

<b>Requesting Organization :</b>	MEDAIR			
<b>Allocation Type :</b>	1st Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
WATER, SANITATION AND HYGIENE		100.00		
		<b>100</b>		
<b>Project Title :</b>	Access to safe water and improved sanitation and hygiene practices for conflict affected and vulnerable communities in South Sudan			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/WASH/INGO/679	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	400,000.00	
<b>Planned project duration :</b>	6 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/02/2016	<b>Planned End Date :</b>	31/07/2016	
<b>Actual Start Date:</b>	01/02/2016	<b>Actual End Date:</b>	31/07/2016	
<b>Project Summary :</b>	<p>This project aims to reduce morbidity and mortality resulting from waterborne diseases by increasing access to safe water, sanitation and better hygiene practices among the affected population in Unity State.</p> <p>Medair has been working in Leer County since January 2015, with a focus on coordinated nutrition and WASH programming. Although the program me was suspended due to insecurity, Medair is committed to reestablishing WASH and nutrition services in the county, and has resumed a static presence on the ground since December 2015. This project will address immediate life-saving WASH needs in a surge capacity, providing a foundation for future longer term WASH programming. The project will prioritise increasing access to safe water in Leer County, with particular emphasis on locations providing nutrition services given the close link between malnutrition and diarrhoeal disease. Depending on the security situation and movements of the affected population, the project may also serve other areas in the region in order to address the greatest needs.</p> <p>As access to many areas of the county has only recently been possible due to improved security, the project team will focus on assessing existing water points, repairing them when possible, and identifying nutrition program sites requiring an improved water supply (e.g. hand dug wells, surface water treatment systems, household water treatment systems, etc.). Installation of these safe water points (or distribution of household water treatment systems) will be evaluated on a case-by-case basis, depending on the needs and hydrologic conditions present. Water storage containers will be distributed to improve safe water storage and reduce the frequency of water collection.</p> <p>Additional activities will be conducted to address the particular needs of the displaced population on the islands in the southern part of the county (surrounding Adok and Thonyor), where there are no existing safe water sources. Health programmes are currently implemented on Kok Island through MSF-H, who has highlighted the significant WASH needs due to overcrowding. A previous assessment and small distribution of point of use water filters was conducted on Kok Island in October-November 2015. Additional water filters will be distributed on the islands to provide a portable method for water treatment as more permanent water supply systems are not appropriate due to mobility of the population, and supply of chemical water treatment is not sustainable due to access constraints. The distribution will be accompanied by training on use and maintenance of the filters. A follow-up monitoring assessment will be conducted to provide refresher training and conduct a post distribution monitoring survey to evaluate filter use and perform random household water quality testing. Promotion of emergency sanitation strategies such as downstream defecation areas alongside environmental cleanup will be implemented on the islands to limit fecal contamination.</p> <p>Basic hygiene and safe water chain messaging will be provided in parallel to the water and sanitation interventions through training of short-term hygiene promoters in each community. Promoters will be trained for a target ratio of 1:250 people and provided a non-monetary incentive (e.g. soap) to disseminate hygiene promotion at the household level. These activities will be transitioned into longer term hygiene training and promotion, implemented through existing OFDA-funded programming.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
5,900	11,800	5,400	6,900	30,000

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	0	0	0

**Indirect Beneficiaries :****Catchment Population:****Link with allocation strategy :**

This project contributes to prioritised lifesaving emergency WASH interventions in a frontline Level 1 Location. Leer County has been cut-off from aid during the past year due to insecurity which has exacerbated the significant pre-existing WASH needs in the area where there are large numbers of displaced people. The project will focus on addressing the immediate emergency needs for safe water supply among the affected population. The WASH interventions will be conducted throughout Leer County and the surrounding region, depending on security and movement of the affected population. A priority will be placed on locations with high malnutrition rates where Medair is providing nutrition programmes. In this way, the WASH interventions of this project will serve to strengthen and complement Medair's existing nutrition interventions in a coordinated response.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Anne Reitsema	Country Director	cd-southsudan@medair.org	+211 924 143746
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Louise Damant	Programme Funding Manager	funding-southsudan@medair.org	+211 927 058148

**BACKGROUND****1. Humanitarian context analysis**

Leer County is located in southern Unity state and has been a frontline for the recent conflict in South Sudan. Fighting in Leer and neighbouring counties resulted in widespread damage to infrastructure and destruction of livelihoods in both rural and urban areas, leading to critical food insecurity. Since April 2015 there has been significant population displacement within Leer County, in many cases resulting in communities moving further into the bush and deep hiding places. This has led to a severely diminishing humanitarian situation.

Due to the ongoing conflict and mass displacement, population figures are uncertain. However, recent assessments have identified significant WASH needs alongside high rates of malnutrition throughout Leer County. Although food security presents a primary concern for the affected population, access to safe drinking water is insufficient (due to disrepair, damage, or lack of protected water source) resulting in many people collecting water from open surface sources such as swamps. In addition, the affected population lacks appropriate water containers which limit the volumes that can be collected at a given time, thus increasing the number of trips for collection and elevating risk to those collecting the water (generally women and girls). Lack of containers also results in unsafe water storage, disrupting the safe water chain.

Many people have fled the region, while those who remained have been displaced multiple times and are in hiding places across the county, such as the islands surrounding Adok and Thonyor. There are no boreholes or safe water supply on the islands so people collect water from the swamp. In some cases (e.g. Kok Island), there is limited space for the large flux of population, resulting in a congested environment which presents a significant sanitation risk due to the proximity of open defecation to the water source.

**2. Needs assessment**

Due to the recent conflict, there is limited data available characterizing the WASH needs in the region. Medair participated in an inter-agency emergency response in early December 2015 which gathered some preliminary data. This assessment showed emergency levels of malnutrition and food insecurity alongside significant WASH needs. Open defecation is widely practiced and there are very few latrines present. Many households lacked appropriate water containers and soap was not present, although most people in focus group discussions demonstrated previous hygiene knowledge (e.g. critical hand washing times). Medair's static WASH team has assessed boreholes in the main communities (Leer, Adok, Thonyor, Pilling, Gandor, Padeah, Guat) and identified many water points requiring rehabilitation (including hand-pump repairs and critical apron damage). Based on an assessment completed by UNIDO in 2013, there were approximately 87 boreholes in Leer County (66 of which were functioning at the time), with several communities not having an improved water source. The number of functioning boreholes appears to be much lower now, with the currently functioning boreholes supporting large geographic areas (e.g. Guat). Medair assessments on the islands indicate that swamp water is the only water source used with no additional treatment. As the dry season continues and ephemeral areas begin to dry up, it is likely to create additional pressure on water supply.

### **3. Description Of Beneficiaries**

Conflict affected women, men, girls and boys will be the main beneficiaries of this project. Current population figures for each location are not available, and are likely to change due to the continued mobility of the population as they seek safety and food. The total population for the county is estimated between 15,000 (NFI distribution list) to 30,000 (OCHA estimate) to 46,000 (food distribution list). With the potential for double-counting during distributions, it is unclear what the actual population is. Informal registrations are also available at the payam level for some of the islands off of Adok; however, the figures are likely to have changed significantly with population movement back to the mainland since September when the registration was completed. Medair will assess needs of the affected population through key informant interviews, focus group discussions and follow-up monitoring with representation of women, youth and the elderly. Medair works through existing local structures and builds their capacity including training of community water management committees, pump mechanics and hygiene promoters. Medair adheres to the Core Humanitarian Standards, and as a member of Humanitarian Accountability Partnership International (HAP-I), seeks to provide public information to the beneficiaries about the programmes provided through local government, community outreach and WASH promotion activities. Medair consults with local authorities, community leaders, and Rural Water Departments regarding decisions to commence, adapt or complete programs.

### **4. Grant Request Justification**

Medair has been providing multi-sectoral relief in South Sudan since 1992. Following identification of critical needs and gaps in WASH/Nutrition coverage within Leer County, Medair established a static base in Leer Town in January 2015. Nutrition programmes were established at 7 sites throughout the county, with complimentary WASH programmes planned at the same locations. Due to increasing insecurity, Medair relocated their team in May 2015; however, they continued to provide limited programming through short-term missions including distribution of emergency NFIs, water filters, and material support to local staff on the ground to continue basic health and nutrition services. Medair has been committed to serving the affected population in this region whenever security and access allowed and maintained regular contact with staff that provided key information on the situation. Since December 2015, Medair has resumed a static presence in Leer County and are rebuilding the WASH and nutrition programming. The static WASH programme in Leer County is co-funded largely through OFDA; this CHF allocation will enable Medair to respond to the immediate life-saving needs of the population in a surge capacity as longer term WASH programmes are reestablished.

### **5. Complementarity**

This project allows Medair to address life-saving WASH needs for the affected population in Leer County as part of a multi-sectoral response. A specific focus is given to areas with high malnutrition rates, where Medair is operating nutrition clinics alongside health services. The project activities in these areas aim to improve WASH services for the whole community to reduce morbidity and mortality due to water-borne diseases and therefore, the project does not have a special focus on the individual households enrolled in the nutrition program. However, targeted health and hygiene messaging will be provided to those attending the nutrition clinics. Where it is not feasible to provide an improved water source in a community (i.e. hand dug well or rehabilitated borehole), water filters will be considered as an alternative. The filters will be provided alongside training with follow-up visits conducted to ensure proper use and maintenance. Medair NFI distributions will be coordinated to provide other needed household goods alongside the water storage containers distributed within this project.

## **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 the affected population in South Sudan.

## WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Affected populations have timely access to safe and sufficient quantity of water for drinking, domestic use and hygiene (SPHERE)	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	75
CO2: Affected populations are enabled to practice safe excreta disposal with dignity in a secure environment	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	5
CO3: Affected populations have knowledge and appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	20

**Contribution to Cluster/Sector Objectives :** Objective 1: This project will contribute to Objective 1 by providing timely access to safe water for the affected population by rehabilitation of boreholes, provision of household water treatment systems, and the installation of appropriate water systems which could include, but are not limited to, surface water treatment systems and hand dug wells.

Objective 2: This project will contribute to Objective 2 by ensuring the affected populations are enabled to practice safe excreta disposal by promoting emergency sanitation strategies such as downstream defecation areas. These measures are implemented as an emergency solution on the islands, where other sanitation provisions are not possible due to space constraints and a shallow water table.

Objective 3: This project will contribute to Objective 3 by promoting improved hygiene practices in conjunction with water and sanitation provision to the affected population. Water supply interventions will be coupled with hygiene promotion efforts focused on key messages appropriate for the community, such as safe water storage and washing hands at critical times. Long-term comprehensive hygiene promotion will be conducted through an existing OFDA funded programme.

### Outcome 1

Increased access to life-saving WASH services for affected population

### Output 1.1

#### Description

Affected population provided with safe drinking water

#### Assumptions & Risks

Locations planned for intervention are accessible and secure enough for Medair to operate and for beneficiaries to be present. Local leaders and authorities agree to Medair carrying out the planned activities. Medair retain or employ sufficient skilled WASH personnel. No very significant price increases.

#### Activities

##### Activity 1.1.1

Assess existing water sources and repair hand pumps as necessary

##### Activity 1.1.2

Install safe water supply in locations where appropriate, particularly nutrition programme sites

##### Activity 1.1.3

Distribute household filters, alongside training on use, to affected population lacking existing safe water supply

##### Activity 1.1.4

Conduct post-distribution monitoring survey, water quality testing and refresher training in locations where household filters distributed

##### Activity 1.1.5

Distribute water storage containers to affected population

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Frontline # of new hand pumps/boreholes constructed					7
<b>Means of Verification :</b> Construction records							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	# of households receiving water storage containers					3,500
<b>Means of Verification :</b> Distribution records							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Frontline # Number of emergency affected people with access to improved water sources	4,230	4,350	4,650	4,770	18,000
<b>Means of Verification :</b> Water point repair records							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people enabled to practice safe water at the household level.	2,820	2,900	3,100	3,180	12,000
<b>Means of Verification :</b> Filter distribution records							
Indicator 1.1.5	WATER, SANITATION AND HYGIENE	Core Pipeline # of water treatment products distributed					2,000

<b>Means of Verification</b> : distribution records							
<b>Output 1.2</b>							
<b>Description</b>							
Emergency sanitation strategies implemented for affected population on islands.							
<b>Assumptions &amp; Risks</b>							
Locations planned for intervention are accessible and secure enough for Medair to operate and for beneficiaries to be present. Local leaders and authorities agree to Medair carrying out the planned activities. Medair retain or employ sufficient skilled WASH personnel. No very significant price increases.							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Conduct focus group discussions and meet with community leaders to assess sanitation situation, needs and community intentions.							
<b>Activity 1.2.2</b>							
Identify common water collection areas and current defecation practices.							
<b>Activity 1.2.3</b>							
Determine boundaries of defecation area (inland and downstream of water collection areas).							
<b>Activity 1.2.4</b>							
Dig test-pits near shoreline and inland to determine water table depth and feasibility of potential latrine infrastructure such as shallow trench latrines.							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people enabled to safely dispose of excreta in an emergency setting	394	786	360	460	2,000
<b>Means of Verification</b> : Training records; Post-distribution monitoring report							
<b>Output 1.3</b>							
<b>Description</b>							
Hygiene behaviour change communication provided to affected population.							
<b>Assumptions &amp; Risks</b>							
Locations planned for intervention are accessible and secure enough for Medair to operate and for beneficiaries to be present. Local leaders and authorities agree to Medair carrying out the planned activities. Medair retain or employ sufficient skilled WASH personnel. No very significant price increases.							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
Basic hygiene and safe water chain messaging are provided at household level through community hygiene promoters.							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people equipped to practice good hygiene behaviors through participatory hygiene promotion	3,333	6,667	0	0	10,000
<b>Means of Verification</b> : Hygiene promoter records; Post-distribution monitoring report							
<b>Additional Targets</b> :							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

At the start of this project, a baseline WASH assessment will be conducted to ascertain the current knowledge and practices of the affected population. This is particularly important given the changed context from the time of Medair's last KPC survey in early 2015, before the conflict escalated. Post-distribution monitoring and surveys will be conducted in communities receiving water filters to assess uptake of the filters as well as the effectiveness of the parallel hygiene messaging. Regular household water quality monitoring will also be conducted as part of Medair's longer term WASH programming. A full KPC survey will be conducted after the close of this project.

A monitoring and evaluation plan is in place which defines the means of verification for each indicator, including the following parameters: data sources, data collection methods and frequency, reporting formats and frequency, and the responsible parties for data collection, reporting and analysis. Reporting of these data generally occur on a weekly or monthly basis, depending on the data source. The monitoring and evaluation plan is developed at the beginning of the project, with the primary responsibility led by the WASH project managers and regular follow-up provided by the WASH Advisor. Moreover, a monthly internal report is submitted from field level to the 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 highlight indicators with schedule, cost or quality concerns.

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.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Assess existing water sources and repair hand pumps as necessary	2016		X	X	X								
Activity 1.1.2: Install safe water supply in locations where appropriate, particularly nutrition programme sites	2016		X	X	X								
Activity 1.1.3: Distribute household filters, alongside training on use, to affected population lacking existing safe water supply	2016		X	X	X	X	X	X					
Activity 1.1.4: Conduct post-distribution monitoring survey, water quality testing and refresher training in locations where household filters distributed	2016		X	X	X	X	X	X					
Activity 1.1.5: Distribute water storage containers to affected population	2016		X	X	X								
Activity 1.3.1: Basic hygiene and safe water chain messaging are provided at household level through community hygiene promoters.	2016		X	X	X	X	X	X					

#### OTHER INFO

##### 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 authorities, community outreach and clinic/water point based awareness and hygiene promotion activities. Medair consults with local authorities, community leaders and staff regarding decisions to commence, adapt or complete programmes. The proposed project was developed through needs assessments including key informant interviews and focus group discussions. Additional discussions and consultation with the communities will occur before the project activities are initiated to ensure the activities are acceptable to the community members. Complaints and concerns from the communities are taken seriously and adjustments made to the programmes as necessary. Every staff member working with Medair in South Sudan gets an orientation on (and signs) the Code of Conduct, 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 enforces Fraud and Misconduct Notification Guidelines.

##### Implementation Plan

This project will be implemented in several concurrent streams in order to effectively address the most critical needs as soon as possible. Activities requiring vehicle support (e.g. construction or distributions) are prioritized for the start of the project before the wet season limits access.

The WASH technical team will initially focus on rehabilitating handpumps that require major repairs in order to improve access to safe water. Construction of hand dug wells will be prioritized for communities lacking an improved water source and where nutrition programs are in operation (e.g. Dindin and Gandor). Feasibility tests will also be conducted to assess whether construction of hand dug wells is appropriate on the islands (e.g. Tuarch Riek).

The WASH hygiene team will initially focus on Kok Island due to the congested conditions (with an estimated population around 2,000 people) and high risk of disease transmission. Activities will include sensitization on F-diagram and safe water chain messaging, training and distribution of water filters with follow-up hygiene promotion, and implementation of emergency sanitation strategies. Community consultations and hygiene promotion will also be implemented alongside the water supply activities conducted in other locations (e.g. Leer, Dindin, Padeah, Gandor, Guat).

Distribution of WASH NFI's will be coordinated with distribution of other NFI's in the area. Target communities will be identified based on the baseline survey results. Distributions will aim to be decentralized, except where logistical constraints are prohibitive (e.g. outlying islands such as Mer).

##### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Water Resources and Irrigation / Director of Rural Water Supply and Sanitation	Communications of overall approach as necessary
RRC / RRA, County and State Level Governance and WASH authorities	Communication of project objectives and activities, clarified expectations and MOU's, feedback and coordination

INGOs, NNGOs, UN	Regular communication to avoid duplication, ensure complimentary activity methodologies, and to seek partnerships particularly with longer term programs
WASH Cluster	actively participate in and attend WASH Cluster meetings, strategic advisory group (SAG), and technical working groups (TWG)

### **Environment Marker Of The Project**

### **Gender Marker Of The Project**

2a-The project is designed to contribute significantly to gender equality

### **Justify Chosen Gender Marker Code**

Medair mainstreams gender into WASH programming by assessing gender-specific needs and identifying appropriate responses to address the particular concerns of women, men, girls and boys during the assessment of WASH needs in the project locations. An emphasis will be placed on female only focus group discussions to ascertain specific concerns of women and girls, who bear the primary responsibility for water provision within the household. The focus group discussions will aim to collect information about the perceived risks in accessing WASH services in order to identify solutions to mitigate these risks. Female community members will be sought out for behaviour change communication, distribution and training on water filtration systems and sanitation sensitisation. Gender segregation will also be incorporated in the sanitation strategies.

### **Protection Mainstreaming**

Protection mainstreaming is integral to Medair's programs. In this project, protection issues will be addressed through several aspects: 1) Increasing access to services by decentralizing distributions and activities outside the main towns to limit beneficiary travel; 2) Assessment of distribution locations for proximity to (and access routes through) insecure areas; 3) Rehabilitating hand pumps to eliminate women/girls going to secluded areas for water collection (e.g. rivers, swamps, etc.); and 4) Providing water collection/storage containers to reduce the frequency of water collection trips to limit exposure of women/girls to risks. The response will seek to mitigate potential protection concerns and assess how the interventions may influence the ongoing conflict and movements of the population. Special attention is given to the most vulnerable groups like children, pregnant and lactating mothers, people with special needs and the elderly.

### **Country Specific Information**

### **Safety and Security**

### **Access**

## **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Programme Nat. staff	D	40	861.56	6	19%	39,369.85
	<i>40 staff (4 Community Liaison Officer, 6 WASH Technician, 2 WASH Sector Manager, 2 WASH project Assistant, 2 WASH Construction Officer, 2 Warehouse Officer, 2 WASH Warehouse Assistant, 4 WASH Security Guard, 2 Warehouse Procurement Officer, 2 Nutrition Manager, 4 IYCF Officer, 2 HR Assistant, 2 Field Logistics Officer, 2 ERT Projects Assistant, 2 Assistant WASH Technician)</i>						
1.2	Programme Int. staff	D	8	3,816.28	6	19%	34,877.75
	<i>8 staff : (ERT IRS Logisitician , Programme Funding Manager, WASH Advisor, Projects Coordinator, Warehouse Manager, WASH Advisor, WASH Manager, WASH Project Manager)</i>						
1.3	Support base Nat. staff	S	10	1,522.01	6	19%	17,387.44
	<i>10 staff-all allocated as a % to the project (Facilities Officer, Finance Officer, Fleet Manager, Flights Officer, Procurement Assistant, 2 Procurement Officer, Senior Finance Officer, Senior HR Officer, Senior Payroll Officer)</i>						
1.4	Support base Int. staff	S	8	2,576.09	6	19%	23,543.40
	<i>8 (Communications Officer, Country Director, 2 Deputy Country Director, Finance Manager, Human Resources Manager, ICT Officer, Logistics Manager)</i>						
	<b>Section Total</b>						<b>115,178.44</b>
<b>Supplies, Commodities, Materials</b>							
2.1	WASH supplies	D	9	254.77	6	19%	2,619.44
	<i>Spare Parts for Borehole Repair, Calcium Hypochlorite for borehole treatment, H2S Test Strips (Well and HH Sampling), Overalls, gumboots</i>						
2.2	Water Filters	D	1	9,500.00	6	100%	57,000.00

	<i>PoU water filters for distribution</i>						
2.3	Construction materials and tools	D	7	6,279.97	6	19%	50,219.66
	<i>(timber, cement, bamboo, poles, tarpaulins, hand washing station, pipes)</i>						
2.4	Fuel and furnitures	D	2	5,847.30	6	19%	13,359.91
	<i>Fuel for vehicles and pumps</i>						
2.5	Incentives and Casual labour	D	2	8,660.74	6	19%	19,788.06
	<i>To support implementation of project activities</i>						
2.6	Transport costs	D	1	30,161.18	6	19%	34,456.13
	<i>Transport costs for WASH distribution items to the response sites</i>						
2.7	Training and awareness raising	D	2	3,976.96	6	19%	9,086.56
	<i>Community and hygiene promoter training and awareness raising</i>						
	<b>Section Total</b>						<b>186,529.76</b>
<b>Equipment</b>							
3.1	Com - Thuraya/sat phones	D	1	249.96	6	19%	285.55
	<i>Communications to support project activities</i>						
3.2	Laptop	D	1	499.92	6	19%	571.11
	<i>Laptop</i>						
3.3	Household, IT, Power, and Communications equipment	S	7	106.77	6	19%	853.82
	<i>Support base costs</i>						
	<b>Section Total</b>						<b>1,710.48</b>
<b>Contractual Services</b>							
4.1	Survey and evaluations for the project	D	1	619.57	6	19%	707.80
	<i>Costs to support project monitoring activities</i>						
4.2	Legal fees	S	1	97.49	6	19%	111.37
	<i>Legal fees for the support base</i>						
	<b>Section Total</b>						<b>819.17</b>
<b>Travel</b>							
5.1	Ground Travel	D	1	1,267.52	6	19%	1,448.01
	<i>(taxi to and from airport)</i>						
5.2	Ground Travel	S	1	613.40	6	19%	700.75
	<i>(taxi for support managers)</i>						
5.3	Continental flights	D	1	6,747.13	6	19%	7,707.92
	<i>(for programme staff)</i>						
5.4	Continental flights	S	1	926.10	6	19%	1,057.98
	<i>(for support managers)</i>						
5.5	Intercontinental flights	D	1	2,155.91	6	19%	2,462.91
	<i>(home leave for programme staff)</i>						
5.6	Intercontinental flights	S	1	839.86	6	19%	959.46



	<i>(home leave for support staff)</i>							
5.7	Rental of vehicle/boat, including fuel, insurance and maintenance	D	1	9,594.15	6	19%	10,960.36	
	<i>Vehicle/boat rental costs to support project activities</i>							
5.8	Rental of vehicle, including fuel, license, insurance, and maintenance	S	1	3,359.04	6	19%	3,837.37	
	<i>Vehicle rental costs, support base</i>							
	<b>Section Total</b>						<b>29,134.76</b>	
<b>General Operating and Other Direct Costs</b>								
7.1	Office supplies	D	3	116.65	6	19%	399.78	
	<i>(cartridges, stationery, paper for the project)</i>							
7.2	Office supplies	S	8	56.32	6	19%	514.72	
	<i>(cartridges, stationery, paper for the supporting staff)</i>							
7.3	Transport	D	3	835.70	6	19%	2,864.11	
	<i>Transportation costs for non-beneficiary goods to project site, plus packaging materials linked to the project</i>							
7.4	Transport for non-beneficiary goods, packaging materials linked to support	S	3	223.30	6	19%	765.29	
	<i>Transportation costs at support base</i>							
7.5	Communication costs for the project	D	3	633.23	6	19%	2,170.21	
	<i>(phone, internet, satellite communications)</i>							
7.6	Communication costs for the supporting staff	S	3	468.50	6	19%	1,605.64	
	<i>(phone, internet, satellite communications)</i>							
7.7	Visibility material for the project	D	1	1,041.50	6	19%	1,189.81	
	<i>Contribution to visibility materials at project sites</i>							
7.8	Visibility material for the support	S	1	6.25	6	19%	7.14	
	<i>Contribution to visibility costs at support base</i>							
7.9	Facility maintenance, and supplies	D	5	1,131.26	6	19%	6,461.76	
	<i>(Warehouse maintenance, supplies, generators, water for warehouse, warehouse rent)</i>							
7.10	Facility construction, maintenance, furniture, utilities, and supplies	S	5	531.40	6	19%	3,035.36	
	<i>(Office, house repairs, electrical repairs, gas, electricity)</i>							
7.11	Office equipment maintenance, security supplies	D	4	293.70	6	19%	1,342.09	
	<i>(Warehouse security maintenance, computer/Thuraya repair)</i>							
7.12	Office equipment maintenance, security supplies	S	6	219.72	6	19%	1,506.05	
	<i>(locks, batteries, fire alarms, fire extinguishers)</i>							
7.13	Warehouse rent costs for WASH project	D	1	10,671.31	6	19%	12,190.90	
	<i>Rental costs for warehouse space</i>							
7.14	Office rent for support	S	1	5,607.76	6	19%	6,406.31	

	<i>Support base rent costs</i>						
	<b>Section Total</b>						<b>40,459.17</b>
<b>SubTotal</b>		156.00					<b>373,831.78</b>
Direct							311,539.68
Support							62,292.10
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							26,168.22
<b>Total Cost</b>							<b>400,000.00</b>
<b>Grand Total CHF Cost</b>							
<b>400,000.00</b>							
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity	100						
<b>Documents</b>							
Category Name				Document Description			
Project Supporting Documents				Core Pipeline Template SG.xlsx			