

**South Sudan
2014CHF Standard Allocation Project Proposal
for CHF funding againstCRP2014**

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

This project proposal shall be submitted by cluster partners in 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 CRP 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:

CRP Cluster	WASH
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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 CRP 2014.

<p>Cluster Priority Activities for this CHF Round</p> <ul style="list-style-type: none"> • Cholera Response • Emergency water treatment units • Rehabilitation of existing water points, where appropriate • Drilling/construction of new water points, if appropriate • Convert hand pumps to motorized boreholes with tap stands • Emergency communal latrines • Distribution of hygiene kits • Distribution of WASH NFIs • Emergency hygiene promotion training 	<p>Cluster Geographic Priorities for this CHF Round</p> <p>High Priority Areas: Upper Nile: Malakal, Baliet, Panyikang Unity: Pariang, Abiemnom, Mayom, Koch, Mayendit, Leer, Panyijar</p> <p>PoC's&Mingamon Medium Priority Areas: Upper Nile:Manyo, Melut, Fashoda, Longochuck, Mawut, Ulang Unity: Rubkona, Guit Warrap:Tonj East, Tonj North, Tonj South Lakes:Rumbek North, Rumbek Central, Cuibiet Abyei</p>
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SECTION II

Requesting Organization	Project Location(s)- list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State		
CARE International	State	%	County/ies (include payam when possible)
Project CRP Code	CRP Gender Code	Upper Nile	Baliet county
SSD-14/WS/60635	2a	Unity	POC 4- Bentiu
CRP Project Title (please write exact name as in the CRP)			
WASH Emergency response to Vulnerable Host and IDPs communities in Unity, Upper Nile and Jonglei State			
Total Project Budget requested in the in South Sudan CRP	US\$ 2,697,399		
Total funding secured for the CRP project (to date)	US\$1,330,614		
Funding requested from CHF for this project proposal	US\$ 199,553		
Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column of the			

budget sheet)

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP project and number of targeted beneficiaries scaled appropriately to CHF request)

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP
Women:	4,800	17,540
Girls:	3,450	25,060
Men:	3,450	19,460
Boys:	3,300	27,940
Total:	15,000	90,000

Indirect Beneficiaries / Catchment Population (if applicable)

Targeted population:

Abyei conflict affected, IDPs, Returnees, Host communities, Refugees, IDPS, host communities and conflict affected people in Baliet county in upper Nile and POC-4 in Unity.

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

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

YARDDS in Upper Nile

Indicate number of months: 6 months

1 July – 31 December 2014

Contact details Organization's Country Office

Organization's Address	Tongping Area, Off Kololo Road, Juba Road, Juba, South Sudan
Project Focal Person	Umachandran UShanmuganathan@ss.care.org 0955136118
Country Director	Aimee Ansari aansari@ss.care.org Tel : +211-956021580/ +211-913177836 satellite: +8821621790897
Finance Officer	Bethuel Sallah : Financial, grant and risks Coordinator bsallah@ss.care.org Tel. +211955599899
Monitoring & Reporting focal person	Isaac Vuciri Kenyi Emergency Coordinator 0955163724 ivuciri@ss.care.org

Contact details Organization's HQ

Organization's Address	
Desk officer	Name, Email, telephone
Finance Officer	Name, Email, telephone

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 population¹

The conflict in South Sudan has devastated the lives of millions of people. Since the outbreak of violence on 15 December 2013, forces fighting between government and opposition party is keep continued despite on and off cease fire agreements were also not properly respected by both parties resulted many killing, execution, adduction, massacre, sexual assaulted women & girls and many other violence's. As per the UN Sitrep, the number of people displaced within South Sudan is estimated at 1.3 million, of which are in Upper Nile (175,600). An estimated 359,000 more have fled to neighboring countries. Though UN agencies, INGOs, NGOs and government partners are responding on emergency lifesaving WASH activities, still even the minimum standard are not fully met and there is huge gap in WASH to be filled. In addition the current cholera outbreak continues to increase, and cases have been confirmed in both Wau Shilluk (Upper Nile – with at least 15 deaths) and Bentiu PoC (Unity), among other locations in the country, with the alarming possibility to spread further. The WASH interventions are clearly critically needed. Additionally WASH interventions/facilities have been found to not address the particular needs of women and girls (see section vi).

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.

CARE proposed project will be implemented in POC4 in Unity and Baliaet county in Upper Nile State. The respective state WASH cluster has identified and looking for partners specially those who are already on the ground and implementing WASH emergency activities. Because of the lack of facilities and overcrowding of people in the POCs (Protection of Civilians) WASH and Protection issues are very crucial and numbers has been increased up to 18,000 people in Malakal POCs & 45,835 in Bentiu, Unity. After security assessments in working areas of CARE has expanded the WASH activities to other counties in the states of Upper Nile State to address the WASH needs of IDPs in the POCs and hosting with host communities. The CHF-R-2 funding will help CARE to continue its ongoing WASH projects as well as expanding to other locations in the states in order to meet the WASH needs of the IDPs and host communities.

CARE is seeking assistance from CHF to enable it to carry out life-saving interventions in water supply (water treatment and water point rehabilitation), sanitation (latrine construction, waste removal) and hygiene promotion. This will complement existing programs funded by donors such as the Dutch MOFA, DFATD, and UNICEF, which although effective, are not adequate in size to meet the emerging needs of the population.

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.

The Proposed CHF-R-2 funding is going to be used fully on the cluster priorities of emergency and lifesaving WASH activities, targeted at reducing mortality and morbidity caused by hygiene related illness and integrated cholera response. Specifically, with reference to this round's priorities, this intervention targets: Rehabilitation of existing water points, where appropriate; Emergency communal latrines; Distribution of hygiene kits; Emergency hygiene promotion training.

The project will be specially focused and implemented in cluster prioritized areas of Upper Nile & Unity states.

The project aims to contribute to a transformative impact on gender roles through providing leadership roles for women (such as in water management committees). The project will work in close collaboration with other WASH partners on the ground as well as coordinating with the respective WASH Cluster.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP 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)

- Increased access to safe drinking water to the 12,500 people (IDPs, possible returnees and communities) through water point rehabilitation, water treatment and supply
- Improve the safe access WASH in order to mitigate cholera and other disease outbreaks to 15,000 IDPs, host and vulnerable communities
- Improve dignity of affected people through provision appropriate hygiene and sanitation facilities.
- Women have improved dignity through supply of appropriate hygiene items and education.

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

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

the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

In response to cholera outbreaks and the threat of other hygiene related disease, occurring in working areas, CARE will respond in collaboration with other humanitarian partners. CARE response capacity will include emergency water provision through rehabilitation of water points, and household water purification through provision of purification products and training. Sanitation provision would include construction of emergency latrines, bathing and hand washing facilities. Hygiene promotion in emergencies will focus on key messages such as cholera prevention measures, hand washing, safe water handling and storage, safe food chain, safe excreta disposal, and provision of essential hygiene items.

- **Water:** Provision of safe and clean drinking water through rehabilitation of water points, distribution of PUR Sachets and Aqua Tabs, and distribution. In addition Water Management Committees (WMCs) will be formed and trained for all water points to ensure proper operation and maintenance and sustainability.
- **Sanitation:** Construction of emergency latrines within PoCs, new sites/camps, in host communities where IDPs are hosted, and institutions; appropriately segregated for female and male with hand washing facilities meeting sphere standards. Small pilot on use of Pee-Poo Bags, including distribution, collections and disposal.
- **Hygiene:** a) Select and train/re-train community hygiene and Health Promoters prioritizing the inclusion of female promoters and conduct Community hygiene and sanitation campaigns on regular basis and b) Distribution of hygiene kits (with hygiene kit targeted to women and girls); c) Training on use of Pee-Poo bags

(Note we will aim for SPHERE standards where possible though in many cases this may be challenging to achieve in the current scenario)

Activities	Upper Nile		UNITY	
	Qty	Beneficiaries	Qty	Beneficiaries
Distribution of PUR Sachets/Aqua tabs as immediate response to ensure safe water provision.	1	7500		
Rehabilitation of damaged and abandoned water points – 10	10	5000		
Formation & Training of water management committees (60% female)	10	100		
Water quality monitoring & surveillance to all Water Points and distribution system to ensure safe water provision to avoid any cholera or other diseases outbreak.	11			
Construction of 300 emergency communal latrines with provision of hand washing facilities to ensure safe sanitation provision to 15,000 individuals	150	7500	150	7500
Pilot on use of Pee-Poo Bags, including distribution, collections and disposal.	1500	1500		
Rehabilitation / Construction of 10 institutional latrines	5	250	5	250
Support the communities on household solid waste management	1	5000	1	5000
Provide TOT hygiene promotion training to hygiene committees and Women groups to train the communities on good hygiene practices (targeting 15,000 people)	5	50	5	50
Train 16 community hygiene promoters that will be both male and female who will conduct house to house hygiene promotion sessions in the POCs.	1	8	1	8

Foster increased hygiene awareness through posters, public gatherings and house to house visits designed to reach the maximum number of people.	1	7500	1	7500
Distribute basic WASH supplies to support communities to practice good hygiene behavior (clean water containers, soap, hygiene kits, water purification tablets, etc)	500	3000	500	3000
Total (without double counting)		7,500		7,500

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

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

01. Improved access to safe drinking and potable water for IDPs and hosts during the emergency
02. Improved access to safe sanitation facilities and environmental living conditions for IDPs and host communities
03. Improved community understanding of hygiene related illness especially cholera and prevention methods.

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

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	Number of people provided with sustained access to safe water supply (Sphere Standard)	12,500 individuals (55% Women and girls, 45% men and boys)
X	2.	Number of existing water points rehabilitated	10
X	3.	Number of new latrines constructed	300 communal and 10 institutional
X	4.	Number of people provided with sustained access to hygiene latrine facilities	Maximum 50 people per latrine in POC & host communities
X	5.	Number of people served by solid waste management	10000 individuals
X	6.	Number of people trained on hygiene promotion messages to be shared with their community	15000 individuals
X	7.	Number of households receiving a hygiene kit.	1000 households (6000 individuals)
	8.	Number of WASH NFIs distributed by category	1000 households (6000 individuals)
	9.	Number of hygiene promoters trained TOT (16)	16
	10.	# of hygiene promotion material produced and disseminated	22 Units targeting 10,000 Individuals
	11.	Number of pee-poo bags piloted	1500
	12.	Number of water management committees formed, trained and functional	10

vi). Cross Cutting Issues

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

Gender is a high priority for CARE in all its emergency interventions. CARE carried out a Rapid Gender Analysis in Malakal in March (shared with partners, copies available on request), which identified several areas where the WASH response was not addressing the needs of women and girls particularly (such as a lack of privacy, women and girls being urinated on when using latrines, and fear of assault and violence). This intervention responds to those identified needs, and will take those lessons and integrate them into the planned activities as much as possible (for example around latrine siting and orientation, screening, etc).

Women will be involved in the design and implementation of activities at the host community level, and are empowered by active membership and appointment to leadership positions in Water User Committees of at least 60% women. Empowerment of communities to manage and take ownership of WASH programming will be achieved through extensive training of water and sanitation committees. This is expected to contribute to a transformative impact on gender roles in the community.

Community participation will be emphasized and clear accountability and feedback mechanisms will be established. CARE uses a community scorecard system and conducts post-distribution monitoring where appropriate in order to be accountable to affected communities.

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 reusable grey water for borehole runoff.

Waste collection and management will be promoted in POCs, transit sites and other returnee/IDP locations to build positive impact on the environment.
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.
CARE will take the primary responsibility of implementing the project. Where possible the strategy of implementation will involve partnerships with State Ministry of Water and Physical Infrastructure, Urban Development and Natural Resources at various levels and the Relief and Rehabilitation Commission, although CARE is conscious that the current situation might not allow it. The partners will actively participate to develop a sense of ownership and sustainability of the services. The project will always collaborate with the clusters, UN agencies and INGO actors on ground to ensure collaborative approach and avoid duplication of interventions.
viii) Monitoring and Reporting Plan Describe how you will monitor and report on the progress and achievements of the project. Notably: <ol style="list-style-type: none"> 1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met. 2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected. 3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy. 4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².
Monitoring framework is established at the start of the program to guide monitoring at all levels of program. Daily and weekly field visits by the field team and program manager gives close monitoring of the implementation of the project. Regular follow up by technical advisor in the country office is a core part of the monitoring framework. Both quantitative and qualitative data will be consolidated to capture project impact. CARE M&E department will closely work with the different community structures to monitor and assess performance against key project deliverables. Cross cutting issues and project impact among targeted community members will also be monitored from time to time by using relevant impact monitoring tools like case stories and focus group discussion. CARE uses a community scorecard methodology to get communities' views (positive and negative) on project implementation and quality. Project output progress and process monitoring will be done by established monitoring frame work upon which monthly qualitative and quantitative progress reports will be developed and shared with WASH cluster on a monthly basis. Reports will include a detailed account/ assessment of output data as well as process information on each project result area, impact/immediate project outcomes as well as key lessons learned from implementation of the project. 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.

D. Total funding secured for theCRP project	
Please add details of secured funds from other sources for the project in the CRP.	
Source/donor and date (month, year)	Amount (USD)
IOM/RRF/ 16 May 2014	255,476
CIDA/DFATD / 26 March 2014	472,860
DUTCH MOFA/ March 2014	632,278
Pledges for the CRP project	

²CHF 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:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

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

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

LOGICAL FRAMEWORK			
CHF ref./CRP Code: SSD-14/WS/60635		Project title: WASH Emergency response to vulneranble hosts and IDPs communities in Unity, Upper Nile and Jonglei State	
		Organisation: CARE SOUTH SUDAN	
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification
Assumptions and Risks			
Goal/Impact (cluster priorities)	Reduced transmission of faeco-oral diseases and exposure to disease bearing vectors among vulnerable IDPs, host conflict affected communities through promotion of participatory WASH by Dec 2014.	<ul style="list-style-type: none"> • % reduction in occurrence of faeco-oral diseases 	<ul style="list-style-type: none"> • Baseline data • Project evaluation data • End of project reporting
CHF project Objective	To increase access to safe water dignified sanitation, promote adoption of good hygiene practices and reduction of environmental health risks for 15,000 women, girls, men and boys from vulnerable host, and IDP communities by Dec 2015	<ul style="list-style-type: none"> • # of community members (female and male) trained on management of water, sanitation and hygiene services • # of community members (Female and male) actively engaged in planned project activities 	<ul style="list-style-type: none"> • End of project report • Periodic monthly reports
Outcome 1	Improved access to safe , potable water for IDPs and hosts during the emergency	<ul style="list-style-type: none"> • # of existing water points rehabilitated • # of people provided with sustained access to safe water supply as per SPHERE standards 	<ul style="list-style-type: none"> • Activity completion reports • Monthly Reports • Monitoring reports
Output 1.1	Increased sources of safe and clean drinking water	<ul style="list-style-type: none"> • # of existing water points rehabilitated (10) • Number of water management committees formed, trained and functional (10) • Number of water points monitored and issues addressed (10) 	<ul style="list-style-type: none"> • Monthly progress reports • Monitoring reports • Training reports
Activity 1.1.1	Rehabilitation of damaged and abandoned 10 water points		
Activity 1.1.2	Water quality monitoring and surveillance for 10 water points		

LOGICAL FRAMEWORK			
CHF ref./CRP Code: SSD-14/WS/60635		Project title: WASH Emergency response to vulneranble hosts and IDPs communities in Unity, Upper Nile and Jonglei State	
		Organisation: CARE SOUTH SUDAN	
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.1.3	Formation and training of 10 water management committees		
Activity 1.1.4	Distribution of PUR sachets/aqua tabs as immediate response to ensure safe water provision		
Outcome 2	Improved access to safe sanitation facilities and environmental living conditions for IDPs and host communities <ul style="list-style-type: none"> # of people who provided with sustained access to hygiene latrine facilities # of people served by solid waste management 	<ul style="list-style-type: none"> Monthly progress reports 	<ul style="list-style-type: none"> Weather is conducive for implementation of planned activities Construction materials are available, affordable and delivered in timely manner
Output 2.1	Reduced number of cases with disease/ risks associated to poor sanitation and unhygienic environment <ul style="list-style-type: none"> Number of emergency communal latrines constructed (300) Number of institutional latrines constructed (10) Number of pee-poo bags piloted (1500) 		
Activity 2.1.1	Construction of 300 emergency communal latrines with provision of hand washing facilities		
Activity 2.1.2	Construct/Rehabilitate 10 desludgeable institutional latrines with hand washing facilities		
Activity 2.1.3	Solid waste management at household and community levels		
Activity 2.1.4	Pilot use of 1500 Pee-Poo Bags including distribution , collection and disposal		
Outcome 3	Improved community understanding of hygiene related illness especially cholera and prevention methods. <ul style="list-style-type: none"> # of households receiving hygiene kits # of people trained on hygiene promotion messages to be shared with their community 	<ul style="list-style-type: none"> Training Reports Distribution lists 	<ul style="list-style-type: none"> Communities are willing to participate in planned activities
Output 3.1	Enhanced community behavior change and application of good hygiene practices <ul style="list-style-type: none"> Number of hygiene promoters trained TOT (16) # of hygiene promotion material produced and disseminated # of WASH NFIs distributed by category 	<ul style="list-style-type: none"> Training reports Distribution lists 	
Activity 3.1.1	Provide TOT on hygiene promotion training to hygiene committees and women groups on good hygiene practices		
Activity 3.1.2	Train 16 community hygiene promoters both male and females for house to house hygiene promotion		
Activity 3.1.3	Print and distribute hygiene promotion materials (posters) through public gatherings, house to house visits		
Activity 3.1.4	Source and Distribute basic WASH supplies to support practice of good hygiene behaviour (clean water containers, soap, hygiene kits, water purification tabs)		

PROJECT WORK PLAN

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

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

Project start date:	1 July 2014	Project end date:	31 December 2014
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Activities	Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1 Rehabilitation of damaged and abandoned 10 water points		X	X	X								
Activity 2 Water quality monitoring and surveillance for 10 water points		X	X	X	X	X	X					
Activity 3 Formation and training of 10 water management committees		X	X									
Activity 4 Distribution of PUR sachets/aqua tabs as immediate response to ensure safe water provision		X	X	X	X	X	X					
Activity 5 Construction of 300 emergency communal latrines with provision of hand washing facilities		X	X	X	X	X	X					
Activity 6 Construct/Rehabilitate 10 desludgeable institutional latrines with hand washing facilities		X	X	X	X							
Activity 7 Solid waste management at household and community levels		X	X	X	X	X	X					
Activity 8 Pilot use of 1500 Pee-Poo Bags including distribution , collection and disposal		X	X	X	X	X	X					
Activity 9 Provide TOT on hygiene promotion training to hygiene committees and women groups on good hygiene practices		X	X									
Activity 10 Train 16 community hygiene promoters both male and females for house to house hygiene promotion		X	X	X	X	X	X					
Activity 11 Print and distribute hygiene promotion materials (posters) through public gatherings, house to house visits		X	X	X	X	X	X					
Activity 12 Source and Distribute basic WASH supplies to support practice of good hygiene behaviour (clean water containers, soap, hygiene kits, water purification tabs		X	X	X	X	X	X					

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