

## South Sudan 2012 CHF Standard Allocation Project Proposal

*Proposal for CHF funding against Consolidated Appeal*

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 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 proposal should explain and justify the activities for which CHF funding is requested and it 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. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

### SECTION I:

<b>CAP Cluster</b>	<b>WASH</b>
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**CHF Cluster Priorities for 2012 First Round Standard Allocation**  
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

<p><b>Cluster Priority Activities</b></p> <p>Activities in line with the 2012 CAP priorities:</p> <ol style="list-style-type: none"> <li>1. To increase timely and equitable access to safe water, sanitation, and hygiene services to vulnerable populations affected by emergencies, and to maintain stability in areas prone to water-related conflict</li> <li>2. To strengthen acutely vulnerable communities to withstand emergency WASH crises, with a priority on rehabilitation of existing water infrastructure, and supporting operation and maintenance systems</li> <li>3. To facilitate behavior change in acutely vulnerable communities in hygiene and sanitation practice through targeted hygiene promotion focusing on women and children, and through improved access to and use of sanitation facilities</li> </ol>	<p><b>Cluster Geographic Priorities</b></p> <p>Conflict- and emergency-affected populations. Particularly, <u>but not limited to</u>, populations in Upper Nile State, Unity State, and Jonglei State.</p>
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**Project details**  
The sections from this point onwards are to be filled by the organization requesting for CHF.

<p><b>Requesting Organization</b></p> <p>ACF-USA / Action Against Hunger</p> <p><b>Project CAP Code</b></p> <p>SSD-12/WS/46407/14005</p> <p><b>CAP Project Title</b></p> <p><b>Reduced Morbidity and Prevention of Malnutrition in South Sudan by Addressing Chronic and Acute Water, Hygiene, and Sanitation Needs of the Population.</b></p>	<p><b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)</p> <p><b>Warrap (Twic and Gogrial West counties, including Warrap-Abyei border areas) (60%)</b></p> <p><b>Northern Bahr el Gazal (Aweil East, Aweil North counties and Aweil Town), (40%)</b></p> <p><b>*Emergency response capacity statewide in both states.</b></p>
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<b>Total Project Budget in South Sudan CAP</b>
US\$4,000,000

<b>Amount Requested from CHF</b>	<b>Other Resources Secured</b>
US\$ 700,000	US\$1,400,000

<b>Beneficiaries: 61,100</b>	
Women:	18,712
Men:	10,228
Girls:	16,080
Boys	16,080

<b>Total Indirect Beneficiary</b>
93,600
<b>Catchment Population (if applicable)</b>
N/A

<b>Implementing Partners</b> (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

<b>Project Duration</b> (max. of 12 months, starting from allocation date)
<b>Start Date (mm/dd/yy): 20 March, 2012</b>
<b>End Date (mm/dd/yy): 19 March, 2013</b>

**Address of Country Office**

Project Focal Person: Hanbial Abiy Worku, Country Director  
 Email & Tel:  
 e-mail country director: hom.ssd@acf-international.org  
 e-mail finance officer: admin.ssd@acf-international.org  
 Address:  
 Plot AXT, 2<sup>nd</sup> class Hai Cinema. Juba, South Sudan

**Address of HQ**

e-mail desk officer: [yhammache@actionagainsthunger.org](mailto:yhammache@actionagainsthunger.org)  
 e-mail finance officer:  
  
 Address:  
 247 West 37th Street,  
 10th Floor. New York, U.S.A. 10018, Telephone:  
 +1(212)967-7800

**SECTION II****A. Humanitarian Context Analysis**

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population<sup>1</sup>

ACF is operating in two flashpoint states – Warrap and NBeG. In addition to recurring emergencies related to intertribal conflict and seasonal flooding, NBeG and Warrap received approximately 28% of the total tracked returnee flows into South Sudan between October 2010 and December 2011. Up to 500,000 additional returnees living in Sudan are projected to arrive in South Sudan in 2012, and expectations are that similar percentages will arrive in Warrap and NBeG - up to 140,000 additional returnees. As border states, similar to the 2011 returnee influx, these states will have to provide transit services as well as early recovery for those settling in the areas. Early recovery and reintegration of highly vulnerable returnee population will be a key priority for both States in 2012. In 2011, Warrap, and specifically Twic county, received more than 46,000 IDP's from the Abyei conflict. The Agok area, which borders Twic County, received an estimated 28,000 IDPs during the conflict. Aweil East, NBeG, which also borders Abyei, received over 1,700 IDPs during the conflict. It is critical actors in these areas are in position to respond in the event of additional conflict and subsequent displacements. Supporting the response capacity of current actors in Warrap and NBeG will be key to addressing the needs of acutely vulnerable populations in the region.

Current service levels for water, sanitation, and hygiene within the host communities are well below satisfactory levels, with average water consumption under 10L per capita per day and with less than 50% of the existing population having access to a safe water source. Nearly 60% of the population in the proposed counties report average water collection times of more than 30 minutes – a significant burden on female caretakers contributing to one of the main underlying causes of malnutrition - and average users per safe water point range from 800 – 1300, well above the standard of 500. Returnee arrivals and internal displacements have further exacerbated the already overstressed infrastructure in Warrap and NBeG, and addressing these gaps will be a key priority for both states for 2012.

Open defecation is the most common method of human excreta disposal. According to the GOAL survey in Twic county, of the 248 cases of morbidities reported in the two weeks prior to the survey, over 40% of the cases were reported in children. Approximately 30% of the reported morbidities were attributed to diarrhea. Per the ACF survey in NBeG, diarrhea was reported among 20% of respondents in the previous 2 weeks. Alarming, the survey data showed less than 19% reported hand washing after defecation, and less than 35% use soap for hand washing. According to data in the 2010 South Sudan Development Plan, improved sanitation coverage in Warrap was 2 percent and 5 percent in Northern Bahr El Ghazal. Prevalence of surface water use compounded with the poor hygiene and sanitation situation raises concerns of potential outbreaks of acute watery diarrhea.

**B. Grant Request Justification**

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

The activities proposed in the project are in line with all the three cluster priorities outlined in the WASH strategy document for 2012. Emphasis is placed on strengthening ACFs programming all three priority areas.

- With CHF support, ACF will maintain emergency WASH response capacity in the operational areas, with the ability to respond state-wide in Warrap and NBeG. This includes, but is not limited to, timely and equitable access to water points, construction of emergency sanitation facilities and ongoing hygiene and sanitation messages.
- The project aims to strengthen acutely vulnerable communities to withstand emergencies through rehabilitation and development of new water points, with emphasis on capacity building and empowerment of local institutions.
- ACF will facilitate behavior change by incorporation of community led approaches to hygiene and sanitation, targeting female caretakers of malnourished children, and implementing CHAST in schools.
- ACF operates in two "hot spot" areas identified by the cluster, and acutely vulnerable returnees, IDPs, and refugees will be targeted for early recovery as well as emergency response interventions.
- ACF is active in national, state, and county cluster coordination, serving as Warrap State WASH Focal Point, and chairing the Spare Parts Technical Working Group in 2012. As state focal point, ACF plays a key role in the coordination of emergency response in Warrap State and the Abyei border area between international ngo and government activities as well as maintaining a communication network.

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

<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.

### **i) Purpose of the grant**

Briefly describe how CHF funding will be used to support core humanitarian activities

CHF funding will be essential for ensuring that ACF projects can respond to the needs, including in emergency, of the target areas and the vulnerable communities, IDPs and returnees requiring assistance. The project, using CHF funds, will work to improve access to safe water sources for the communities by rehabilitating boreholes, as well as constructing new water points through manual drilling techniques. Through these activities, the objective is to not only increase access but to ensure that the distance and time to water points is reduced and to ensure that all vulnerable communities have equal access.

Additionally, throughout these activities emphasis will be placed on the vulnerable communities in the area in the aim to strengthen their resistance to emergencies in the future.

Capacity building of county RWSS department and Pump Mechanic Associations will help to strengthen these institutions to provide essential services to vulnerable populations and withstand crises in the future. Manual drilling equipment and training will be provided to enable expanded levels of service delivery options which are sustainable and replicable. Should humanitarian access become limited, these institutions will be in a position provide emergency relief and essential services in the absence of INGOs.

Further, hygiene and sanitation promotion and education activities will be undertaken. This will include school campaigns using CHAST methodology, community campaigns using CLTS or PHAST methodology as well as the training of local leaders and teachers on CLTS.

These activities, using CHF funds, are aimed at improving hygiene and sanitation practices of the vulnerable communities. In parallel, ACF will also work to promote household and school latrines to improve access to sanitation facilities and further promote good hygiene practices.

As noted above, the overall humanitarian situation is likely to deteriorate resulting in not only continued, but increased WASH needs in the project area. This coupled with reduced overall funding levels for WASH interventions in South Sudan make CHF support particularly critical to providing assistance to the vulnerable target population and achieving the objectives outlined in the CAP. WASH is crucial component in supporting the effective responses in the health and nutrition sectors. Considering the overall funding constraints and the high emergency humanitarian needs, if these WASH issues are not addressed then the humanitarian situation will deteriorate even further.

### **ii) Objective**

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

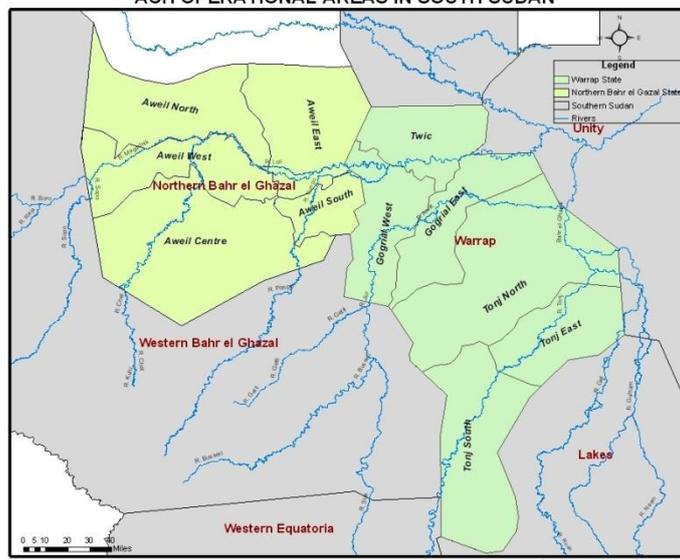
Increased access to sustainable improved water and sanitation services, and facilitation of hygiene practices improvements to 79,420 individuals, including returnees and IDPs and focusing on vulnerable communities, in Warrap and Northern Bahr el Ghazal states by 19th March, 2013.

### **iii) Proposed Activities**

List the main activities 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.

- TOTAL CHF BENEFICIARIES: 61,100
- Emergency Response (25,000 beneficiaries)
  - o Provision of water in emergency using submersible pumps and tap stands or surface water treatment systems
  - o Construction of emergency sanitation facilities for returnees or IDPs
  - o Disseminate emergency health and hygiene messages using community volunteers in the affected communities and provision of hygiene items.
  - o Prepositioning of WASH cluster emergency supplies
- Repair/rehabilitation of 30 boreholes (15,000 beneficiaries)
- Construction of 12 new water points, including hand augered boreholes through RWSS and local Pump Mechanic Associations, protected dug wells, and drilled boreholes (6,000 beneficiaries)
- Training of 42 Water User Committees (210 beneficiaries)
- Training of local pump mechanics (10 beneficiaries)
- Capacity building of county RWSS department and Pump Mechanic Associations in each county, including business training, provision of 2 manual drilling rigs, manual drilling training, and drilling contracting of new water points (30 beneficiaries)
- Rehabilitation of 15 school latrine stances in 3 schools (1,500 beneficiaries)
- 6 School hygiene and sanitation campaigns using CHAST methodology (3,000 beneficiaries)
- Organizing community 3 hygiene promotion/social marketing events (6,000 beneficiaries)
- Implementation of sanitation campaigns in 6 communities using CLTS or PHAST methodology (4,320 beneficiaries)
  - o Facilitate the construction of 27 household latrines through CLTS/PHAST implementation (162 beneficiaries double counted above)
- Training of RWSS, local leaders, teachers and PTA members on CLTS (30 beneficiaries)

**ACH OPERATIONAL AREAS IN SOUTH SUDAN**



**iv). Cross Cutting Issues**

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

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. Additionally, female caretakers of malnourished children are targeted for health and hygiene education.

Empowerment of communities to manage and take ownership of WASH programming will be achieved through extensive training of water and sanitation committees. Supply chain and market aspects will be addressed during implementation, with the overarching goal of equipping vulnerable communities to cope with chronic and acute crises. Through implementation of community led sanitation methodologies, communities take ownership of the implementation of sanitation improvements, which will yield more sustainable solutions.

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 and reduce timber construction in household latrine design. Waste collection and management will be promoted in transit sites and other returnee/IDP locations to build positive 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.

**v) Expected Result/s**

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

	<b>Indicator</b>	<b>Target (indicate numbers or percentages)</b>
1	Number of people provided with safe water, sanitation and hygiene services in emergencies	25,000 individuals
2	Number of latrines rehabilitated	15
3	Total direct beneficiaries - Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance)	21,000 individuals
4	Percentage of target population able to recite three key hand washing times, with soap present in the household.	50%
5	Number of new latrines constructed	27 latrines

**vi) 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.

Directly implemented though ACF.

**vii) Monitoring Plan**

Describe how you will monitor progress and achievements of the project.

Activities are monitored on an ongoing basis by field staff and monthly by Juba based technical coordinators through monthly reports and through periodic visits.. 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.

Monthly reports and analyses are used in monitoring and assessing the program's effectiveness in the communities in which ACF works. Monitoring also occurs in various stages depending on the activities and will include: weekly site reports, Activity Progress Reports, needs assessment and post implementation assessment reports, field visit by the coordination team and visits by technical advisors from the headquarters.

**E. Committed funding**

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)
Multi Donors (2012)	1,400,000

### 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.

LOGFRAME			
<b>CHF ref. Code:</b> <u>SSD-12/4640714005</u>	<b>Project title:</b> <u>Reduced Morbidity and Prevention of Malnutrition in South Sudan by Addressing Chronic and Acute Water, Hygiene, and Sanitation Needs of the Population</u>	<b>Organisation:</b> <u>ACF-USA</u>	
<p><b>Overall Objective:</b> <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <ul style="list-style-type: none"> <li>To prevent malnutrition by improving the availability and access to safe water, sanitation and hygiene services to vulnerable populations in areas impacted by displacements and high returnee arrivals.</li> </ul>	<p><b>Indicators of progress:</b> <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> <li>Malnutrition rates in target communities and among displaced population or returnee transit camps.</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Monthly program reports, baseline and follow up reporting, programme evaluation reports, ACF anthropometric and mortality survey reports, ACF nutrition assessments</li> </ul>	
<p><b>Specific Project Objective/s:</b> <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i></p> <ul style="list-style-type: none"> <li>Emergency affected populations and host communities have improved access to safe water, sanitation facilities, and hygiene education</li> </ul>	<p><b>Indicators of progress:</b> <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i></p> <ul style="list-style-type: none"> <li>Number of beneficiaries provided with safe water, sanitation facilities, and hygiene education</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i></p> <ul style="list-style-type: none"> <li>Monthly program reports, baseline and follow up reporting, Programme evaluation reports</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i></p> <ul style="list-style-type: none"> <li>Security &amp; political situation remains stable, access to beneficiaries is ensured. Involvement and interest for collaboration of communities, local partners and authorities is adequate</li> </ul>
<p><b>Results - Outputs (tangible) and Outcomes (intangible):</b></p> <ul style="list-style-type: none"> <li>Please provide the list of concrete <b>DELIVERABLES</b> - outputs/outcomes (<b>grouped in Workpackages</b>), leading to the specific objective/s:</li> </ul> <ol style="list-style-type: none"> <li>Returnees and IDPs are provided safe water, sanitation and hygiene services in emergencies</li> </ol>	<p><b>Indicators of progress:</b> <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <ol style="list-style-type: none"> <li>Number of beneficiaries provided with clean drinking water</li> <li>Number of safe sanitation units constructed</li> <li>Number of people reached with key health and hygiene messages in emergencies</li> </ol>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ol style="list-style-type: none"> <li>ACF reports (monthly activity reports, field report, training reports and M&amp;E reports)</li> <li>Emergency response reports and assessments</li> <li>Meeting minutes of state and national level cluster meetings</li> </ol>	<p><b>Assumptions &amp; risks:</b> <i>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</i></p> <ol style="list-style-type: none"> <li>Access to the beneficiaries is ensured</li> <li>Participation and promotion is not hindered by community leaders, local customs or insecurity</li> </ol>

<p>2) Improved availability and access to safe water in the geographic areas of intervention</p> <p>3) Facilitate sanitation and hygiene behavior change in communities</p> <p>4) Capacity building of local institutions</p>	<p>4) Participation in state and national level cluster mechanisms</p> <p>1) Number of Boreholes repaired/ rehabilitated</p> <p>2) Number of New water points created</p> <p>3) 100% of rehabilitated hand pumps show less than 10 coliforms/100 ml</p> <p>4) 90% of repaired/rehabilitated hand pumps have no downtime</p> <p>5) Number of Water User Committees formed/ trained</p> <p>6) Number of Pump Mechanics trained</p> <p>1) Number of community led sanitation campaigns conducted</p> <p>2) Number of open defecation free villages</p> <p>3) Number of school latrines rehabilitated</p> <p>4) Number of HH latrines facilitated</p> <p>5) Percent of target population able to recall 3 key hand washing times</p> <p>1) Number of Pump Mechanic Associations formed and/or trained</p> <p>2) Number of RWSS staff and Pump Mechanic Association members trained</p> <p>3) Number of boreholes drilled manually by RWSS or PMA</p>	<p>4) Photographs</p> <p>1) ACF reports (monthly activity reports, field report, training reports and M&amp;E reports)</p> <p>2) Sanitary Surveys</p> <p>3) Water quality monitoring reports</p> <p>1) ACF reports (monthly activity reports, field report, site visits, training reports and M&amp;E reports)</p> <p>2) KAP surveys</p> <p>1) ACF reports (monthly activity reports, field report, site visits, training reports and M&amp;E reports)</p>	<p>3) Contextual difficulties to maintain water quality standards</p> <p>4) Availability of core pipeline items through UNICEF</p> <p>5) Occurrence of emergency and response in necessiated and recognized through cluster mechanisms</p>
<p><b>Activities:</b>  <i>What are the key activities to be carried out (grouped in Workpackages) and in what sequence in order to produce the expected results?</i></p> <p>1.1 Provision of water in emergency using submersible pumps and tap stands or surface water treatment systems</p> <p>1.2 Construction of emergency sanitation facilities for returnees or IDPs</p> <p>1.3 Disseminate emergency health and hygiene messages using community</p>	<p><b>Inputs:</b>  <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> <li>• Staff, submersible pumps, taps stands, bladder tanks, swat systems, transport</li> <li>• Staff, construction materials, transport</li> <li>• Staff, IEC materials, hygiene items, transport</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b>  <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <p>1) Supply markets remain stable</p> <p>2) Access to the beneficiaries is ensured</p> <p>3) Participation and</p>

<p>voluneteers in the affected communities and provision of hygiene items.</p> <p>1.4 Prepositioning of WASH cluster supplies</p> <p>2.1 Repair/rehabilitation of 30 boreholes</p> <p>2.2 Construction of 12 new water points (5 hand auger linked to capacity building of RWSS and local Pump Mechanic Association, 3 protected dug wells, and 4 machine drilled boreholes)</p> <p>2.3 Training of 42 Water User Committees</p> <p>3.1 Rehabilitation of 15 stances of school latrines</p> <p>3.2 School hygiene and sanitation campaigns using CHAST methodology in 6 schools</p> <p>3.3 Organizing 3 community hygiene promotion/social marketing events</p> <p>3.4 Implementation of sanitation campaigns in 6 communities using CLTS or PHAST methodology</p> <p>3.5 Facilitate the construction of 27 household latrines through CLTS/PHAST implementation</p> <p>4.1 Training of RWSS, local leaders, teachers and PTA members on CLTS</p> <p>4.2 Training of 10 local pump mechanics</p> <p>4.3 Capacity building of county RWSS department and Pump Mechanic Associations in each county, including business training, provision of manual drilling equipment, and manual drilling training. This activity is linked to hand auger borehole drilling.</p>	<ul style="list-style-type: none"> <li>• Staff, warehouse space</li> <li>• Staff, construction materials, hand pump spares</li> <li>• Vonder Rig hand auger (manual drilling equipment)</li> <li>• Staff, stationary</li> <li>• Staff, construction materials, transport</li> <li>• Staff, IEC materials, transport</li> <li>• Staff, IEC materials, transport</li> <li>• Staff, IEC materials, transport, construction materials where subsidized latrine slabs are provided</li> <li>• Staff, IEC materials, stationary, transport</li> <li>• Staff, stationary</li> <li>• Staff, stationary, Vonder Rig manual drilling rig</li> </ul>		<p>promotion is not hindered by community leaders, local customs or insecurity</p> <p>4) Contextual difficulties to maintain water quality standards</p> <p>5) Availability of core pipeline items through UNCEF</p> <p>6) Occurrence of emergency and response in necessiated and recognized through cluster mechanisms</p>
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## 4.4 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.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Result 1</b>															
1.1 Provision of water in emergency using submersible pumps and tap stands or surface water treatment systems															
1.2 Construction of emergency sanitation facilities for returnees or IDPs															
1.3 Disseminate emergency health and hygiene messages using community volunteers in the affected communities and provision of hygiene items.															
1.4 Prepositioning of WASH cluster supplies															
<b>Result 2</b>															
2.1 Repair/rehabilitation of 30 boreholes			x	x	X	x	x	x	x	x	x	x	x	x	X
2.2 Construction of 12 new water points (5 hand auger linked to capacity building of RWSS and local Pump Mechanic Association, 3 protected dug wells, and 4 machine drilled boreholes)				x	X	x	x				x	x	x	x	X
2.3 Training of 42 Water User Committees				x	X	x	x				X	x	x	x	X
<b>Result 3</b>															
3.1 Rehabilitation of 15 stances of school latrines					X	x	x	x	x						
3.2 School hygiene and sanitation campaigns using CHAST methodology in 6 schools					X	x	x	x	x	x	X				
3.3 Organizing 3 community hygiene promotion/social marketing events					X	x	x								X
3.4 Implementation of sanitation campaigns in 6 communities using CLTS or PHAST methodology				X	X	X	X	X	X	X	X	X	X	X	X
3.5 Facilitate the construction of 27 household latrines through CLTS/PHAST implementation				X	X	X	X	X	X	X	X	X	X	X	X
<b>Result 4</b>															
4.1 Training of RWSS, local leaders, teachers and PTA members on CLTS								X	X	X					
4.2 Training of 10 local pump mechanics				X	X	X	X	X	X	X	X	X	X	X	X
4.3 Capacity building of county RWSS department and Pump Mechanic Associations in each county, including business training, provision of manual drilling equipment, and manual drilling training. This activity is linked to hand auger borehole drilling				X	X	X	X	X	X	X	X	X	X	X	X

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