meeting will be facilitated by Hygiene Promoters, and/or Team leaders together with the CHV trained in PHAST techniques. The sessions will be held to allow the community analyse their own community needs and risks in terms of water, sanitation and hygiene practices. The ACF team will encourage discussion through activities such as transect walks, observation and use of pocket charts, and IEC materials such as 3-pile sorting.
The community hygiene volunteers and team leaders will work with ACF for two days to five per week respectively and will receive a nominal monetary reward in line with payments of local nutrition partners. In line with current nutrition and WASH programming, model mothers receive in kind incentives of sugar, soap or similar items.

ACF shall use the Model Mothers methodology for hygiene promotion. The Mothers Model is a tool used to implement health and nutrition promotion and education at community level, where communities own the implementation model. It is relying on the desire of the community itself to improve health, nutrition and general wellbeing of its members. This promotes long term sustainability even after the NGOs exit, as well as ensuring the messages and communication techniques are as culturally appropriate as possible, and so hopefully most accessible and effective in bringing about behaviour changes, as they are developed and delivered by members of the community.

The Mothers Model provides a high population coverage system, ideally resulting in 100% household coverage at a ratio of around 1 volunteer to 15 households. This leads to excellent access to the communities and tailored communication and re-enforcement of information and support, but also has the potential for information gathering in a census-style population survey. Every 10 – 15 volunteers will be supervised by ACF staff, ensuring quality and commitment to implement this Mothers Model. The Mothers Group model enables the community volunteers to mobilize mothers to take their children for immunization services, to deliver in the MCH, to take in IYCF messages and most importantly for the communities to access public health promotion messages.

All trainings (Pump Mechanic, Water user associations, Nutrition, etc.) shall be participatory, interactive and learner-centered and shall incorporate suitable participatory methods such as group discussions, plenary sessions, case studies and innovative examples

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Christian Medical Association	Nutrition and health activities

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

The displaced population is represented by 60% female whilst the male proportion represent 40% (mostly boys of under 18 years and few elderly men) in Juaibor. ACF have conducted under current CHF funding specific FGD's with both male and female beneficiaries to determine influence of gender on knowledge, attitudes and practices. ACF will build upon this gender analysis to ensure informed responses relevant to needs. There is data indicating an overall low level of protection that is afforded to displaced households, many of who are residing within the host community, living without sufficient space or shelter to provide adequate safety for women and girls during regular WASH related activities. These increased protection related risks includes women and girls often walking long distances to collect water and going into the exposed bush to defecate. This was also expressed during specific FGD with women, who mentioned that household level sanitation was of higher importance to women than men. This emphasizes the critical gender and age specific programming that is needed in order to ensure that the specific needs of women and girls are adequately addressed. ACF's programming will have a strong gender focus that will contribute to improving access to WASH service provision to women and girls by implementing specifically targeted activities that will address the ongoing challenges related for these groups for both IDP and host populations. ACF will also target male beneficiaries in PHAST sessions in communities to change perceptions of risks in particular regarding open defecation to influence the level perceived risk influenced by gender.
Community mobilization will focus on household's practices in which primarily women and girls are engaged with, especially the safe treatment and storage of water for drinking. ACF will ensure an appropriate gender balance during the selection of community hygiene promoters (CHPs) and conduct gender specific and age specific group sessions activities that can focus on the different needs of both men and women. Building on the success of similar ACF programs in South Sudan, ACF will form mother to mother groups to utilize the influence of peer to peer behavior change and ensure that women and girls have an open environment in which they can express their challenges related to WASH and learn coping mechanisms and positive behaviors from key women role models in the community. This will include increasing enabling factors for sanitation practices for 'model mothers' through targeted distribution of latrine kits. Furthermore, ACF shall ensure participation of women in the design of programming, especially related to distribution of appropriate menstrual hygiene materials to vulnerable females to improve health and wellbeing. Under current program activities AFRI-PADS are to be piloted and use of targeted education and sensitization is designed to ensure do no harm when sensitive hygiene items are being distributed to vulnerable people. Where relevant, including women in decision making in the management of the water facilities and the village hygiene committees is also one of the key things that ACF shall undertake. As ACF own internal requirements, reporting will be gender - disaggregated. ACF intends to use the South Sudan WASH and GBV matrix as a checklist of the design of her WASH Program. Gender and needs analysis will undertake systematically throughout the project implementation.

Protection Mainstreaming

ACF will ensure the follow minimum package for protection mainstreaming in WASH is implemented in accordance with global and national standards for protection. This includes the following actions.
1. Identify local authorities responsible for WASH programmers and strengthen and support their role where possible
2. Assess whether inequitable access to water and / or sanitation facilities is causing tension or conflict
3. Make sure that the beneficiaries are aware of their rights to equitable and safe water
4. Monitor whether any individuals or groups control WASH facilities and/or discriminate against certain individuals or groups gaining access to facilities or hygiene promotion programmers
5. Include representatives of different groups in participatory processes and committees
6. Support provision of WASH facilities for all infrastructure, including learning or meeting sites and health centers
Country

Country Specific Information

Safety and Security

The target areas of the project remain relatively stable and free from recent conflict in the past 6 months. This area is controlled by the SPLA-IO and is mostly inaccessible by road, making this an ideal area for IDPs to seek safety. ACF works closely with the local authorities to ensure that up to date information is gathered about the situation in Fangak county and as well participates in the weekly humanitarian coordination meetings held in Old Fangak Town. ACF will routinely assess the overall security situation, including recent troop activity in Pibor county. In the target areas security assessment will be systematic including minimum standard operating procedures being followed to ensure that safety of the field staff and workers can be ensured and that unnecessary risks are not taken.

Access

The 2 targeted areas outlined in the proposal currently have good access for humanitarian aid. Keew and Juaibor have regular UNHAS flight access and can be accessed with fixed wing light aircraft for charter flight deliveries. It is a 10 minute flight between Keew and Jaibour or three hours walking and approximately 15km. Both sites have VSAT and solar electrical systems with battery back up so communications and internet access are reliable.
ACF currently has operation based in Keew, operating from the base of CMA which is the nutrition and health partner in the area. A similar arrangement will be formalized for ACF to work with CMA in Juaibor base who have been operating in the target locations for over 10 years. Warrap has good access by road for project implementation in specific sites.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Country Director	S	1	10,474.00	6	700.00%	4,399.08
	Provides overall supervision, coordination and guidance to program activities.						
1.2	Finance Coordinator	S	1	7,994.00	6	700.00%	3,357.48
	Essential budget support for project implementation						
1.3	Logisitic Coordinator	S	1	8,097.00	6	700.00%	3,400.74
	Essential logistic support for project implementation						
1.4	HR Coordinator	S	1	7,333.00	6	700.00%	3,079.86
	Essential human resource coordination and expertise on staffing issues related to project implementation						
1.5	Supply Chain Manager	S	1	6,640.00	6	700.00%	2,788.80
	Essential support for supply chain management involved with project implementation						
1.6	WASH coordinator	S	1	7,875.00	6	1000.00%	4,725.00
	Technical support and guidance to WASH intervention						
1.7	WASH Program Manager (Expat Position)	D	2	5,891.00	6	10000.00%	70,692.00
	-1 Expat position in Jonglei funded under CHF, 1 PM position in Warrap funded under CHF, expat level but currently filled by national person						
1.8	WASH Deputy Program Manager (national position)	D	1	2,015.00	6	10000.00%	12,090.00
	Position for Jonglei state to support PM in covering project activities in two distinct bases						
1.9	Field Logisitic Assistant (National)	D	1	1,750.00	6	10000.00%	10,500.00
	Position for Jonglei state						
1.10	Field WASH Supervisors (National)	D	2	630.00	6	10000.00%	7,560.00

	2 x Jonglei						
1.11	Field WASH Supervisors (National) Warrap	D	1	1,122.00	6	10000.00%	6,732.00
	2 x Warrap						
1.12	Wash technicians Warrap	D	2	733.00	6	10000.00%	8,796.00
1.13	Hygiene Promoters Warrap full time team	D	4	594.00	6	10000.00%	14,256.00
1.14	Deputy Country Director	S	1	9,000.00	6	700.00%	3,780.00
	Technical support to coordination and essential donor and partner liaison role						
1.15	Security Manager	S	1	7,800.00	6	700.00%	3,276.00
	Security management for all issues related to staff and operations in country						
	Section Total						**159,432.96**
Supplies, Commodities, Materials							
2.1	NFI - boiling pots - Jonglei procurement of 4mm boiling pots	D	1800	12.00	1	10000.00%	21,600.00
	HHWT strategy for IDP population Jonglei						
2.2	Borehole Rehabilitation Materials - Pipeline Activities	D	33	0.00	0	10000.00%	0.00
	(Both Warrap and Jonglei Borehole Rehabilitation funded by core pipeline stock)						
2.3	IEC materials for CHV, HP and Model Mothers PHAST sessions -Design, printing and distribution of materials for IEC	D	1	6,500.00	1	10000.00%	6,500.00
	Jonglei						
2.4	Materials and Costs for CHV, HP and Model Mothers for PHAST Sessions	D	1	1,000.00	3	10000.00%	3,000.00
	Jonglei (tea, coffee, sugar, transport, fees, printing)						
2.5	CHV Incentives	D	22	2.50	52	10000.00%	2,860.00
	Jonglei: Each CHV receiving $2.5 per day as incentives, and expected to be active for 2 days a week						
2.6	Model Mother Incentives -	D	43	2.50	30	10000.00%	3,225.00
	Model mothers are incentivised with sugar bought on local market, preferred over cash distribution and following nutrition programming *Jonglei*						
2.7	HP Incentives	D	4	5.00	56	10000.00%	1,120.00
	Jonglei- Team leaders of the CHV's are incentivised with money and expected to be active 5 days per week						
2.8	Water User Committee Training -	D	33	100.00	2	10000.00%	6,600.00
	Warrap (30) trainings and Jonglei (3) training funded 100%						
2.9	CHV Incentives	D	30	20.00	6	10000.00%	3,600.00
	Warrap						
2.10	Model Mothers incentives	D	600	3.00	1	10000.00%	1,800.00
	Warrap - funding for incentive's for women to participate as they cannot do income generating activities whilst they attend sessions. In groups we shall distribute some items during monthly sessions held in peer groups. Sugar will be used or items such as soap or sanitary products to support women on a specific basis.						
2.11	IEC for CLTS activities, behaviour change and mass sensitisation events	D	120	15.00	6	10000.00%	10,800.00
	Warrap *To distribute and design specific IEC for CHV's to use for hygiene promotion messaging. Printing, design costs as well as radio, tv production, posters, banners and mass events*						

2.12	Capacity Building ACF Staff	D	3	400.00	1	10000.00 %	1,200.00
	To enable key ACF staff to attend relevant training and workshops						
	Section Total						**62,305.00**
Equipment							
3.1	Tents (canvas)	D	2	2,000.00	1	10000.00 %	4,000.00
	To allow stock storage in field locations in Jonglei						
	Section Total						**4,000.00**
Travel							
5.1	National Air Transport (Charter)	S	4	5,766.00	1	10000.00 %	23,064.00
	To transport key supplies from warehouse and stocks to field locations to support project activities. Essential given remote locations and insecurity affecting roads						
5.2	National Air Transport (UNHAS)	D	10	400.00	3	10000.00 %	12,000.00
	To take project staff (national, delocalised to field locations from Juba) for implementing activities and monitoring visits for support staff						
5.3	Juba Vehicle Rental	S	3	7,200.00	6	500.00%	6,480.00
	For supporting the program activities and coordination of project within Juba.						
5.4	Juba Fuel Costs	S	3	2,200.00	6	500.00%	1,980.00
5.5	Field Transport + Hire Costs	D	1	1,000.00	3	10000.00 %	3,000.00
	Jonglei (boat, bicycle, donkey)						
	Section Total						**46,524.00**
General Operating and Other Direct Costs							
7.1	Field Base Costs and Maintenance	D	2	1,000.00	3	10000.00 %	6,000.00
	Jonglei in CHF SA1 and Warrap in CHF SA2 *To ensure adequate sanitation and hygiene for staff, protection of base - fencing, latrine construction or other installations*						
7.2	Field Office Stationary Costs	D	2	100.00	4	10000.00 %	800.00
	Jonglei in CHF SA1 and Warrap in CHF SA2 *Printing, paper, pens, folders etc and other support admin costs*						
7.3	Field Office Mobile and Communication Costs -	D	1	100.00	10	10000.00 %	1,000.00
	Jonglei in CHF SA1 and Warrap in CHF SA2 *Mobile phone and communications with coordination*						
	Section Total						**7,800.00**
SubTotal			2,739.00				**280,061.96**
Direct							219,731.00
Support							60,330.96
PSC Cost							
PSC Cost Percent							7%
PSC Amount							19,604.34
Total Cost							**299,666.30**
Grand Total CHF Cost							**299,666.30**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	66	1,902	6,112	1,337	1,449	10,800	Activity 1.1.1 : Distribution of 1800 boiling pots and filter cloth, collapsible jerry can and water storage containers (bucket with taps) for caregivers of malnourished children for safe water storage at household level Activity 1.1.2 : Conduct mass hygiene promotion campaigns for treatment of water through boiling and filtering Activity 1.1.3 : Conduct Post Distribution Monitoring for distribution of NFI items Activity 1.1.4 : Water Quality monitoring at HH level sampling baseline and endline Activity 1.2.1 : Training to water user committees (WUC's) on operation and maintenance including minimum female participation Activity 1.2.2 : Repair works to existing boreholes/water points (3 in Keew/Juaibor and 30 in Warrap) Activity 2.1.1 : Training of HP in PHAST techniques for WASH related hygiene promotion and WASH hygiene messaging Activity 2.1.2 : Training of CHV in PHAST techniques for WASH related hygiene promotion and WASH hygiene messaging Activity 2.1.3 : Training of Model Mothers in PHAST techniques and in key hygiene messages for caregivers of malnourished infants Activity 2.2.1 : 90 Community mobilization sessions using PHAST approach Activity 2.2.2 : Distribution of latrine digging kits and plastic sheeting to vulnerable households (Model Mothers/CHV's) Activity 2.2.3 : Mini KAP Baseline and Endline Conducted on WASH minimum package at household level Activity 2.2.4 : Household sessions delivered by CHV's to caregivers of malnourished children <5 Activity 2.2.5 : Model Mothers hold weekly peer-peer sessions incentivized through soap delivery on hand-washing at key times Activity 2.3.1 : Distribution of 1000 MHM kits with targeted messaging Activity 2.3.2 : Conduct one post distribution monitoring
Warrap -> Gogrial West	34	4,500	6,000	2,160	2,340	15,000	Activity 3.1.1 : Distribution of 2000 water storage container (bucket and lid) to care-givers of malnourished children Activity 3.1.2 : Targeted household hygiene promotion on safe water chain and safe storage of drinking water Activity 3.1.3 : Water Quality Analysis baseline and endline monitoring Activity 3.2.1 : Training for 30 CHV and 30 model mothers Activity 3.2.2 : 2 Mass sensitization events held for celebration of World Toilet Day and Global Handwashing Day and household hygiene promotion sessions on key messages Activity 3.2.3 : 600 HP sessions will be performed by WASH community volunteers integrated with Community Nutrition Volunteers' and mothers to mothers groups Activity 3.2.4 : 30 CLTS triggering events held to initiate latrine construction

Documents

Category Name	Document Description
Project Supporting Documents	WASH Minimum Package_1.docx