

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

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

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

**SECTION I:****CAP Cluster****WASH****CHF Cluster Priorities for 2014 First Round Standard Allocation**

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

**Cluster Priority Activities for this CHF Round**

- Emergency water treatment units
- Rehabilitation of existing water points, where appropriate
- Drilling/construction of new water points, if appropriate
- Convert hand pumps to motorized boreholes with tap stands
- Emergency communal latrines
- Distribution of hygiene kits
- Distribution of WASH NFIs
- Emergency hygiene promotion training
- Pre-positioning of core pipelines
- Pre-positioning of refugee pipeline supplies in Maban and Yida

**Cluster Geographic Priorities for this CHF Round**

- Twic County—Abyei preparation
- Wau, Malakal, Bentiu, Juba towns—Returnee preparation/response
- Pibor County—Early recovery activities in Pibor town, Gumuruk town, Boma town; or emergency response for renewed conflict
- Akobo and Uror Counties—Emergency response after renewed conflict, retaliation
- Nyirol, Ulang, Baliet—Sobat corridor
- Maban County—Maban host community response
- Fashoda County—Kodok
- Malakal County—ongoing response to stranded returnees
- Renk County—ongoing response to unresolved returnee needs
- Aweil East and Aweil North Counties—Mile 14 response
- Tonj South, Tonj East, Tonj North Counties—chronic WASH needs in an historically underserved area, affected most recently by floods
- Counties with high malnutrition verified by surveys that have been endorsed by nutrition cluster
- Any exceptional counties should be strongly justified

**SECTION II****Project details**

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

<b>Requesting Organization</b>		<b>Project Location(s)</b> - list State and County (Payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State		
Action Against Hunger		<b>State</b>	<b>%</b>	<b>County/ies (include payam when possible)</b>
<b>Project CAP Code</b>	<b>CAP Gender Code</b>	Warrap	80	Twic
SSD-14/WS/60960	2a	Unity	10	Mayom, Abiemnhom
<b>CAP Project Title (please write exact name as in the CAP)</b>		Central Equatoria	10	Juba
Reduced Morbidity and Prevention of Malnutrition in South Sudan by Addressing Acute Water, Hygiene, and Sanitation Needs of the Conflict Affected Population.				

<b>Total Project Budget requested in the in South Sudan CAP</b>	US\$2,000,000
<b>Total funding secured for the CAP project (to date)</b>	US\$ 414,878

<b>Funding requested from CHF for this project proposal</b>	US\$349,979
<b>Are some activities in this project proposal co-funded (including in-kind)?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

<b>Direct Beneficiaries</b> (Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)		
	<b>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CAP</b>
Women:	4,900	73,190 (women and adult girls)
Girls:	2,100	
Men:	2,100	59,707 (Men & adult boys)
Boys:	900	59,603 (Children)
<b>Total:</b>	10,000	192,500

**Targeted population:**  
 Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

**Implementing Partner/s** (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)  
 None

<b>Contact details Organization's Country Office</b>	
Organization's Address	Plot AXT, 2 <sup>nd</sup> class Hai Cinema. Juba, South Sudan
Project Focal Person	<i>Alex Bobor Keimbe</i> <a href="mailto:washco.ssd@acf-international.org">washco.ssd@acf-international.org</a> +211(0)95068381
Country Director	<i>Sirak Mehari Weldemicael</i> <a href="mailto:Hom.ssd@acf-international.org">Hom.ssd@acf-international.org</a> +211(0)912 730 534 or +211 (0)056264546
Finance Coordinator	<i>Thierry Lecoq</i> <a href="mailto:admin.ssd@acf-international.org">admin.ssd@acf-international.org</a> <b>0912 730 533 or 0 913 237 282</b>
Monitoring & Reporting focal person	<i>Simon Nyeko</i> WASH Program Manager – Wunrok Base, Warrap State, South Sudan <a href="mailto:wash-wp.ssd@acf-international.org">wash-wp.ssd@acf-international.org</a> Mob: +211 (0) 956878947

**Indirect Beneficiaries / Catchment Population (if applicable)**

The population in the catchment area regardless of type of households

**CHF Project Duration** (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 4 months (1 January 2014 30 April 2014)

<b>Contact details Organization's HQ</b>	
Organization's Address	247 West 37th Street, 10th Floor. New York, U.S.A. 10018, Telephone: +1(212)967-7800
Head of Programs	<i>Nipin Gangadharan</i> <a href="mailto:ngangadharan@actionagainsthunger.org">ngangadharan@actionagainsthunger.org</a> , +1 212 967 7800 Ext.115
Field Finance Manager	<i>Dew Dwiyaniti</i> e-mail: <a href="mailto:ddwiyaniti@actionagainsthunger.org">ddwiyaniti@actionagainsthunger.org</a> Tel: (212) 967-7800 ext. 129

### A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population<sup>1</sup>

The humanitarian situation in South Sudan has deteriorated sharply since 15 December 2013. Violence erupted in the capital Juba and quickly spread, affecting six of the country's ten states. Heavy fighting was reported in Central Equatorial, Jonglei, Unity and Upper Nile states between Government and opposition forces. Since then, several divisions of the South Sudan armed forces have splintered and intense battles have taken place for the control of key towns. Lakes and Warrap states have been indirectly affected by the violence, as people displaced from neighbouring states have arrived there seeking safety. In two weeks, up to 180,000 people have been forced to flee their homes, including some 70,000 seeking shelter in UN peacekeeping bases. It is expected that needs will escalate further in the coming weeks, with a country wide scenario anticipating 400,000 displaced. The targeted primary county faces severe humanitarian situation, having received IDPs of the recent violence, coupled with being ranked in the CAP process as the most vulnerable of all 78 counties in South Sudan before the current crisis erupted.

An inter-agency assessment team including ACF-US, under the coordination of WFP, went to visit 3 locations where IDPS are now camping in Twic County. According to IDP group leaders; there are 600 IDPS in Aweng Payam, 135 people in Turalei Primary town and 1496 people in Tiitcok (over 10 KM) from or before Wunrok town, making the total number of IDPs 4,827. These IDPS live in extremely precarious conditions with 17 separated children aged between 1-13 years. Apart from the 2 groups in Aweng and Turalei who have access to very limited basic services, the group in Tiitcok lives in total isolation with their number being exaggerated by the surrounding host communities. Immediate needs are WASH, Nutrition, Health, Shelter and Protection to avoid further social unrest in the temporary settlement. It is vital to note that this figure may increase very fast based on the current situation around Warrap state.

Based on the Post-harvest 2013 SMART surveys conducted in Twic on May indicated global and severe acute malnutrition rates of 24.9% and 6.2%. These rates are far above emergency thresholds, and form the basis for ACF's area of intervention, addressing nutrition needs through curative and preventive measures, including WASH. The anthropometric surveys (ACF, 2013) in Warrap State demonstrated that WASH related illnesses are a huge portion of the disease burden in the area, with diarrhoea consistently at the top of the list. With the existing problem of the County as mentioned above, the additional people taking temporary settlement in the area, renders the whole population more vulnerable to fast WASH, nutrition and health situation deterioration.

### B. Grant Request Justification

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

ACF has been operational in Warrap State since 2005. ACF-USA addresses both chronic and acute crisis through integrated strategy, whereby the links between nutrition, food security, and water and sanitation activities are strengthened to have a high impact on the beneficiaries. ACF-USA will continue its engagement in emergency WASH response, ensuring access to safe water and hygiene and sanitation facilities by vulnerable communities and strengthening humanitarian coordination and capacity of local water actors.

ACF is soliciting assistance from CHF to complement the programs which are financed by other donor such as ECHO. Though contributions from the mentioned donors have been received, a sizeable amount of fund is still needed to meet the cost of reaching the needs of the vulnerable households both host community and IDPs affected by the current situation. ACF planned to enhance its activities in the county that had been identified as hot spots by the WASH cluster over the years as well as identified by the rapid assessment conducted in the IDP camps. ACF's presence in these areas records good programming performance and have gained well experienced staff. In 2013, ACF has implemented numerous projects for the IDPs, returnees and host families with the support of CHF and other donors to enable them access adequate and safe water, sanitation and hygiene facilities. Though ACF implemented construction and rehabilitation of water points; sanitation facilities and promotion of hygiene and community capacity building, there is an increase WASH needs in the IDP areas. This coupled with reduced overall funding for WASH in South Sudan makes CHF support particularly critical to providing emergency assistance to the vulnerable target population and achieving the objectives outlined in the CAP.

### C. Project Description (For CHF Component only)

#### i) Contribution to Cluster Priorities

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

ACF will implement the CHF funded project to contribute to the WASH cluster priorities which are provision of front-line emergency WASH services to increase timely and equitable access to safe water, sanitation, and hygiene services to emergency-affected populations,

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

To achieving such objectives, ACF will ensure emergency response in the target areas and for the vulnerable IDPs and host communities. The uncertainties of the current conflicts are highly likely to result in more influx of displaced people from the neighboring States. In IDP camps and host communities, ACF will deliver safe water supplies, emergency sanitation, and delivery of hygiene kits and basic hygiene training in coordination with other actors. Side by side the emergency actions to provide required quantity and quality of water, efforts will be taken to ensure the down time of water points is reduced and all vulnerable communities have equal access to water. Moreover, actions will be taken to improve access to hygiene and sanitation facilities in line with globally agreed standards, including the distribution of WASH cluster hygiene kit items. ACF will also contribute to increase/ strengthen the communities coping mechanism and resilience for the emergencies.

Emergency sanitation will be a high priority, with the construction of gender separated emergency trench latrines at a ratio of 1 latrine to 50 people. The preferential option for safe water supply will be supporting the repair and maintenance of existing facilities, but water trucking, construction of new boreholes, and distribution of water disinfectant sachets such as PUR will also be utilized as necessary.

Effective coordination proven to result efficient humanitarian response. ACF will also contribute in leading humanitarian coordination at county and state level through the role as state focal point. Its participation at WASH clusters SAG and other technical working groups will also boost the national cluster role of effective coordination. The activities proposed in the project are in line with all the three cluster priorities outlined in the WASH strategy document for 2014-2016. Emphasis is placed on strengthening ACFs programming this priority area.

### ii) Project Objective

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

To Reduce morbidity and contribute to prevention of malnutrition, through increased access to safe potable water, emergency sanitation, and hygiene promotion in areas prone to malnutrition, food insecurity, floods, IDPs and returnees in Warrap State, border areas of Unity state, and technical advice to NGOs in Juba

### iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

The emergency Response includes

Activities	Quantity	Target Population
Emergency Response (Distribution of Emergency WASH Items)	2	10,000
Training of WASH user committees	20	7,500
Water quality testing (to be done on monthly basis for all 3 locations hosting IDPs)	4	1,500
Construction of emergency trench latrines	40	12,000
Emergency Water Distribution Systems (provision of safe potable Water to locations hosting IDPs)	3	10,000

WASH beneficiaries are principally determined by emergency life-saving needs due to displacement, or life-saving needs based on nutritional program information. The provision of adequate quantities of safe water, accompanied by emergency sanitation and hygiene promotion, will enable households vulnerable to malnutrition to reduce the risk of diarrhea and other water related illnesses. The reduction in morbidity of adults and children will also increase time available for productive use, both in terms of improved care practices of infants and young children, and for food production and livelihoods activities. Women and girls, typically responsible for water collection and childcare, will particularly face reduced workload burdens with less time spent traveling to fetch water and may use this time to undertake income generating activities, attend school, or take a more active role in community civic groups. Hygiene promotion will accompany water supply activities, encouraging families to improve their own health and that of their children. Health outcomes will further be supported by the construction of latrines at health facilities, to improve service provision and the ability of health agents to act as role models for household sanitation

Capacity building of national NGOs or other actors inexperienced in emergency WASH relief who are responding to the new IDP sites in other states, such as Central Equatoria, will also be supported.

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

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

01. Provision of emergency WASH items including Hygiene kits
02. Improved access to safe drinking water, sanitation and hygiene services during the emergency

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster

defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
	1.	# of people benefitted from Emergency Response (Distribution of Emergency WASH Items)	10,000 Individual
		- Women	4,900
		- Girls	2,100
		- Men	2,100
		- Boys	900
8	2.	# of households receiving a sanitation kits (WASH Items)	?
10	3.	# of community members trained on management of water, sanitation and hygiene services.	7,500
		- women	5,250
		- men	2,250
	4.	# of Water quality testing conducted	8 water points (on a daily basis for chlorinated water (FRC) and one time basis for non-chlorinated supplies)
4	5.	# of emergency trench latrines constructed	40 latrine trenches
6	6.	# of People provided with sustained access to hygiene latrine facilities	10,000 Individual
		- Women	4,900
		- Girls	2,100
		- Men	2,100
		- Boys	900
2	7.	# new/additional water points constructed (Emergency Water Distribution Systems established)	3 emergency water points
1	8.	Total direct beneficiaries - Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance)	10,000 Individual
		- Women	4,900
		- Girls	2,100
		- Men	2,100
		- Boys	900

vi). Cross Cutting Issues

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

The project places high emphasis on gender with focus on extension of services to vulnerable groups including women. Women will be involved in the design and implementation of activities at the community level, and are empowered by active membership and appointment to leadership positions in Water User Committees.

Empowerment of communities to manage and take ownership of WASH programming will be achieved through extensive training of water and sanitation committees. Emergency trench latrines will be constructed to take care of critical sanitation needs whilst we plan for the short term. Capacity building of local NGOs and partners with minimal emergency WASH experience will also increase the overall capacity and resilience of the local WASH actors.

Measures will be taken to ensure that there is none to insignificant impact on the environment due to the projects implemented under the program. Activities will incorporate environmentally efficient designs such as animal water collection points using drainage from water points and reduce timber construction in emergency trench latrine design. Waste collection and management will be promoted in transit sites and other returnee/IDP locations to reduce impact on the environment. Though it is difficult to isolate and target HIV/AIDS patients in most communities, efforts will be made to collaborate with health partners in these states in identification and increasing services delivery levels to meet their specific needs

vii) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

This project will be directly implemented by ACF.

Local pump mechanics and masons will be utilized, under ACF supervision, and their capacities will be developed through training. To build ministry capacity, all activities will be done in close collaboration with the Rural Water Supply and Sanitation department in each county, with emphasis on data collection, planning and management of water resources and infrastructure including strengthen

WIMS, and technical capacity building.

In response to population displacements or where AWD or cholera outbreaks occur, ACF will respond in collaboration with other humanitarian partners.

viii) Monitoring and Reporting Plan

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

1. *Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met*
2. *Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and techniques will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.*
3. *Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.*
4. *Ensure key monitoring and reporting activities are included in the project work plan (Section III)2.*

Monitoring framework is established at the start of the program to guide monitoring at all levels of program and management team. Daily and weekly field visits by the field team and program manager gives close monitoring of the implementation of the project. ACF standard weekly and monthly reporting tools and requirements are also among the main monitoring aids. Regular follow up by technical coordinator in the country office and HQ based technical advisors also core in the monitoring framework. To ensure the highest standard of the intervention, technical support on specific program activities is provided on an ongoing basis to the coordination team and field teams by a sector technical advisor from the headquarters.

Water supply activities will be monitored through water quality testing, sanitary survey and pre and post- test for water user committee training including follow up visits. Also residual chlorine will be monitored during the emergency water trucking/distribution.

KAP surveys were carried out for previous projects giving an understanding of the broader Knowledge Attitude and Practice of the beneficiary communities.. The end line KAP survey will be done at the end of the project to measure the outcome of hygiene promotion at the end of the project.

Overall objective of the project will be monitored by using Nutrition anthropometric survey result in the intervention area and comparison of number of nutrition beneficiaries admitted at the nutrition programme centers.

**D. Total funding secured for the CAP project**

Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	Amount (USD)
<b>Pledges for the CAP project</b>	

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

**SECTION III:**

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

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

LOGICAL FRAMEWORK		
<b>CHF ref./CAP Code:</b> SSD-14/WS/60960	<b>Project title:</b> Reduced Morbidity and Prevention of Malnutrition in South Sudan by Addressing Acute Water, Hygiene, and Sanitation Needs of the Conflict Affected Population.	<b>Organisation:</b> ACF

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Goal/Impact (cluster priorities)</b>	<ul style="list-style-type: none"> <li>Emergency water treatment</li> <li>Emergency communal latrines</li> <li>Distribution of hygiene kits</li> <li>Emergency hygiene promotion training</li> </ul>	<ul style="list-style-type: none"> <li>Number of people benefitted from Emergency Response (Distribution of Emergency WASH Items)</li> <li>Number of Water quality testing conducted</li> <li>Number of emergency trench latrines constructed</li> </ul>	<i>What are the sources of information on these indicators?</i>	
<b>CHF project Objective</b>	<i>To reduce morbidity and contribute to prevention of malnutrition, through increased access to safe potable water, emergency sanitation, and hygiene promotion in areas prone to malnutrition, food insecurity, floods, IDPs</i>	<i>Number of IDP children with malnutrition Percentage of IDPs reporting diarrhea</i>	<i>Clinic Data KAP survey</i>	<i>Medical agencies are able to run clinics Medical agencies will share basic data on rates of admissions and morbidity</i>
<b>Outcome 1</b>	<i>Beneficiaries have access to basic hygiene items</i>	<i>Percent of beneficiaries who have access to hygiene kit items 1 month after distribution</i>	<i>Post distribution monitoring report</i>	<i>Beneficiaries remain in IDP camp</i>
<b>Output 1.1</b>	<i>Provision of emergency WASH items including Hygiene kits to 10,000 beneficiaries</i>	<ul style="list-style-type: none"> <li>Number of people benefitted from Emergency Response (Distribution of Emergency WASH Items).</li> </ul>	<i>Distribution records</i>	<i>Supply lines are maintained to deliver new stock in case of additional influx</i>
<b>Activity 1.1.1</b>	<i>Identification/Registration/Verification of IDPs</i>			
<b>Activity 1.1.2</b>	<i>Distribution of kits</i>			
<b>Activity ...</b>	<i>Post distribution monitoring</i>			
<b>Outcome 2</b>	Improved access to safe drinking water, sanitation and hygiene services during the emergency	Percent of IDPs with access to water and sanitation within SPHERE minimum standards		
<b>Output 2.1</b>	Provision of 15 l/p/d of safe water for beneficiaries	<ul style="list-style-type: none"> <li><b>Number of Water quality testing conducted</b></li> </ul>	Water quality test result records	

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 2.1.1	Distribution of safe water via water treatment, tankering, or pur sachet distribution		
Activity 2.1.2	Training of water committees		
Activity 2.1.3	Water quality monitoring at point of distribution		
Activity 2.1.4	Safe water community information		
Output 2.2	Beneficiaries have access to emergency latrines at or below a ratio 1:50	• Number of emergency trench latrines constructed	Construction monitoring records IDP camp maps
Activity 2.2.1	Siting of emergency sanitation facilities		
Activity 2.2.2	Community mobilisation and awareness for sanitation facility use & maintenance		
Activity 2.2.3	Construction of emergency trench latrines		
Outcome 3			
Output 3.1			
Activity 3.1.1			
Activity 3.1.2			
Activity ...			
Output 3.2			
Activity 3.2.1			
Activity 3.2.2			
Activity ...			

**PROJECT WORK PLAN**

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

<b>Project start date:</b>	<b>1 January, 2014</b>	<b>Project end date:</b>	<b>30 April, 2014</b>
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Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1												
Emergency Response (Distribution of Emergency WASH Items)	X	X										
Training of WASH user committees		X	X	X								
Water quality testing		X	X	X								
Construction of emergency trench latrines	X	X	X									
Provision of Emergency Water Supply Systems		X	X	X								

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