Project Proposal

Organization	MEDAIR (MEDAIR)
Project Title	Access to safe water and improved sanitation and hygiene practices for conflict affected and chronically vulnerable communities in South Sudan
Fund Code	SSD-15/HSS10/SA2/WASH/INGO/559

Cluster

Primary cluster	Sub cluster
WATER, SANITATION AND HYGIENE	None

Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Frontline services
Project budget in US$	280,000.00	Planned project duration	6 months
Planned Start Date	01/08/2015	Planned End Date	31/01/2016
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

Project Summary

This project aims to reduce morbidity and mortality resulting from waterborne diseases by increasing access to safe water, sanitation and better hygiene practices among displaced and other vulnerable communities in counties most affected by the current conflict, counties most affected by disease outbreaks such as cholera, counties with high levels of malnutrition and food insecurity and in PoCs.

In Renk County, Upper Nile State, Medair will continue to provide access to safe water in communities suffering from malnutrition above emergency thresholds for IDPs as well as the vulnerable host communities impacted by the presence of IDPs through context specific technologies such as surface water treatment systems and sustainable Point of Use water treatment solutions appropriate for a highly mobile population. Medair will provide means for safe excreta disposal through the installation of gender appropriate sanitation facilities and will conduct hygiene promotion activities to support effective behavior change.

Medair has been working in Leer and Mayendit Counties since early 2015, implementing nutrition programming in 7 locations. Given the close link between malnutrition and diarrheal disease, Medair intends to begin integrating WASH activities alongside nutrition services. Whilst full-scale programming is currently suspended due to insecurity, Medair has commenced a phased re-establishment of critical life-saving services. Currently in Phase 1, Medair isutilizing last minute window of opportunity day trips to deliver essential survival items, including context specific water treatment solutions such as Point of Use water filters, and remain prepared to move into a Phase 2/3 return as the context permits. Recognizing the volatility of the current situation, Medair has retained the capacity to move with the population and, in close coordination with relevant actors, to adapt to whatever emergency WASH needs exist in the new location(s) they may settle in (e.g. Bentiu PoC).

Medair also seeks to maintain mobile response capacity for life-saving WASH services in any of the emergency affected counties in South Sudan. Medair's WASH emergency response team forms part of a well-established multi-sector emergency response team that has been responding to acute emergencies across South Sudan for more than 10 years. Medair deploys WASH personnel and life-saving assistance at short notice, to assess or respond to needs triggered by acute emergencies in the country.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	10625	10625	10200	11050	**42,500**
Total beneficiaries include the following:					

Indirect Beneficiaries		Catchment Population	

Link with the Allocation Strategy

Objective 1: This project will contribute to objective 1 by providing equitable and timely access to clean water to repeatedly displaced conflict affected populations in IDP sites, host communities and PoCs by the installation of appropriate water systems which could include but are not limited to surface water treatment systems, rehabilitation of boreholes and provision of household treatment options. If the situation dictates, emergency water treatment chemicals such as PuR may be distributed as a temporary initiative while other longer-term water solutions are implemented.

Objective 2: This project will contribute to objective 2 by providing equitable access to safe and appropriate sanitation solutions for repeatedly conflict affected displaced populations in IDP sites, host communities and PoCs. Latrine designs will be gender appropriate and vary in technical design according to the environment. Additionally, innovations such as the installation of prefabricated latrines will be sought to reduce cost and increase the speed of interventions while maintaining community involvement.

Objective 3: This project will contribute to objective 3 by promoting improved hygiene practices in conjunction with water and sanitation provision to conflict affected displaced populations in IDP sites, host communities and PoCs. Each sanitation and water supply intervention will be coupled with hygiene promotion efforts focused on key messages appropriate for the community. These messages will include safe water storage and use, washing hands at key times, safe excreta disposal and keeping the household and wider environment clean.

Additionally, as a multi-sectoral organization working in the health, nutrition and WASH sectors, the project will intentionally form appropriate links between WASH and nutrition activities in project locations. Each nutrition intervention will be accompanied by WASH activities to strengthen the response.

Sub-Grants to Implementing Partners

Other funding Secured For the Same Project (to date)

Source	US$
ECHO	697,000.00
EOMET	107,000.00
OFDA	960,000.00
ECHO	697,000.00
EOMET	107,000.00
OFDA	960,000.00
	3,528,000.00

Organization focal point contact details

Name	Title	Phone	Email
Anne Reitsema	Country Director	+211-924-143-746	cd-southsudan@medair.org
Caroline Boyd	Head of Country Programme	+41-21 694 8475	caroline.boyd@medair.org
James Ray	WASH Advisor	+211 914 276317	washadvisor-sds@medair.org
Louise Damant	Programme Funding Manager	+211 927 058148	funding-southsudan@medair.org

BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

The last 12 months have been marked by an increase in the intensity of the conflict across many parts of South Sudan. Latest estimates indicate that over 1.5 million people are currently displaced, with 4.6 million in need of assistance (OCHA, June 2015). Due to its strategic positioning, Renk County has become host to a large number of IDP's fleeing the insecurity in surrounding counties and seeking safety at the Sudanese border. In April 2014, following the collapse of the IGAD-led peace negotiations, Renk Town came under attack as fighting erupted between the SPLA and SPLA(IO) forces, causing large pockets of both the host and displaced populations to flee for safety once again. From April 2014 to April 2015 the conflict between SPLA and SPLA(IO) continued with near monthly clashes

	causing extensive destruction. Leer and Mayendit Counties have also experienced heavy fighting from February 2014 onwards, resulting in mass displacement of the host population, and many lives lost. Communities across all 3 counties are now severely conflict affected, and the situation remains volatile with frequent outbreaks of violence and unpredictable population movement as a result.
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	Basic WASH service provision in Renk, Leer and Mayendit Counties was already weak prior to the conflict and the ongoing violence has only served to exacerbate the situation. Populations across all 3 counties are expected to be on the constant move for food, water and other goods and services meaning that there is an urgent need for humanitarian actors to be available to provide basic lifesaving interventions. Without strong humanitarian programming, the IDP's and host communities will face impossible conditions leading to increased morbidity and mortality due to preventable deaths and a high potential for communicable disease outbreaks. In this context, women and girls face increased exposure to protection risks given that they are typically responsible for the collection of water and are vulnerable when walking significant distances to access sanitation facilities outside of the home. Among women of child bearing age in the conflict affected states, morbidity is increasingly related to SGBV. This risk is reduced through increased access to WASH services in close proximity to households, particularly in displaced communities. According to a recent KPC survey in Renk (Nov 2014), though an average of 17.1 liters of water are being made available per person per day, only 34% of the population report actually collecting and using at least 15 liters of water per person per day. These data point to a disproportion of access to water supply and/or knowledge of hygiene practices in the region. Additionally, the quality of the water available is poor with only 37% of households found to have water which met the WHO standard of 0 fecal coliforms per 100 ml. This means that though water supply may meet the minimum in some areas, there is a high probability that the water is carrying disease causing bacteria. Among children under 5 years old, 2 of the most common causes of morbidity and mortality are diarrheal disease and ARI, which are significantly reduced through increased access to improved water sources. In Medair project locations in Renk, an average of 51% of households have access to a latrine within the Sphere standard of 50 meters and 62% of mothers of children <5 report having used a latrine the last time they defecated. Additionally, according to a June 2015 SMART survey, target areas have a GAM rate of 17.8% which exceeds the emergency threshold. According to the most recent Medair KPC survey conducted in Leer (April 2015), just 19.8% of households collected at least 15 liters of water per person per day. This lack of access to water, combined with a lack of sanitation facilities and poor hygiene behavior, is contributing to high rates of morbidity and mortality amongst the target population, as evidenced by 55.5% of children <5 years old reported to have had diarrhea in the 2 weeks prior to the survey. Since the time of the last survey, insecurity has displaced the entire population of Leer and Mayendit Counties into the bush and swamp areas, further reducing access to essential services. Observations by Medair over recent weeks suggest that almost all previously functioning boreholes have now been deliberately destroyed in the fighting. Sanitation needs in Leer and Mayendit Counties were serious even prior to the latest surge in insecurity, with an estimated 2.5% of households accessing a latrine within 50 meters of their home and 2.9% of the population reporting using a latrine the last time they defecated. Without access to latrines, often women and girls venture out to relieve themselves under the cover of darkness, which places them at increased risk of physical attack and sexual violence.
3. Description Of Beneficiaries	Conflict affected girls, boys, women and men who have been internally displaced as well as vulnerable host communities impacted by these displaced persons will be the main beneficiaries of this project. Medair carries out needs assessments before responding to emergencies to ensure that critical humanitarian needs are identified, the most vulnerable population groups receive adequate assistance and to gauge how any potential intervention could influence ongoing conflict. Based on the assessment results, beneficiary selection criteria are drawn-up in cooperation with the Relief and Rehabilitation Commission (RRC) or the respective ministries. Special attention is given to most vulnerable groups like children, pregnant and lactating mothers, people with special needs and the elderly. Medair works through existing local structures and builds their capacity which includes the training of community water management committees, pump mechanics and health and hygiene promoters. Medair adheres to the Core Humanitarian Standards. As a member of Humanitarian Accountability Partnership International (HAP-I), Medair seeks to provide public information to the beneficiaries about the programmes provided through local government, community outreach and facility based awareness and WASH promotion activities. Medair consults with local authorities, community leaders, and Rural Water Departments regarding decisions to commence, adapt or complete programmes. Emergency response assessments include key informant interviews and focus group discussions among community groups with adequate representation of women, youth and the elderly.
4. Grant Request Justification.	Medair has demonstrated the capacity to deliver quality emergency response in South Sudan. Medair has been working in Renk County since 2011, filling a critical gap in the provision of multisectoral WASH, Health and Nutrition services to internally displaced and vulnerable host communities. Medair intends to continue ensuring the provision of adequate quantities of safe water, the means for safe excreta disposal through the installation of gender appropriate sanitation facilities, and hygiene promotion activities to support effective behavior change. Medair has been working in Leer and Mayendit Counties since early 2015, implementing nutrition programming in 7 locations. Only 1 of the 7 locations (Luol) falls within Mayendit North. Luol was a contested area, but the commissioners of Leer and Mayendit Counties have now agreed that the location belongs to Mayendit North. Given the close link between malnutrition and diarrhoeal disease, Medair intends to begin integrating WASH activities alongside nutrition services. Whilst full-scale programming is currently suspended due to insecurity, Medair has commenced a phased re-establishment of critical life-saving services. Recognising the volatility of the current context, Medair has retained the capacity to move its WASH and nutrition teams with the population and, in close coordination with relevant actors, to adapt to whatever emergency needs exist in the new location(s) they may settle in (e.g. Bentiu PoC). Medair operates emergency response WASH teams that meet acute emergency needs throughout South Sudan targeting the most vulnerable and at-risk populations in cooperation with the WASH Cluster, RRC and other WASH actors. Medair WASH teams have the capacity to act as "First Responders" in a given emergency location following a needs assessment as well as scale-up this first response in the absence of another partner. Since the beginning of 2015 Medair has been one of the key WASH partners to respond to emergency WASH needs of conflict affected people in Ayod, Maban, Leer, Duk, Juba and Fangak. Medair currently has capacity to deploy 2-3 WASH emergency response teams (depending on the size of the intervention) in any location in the country in cooperation with the WASH cluster and other partners. Medair has a warehouse with emergency stock and supplies in Juba which can be quickly mobilized to support its emergency WASH response in the country. With this project Medair plans to continue to maintain its mobile response capacity to provide emergency WASH services in areas with high concentrations of displaced people, to meet SPHERE standards and adapt WASH infrastructure to endure the rainy season. Medair also plans to maintain emergency preparedness and response activities focusing on addressing the threat of cholera outbreaks, and the spread of other infectious diseases. Medair's emergency response programme is co-funded largely by ECHO in 2015. The programme in Renk, Leer and Mayendit is co-funded largely by OFDA. This CHF allocation will enable Medair to continue responding to emerging WASH emergency needs throughout the second half of 2015 as well as continue WASH support to IDPs.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	This project is a continuation of Medair's ongoing WASH support to IDPs and vulnerable host communities in Renk and Leer Counties and will enable Medair to continue responding to emerging WASH emergency response needs throughout the remainder of 2015. Given the close link between malnutrition and diarrhoeal disease, Medair seeks to integrate WASH programming with health and nutrition activities to strengthen the response. For example, in Renk County, Medair fill a critical gap in the provision of multi-sectoral support across the WASH, health and nutrition sectors. The WASH emergency response team (ERT) is one part of a broader team which also includes health, nutrition and NFI. Assessments made, even if sector specific, consider the bigger picture in terms of needs and as much as possible planned responses are multi sectorial.
LOGICAL FRAMEWORK	
Overall project objective	To reduce morbidity and mortality resulting from waterborne diseases by increasing access to safe water, sanitation and better hygiene practices among vulnerable communities in South Sudan

Logical Framework details for WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Affected people have timely access to safe, and sufficient quantity of water for drinking, cooking, and personal and domestic hygiene	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	40
2015 SSO 2: Affected people have access to safe, sanitary, and hygienic living environment through provision of sanitation services that are secure, sanitary, user-friendly and gender-appropriate	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	40
2015 SSO 3: Affected people have access to improved hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20

Outcome 1	Increased access to life saving WASH services for people in acute emergency situations	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Communities affected by emergencies are provided with safe drinking water	• Locations planned for intervention remain secure enough for Medair to operate and for beneficiaries to remain / move there • There is no such change in activities of other NGOs that Medair activities start to overlap with the activities of another NGO • Local leaders and the authorities agree to Medair carrying out the planned activities • If IDP numbers are greater than those planned for, other agencies are able to collaborate with Medair to ensure adequate water provision • Medair retain or employ sufficient skilled WASH personnel • For locally procured items, the borders remain open and supplies are able to pass • No very significant price increases

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	[Frontline services] # of people provided with sustained access to safe water supply [SPHERE Standard]	8125	8125	7800	8450	32500
	Means of Verification:	- WASH assessment and intervention reports - Monthly project reports - Surface Water Treatment (SWAT) system operator records					
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	[Frontline services] # of Existing water points rehabilitated					19
	Means of Verification:	- Monthly project reports prepared by project teams - Photographic evidence					

Activities

Activity 1.1.1	Emergency water treatment (If the situation dictates, emergency water treatment chemicals such as PuR may be distributed as a temporary initiative while other longer-term water solutions are implemented)
Activity 1.1.2	Water point rehabilitation in targeted conflict affected locations

Output 1.2	IDPs and host communities affected by emergencies are provided with sanitation facilities	• Locations planned for intervention remain secure enough for Medair to operate and for beneficiaries to remain / move there • There is no such change in activities of other NGOs that Medair activities start to overlap with the activities of another NGO • Local leaders and the authorities agree to Medair carrying out the planned activities • Medair retain or employ sufficient skilled WASH personnel • Beneficiaries are either accustomed to using latrines or respond to behavior change activities • If IDP numbers are greater than those planned for, other agencies are able to collaborate with Medair to ensure adequate sanitation provision • For locally procured items, the borders remain open and supplies are able to pass • No very significant price increases

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	[Frontline services] # of new gender-appropriate latrines constructed					300
	Means of Verification:	Latrine register					
Indicator 1.2.2	WATER, SANITATION AND HYGIENE	[Frontline services] # of people provided with sustained access to safe and gender appropriate hygiene latrine facilities[SPHERE Standard]	4500	4500	4320	4680	18000
	Means of Verification:	- WASH assessment and intervention reports - Monthly project reports prepared by project teams					

Activities

Activity 1.2.1	Construction of new gender-appropriate latrines

Output 1.3	IDPs and host communities are provided with behavior change communication	• Acceptance of the Care Group model (which relies on largely voluntary involvement) by leaders and volunteers and promoters selected • The security situation remains stable enough for staff to have access to communities to support care group volunteers and for beneficiaries to have time to move along in understanding and into actual behavior change • There will be no significant movement of beneficiaries out of targeted communities • Targeted households respond to questions during the household surveys to the best of their ability

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	# of people reached with behavior change messages					18000
	Means of Verification:	Monthly cascade group reports.					
Indicator 1.3.2	WATER, SANITATION AND HYGIENE	[Frontline services] # of people trained on hygiene promotion messages to be shared with their community	18	18			36
	Means of Verification:	Monthly cascade group reports prepared by project teams. Training records.					

Activities

Activity 1.3.1	Training of both male and female care group promoters and volunteers. Training of other hygiene promotion staff (both male and female)
Activity 1.3.2	Hygiene promotion activities take place at household, community and facility level to promote effective behaviour change

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Emergency water treatment (If the situation dictates, emergency water treatment chemicals such as PuR may be distributed as a temporary initiative while other longer-term water solutions are implemented)	2015								X	X	X	X	X
	2016	X											
Activity 1.1.2 Water point rehabilitation in targeted conflict affected locations	2015								X	X	X	X	X

		2016	X										
	Activity 1.2.1 Construction of new gender-appropriate latrines	2015								X	X	X	X	X
		2016	X										
	Activity 1.3.1 Training of both male and female care group promoters and volunteers. Training of other hygiene promotion staff (both male and female)	2015								X	X	X	X	X
		2016	X										

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	WASH Project Managers are responsible for the implementation of the projects and Projects Coordinators are responsible for overseeing the overall implementation of the projects in accordance with the project proposals, ensuring objectives are met within the required time frame and budget. In addition, the WASH Advisor provides technical guidance to the project managers and is responsible for ensuring the quality of the implemented WASH projects. For fixed sites, weekly data collection sheets are filled out at field sites and collected/computerized for inclusion in cluster reports. A monitoring and evaluation plan is in place which includes information on: the definition of indicators, baseline and targets, data needed, sources of data, data collection method, frequency of data collection, the person responsible for the data collection, the person responsible for the analysis, the frequency of reporting and reporting format and deadline. As an example, the monitoring plan for indicator 1.2.2 is as follows: the definition of the indicator is the number of men, women, girls and boys benefitting from the sanitation infrastructure. The data needed includes the number of latrines constructed, the number of users per latrine, and the gender breakdown of the target location. Data collection methods include WASH assessment and intervention reports, monthly internal project reports, population statistics, and meetings with relevant stakeholders. The frequency of data collection will be ongoing throughout the intervention and the responsibility for data collection will rest with the WASH project team. The responsibility for data analysis and reporting will rest with the WASH Project Manager and reporting will take place on a monthly basis. The monitoring and evaluation plan is written at the beginning of the project and is owned by the WASH project manager and followed up on a quarterly basis by the WASH Advisor. Moreover, a monthly internal report is submitted from field level to main support base, with an update on all indicators and targets to evaluate the progress of the project. The reports include a brief description of key activities, an outline of plans for the following month, as well as challenges and mitigation strategies. The reports are used to monitor and adjust the focus of attention towards the indicators not performing within pre-defined limits of schedule, cost and quality. Medair KPC surveys are carried out bi-annually to measure key WASH indicators. Before each assessment and intervention, the ERT writes a ToR that is reviewed and agreed by the project manager as well as the sector advisor(s) before the team leaves for the field. The ERT team also meets with the project manager and advisor to clarify objectives and iron out any issues. Medair releases summary reports for each emergency assessment and intervention conducted (multi-agency reports may be substituted if Medair worked with other partners), which are circulated to the WASH cluster and all other relevant parties, thereby promoting greater accountability and transparency within the humanitarian community. A weekly meeting takes place between the sector advisor, project coordinator and project manager to evaluate responses and potential sites for future interventions. As soon as the intervention is set up, relevant weekly and monthly reports are written by project managers, reviewed by the sector advisor and sent to the WASH cluster.

OTHER INFORMATION

Accountability to Affected Populations	As a member of HAP-I, Medair seeks to provide public information to the beneficiaries about the programmes provided through local government, community outreach and facility based awareness and hygiene promotion activities. Medair consults with local authorities, community leaders and staff regarding decisions to commence, adapt or complete programmes. Emergency Response Team assessments include key informant interviews and group discussions within communities and Medair uses household surveys to assess programme coverage. Every staff member working with Medair in South Sudan receives an orientation on the Code of Conduct and has to sign it, together with a “Summary of Minimum Standards for the Protection of Women and Children Against Sexual Abuse and Exploitation” which form part of the National and International Staff Guidelines. Medair also has Fraud and Misconduct Notification Guidelines in place.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	Medair WASH interventions will provide assistance to displaced and other vulnerable communities in counties most affected by the current conflict, counties most affected by disease outbreaks such as cholera, counties with high levels of malnutrition and food insecurity and in PoCs. Medair will directly implement the programme activities without sub-granting to other entities, whilst working together with the community to build local capacity to ensure a level of sustainability following implementation. Upon arrival in a location and throughout the intervention, Medair works with the local community to ensure both men and women have equal access to employment with Medair as well as services. Medair has support bases, staff and resources in place to successfully implement the activities, given adequate funding. In all responses and activities, Medair liaises and coordinates with the WASH cluster and with national, state, county and local government officials and authorities. Medair receive WASH supplies as GIK from Unicef, IOM and Oxfam which support some of our activities. Coordination with other partners and the WASH cluster will continue to take place at all stages of the intervention. For the emergency response team, close collaboration will take place with handover partners who will continue implementing the WASH activities once Medair exits. To ensure a smooth transition and clear responsibilities of the 2 partners, a Memorandum of Understanding is signed by both parties, which includes details around role division during the period and exit criteria for Medair. Medair works in partnership with other local NGOs and international NGOs within the same area of emergency to ensure gaps are filled and there is no overlap of services.
Coordination with other Organizations in project area	

Name of the organization	Areas/activities of collaboration and rationale
1. Ministry of Water Resources and Irrigation	Meetings, communications, MoUs gain support, feedback and to clarify expectations, roles, targets of the intervention
2. Directorates of Rural and Urban Water Supply and Sanitation	Meetings, communications, MoUs gain support, feedback and to clarify expectations, roles, targets of the intervention
3. Other relevant line ministries and authorities	Meetings, communications, MoUs gain support, feedback and to clarify expectations, roles, targets of the intervention
4. INGOs, NNGOs, UN	Regular meetings to avoid duplication, ensure complimentary activity methodologies, seek partnerships
5. WASH Cluster	Actively participate in and attend WASH Cluster meetings, strategic advisory group (SAG), and technical working groups (TWG)

Environmental Marker Code	
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	During the assessment of emergency WASH needs in targeted locations, the particular needs of women, men, girls and boys will be identified. Medair mainstreams gender into WASH programming, primarily by ensuring women are integrated into trainings such as hygiene promotion, community water management and pump mechanic trainings. Female community leaders will be sought out and consulted on placement of water supply, sanitation facilities and other WASH activities to ensure equal access. Women and girls are the greatest beneficiaries of safe water point access, reducing the burden placed on collecting household water supplies. During preparation for hygiene campaigns, Medair aims to target vulnerable groups through gender specific messaging. Medair constructs separate latrines for women and men as a protection measure. Safe access to latrines and safe water points eliminate the need for women and girls to walk significant distances from their homes in potentially unsafe conditions.
Protection Mainstreaming	
Safety and Security	
Access	

BUDGET

1 **Staff and Other Personnel Costs** *(please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
1.1	Programme Nat. staff	D	1	44250.3	6	16.13%	42,825.44	14,277.00	21,416.00	7,132.44	42,825.44
	49 staff (1 Sanitation Officer, 12 Latrine construction monitors, 2 Tapstand attendands, 12 Latrine attendants, 1 Assistant WASH technicians, 1 Core Group Assistant, 1 Care Group Officer, 1 ERT Admin Assistant, 1 Finance Officer, 2 Guard, 1 HR Officer, 1 IYCF Officer, 1 Logistics Officer, 1 Sr. Care Group Officer, 3 Warehouse staff, 1 WASH construction Officer, 1 WASH Driver)										

1.2	Programme Int. staff	D	1	32576.53	6	33.45%	65,381.10	21,795.00	32,693.00	10,893.10	65,381.10
	4 staff (1WASH Project Manager, 1 WASH advisor (18% allocated to the project), 1 WASH Technician (29% allocated to the project), 1 WASH Community Liaison Officer (22% allocated to the project)										
1.3	Support base Nat. staff	S	1	18928.93	6	18.69%	21,226.90	7,076.00	10,613.00	3,537.90	21,226.90
	5 staff-all allocated as a % to the project (2 logistics officer, 1 finance officers, 1 Logistic Assistant, 1 Admin& HR Officer)										
1.4	Support base Int. staff	S	1	3500	6	52.85%	11,098.50	3,699.00	5,549.00	1,850.50	11,098.50
	1 staff-all allocated as a % to the project (1 Programme Support Manager)										
	Section Total						140,531.94	46,847.00	70,271.00	23,413.94	140,531.94

2 **Supplies, Commodities, Materials** *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
2.1	Consumable supplies which are not supplied through the core-pipeline	D	1	4239.47	6	9.59%	2,439.39	813.00	1,220.00	406.39	2,439.39
2.2	Food, blankets, tents	D	1	3620.68	6	9.77%	2,122.44	708.00	1,061.00	353.44	2,122.44
2.3	Construction materials and tools for latrines in clinics	D	1	33546.24	6	9.77%	19,664.81	6,555.00	9,833.00	3,276.81	19,664.81
	(timber, bamboo, poles, tarpaulins)										
2.4	Fuel and furnitures	D	1	2055.46	6	9.77%	1,204.91	402.00	603.00	199.91	1,204.91
2.5	Incentives and Casual labour	D	1	21230.83	6	9.77%	12,445.51	4,149.00	6,224.00	2,072.51	12,445.51
2.6	Transport costs for WASH distribution items to the response sites	D	1	25984.98	6	9.77%	15,232.40	5,078.00	7,617.00	2,537.40	15,232.40
2.7	Training and awareness raising	D	1	12030.08	6	9.77%	7,052.03	2,351.00	3,526.00	1,175.03	7,052.03
	Section Total						60,161.49	20,056.00	30,084.00	10,021.49	60,161.49

3 **Equipment** *(please itemize costs of non-consumables to be purchased under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
3.1	Com - Thuraya/sat phones	D	1	220.88	6	9.00%	119.28	40.00	60.00	19.28	119.28
3.2	Laptop	D	1	441.76	6	9.00%	238.55	80.00	119.00	39.55	238.55
3.3	Com - cell phones	D	1	4.99	6	9.00%	2.69	1.00	1.00	0.69	2.69
3.4	4 new VHF batteries	D	1	78.95	6	9.00%	42.63	14.00	21.00	7.63	42.63
3.5	2x Thuraya XT solar panels with case	D	1	82.24	6	9.00%	44.41	15.00	22.00	7.41	44.41
3.6	Tools	D	1	94.74	6	9.00%	51.16	17.00	26.00	8.16	51.16
3.7	Technical WASH Equipment	D	1	197.38	6	9.00%	106.59	36.00	53.00	17.59	106.59
3.8	Household equipment	S	1	79.16	6	9.00%	42.75	14.00	21.00	7.75	42.75
	Section Total						648.05	217.00	323.00	108.06	648.06

4 **Contractual Services** *(please list works and services to be contracted under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
4.1	Legal fees, survey and evaluations for the project	D	1	99.34	6	100.00%	596.04	199.00	298.00	99.04	596.04
4.2	Legal fees, survey and evaluations for the support base	S	1	2.85	6	100.00%	17.10	6.00	9.00	2.10	17.10
	Section Total						613.14	205.00	307.00	101.14	613.14

5 **Travel** *(please itemize travel costs of staff, consultants and other personnel for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
5.1	Ground Travel (taxi to and from airport)	D	1	1551.74	6	10.42%	970.15	323.00	485.00	162.15	970.15
5.2	Ground Travel (taxi for support managers)	S	1	165.37	6	10.42%	103.39	34.00	52.00	17.39	103.39
5.3	Continental flights (for programme staff)	D	1	11248.5	6	10.42%	7,032.56	2,343.00	3,515.00	1,174.56	7,032.56
5.4	Continental flights (for support managers)	S	1	1067.06	6	10.42%	667.13	222.00	333.00	112.13	667.13

5.5	Intercontinental flights (home leave for programme staff)	D	1	2948.56	6	10.42%	1,843.44	614.00	921.00	308.44	1,843.44
5.6	Rental of vehicle/boat, including fuel and maintenance	D	1	12805.21	6	10.42%	8,005.82	2,667.00	4,001.00	1,337.82	8,005.82
5.7	Rental of vehicle/boat, including fuel and maintenance	S	1	1334.51	6	10.42%	834.34	278.00	417.00	139.34	834.34
	Section Total						19,456.82	6,481.00	9,724.00	3,251.83	19,456.83

6 **Transfers and Grants to Counterparts** *(please list transfers and sub-grants to project implementing partners)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
	Section Total						0.00	0	0	0	0.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
7.1	Office supplies	D	1	1240.77	6	10.42%	775.73	258.00	388.00	129.73	775.73
	(cartridges, stationery, paper for the project)										
7.2	Office supplies	S	1	965.08	6	10.42%	603.37	201.00	302.00	100.37	603.37
	(cartridges, stationery, paper for the supporting staff)										
7.3	Transport for non-beneficiary goods, conference fees, packaging materials linked to the project	D	1	14311.1	6	10.42%	8,947.30	2,981.00	4,472.00	1,494.30	8,947.30
7.4	Transport for non-beneficiary goods, conference fees, packaging materials	S	1	855.02	6	10.42%	534.56	178.00	267.00	89.56	534.56
7.5	Communication costs	D	1	4566.78	6	10.42%	2,855.15	951.00	1,427.00	477.15	2,855.15
	(phone, internet, satellite communications) for the project										
7.6	Communication costs	S	1	700.98	6	10.42%	438.25	146.00	219.00	73.25	438.25
	(phone, internet, satellite communications) for the supporting staff										
7.7	Visibility material for the project	D	1	10884.44	6	10.42%	6,804.95	2,267.00	3,401.00	1,136.95	6,804.95
7.8	Visibility material for the support base	S	1	153.62	6	10.42%	96.04	32.00	48.00	16.04	96.04
7.9	Facility maintenance, and supplies	D	1	8592.62	6	10.42%	5,372.11	1,790.00	2,685.00	897.11	5,372.11
	(Warehouse maintenance, supplies, generators, water for warehouse, warehouse rent)										
7.10	Facility maintenance, and supplies	S	1	541.74	6	10.42%	338.70	113.00	169.00	56.70	338.70
	(Office, house repairs, electrical repairs, gas, electricity)										
7.11	Office equipment maintenance, security supplies	D	1	1797.3	6	10.42%	1,123.67	374.00	562.00	187.67	1,123.67
	(Warehouse security maintenance, computer/Thuraya repair)										
7.12	Office equipment maintenance, security supplies	S	1	1656.68	6	10.42%	1,035.76	345.00	518.00	172.76	1,035.76
	(locks, batteries, fire alarms, fire extinguishers)										
7.13	Warehouse rent costs for WASH project	D	1	11622	6	10.42%	7,266.07	2,421.00	3,631.00	1,214.07	7,266.07
7.14	Office rent for support base	S	1	2380.37	6	10.42%	1,488.21	496.00	744.00	248.21	1,488.21
	Section Total						37,679.87	12,553.00	18,833.00	6,293.87	37,679.87

Sub Total Direct Cost	259,091.33
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	1%
PSC Amount	18,136.39

Quarterly Budget Details for PSC Amount

2015		2016	Total
Q3	Q4	Q1	
6,045.00	9,068.00	3,023.39	18,136.39

Total Fund Project Cost	277,227.72

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei	10					0	
Unity	10					0	
Unity -> Leer	20					0	
Unity -> Mayendit	20					0	
Upper Nile	10					0	

Upper Nile -> Renk	30					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS