

Annex 3: PWJ Project Summary Document

WASH provision for IDPs in Central Equatoria State

(JPF2021 : 26 Oct 2021-25 Oct 2022)

Log frame

Current situation (before starting the project)	Target outcomes	Indicators and target values to measure the degree of achievement of outcomes (confirmation method)
<p>-Water sanitation and hygiene assistance (IDP Camps)</p> <p>The IDP population in South Sudan is 1.6 million and the IDP camps are in need of humanitarian assistance due to the prolonged operation. Juba District in Central Equatoria State, is one of the three counties with the highest density of IDPs, with each camp site accommodating more people than capacity, and overcrowding has resulted in a lack of access to safe water supply and sanitation facilities. The WASH sector does not meet Sphere standards, with high needs for</p>	<p>Water sanitation and hygiene assistance will be provided to IDP camps in Central Equatoria to ensure that beneficiaries have access to the water they need, and their living environment of clean, healthy, safe, and dignified will be improved.</p>	<ol style="list-style-type: none"> 1. Public health risks will be reduced through the provision of safe drinking water in three IDP camps in Central Equatoria compared to the beginning of the project <ul style="list-style-type: none"> • The percentage of affected people who have access to drinking water from safe sources will increase to more than 60% 2. Public health risks will be reduced through the provision of adequate sanitation facilities and access to hygiene products in three IDP camps in Central Equatoria compared to the beginning of the project <ul style="list-style-type: none"> • The percentage of the affected population using appropriate sanitation facilities and hygiene products will increase to more than 60% 3. The percentage of households responding to the following questions in the post-hygiene awareness activity will increase to more than

<p>responding in order to prevent cholera, Ebola virus disease, and COVID-19.</p>		<p>60%</p> <ul style="list-style-type: none"> • Open defecation has become less frequent • Increased awareness of appropriate water use and behavioral changes (bathing) <p><u>Confirmation methods</u></p> <ul style="list-style-type: none"> • Monitoring of activities, beneficiary interviews 		
<p>Current situation (before starting the project)</p> <p>1. <u>Water supply</u></p> <p>Water supply facilities in Juba IDP Camp, Mahad IDP Camp, and Don Bosco IDP Camp, located in Juba District, Central Equatoria State, are not fully functional due to damage, and access to safe water for IDPs is not ensured. The water supply sector does not meet the following Sphere criteria due to high needs for cholera, Ebola virus disease, and COVID-19 prevention. [Water Supply Standard 2.1: Access and water quantity], which concerns the</p>	<p>Target output</p> <p>Increase in the number and proportion of households with access to main water supplies which provide safe drinking water</p>	<p>Indicators and target values to measure the degree of achievement of outputs (confirmation method)</p> <p>1. <u>Water supply assistance</u></p> <p>1-1. Repair of Water points in 2 IDP camps (Juba and Mahad)</p> <ul style="list-style-type: none"> • 2 IDP camps (Juba, Mahad): 81 locations x 6 taps x 250 people = 121,500 people will have access to safe water <p>1-2. Repair of temporary bathing shelters: 90 locations</p>	<p>Activities to achieve outputs</p> <p><u>1. Water supply assistance</u></p> <p>1-1. Repair of Water points : 2 IDP camps</p> <p>1-2. Repair of temporary bathing shelters: 90</p> <p>1-3. Monitoring and Evaluation</p>	<ul style="list-style-type: none"> ✓ Prerequisites ✧ Risks ✓ Continuation of security stability ✓ Cooperation from the local government, community leaders and beneficiary communities is obtained ✓ Beneficiaries participate in activities

<p>quantity and access to water supply, and [Water Supply Standard 2.2: Water quality], which concerns the quality of water supply.</p>		<ul style="list-style-type: none"> • 90 locations (30 in Juba, 30 in Mahad, 30 in Don Bosco) x 100 people = 9,000 people will have access to bathing areas <p><u>Percentage of households who use water supply facilities as their main source of water that answered "yes" to the following question</u></p> <ul style="list-style-type: none"> • Improved access to water points: 60% • Waiting time at the water stations has decreased (no more than 30 minutes): 60% • Reduced conflicts at water points: 50% • Improved access to bathing shelters: 60% • Were able to use safe and hygienic bathing shelters: 60% <p>(Confirmation methods: visual</p>		<p>without any conflicts</p> <ul style="list-style-type: none"> ❖ Deterioration of security situation ❖ Restrictions on movement due to deteriorating security or restrictions by the government or specific forces ❖ Reduction in international aid funding ❖ Demonstrations and riots by IDPs ❖ Economic collapse and Price spike ❖ Material theft and robbery ❖ Flooding and damage to water supplies and sanitation
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		inspection, household interview with randomly selected households, contractor's reports, construction completion documents, handover documents, usage monitoring, women's focus group discussion)		systems due to natural disasters (e.g., heavy rains and flooding) ✧ Spread of COVID-19 infection
<p>2. <u>Sanitation</u></p> <p>Access to healthy sanitation environment for IDPs is not ensured due to damaged sanitation facilities, lack of waste disposal management, and lack of awareness on proper water use in Juba IDP Camp, Mahad IDP Camp, and Don Bosco IDP Camp located in Juba District, Central Equatoria State. There is a high need for cholera, Ebola virus disease, and COVID-19 prevention, and the WASH sector does not meet the following Sphere criteria.</p> <p>[Hygiene Promotion Standard 1.1:</p>	<p>2. The number and proportion of households with access to adequate sanitation facilities will increase.</p> <p>Improved hygienic environment in camps and IDPs will gain basic knowledge of hygiene and sanitation.</p>	<p><u>2. Hygiene and sanitation</u></p> <p>2-1. Repair of communal latrines: 270 (190 in Juba, 20 in Mahad, 60 in Don Bosco)</p> <p>Ensure access to safe latrines for the following number of beneficiaries at the three IDP camps</p> <p>190 toilets x 20 people = 3,800 people (Juba)</p> <p>20 toilets x 20 people = 400 people (Mahad)</p> <p>60 toilets x 20 people = 1,200 people (Don Bosco)</p>	<p><u>2. Hygiene and sanitation</u></p> <p>2-1. Repair of communal latrines: 270</p> <p>2-2. Regular desludging of latrines: 4 times/month</p> <p>2-3. Transport and disposal of solid wastes: 4 times/month</p> <p>2-4. training</p>	<p>✓ Prerequisites</p> <p>✧ Risks</p> <p>✓ Continuation of security stability</p> <p>✓ Cooperation from the local government, community leaders and beneficiary communities is obtained</p> <p>✓ Beneficiaries participate in</p>

<p>Hygiene promotion] , which relates to the perception of public health among target groups; [Hygiene Promotion Standard 1.2: Identification, access to and use of hygiene items]; [Hygiene Promotion Standard 1.3: Menstrual hygiene management and incontinence], which relates to the understanding of menstrual hygiene management; [Excreta Management Standard 3.1: Environment free from human excreta; and [Excreta Management Standard 3.2: Access to and use of toilets], [Excreta Management Standard 3.3: Management and maintenance of excreta collection, transport, disposal and treatment], [Solid Waste Management Standard 5.1: Environment free from solid waste], [Solid Waste Management Standard 5.2: Household and personal actions to safely</p>		<p>2-2. Regular desludging of latrines: 4 times/month × 12 months (2 times/month in Mahad, 2 times/month in Don Bosco) 2-3. Transport and disposal of solid wastes: 4 times/month × 12 months (2 times/month in Mahad, 2 times/months in Don Bosco) • Monitoring of solid waste disposal management 2-4. training of community hygiene promoters: 12 people (6 people in Mahad, 6 people in Don Bosco) (Women should be more than half) 2-5. Hygiene promotion activity: 2 places (Mahad, Don Bosco) <u>Percentage of households using latrines that answered the following questions:</u> • Improved access to latrines: 50%.</p>	<p>of community hygiene promoters: 12 people 2-5. Hygiene promotion activity: 2 places 2-6. Monitoring and evaluation</p>	<p>activities without any conflicts. ◇ Deterioration of security situation ◇ Restrictions on movement due to deteriorating security or restrictions by the government or specific force ◇ Reduction in international aid funding ◇ Demonstrations and riots by IDPs ◇ Economic Collapse and Price Spike ◇ Material theft and robbery ◇ Flooding and damage to water supplies</p>
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<p>manage solid waste].</p>		<ul style="list-style-type: none"> • Women who answered that felt more secured to use latrines than before the project: 50% • Decreased open defecation among children: 50% • Improved privacy in sanitation facilities for people with disabilities: 45% <p>(Visual inspection, household interviews with households selected by random sampling), contractor's report, construction completion documents, handover documents, usage monitoring, women's focus group discussion)</p>		<p>and sanitation systems due to natural disasters (e.g., heavy rains and flooding)</p> <p>❖ Spread of COVID-19 infection</p>
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