

## South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against CRP 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 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:

<b>CRP Cluster</b>	<b>WASH</b>
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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.

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

### SECTION II

<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	
SOLIDARITES INTERNATIONAL		<b>State</b>	<b>%</b>
		CE	100
<b>Project CRP Code</b>		<b>County/ies (include payam when possible)</b>	
SSD-14/WS/60823		POC UN House	
<b>CRP Gender Code</b>			
2a			
<b>CRP Project Title (please write exact name as in the CRP)</b>			
WASH assistance for conflict affected populations in the Republic of South Sudan			
<b>Total Project Budget requested in the in South Sudan CRP</b>		US\$ 7,300,000.00	
<b>Total funding secured for the CRP project (to date)</b>		US\$ 6,125,000.00	
<b>Funding requested from CHF for this project proposal</b>		US\$ 1,500,000.00	
<b>Are some activities in this project proposal co-funded (including in-kind)?</b> Yes <input checked="" type="checkbox"/> No <input 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 CRP project and number of targeted beneficiaries scaled appropriately to CHF request)		<b>Indirect Beneficiaries / Catchment Population (if applicable)</b>	
	<b>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CRP</b>	
Women:	8,180	30,000	
Girls:	6,820	25,000	
Men:	8,180	30,000	
Boys:	6,820	25,000	
<b>Total:</b>	30,000	110,000	
<b>Targeted population:</b> Abyei conflict affected, IDPs, Returnees, Host communities, Refugees			
<b>CHF Project Duration</b> (12 months max., earliest starting date will be Allocation approval date)			
Indicate number of months: 6 months (			
<b>Implementing Partner/s</b> (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)			
<b>1 July - 31 December 2014</b>			

Contact details Organization's Country Office	
Organization's Address	AX II Block 3 Hai Cinema, Juba, South Sudan
Project Focal Person	Kevin Bonel, <a href="mailto:juba.epr.coo@solidarites-southsudan.org">juba.epr.coo@solidarites-southsudan.org</a> , +211 (0) 912992826
Country Director	Agnieszka Goscinska, <a href="mailto:juba.hom@solidarites-southsudan.org">juba.hom@solidarites-southsudan.org</a> , +211 (0) 954273402
Finance Officer	Caroline Cauderc, <a href="mailto:juba.fin.coo@solidarites-southsudan.org">juba.fin.coo@solidarites-southsudan.org</a> , +211 (0) 912714613
Monitoring & Reporting focal person	Kevin Bonel, <a href="mailto:juba.epr.coo@solidarites-southsudan.org">juba.epr.coo@solidarites-southsudan.org</a> , +211 (0) 912992826

Contact details Organization's HQ	
Organization's Address	89, rue de Paris, F 92110 Clichy, Paris, France
Desk officer	Berengere Tripon, <a href="mailto:BTripon@solidarites.org">BTripon@solidarites.org</a> , +33 1 76 21 86 20
Finance Officer	Guillaume Antoine, <a href="mailto:GAntoine@solidarites.org">GAntoine@solidarites.org</a> , +33.(0).1.76.21.86.22

### 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>

Since the violence started in South Sudan, a total of 1.3 million people have been displaced. Thousands are sheltering in UNMISS compounds – Protection of Civilians (PoCs) sites. In Juba, IDPs seek protection in Tong Ping (ca.15,000ppl) and UN House (15,000ppl) POCs.

UN House POC is divided into three: POC1 with 2 extensions, POC 2 and POC3 under construction. POC3 is being developed to reduce congestion in existing sites and host IDPs from Tong Ping (located on a flood-prone area). Relocation of IDPs will start in June, with ca. 30,000ppl living in POC UN House by the middle of July.

IDPs staying in POC are mostly Nuer with some foreign nationals: Ethiopians, Somalian and Eritreans.

Given the nature and the level of insecurity, it is assumed that IDPs will stay in POCs at least until the end of the 2014.

Solidarites International (SI) is responsible for WASH activities in the UN House POC: construction of new facilities in POC3, rehabilitation of existing ones and provision of related services.

SI focuses on prevention of water borne diseases incl. cholera. Since late April's outbreak in Juba town, SI strives to provide necessary quantity and quality of WASH services to avoid outbreak inside the POC.

The boreholes in UN HOUSE POC, does not provide enough yield to cover the needs of water for 30,000 IDPs. The most appropriate solution is to continue water trucking with tide control of water quality. The existing emergency latrines require rehabilitation and everyday desludging. Due to cholera outbreak frequent disinfection is needed.

Regarding waste management, the system is in place however further services of garbage collection and liquid waste disposal (with focus on cholera prevention) need to be provided. Finally, hygiene promotion needs to be strengthened, due to the prolonged displacement and cholera outbreak. Distribution of hygiene kits; including replenishment; is a priority.

### 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.

SOLIDARITES INTERNATIONAL (SI) is an expert in WASH sector, operating in South Sudan for the last 8 years, with strategy that enables quick response in emergency and provision of life-saving services in recovery phase.

SI implements WASH activities in UN House from mid December 2013, first, as part of its Emergency Preparedness and Response program funded by ECHO, and later on (beyond March 2014), as WASH Post Emergency Response, funded under OFDA. SI facilitates also provision of UNICEF core pipeline supplies.

At the moment UN HOUSE POC (post emergency phase) needs more grants and CHF funding is crucial for further delivery of services to the POC, including water trucking for 30,000ppl IDPs.

SI is an active WASH Cluster member and focal point for WASH activities in UN House. SI Intervention is in line with Cluster strategy, corresponding to 5 out of 9 priorities. SI contributes to cholera response through: provision of safe water and sanitation; management of emergency water treatment units, rehabilitation of emergency communal latrines, distribution of WASH NFIs and conduction of emergency hygiene promotion training for Community Hygiene Promoters.

All those activities need to be reinforced and pursued during the rainy season to prevent the further development of a cholera epidemic and to cover the needs of the growing population.

SI through CHF funding, will be able to cover the gaps identified by the cluster through the enlargement of its capacity to cope with the growing needs of the population in UN House and the increase of the duration of coverage (up to the end of December 2014).

### 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 project proposed is in line with cluster priorities:

UN HOUSE will see its population doubled by the arrival in the POC3 (3<sup>rd</sup> POC under construction outside of the UNMISS Compound) of nearly 15,000 IPDs located in Tong Ping IDP site for the moment. The needs in term of water will unfortunately not be completed by the drillings of tube well inside this IDP site. Even if different options in term of water supply for this current POC and the other POCs have been studied (i.e. installation of SWAT system in the temporary streams located on the sides of the UNMISS base and the POC3...) the only feasible solution in term of quality and quantity of safe water is to continue the water trucking. In order to reduce the cost of this activity, the drilling of tube wells with high production yield in closer location is under study between SI, the Mayor of Juba and the State Ministry of Physical Infrastructure, Water Supply Department.

UN HOUSE has been unfortunately the starting point of cholera outbreak after a person who contracted Cholera in Uganda, entered UN House to be treated at MSF Clinic. Starting this period SI applied its cholera response plan in order to mitigate the suspected outbreak. Therefore rehabilitation of the sanitation infrastructure constructed in the 1<sup>st</sup> phase of the emergency in January 2014 is critical.

On top of the above mentioned activities and the activities already started in the "old" POCs, SI puts a particular attention to the reinforcement of its current Hygiene Promotion team. This is also critical in a period of Cholera outbreak in order to promote and help the adoption of safe practices by the community. Distribution of Hygiene kits and regular supplies of hygienic material will be delivered by SI with the support of UNICEF core pipeline supplies.

#### 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)

<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.

The main objective of this CHF project is to ensure access to safe water, sanitation and hygiene facilities for approximately 30,000 individuals in PoC 1, PoC 2 and PoC 3 living in UN House in order to mitigate the current outbreak faced in Juba. This CHF project will complete a current grant from OFDA (finishing in September 2014) and ensure services to this population up to December 2014. The current OFDA grant has been designed with the possibility of supplying water from a crystalline aquifer. Unfortunately the current production available from the tube wells drilled inside POC3 and UNMISS compound doesn't allowed the direct supply of safe water neither a significant reduction of the needs of water trucking.

This CHF project will allow SI to ensure the provision of safe water to the targeted population. SI will follow the SPHERE minimum standards (15l/p/day) to ensure the provision of sufficient quantity of safe water to each individual. In addition SI, via the improvement / rehabilitation of the current sanitation facilities will allow the population to have access to safer latrines and showers and will ensure that the Sphere minimum standards (1 Latrine for 50 pers.) are met. Finally SI will, through the work of its hygiene promotion team improve the hygiene practices of the community.

**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).

As explain above the proposed CHF project is complementary to an OFDA grant, the under mentioned activities will allow SI to continue to ensure a mitigation of the current outbreak of cholera and to mitigate any others. SI will be able to continue to provide water to the current population living in POC1 and POC2 and to the expected population of POC3 on their way to be relocated. SI will be providing water to ca. 30,000 individuals. In addition, SI will improve the previous sanitation facilities constructed at the first stage of the emergency and ensure regular hygiene promotion sessions.

The provision of safe drinking water will be done by water trucking using groundwater. The water is and will be chlorinated to reach a concentration of free residual chlorine of 0.6mg/L during outbreak and of 0.4 to 0.5 mg/L in normal setting.

The safe water provision is done with the support of water tanker, filled in the dedicated boreholes from Juba Urban Water Corporation. Prior to the filling of the cress tank installed by SI in the different POCs, the water transported by the tankers will be tested to ensure that the quality of the water is according to the standards in term of turbidity (< 5 NTU) and to measure the Free Residual Chlorine (FRC) nowadays, as the Juba Urban Water Corporation is chlorinating the water. This FRC test will enable SI to add the required amount of chlorine and reach the FRC level required.

The rehabilitation of 218 current communal latrines located in the two POCs inside UNMISS Compound will enable SI to upgrade the current latrines to rainy season proof latrines. With a reinforcement of the pit by the addition of wooden frame (protected with engine oil), plastic sheeting and sand bags will prevent the risks and the collapsing of the pit during the desludging or after a big rain event. This will increase life span of those latrines and will de facto reduce the risk of open defecation as the decommissioning of the latrines, when full, is impossible due to the lack of space in those POCs. The latrines are already gender segregated and the gender split is easily noticeable by the use of a color code. The white sanitation infrastructures are dedicated to women, the blue ones for men. In addition for each infrastructure, dedicated hand washing facilities are available. The latrines care takers hired within the community are responsible for the respect of the gender segregation and the continuous filling of the hand washing facilities with water and soap. The latrines are cleaned by dedicated team of community workers responsible for the cleaning of the showers and the latrines within their residential area.

Finally, the regular provision of hygienic materials through Hygiene kit and regular soap provision (provided and secured in a PCA with UNICEF) will complement the daily hygiene promotion session and reduce the risk of waterborne disease within the IDP community providing the means and the willingness to have safe practices.

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

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

With the proposed CHF Project SI will ensure that the targeted:

- 30,000 person have access to safe drinking water,
- 10,900 people benefit of rehabilitation of the existing sanitation infrastructure.
- 30,000 people have access to adequate hygiene promotion sessions allowing a proper use of those materials and safer practices.

**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.

<b>SOI (X)</b>	<b>#</b>	<b>Standard Output Indicators</b> (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	<b>Target (indicate numbers or percentages)</b> (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.	# of people provided with sustained access to safe water supply (SPHERE Standard)	30,000
X	2.	# of Existing water points rehabilitated	27
X	3.	# of people provided with sustained access to hygiene latrine facilities	10,900
X	4.	# of latrines rehabilitated	218
X	5.	# of Community members trained on management of water, sanitation and hygiene services.	30,000
X	6.	# of people trained on hygiene promotion messages to be shared with their community	45
	7.		

**vi). Cross Cutting Issues**

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

SI uses the Humanitarian Accountability Partnership (HAP) guidelines and addresses the needs with attention to gender issues, to ensure protection for women, girls and other vulnerable persons. In each action, SI promotes women's participation and active role in the management of WASH facilities.

SI is having regular meeting with the GBV/protection partners. SI tries as possible to include protection as a mainstreaming activity in the initial design of its activities. SI liaises and seeks advises from protection partners to adapt the designs and includes some suggestion in the designs of the WaSH infrastructures. SI try as possible to have a gender balanced team.

As active WaSH partner, SI is trying to mitigate any side effect on the environment. SI is always looking into details the management of the waste solids and liquid.

**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.

SI will implement directly this project.

SI team is composed of a WaSH Coordinator and a Project Manager responsible for the technical quality of the project supported by a Field Officer. The team of the Project Manager is composed of a PM Assistant supervising Technical and Hygiene Promoter Supervisors, them supervising teams of Technicians and Hygiene Promoters.

SI will involve a maximum the IDPs in all the steps of this project. SI is always attending the community meetings allowing readapt the design of its project and activities to the real needs of the IDPs communities. SI is already relaying on a team of 45 Community Hygiene Promoters and involves IDPs in all the daily work activities (construction, maintenance, cleaning of the infrastructures...) in order to mitigate as much as possible the lack of livelihood within the POCs setting.

**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 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)<sup>2</sup>.

Monitoring will be integrated throughout the program. The Project Manager and his team will be in charge of follow-up and reporting on the activities, using SI's internal reporting tools (weekly situation reports, activity progress updates (APU) and critical incidents report). The daily monitoring will be implemented by SI technicians and supervisors. They will regularly report activity progress to the coordination team in order to monitor closely progress according to the objectives, quality standards and timeframe. During the monitoring phase, the team will pay special attention to the quality of work from the community workers and assist them if necessary. Additionally, the team will carry out water analysis.

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

- Routine field visits by the Project Manager and the Technical Coordinator
- National and international staff regular meetings
- Activity Progress Update and Critical Incidents Report, a specific internal SI tool
- Field visits from the Head of Mission and representatives from Headquarters
- Follow up of main indicators

SI currently employs and will hire additional local staff with sufficient skills and expertise to manage day-to-day activity implementation. Some of them already have some experience working with SI and benefited from different workshops and training during former projects on latrines installation and maintenance, water quality testing...

Reporting on field visits and observations from regular monitoring activities mentioned above will be included in regular internal weekly reports. Monitoring is a continuous exercise throughout the program and when and where possible program adjustments will be made to ensure the relevance of programming and appropriate allocation of resources. Proper documentation and information management are always emphasized.

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

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

Source/donor and date (month, year)	Amount (USD)
OFDA , July 2013 – September 2014 (2014 cut off)	2,875.000
ECHO, November 2013 – June 2014 (2014 cut off)	3.250,000
<b>Pledges for the CRP project</b>	
CHF (standard allocation ) – initially planned 9.000.000	7.300.000

<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:

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/60823		Project title: WASH assistance for conflict affected populations in the Republic of South Sudan	Organisation: <b>SOLIDARITES INTERNATIONAL</b>	
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Goal/Impact (cluster priorities)</b>	<i>To contribute to mitigate outbreak of water borne diseases in Juba, through improved and safe WaSH assistance.</i>	<i>During the project period the number of waterborne diseases will be reduced by 50% within the targeted population compared to current settings in same conditions.</i>	<ul style="list-style-type: none"> <li>• Data from health partners.</li> <li>• Base line KAP survey.</li> <li>• End line KAP survey.</li> </ul>	
<b>CHF project Objective</b>	<i>To ensure access to safe water, sanitation and hygiene facilities for nearly 30,000 population in PoC 1, PoC 2 and PoC 3 of Juba-3 site/UN House.</i>		<ul style="list-style-type: none"> <li>• Data from health partners.</li> <li>• Base line KAP survey.</li> <li>• End line KAP survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Political unrest/war.</li> <li>• Sudden influx of IDPs</li> </ul>
<b>Outcome 1</b>	<i>Vulnerable IDPs living in UN House have access to safe water in UN House</i>	<ul style="list-style-type: none"> <li>• Number of people provided with sustained access to safe water supply (SPHERE Standard) (30,000)</li> </ul>	<ul style="list-style-type: none"> <li>• Base line KAP survey.</li> <li>• End line KAP survey.</li> <li>• GPS readings.</li> <li>• Post distribution monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Political unrest/war.</li> <li>• Sudden influx of IDPs</li> </ul>
<b>Output 1.1</b>	<i>Safe water is provided in the camp to xxx ppl</i>	<ul style="list-style-type: none"> <li>• Number of existing water points rehabilitated (27)</li> </ul>	<ul style="list-style-type: none"> <li>• End KAP line survey.</li> <li>• GPS readings.</li> </ul>	<ul style="list-style-type: none"> <li>• Political unrest/war.</li> <li>• Sudden influx of IDPs</li> </ul>
<b>Activity 1.1.1</b>	<i>Distribution of safe water through through water trucking</i>			
<b>Activity 1.1.2</b>	<i>Maintenance and improvement of water distribution points.</i>			
<b>Outcome 2</b>	<i>Vulnerable IDPs living in UN House have access to improved sanitation facilities</i>	<ul style="list-style-type: none"> <li>• Number of people provided with sustained access to hygiene latrine facilities (10,900)</li> </ul>	<ul style="list-style-type: none"> <li>• Base line KAP survey.</li> <li>• End line KAP survey.</li> <li>• GPS readings.</li> <li>• Post distribution monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Political unrest/war.</li> <li>• Sudden influx of IDPs</li> </ul>
<b>Output 1.2</b>	<i>Sanitation facilities are rehabilitated in the site and use by the targeted population.</i>	<ul style="list-style-type: none"> <li>• Number of latrines rehabilitated (218)</li> </ul>	<ul style="list-style-type: none"> <li>• Base line KAP survey.</li> <li>• End line KAP survey.</li> <li>• GPS readings.</li> </ul>	<ul style="list-style-type: none"> <li>• Political unrest/war.</li> <li>• Sudden influx of IDPs</li> </ul>
<b>Activity 1.2.1</b>	<i>Maintenance and improvement of sanitation facilities.</i>			
<b>Outcome 3</b>	<i>Vulnerable IDPs living in UN House change their HP practice and are sensitized to cholera prevention practices</i>	<ul style="list-style-type: none"> <li>• Number of community members trained on management of water, sanitation and hygiene services. (30,000)</li> </ul>	<ul style="list-style-type: none"> <li>• Base line KAP survey.</li> <li>• End line KAP survey.</li> <li>• GPS readings.</li> <li>• Post distribution monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Political unrest/war.</li> <li>• Sudden influx of IDPs</li> </ul>
<b>Output 1.3</b>	<i>Hygiene promotion sensitization sessions are organized in the site to prevent cholera outbreak</i>	<ul style="list-style-type: none"> <li>• Number of people trained on hygiene promotion messages to be shared with their community (45)</li> </ul>	<ul style="list-style-type: none"> <li>• Base line KAP survey.</li> <li>• End line KAP survey.</li> <li>• Post distribution monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Political unrest/war</li> <li>• Sudden influx of IDPs.</li> </ul>

LOGICAL FRAMEWORK			
CHF ref./CRP Code: SSD-14/WS/60823		Project title: WASH assistance for conflict affected populations in the Republic of South Sudan	Organisation: <b>SOLIDARITES INTERNATIONAL</b>
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.3.1	Conduct regular hygiene promotion sessions.		

## 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 July 2014</b>	<b>Project end date:</b>	<b>31 December 2014</b>
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Activities	Q2	Q3/2014			Q4/2014		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1. Distribution of safe water through emergency water treatment unit and boreholes		X	X	X	X	X	X
Activity 1.1.1.1. Hiring water truck supplier		X					
Activity 1.1.1.2. Hiring of DW as Water Point Attendants		X					
Activity 1.1.1.3. Chlorination and distribution of water		X	X	X	X	X	X
Activity 1.1.2. Maintenance and improvement of water distribution points.		X	X	X	X	X	X
Activity 1.1.2.1. Hiring of DW for regular maintenance of water distribution points		X					
Activity 1.1.2.2. Regular maintenance of water distribution points		X	X	X	X	X	X
Activity 1.2.1. Maintenance and improvement of sanitation facilities.		X	X	X	X	X	X
Activity 1.2.1.1. Design and BoQ preparation for latrines rehabilitation	X						
Activity 1.2.1.2. Identification and selection of suppliers for materials	X						
Activity 1.2.1.3. Hiring of skilled labor for rehabilitation		X					
Activity 1.2.1.4. Delivery of materials		X	X	X			
Activity 1.2.1.5. Rehabilitation of latrines		X	X	X			
Activity 1.3.1. Distribution of Hygiene kits to the targeted population.			X	X	X		
Activity 1.3.1.1. Design and BoQ preparation for hygiene kits distribution			X				
Activity 1.3.1.2. Distribution of hygiene kits				X			
Activity 1.3.1.3. Conduct post distribution monitoring					X		
Activity 1.3.2. Conduct regular hygiene promotion sessions.		X	X	X	X		
Activity 1.3.2.1. Hiring of Community Hygiene Promoters		X					
Activity 1.3.2.2. Conduct base line KAP survey.		X					
Activity 1.3.2.3. Conduct regular hygiene promotion sessions			X	X	X	X	X
Activity 1.3.2.4. Conduct End line KAP survey.							X

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

The distribution of hygiene kits, although not funded under CHF is shown in this timetable to ensure complementarity between NFI distribution and hygiene session promotion.