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# South Sudan 2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

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

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:**

CAP Cluster WASH

#### 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.

## **Cluster Priority Activities**

Activities in line with the 2012 CAP priorities:

- 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 waterrelated conflict
- 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
- 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

## **Cluster Geographic Priorities**

Conflict- and emergency-affected populations. Particularly, <u>but not limited to</u>, populations in Upper Nile State, Unity State, and Jonglei State.

## **Project details**

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

## **Requesting Organization**

GOAL South Sudan

#### **Project CAP Code**

SSD-12/WS/46425

## **CAP Project Title**

Improved access to potable water sources and sanitation facilities and improved health and hygiene practices through education in vulnerable populations in Twic County and Agok, Warrap State

**Project Location(s)** (list State, County and if possible Payam where CHF activities will be implemented)

Warrap State (100%)

Twic County (Payams: Aweng, Panyok, Ajak-Kuac, Akoc,

Turalei, Wunrok).

Agok (Payam: Rumamer)

<b>Total Project Budget in Se</b>	outh Sudan CAP
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US\$ 1,158,331.79

Amount Requested from CHF	Other Resources Secured
400,000	US\$61,518

1,647
1,582
1,347
1,294

Total Indirect Beneficiary
N/A
Catchment Population (if applicable)
313 051

**Implementing Partners** (Indicate partners who will be subcontracted if applicable and corresponding sub-grant amounts)

No implementing partners.

**Project Duration** (max. of 12 months, starting from allocation date)

Start Date: 03/10/2012 End Date: 03/09/2013

#### **Address of Country Office**

Project Focal Person: Fay Ballard, Assistant Country Director

- Programmes

Email & Tel: <u>fballard@ss.goal.ie</u> +211 (0) 959 4625 05

e-mail country director: <a href="mailto:fballard@ss.goal.ie">fballard@ss.goal.ie</a> (Acting CD)

e-mail finance officer: <a href="mailto:jmutumba@ss.goal.ie">jmutumba@ss.goal.ie</a>
Address: Po Box 166, Munuki, Juba, South Sudan.

#### Address of HQ

e-mail desk officer: Christopher Boucher: <a href="mailto:cboucher@goal.ie">cboucher@goal.ie</a>

e-mail finance officer: Bridget Lane: blane@goal.ie

Address: GOAL, PO Box 19, Dun Laoghaire, Co. Dublin, Ireland

#### **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>

Twic County and Agok have seen significant returns and widespread displacement since late 2010, putting a strain on services and host community resources. A referendum planned for Abyei on secession was never carried out, and in May 2011 Sudan Armed Forces (SAF) took control of Abyei town, the subsequent conflict resulted in the displacement of an estimated 100,000<sup>2</sup> people, predominantly into Twic County. Significant numbers of these IDPs subsequently moved north to the Agok area (south of the River Kiir). SAF and SPLA forces agreed to withdraw from the area on the arrival of UNISFA peacekeepers, however to date SAF forces remain in Abyei, and very few inhabitants have returned to Abyei town. Twic County also received at least 16,799<sup>3</sup> returnees since the process of organised returns from Sudan began in late 2010. This creates a complex situation of services stretched beyond capacity by the successive waves of returnees and IDPs, leaving Agok and Twic areas host to crisis-affected populations in 2012. WASH infrastructure is limited and access to potable water and sanitation facilities remains extremely low.

In the most recent GOAL MICS, in Twic 6.2%, and in Agok 15.6% of the population had access to a household latrine, with the vast majority of the population using either a designated or non-designated open area for defecation. Poor sanitation and hygiene practices contribute to high rates of diarrhoeal disease, which is in turn related to the high proportion of children suffering from malnutrition in GOAL's areas of operation. There is a need for comprehensive health and hygiene education measures, as evidenced by only 30.1% of respondents to the Agok MICS reporting hand washing after defecation and 20.5% (Twic) able to identify three key times for handwashing. In Twic and Agok borehole water is the main source of household water, however over 30% of the population remain over 30 minutes' walk from a safe water source; borehole maintenance and repair remain a challenge in this context. External support is essential to ensure provision of basic services, and maintenance of emergency response capacity to unpredictable needs in these marginalised and vulnerable populations.

## **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

In line with WASH cluster priorities, GOAL will aim to increase timely and equitable access to safe water, sanitation, and hygiene services for vulnerable populations in Upper Nile and Warrap States. In order to achieve this, GOAL will establish six new boreholes) in Twic, and two in Agok in locations identified by need, or their vicinity to GOAL supported health facilities, as part of GOAL's integrated approach to improving the overall health status of the population. In addition, one hand dug well will be constructed in Twic. In order to promote sustainability of the newly constructed water point, a Water User Committee, comprising of local community members, will be formed for each water point and trained on management of the water point and on basic maintenance. This will complement GOAL supported training of Super Technicans for handpump repairs, and is intended to improve community capacity and ownership of WASH infrastructure.

GOAL will also ensure emergency WASH capacity is maintained, as northern Warrap in particular is vulnerable to large scale population movements, and significant numbers currently remain displaced as a result of the May 2011 Abyei crisis. In the case of further displacements, GOAL will support household latrines where appropriate, and site water points in areas where there is inadequate access to potable water in displaced populations (in consultation with the Rural Water Department). In Twic, GOAL will establish two Household Latrine Technology centres, where communities will receive training on different methods of constructing and lining HH latrines, without a need for large scale material inputs from GOAL. GOAL will also construct communal latrines and aim to facilitate behavior change in acutely vulnerable communities in hygiene and sanitation practice through targeted hygiene promotion focusing in particular on women and children (through funding from other donors), Through the network of supported WUCs in Twic GOAL could quickly get agreement to temporarily motorise boreholes along migration routes to provide sufficient quantities of safe water for people in transit or temporary camps.

GOAL has been present in Twic County since 1998 and its depth of experience in each field site, and participatory planning process

<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.

<sup>&</sup>lt;sup>2</sup> UNCHR, IOM and the SSRRC all estimate that over 100,000 people were displaced by the violence in Abyei during May 2011. The population of Abyei town itself was estimated at 50,000, the vast majority of whom remain displaced due to continued SAF presence in the area. Large numbers of IDPs remain in the Agok area, south of the River Kiir, particularly in Mading Jokthiang, close to Agok town. At the height of the IDP crisis, over 50,000 IDPs were registed in Twic County alone (IOM update on IDPs, 8<sup>th</sup> June 2011) and some estimated that up to 80,000 IDPs were displaced in to Twic at this time.

<sup>&</sup>lt;sup>3</sup> UNOCHA Map: Number of returnees by county arriving at their final destination, 30<sup>th</sup> October 2010 – 21<sup>st</sup> February 2012.

facilitates programme design which is rooted in a clear understanding of the barriers to healthy behaviours and which has community ownership as a central aim. GOAL aims to improve well-being of women, girls, boys and men, through ensuring that women and men are consulted during programme planning and implementation, and that both are able to have access and control over opportunities and resources. A gender audit was carried out in late 2010, which formed the basis for the development of the 2011 Gender Strategic Plan, and trainings for field staff carried out to promote gender sensitivity in programming. Promoting gender equitable access to, and utilisation of, health services remains a key aim for GOAL South Sudan.

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

## i) Purpose of the grant

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

CHF funding will be used to support GOAL's existing WASH intervention in Twic County and Agok. CHF will in particular allow GOAL to construct new boreholes, filling a key gap in funding. GOAL's WASH intervention is currently supported in Twic and Agok by OFDA, and funding from ECHO is expected, however both donors favour borehole rehabilitations. CHF funding will therefore allow GOAL flexibility to site new boreholes where existing boreholes are not available for rehabilitation.

#### ii) Objective

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

Increased timely and equitable access to safe water and sanitation for vulnerable populations affected by conflict, displacement and flooding in Twic County and Agok, Warrap State

#### iii) Proposed Activities

<u>List the main activities to be implemented with CHF funding</u>. As much as possible link activities to the exact location of the operation and the corresponding number of <u>direct beneficiaries</u>.

Activity	Location	Beneficiaries
Construction of 8 (6 Twic, 2 Agok)	Twic	Twic: 3,000 (2,450 Male; 2,550 Female)
boreholes to be installed with handpumps	Agok	Agok: 1,000 (490 Male; 510 Female)
		<u>Total</u> : 4,000 (1,960 male; 2,040 female)
Construction of 1 Hand Dug Well to be installed with handpump and windlass & bucket	Twic	300 (147 Male; 153 Female)
World Water Day Celebrations	Twic, Agok	1000 (490 Male; 510 Female)
Setting up, training of, following up with and re-training of Water User Committees	Twic Agok	70 (one WUC per new water point)
(WUCs)	-	At least 30% female, in decision making roles within the Committees
Household Latrines – Setting up of 2	Twic	2 villages (approximately 500 people n
Household Latrine Technology Centres		total: 245 male; 255 female)
Training of WASH staff	Twic	5 (4 male, 1 female) <sup>4</sup>

## iv). Cross Cutting Issues

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

## HIV

The response to the HIV pandemic in South Sudan is still at an early stage with no agreed prevalence baseline, very low levels of understanding and low access to treatment and counselling services. HIV prevention is generally limited to information provision and condom distribution. GOAL's strategy has generally mirrored this and has focused on awareness raising and the free availability of condoms for staff in GOAL compounds and the demonstration of their correct use in GOAL-supported facilities. In 2010, GOAL received a technical support visit from the HIV Advisor who was able to look at the current programme and advise on improvement. There is scope for GOAL to work to engage with the MoH on integrating HIV services into PHC, where possible and appropriate. In a low resource and low prevalence setting like South Sudan, the most appropriate strategy for addressing HIV vulnerability is through gender mainstreaming. As a result, GOAL has focused on conducting a gender audit and gender strategic plan, as detailed below.

#### Gender

GOAL conducted a comprehensive gender audit in 2010. This was a substantial piece of research which sought the opinions of beneficiaries as well as staff at all levels within GOAL from the cleaners to the senior management. It found that GOALstaff are aware of gender but many feel they lack the specific knowledge on how to make it relevant for their work. In 2011 GOAL's Global Gender Advisor visited the programme to facilitate trainings on gender mainstreaming for all staff and to draft the GOAL South Sudan Country Gender Plan. GOAL will continue to seek to move beyond the conception of gender as ensuring men and women

<sup>&</sup>lt;sup>4</sup> Based on current staffing

benefit equally, to ensuring that GOAL's activities are not maintaining existing gender inequalities, but are facilitating and encouraging women and men to redefine their gendered roles and inequalities, for the benefit of the whole community. GOAL does not have gender balance in staffing, especially in senior national positions. The gender plan puts in place specific guidelines to improve recruitment, retention and promotion of women. HR Officers of each site will be prioritised for training to enable them to support line managers to put these guidelines into practice. The strategic plan will be followed by training of Gender Focal Points (GFPs) at each field site to support all staff to integrate gender sensitivity into their work.

GOAL aims to improve well-being of women, girls, boys and men, through ensuring that women and men are consulted during programme planning and implementation, and that both are able to have access and control over opportunities and resources. Promoting gender equitable access to, and utilisation of, health services remains a key aim for GOAL South Sudan. An example of where GOAL is addressing gender directly through its WASH programming is through the targeting of boreholes, where community consultations take place, and boreholes are sited in locations agreed by the community, specifically women, who are predominantly responsible for water collection, as appropriate and safe locations. GOAL also encourages gender equity in Water User Committees, encouraging women to take decision making positions within the committees.

#### **Environment**

Organisationally, GOAL takes in to account environmental issues when planning programmes, and tries to ensure that activities do not cause avoidable adverse environmental impact. This would include appropriate disposal (burial, incineration) of clinic supplies, including drugs and used medical items, and undertaking initial environmental reviews of all the hardware related WASH activities, a process which analyses the potential negative impacts of the project and sets mitigation measures and adequate monitoring systems to guard against them.

### 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.

- Improved, more secure access to potable water for 4,000 people through water point installation and household level interventions (8 boreholes, 1 hand dug well,)
- 100% of established or rehabilitated waterpoints have a functional Water User Committee (WUCs)
- At least 30% of decision making positions in WUCs occupied by women
- Celebration of World Water Day in all sites.

	Indicator	Target (indicate numbers or percentages)
1	Total direct beneficiaries - Number of people provided with sustained access to safe water supply (15 litres/ person/day within 1 km distance.	Men: 1,159 Women: 1,206 Girls: 987 Boys: 948 Total: 4,300
2	New/ additional water points constructed	9
3	Community members trained on management of water, sanitation and hygiene services.	45 (5 people per WUC, at least 30% females in decision making roles)
4	Number of household latrine technology centres established and functional	2
5	People trained on hygiene promotion messages to be shared with their community	45 (5 people per WUC)

## 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.

Borehole Construction in Twic and Agok is implemented directly by GOAL, using its own drilling team and drilling rig. This enables GOAL to build capacity within the local drilling team, with the ultimate goal of enabling them to drill unsupervised, under the management of the Rural Water Department (RWD). Maintaining a GOAL drilling rig also allows great flexibility as to where and when to drill, which allows GOAL to respond rapidly to emergencies.

Hand-dug well construction is also implemented directly by the GOAL WASH team in Twic. GOAL identifies communities that have dug their own unprotected wells for generations and looks to work with them to improve and protect such traditional wells. The primary implementers of the project are the community themselves; interest and ownership of the project are selection criteria. The digging of the well and the casting of the concrete rings will be carried out by the community under technical supervision by the GOAL WASH team. More technical aspects such as lowering the concrete rings into the hole and installation of the handpump is carried out directly by the GOAL WASH team. Each hand-dug is installed with a dual system – a handpump and a windlass and bucket. This ensures that water is always accessible, even if the handpump is broken.

At all water points constructed, GOAL assists in the establishment of Water User Committees (WUCs). The Committees are trained on a range of topics relating to water point maintenance and hygiene over the course of three days training. GOAL's WASH Community Support Team carry out this work directly. The WASH Community Support Team and WASH M&E officer then provide continuous support and follow-up to the WUCs.

The selection of villages for water points as well as the establishment, training and monitoring of WUCs is carried out very closely with the RWD in Twic. GOAL works closely with the RWD on village selection to ensure that the villages most in need of potable water are prioritised for new water sources. Officials from the RWD accompany the GOAL team to the selected villages and facilitate community meetings on exact site selection within the village. The RWD officials also assist in the establishment and election of

WUCs. This strengthens the profile of the RWD and helps build the capacity of the department and their links with communities.

GOAL has overhauled its approach to household latrine projects. The overriding objective of all future household latrine projects will be to achieve spontaneous replication of household latrines throughout a community. In order to achieve this spontaneous replication a no-subsidy approach will be adopted for all future household latrine projects. High subsidy approaches involving the distribution of plastic or concrete slabs as well as blocks and mortar for pit lining, sets the precedent that household latrines require sophisticated technologies and significant financial resources. This in turn actually serves to work against spontaneous replication of latrines in a community. There is interest in Twic County in household latrines and communities have been identified who are willing to do everything themselves but just lack guidance and some technical knowledge. In 2012 GOAL is planning to establish 2 Household Latrine Technology Centres in Twic. These could also be used in the case of an emergency response in displaced populations.

GOAL will identify local artisans, who are skilled at working with local materials. GOAL will work with these local artisans to develop robust locally made latrine slabs and pit lining solutions. These various methods will be on display to the public in the Household Latrine Technology Centres and the GOAL WASH Community Support Team will offer advice to interested community members on construction of latrines. GOAL supported groups, such as Nutrition Impact and Positive Practice (NIPP) circles and School Health Clubs will be facilitated to visit the technology centres, and introduced to the various options available. The WASH Community Support Team will implement this project directly.

Through this approach GOAL will be able to support whole villages in building household latrines. As interest and support builds the project will be designed to replicate itself throughout communities. This zero-subsidy approach is also very suitable for emergency situations involving displaced populations. GOAL has the flexibility to set up a Household Latrine Technology Centre in camps for displaced persons if the need arises. The zero subsidy approach based on the use of local materials means that household latrines can be built very quickly preventing open defecation and helping prevent the spread of disease. Technology Centres can be established very quickly and the various locally available technologies on display to people immediately.

#### vii) Monitoring Plan

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

In addition to keeping comprehensive completion records per new water point, GOAL also aims to measure how many of these water points are still functional 1, 2, 5 or 10 years after their construction. Key to ensuring this are the WUCs and Super Technicians (STs) that GOAL establishes, trains and supports in Twic and Agok,, who are regularly supported, monitored and evaluated closely, to ensure that they remain active. Monitoring the progress and achievements of WUCs and STs is consequently fundamental to monitoring the progress and achievements of a water supply project. GOAL monitors and evaluates all WUCs regularly through follow-up visits, by the WASH M&E Officer or WASH Manager. GOAL uses a standard assessment form that scores the WUC on a range of criteria including community management, hygiene and sanitation and facility management. The assessment is a combination of observation of the water point, discussions with the WUC as well as discussions with the community and users of the water point. The assessment helps identify areas where the WUC is weak, and where such areas are identified refresher training is organised to address these specific weaknesses.

Other progress and achievements of a water supply project are measured as part of the annual MICS undertaken by GOAL. This monitors key indicators such as percentage of the population with access to safe water sources, water consumption and time taken to collect water.

GOAL compiles monthly WASH reports from each site, covering all activities, and submits updates to the WASH cluster monthly and ad-hoc as requested.

E. Committed funding Please add details of committed funds for the project from other sources including <u>in-kind supports</u> in monetary terms (USD)						
Source/donor and date (month, year)	Amount (USD)					
BSF	19,281					
OFDA	41,697					

## **SECTION III:**

This section is <u>NOT required</u> 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			
CHF ref. Code: <u>SSD-12/WS/46425</u>	<b>Project title:</b> Improving access to potable sanitation facilities and improved health and heducation in vulnerable populations in Twic C State	nygiene practices through Organisation:	<u>GOAL</u>
What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.  • Health status of the population improved through access to Water, Sanitation and Hygiene Promotion  Specific Project Objective/s: 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.  • To increase access to potable water  What are the key indicators related to the overall objective?  • Morbidity; • Reduction in % of households reporting a child aged 6-59 months ill from diarrhoea. Baseline: 10.8% (Twic MICS 2011)  Indicators of progress: What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?  • Total direct beneficiaries - Number of		How indicators will be measured: What are the sources of information on these indicators?  • Annual GOAL Multi Indicator Cluster Survey (MICS)  • GOAL Causal Assessment  How indicators will be measured: What are the sources of information that exist and can be collected? What are the methods required to get this information?  • Annual GOAL Multi Indicator Cluster Survey (MICS)  • GOAL Water Point Completion Reports	Assumptions & risks: 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?  • Security situation does not impede humanitarian access • Climatic disasters such as unusually severe flooding, do not occur • Other expected sources of funding are accessed
Results - Outputs (tangible) and Outcomes (intangible):  • Please provide the list of concrete DELIVERABLES - outputs/outcomes (grouped in Workpackages), leading to the specific objective/s:	Indicators of progress: What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?	How indicators will be measured: What are the sources of information on these indicators?  • GOAL Monthly WASH reports • GOAL Training reports • GOAL Monthly Programme achievement	Assumptions & risks: What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?  • Community acceptance
Result/Output 1; Water  • Improved, more secure access to potable water for 4,400 people through water point installation	Result/Output 1     9 New/ additional water points constructed	reports • Annual GOAL Multi Indicator Cluster Survey (MICS)	<ul><li>and interest maintained</li><li>Community leaders</li><li>supportive</li><li>Programme areas are</li></ul>

Result / Output 2; Sanitation  Improved access to sanitation facilities through household latrine promotion  Result/Output 3; Hygiene Promotion  Improved health and hygiene practices through message sharing	45 (5 people per WUC, at least 30% females in decision making roles) community members trained on management of water points.      Result / Output 2     2 household latrine technology centres established and functional      Result/Output 3     45 People trained on hygiene promotion messages delivered at water points     Celebration of World Water Day in all sites.	Water Point Completion Forms     Sanitation Facility Completion Form	accessible
Activities: What are the key activities to be carried out (grouped in Workpackages) and in what sequence in order to produce the expected results?  Result/Output 1; Water  Construction of 8 (6 Twic, 2 Agok) boreholes to be installed with handpumps  Construction of 1 Hand Dug Well to be installed with handpump and windlass & bucket  Setting up, training of, following up with and re-training of Water User Committees (WUCs)  Result / Output 2; Sanitation  Household Latrines – Setting up of 2 Household Latrine Technology Centres  Result/Output 3; Hygiene Promotion  Training of WASH staff  Celebration of World Water Day in all sites.	Inputs: What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?  • Staff time (Direct supervision staff, Field and Juba based support staff) • Construction materials • Construction machinery • GOAL facilities / Office / compounds • Training materials (stationery, etc) • IEC materials • Visibility materials • Vehicles • Flights • Computer and office equipment		Assumptions, risks and preconditions: 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?  • Communities remain engaged and committed to the intervention • Staff turnover / recruitment remains stable • Ability to secure funding • Community can access water and sanitation facilities and attend hygiene promotin activities • Uninterrupted procurement chain maintained • Community are motivated to participate in activities/campaigns

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	Q	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	
Result 1																
Activity (1.1) Construction of 8 (6 Twic, 2 Agok) boreholes to be installed with handpumps			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х				
Activity (1.2) Construction of 1 Hand Dug Well to be installed with handpump and windlass &			Х	Х	Х	Х										
bucket			^	^	^	^										
Activity (1.3) Setting up, training of, following up with and re-training of Water User Committees			Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	X		
(WUCs)			^	^	^	^	^	^	^	^	^	^	^	^		
Result 2																
Activity (2.1) Setting up of 2 Household Latrine Technology Centres									Χ	Х	Χ	Х	X			
Result 3																
Activity (3.1) Training of WASH staff								Χ								
Activity (3.1) Celebration of World Water Day in all sites.			Х													

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