

<b>Requesting Organization :</b>	Universal Intervention and Development Organization				
<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>	Addressing acute Water, Sanitation and Hygiene needs of vulnerable and disaster affected population of Leer county and Rubkway payam of Mayendit county, Southern Unity State				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/WASH/NGO/779		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	150,000.19		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/01/2016	<b>Planned End Date :</b>	30/06/2016		
<b>Actual Start Date:</b>	01/01/2016	<b>Actual End Date:</b>	30/06/2016		
<b>Project Summary :</b>	<p>Addressing acute Water, Hygiene and Sanitation needs of vulnerable and disaster affected population of Leer and Rubkuay payam in Mayendit North Count in Unity State is paramount due to the fact that the population using water points are more than the standard required because the water points are few. The overuse contributes to breakdown of the pumps and reduction in water availability. Due to the fact that the current water supply situation is below standards in quality and quantity of 500 people (women, men, boys and girls) per borehole approximately 1,000 people (women, men, boys and girls) served by one hand pump, resulting in a limited amount of boreholes and water supply schemes which also results in overuse, which contributes to breakdown of the pumps and reduction in water availability. This leads not only to low water consumption (under 10 L/person/day) but also increases the burden of women and girls caretakers who solely walk for more than five(5)km fetching water exposing them to some forms of GBV namely abduction of young girls and boys, forceful marriages, killing and rape of young girls. Due to the fact that houses and sketchy sanitation structures were destroyed within the communities by the recent conflict. The current hygiene and sanitation structures merely exist exposing the residents to open defecation posing an extreme public health problem especially water borne diseases e.g. diarrhea and cholera. The project aims to rehabilitate 15 non-functioning boreholes in Mayendit North county(Rupkuay,Kuok,Thaker payams and Tunyang boma) so that the population can access water at an average of 1,000 people (women, men, boys and girls) per borehole which is above the standard quality requirement but is far better than the current average usage of 1,984 per borehole as reported in OCHA led IRNA report for June 2014 before even the recent conflict of May 2015 to December 2015. A total 16,000 people (women, men, boys and girls) will benefit through provision of access to water by rehabilitation and repair of 15 boreholes and improve sanitation through hygiene promotion. There is a need for maintenance of hygienic conditions and hygiene promotion in both Lerr and Mayendit north(Rupkway through services of human waste management, improved toilets, water facilities, and waste disposal, hygiene promotion campaigns to raise awareness on water-related health/hygiene issues, especially to raise awareness on safe water and cholera prevention.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	1,125	2,000	2,875	2,000	8,000
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
People in Host Communities	925	1,300	1,025	975	4,225
Internally Displaced People	975	775	1,025	700	3,475
Other	300	400	0	0	700
<b>Indirect Beneficiaries :</b>					
<b>Catchment Population:</b>					
<b>Link with allocation strategy :</b>					

1. If the project is implemented the affected populations are ensured with safe, equitable, and sustainable access to sufficient quantity of water for drinking, cooking, and personal and domestic hygiene (15 L/p/day).
  2. If sanitation facilities are improved the affected populations have access to safe, sanitary, and hygienic living environment through provision of sanitation services that are secure, sanitary, user-friendly and gender-friendly and appropriate.
  3. The project will ensure hygiene promotions to the affected populations have reduced risk of WASH-related diseases e.g. cholera, or negative impacts on nutritional status, through access to improved hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis.
- The targeted beneficiaries include (2875) boys and girls (2000), 2000 women, 1125 men affected by emergencies who will benefit from WASH

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$
UNIDO	National NGO	150,000.19
		<b>150,000.19</b>

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
James Keah Ninrew	Executive Director	ed@unidosouthsudan.org	+211927394926
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**BACKGROUND**

**1. Humanitarian context analysis**

According to the HNO zero draft of 25th October 2015, the protracted conflict in South Sudan has resulted in multiple displacements across the country compounding the WASH needs of an already vulnerable population and leaving 4.2 million people in need of WASH assistance. These include about 750,000 people that have been cut off from access to safe drinking water and food in southern Unity and Upper Nile for more than 5 months in 2015. Most IDPs live in remote rural locations that had limited to no basic services before the crisis, which are now overstretched by the increase in population. Existing infrastructure in these locations is unable to provide adequate WASH services due to the population increase, risking increased outbreaks of water borne diseases. Displacement patterns are fluid in Unity state and shifting frontlines are forcing many people from Leer, Koch and Mayendit counties to flee their original homes. The number of the reported IDPS have increased in Numbers with Panyijiar hosting 100,257 IDPS, 67,850 IDPS in Leer, 3,200 in Mayendit and 30,681 in Koch county according to UNHCR report in October 2015. The influx of people overwhelms host communities, leading to tensions and further movements. The few available water resources are overstretched due to over use and many boreholes were destroyed during conflicts. Humanitarian needs assessment done in Panyijiar and Interagency needs assessment done in Mayendit which UNIDO participated indicates that of the population spends 30 minutes or more to collect water from sources due to distance and high number of users. Data indicated that an average of nearly 1,000 people is served by one hand pump which is well above the international standard of 500; this also results in overuse which contributes to breakdown of the pumps and reduction in water availability. This leads not only to low water consumption (under 10 L/person/day) but also increases the burden of women and girls caretakers who are solely responsible for fetching water exposing them to some form of GBV namely abduction of young girls and boys, forceful marriages, killing and rape of young girls. HIV and AIDS and various sexually transmitted diseases (STD) can also be transmitted to these poor women and girls. The hygiene situation of these areas is also poor where 97.2% of the population in Leer, Mayendit, Panyijiar and Koch Counties practice open defecation, combined with such low water consumption per capita greatly affects personal hygiene. Only 30% of the population mentioned both women and men wash their hands three or more times and only 13% of HHs reported using soap. Breakdowns in existing water sources force populations to depend on alternative unsafe sources of water or move further distances to another hand pump which aggravates the overuse, overcrowding and conflicts between resident and visiting users. Additional challenges include exclusion of women (the main users of the water points) from leadership roles, as well as a lack of proper methodological hygiene promotion programs targeting women, men, girls and boys. Inadequate sanitation is a major cause of disease in Koch, Leer, Mayendit and Panyinjiar counties and improving sanitation is known to have a significant beneficial impact on health both in households and schools. In Koch, Leer, Mayendit and Panyinjiar there are a number of schools, IDPs and host communities without good sanitation due to the fact that it was not there from very begging or it was destroyed by the conflict. There is need for maintenance of hygienic conditions, through hygiene promotion, through improved toilets, water facilities and waste disposal, to raise awareness on water and sanitation-related health/hygiene issues, especially to raise awareness of water quality in order to successfully distribute hygiene kits (mosquito nets, jerry cans, soaps and Pur sachets/Aquatabs to the community, to reduce the risk of cholera outbreak and other diseases.

**2. Needs assessment**

Displacement patterns are fluid in Unity state and shifting frontlines are forcing many people from Leer and Rubkuay payam in Mayendit counties to flee their original homes. The number of the reported IDPS has increased with 67,850 IDPS in Leer, 3,200 in Mayendit county according to UNHCR report in October 2015. The influx of people overwhelms host communities, leading to tensions and further movements. The few available water resources are overstretched due to over use and many boreholes were destroyed during the conflicts. Humanitarian needs assessment done in Panyijiar and Interagency needs assessment done in Mayendit which UNIDO participated indicates that of the population spends 30 minutes or more to collect water from sources due to distance and high number of users. Data indicated that an average of nearly 1,000 people is served by one hand pump which is well above the international standard of 500; this also results in overuse which contributes to breakdown of the pumps and reduction in water availability. This leads not only to low water consumption (under 10 L/person/day) but also increases the burden of women and girls caretakers who are solely responsible for fetching water exposing them to some form of GBV namely abduction of young girls and boys, forceful marriages, killing and rape of young girls. HIV and AIDS and various sexually transmitted diseases (STD) can also be transmitted to these poor women and girls. The hygiene situation of these areas is also poor where 97.2% of the population in Leer and Rubkuay payam in Mayendit County practice open defecation, combined with such low water consumption per capita greatly affects personal hygiene. Only 30% of the population mentioned both women and men wash their hands three or more times and only 13% of HHs reported using soap. Breakdowns in existing water sources force populations to depend on alternative unsafe sources of water or move further distances to another hand pump which aggravates the overuse, overcrowding and conflicts between resident and visiting users. Additional challenges include exclusion of women (the main users of the water points) from leadership roles, as well as a lack of proper methodological hygiene promotion programs targeting women, men, girls and boys. Inadequate sanitation is a major cause of disease in Leer county and Rubkuay payam in Mayendit County and improving sanitation is known to have a significant beneficial impact on health both in households and schools. In Leer county and Rubkuay payam in Mayendit County there are a number of schools, IDPs and host communities without good sanitation due to the fact that it was not there from very begging or it was destroyed by the conflict. There is need for maintenance of hygienic conditions, through hygiene promotion, through improved toilets, water facilities and waste disposal, to raise awareness on water and sanitation-related health/hygiene issues, especially to raise awareness of water quality in order to successfully Rehabilitate 15 boreholes, 150 latrines constructed and rehabilitated, distribution of hygiene kits and WASH NFIs.

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

The project targets 8000 vulnerable people, 4400 of these population are in in Leer county and 3600 are in (Rupkuay, Kuok, Thaker payams and Tunyang boma) in Mayendit North County. Out of this 800 women, 500 men, 1600 boys, 1500 girls in Leer county, 1200 women, 625 men, 1275 boys and 500 girls in (Rupkuay, Kuok, Thaker payams and Tunyang boma) to benefit from increased access to water, sanitation and hygiene promotion services. The target response of the proposed project will take on two levels. Firstly the provision of sustainable access to clean water and develop community capacity to prevent water and sanitation borne diseases while rendering viable emergency preparedness and response. The project shall strengthen acutely vulnerable community's capacities to withstand emergency WASH crises, through rehabilitation of existing water infrastructure and supporting operation and maintenance systems in the community. In some payams of Leer, Mayendit, Koch and Panyinjar Counties for instance a borehole mapping undertaken by UNIDO through field staff s found many boreholes being not usable having broken down, this is as a result of lack of adequate technicians and spares parts in the community and the destruction caused by the recent conflict. Secondly, project activities shall facilitate behaviour change in acutely vulnerable communities in sanitation and hygiene practices through improved access to and use of sanitation facilities and targeted hygiene promotion focusing on women and children

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

Sanitation is the hygienic means of promoting health through prevention of human contact with the hazardous wastes. Sanitation generally refers to the provision of facilities and services for the safe disposal of human feces. Inadequate sanitation is a major cause of disease in Koch, Leer, Mayendit and Panyinjar counties and improving sanitation is known to have a significant beneficial impact on health both in households and schools. In Leer and Mayendit counties there are a number of schools, IDPs and host communities without good sanitation due to the fact that it was not there from very begging or it was destroyed by the recent conflicts. There is a need for maintenance of hygienic conditions and hygiene promotion through services of waste disposal knowledge, improved toilets, water facilities and waste disposal, hygiene promotion, raise awareness on water and sanitation-related health/hygiene issues, especially to raise awareness of water quality in order to successfully distribute NFIs (mosquito nets, jerri cans, soaps and Pur sachets/Aquatabs) to the community, to reduce the risk of cholera outbreak and other diseases. UNIDO in partnership with Christian Aid, IOM and UNICEF has been able to demonstrate that hygiene and sanitation awareness coupled with the installation of improved water facilities can trigger an improvement in attitudes towards hygiene and sanitation among the communities - in Leer, Koch, Panyijiar and Mayendit - which subsequently lead to an increase in demand in establishing their own sanitation facilities. However there is a need to scale up the intervention. Despite the fact that UNIDO is a strong national NGO, it has a proven technical capacity adequate for offering WASH services to the needy in the conflict affected regions. UNIDO has employed local staffs both men and women for purposes of continuity and sustainability of the program even during shocks such as conflict where International staff would otherwise evacuate the areas. Throughout its operation in these areas, UNIDO has continually created good working relations with the local authorities and the community thus creating a sense of ownership for the programs and also active participation in program activities. UNIDO has the human technical expertise and financial accountability policy to maximize service delivery to the However there is a need to scale up the intervention. At the same time UNIDO discovered the importance of creating awareness about hygiene and sanitation in advance of the implementation of WASH facilities. This approach often guarantees a more enthusiastic participation of women, men, boys and girls, which leads to a higher level of acceptance and ownership by a larger group of community members, and supports greater sustainability of the program by reinforcing the link between water, sanitation and hygiene. UNIDO believes that by making an intervention in Leer, Mayendit Counties, will help the community to overcome WASH challenges inflicted on them by the recent conflict of May 2015 to December 2015. This will minimize the spread of water and sanitation related disease that will subsequently lead to a healthy and vibrant community.

### **5. Complementarity**

## **LOGICAL FRAMEWORK**

### **Overall project objective**

Addressing acute Water, Sanitation and Hygiene needs of vulnerable and disaster affected population of Leer and Rubkuay payam Mayendit County, Southern Unity State

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	30				
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	30				
CO3: Affected populations have knowledge and appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene		HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	40				
<p><b>Contribution to Cluster/Sector Objectives :</b> To increase timely access to safe and sufficient quantity of water for drinking, domestic use and hygiene, Sanitation and hygiene promotion services to affected populations in South Unity state Counties. The affected population access sufficient and safe water, sanitation facilities and have knowledge and appropriate behaviours to prevent and mitigate WASH related diseases and practice good hygiene.</p> <p>This will be done through a three folded strategy, mainly:</p> <p>1) Construction and rehabilitation of sanitation facilities and of water points for timely sufficient and safe water, and hygiene promotion, resulting in drastically reduced WASH related diseases such as acute watery diarrhoea/ cholera, malaria etc and water related deaths, as well as promoting water as a peace dividend in conflict prone areas.</p>							
<b>Outcome 1</b>							
Improve access to safe and sufficient water in Leer and Rubkway payam of Mayendit county							
<b>Output 1.1</b>							
<b>Description</b>							
Affected population accessing safe and sufficient drinking water free from contamination after rehabilitation of 15 boreholes and distribution of water (PUR) tabs in Leer and Mayendit counties							
<b>Assumptions &amp; Risks</b>							
There will be no security risks and no extreme weather interruptions, i.e. heavy rains resulting to flooding							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Rehabilitation 15 boreholes							
<b>Activity 1.1.2</b>							
Training of CHPs, WMCs, to sensitise the community on the use of emergency sanitation methods							
<b>Activity 1.1.3</b>							
Training of 15 hand pump mechanics to conduct repairs and maintenance of borehole hand pumps							
<b>Activity 1.1.4</b>							
1.1.4.Distribution of water (PUR) tabs to 1000H/H in Leer and Mayendit counties							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Frontline # of water points/boreholes rehabilitated					15
<b>Means of Verification :</b> Reports from the field, GPS coordinates, photos							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Frontline # of people trained/sensitized to use emergency sanitation methods	26	30	24	26	106
<b>Means of Verification :</b> Training reports, participants attendance list, photos							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Frontline # Number of emergency affected people with access to improved water sources	1,125	2,000	2,875	2,000	8,000
<b>Means of Verification :</b> Training reports, photos							
<b>Outcome 2</b>							
Improve access to sanitary facilities in Leer and Rubkway payam of Mayendit county							
<b>Output 2.1</b>							
<b>Description</b>							
Affected population access latrines and reduce open defecation in the conflict affected areas of Mayendit and Leer Counties,the toilets will given to community under care of payam administrators and hygiene promoters to oversee its use.							
<b>Assumptions &amp; Risks</b>							
Prevailing security, availability of funds in time , and the community acceptance to participate and ownership of the project							

Activities							
Activity 2.1.1							
150 latrines constructed/rehabilitated in the community							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Frontline # of new latrines constructed					130
<b>Means of Verification</b> : Field reports, photos,							
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	Frontline # of latrines rehabilitated					20
<b>Means of Verification</b> : Field reports, photos							
Indicator 2.1.3	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people with access to improved sanitation facilities	150	250	250	250	900
<b>Means of Verification</b> : report from the field, photos							
Outcome 3							
Improve hygiene behaviour/promotion in Leer and Rubkway payam of Mayendit county							
Output 3.1							
Description							
Communities gain awareness of their water, sanitation and hygiene situation through participatory activities							
Assumptions & Risks							
The community accepting behaviour change messages, security prevailing and availability of funds in time							
Activities							
Activity 3.1.1							
25 community hygiene promoters selected and trained to conduct hygiene promotion in the community							
Activity 3.1.2							
House to house hygiene promotion by community hygiene promoters							
Activity 3.1.3							
public hygiene promotion awareness campaign,							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	WATER, SANITATION AND HYGIENE	Frontline # of community based hygiene promoters trained	10	15			25
<b>Means of Verification</b> : Training reports, photos, signed volunteer work agreement							
Output 3.2							
Description							
Distribution of hygiene kits that include NFIs and monitoring use							
Assumptions & Risks							
That security prevails, availability of funds							
Activities							
Activity 3.2.1							
Distribution of hygiene kits that include NFIs							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.2.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected women & girls enabled to practice safe, dignified menstrual hygiene management.	0	500	0	500	1,000
<b>Means of Verification</b> : Field reports, photos							
Indicator 3.2.2	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people equipped to practice good hygiene behaviors through participatory hygiene promotion	1,125	2,875	2,000	2,000	8,000
<b>Means of Verification</b> : field reports, photos taken during hygiene promotion activities							

Indicator 3.2.3	WATER, SANITATION AND HYGIENE	Core Pipeline # of hygiene kits distributed																		1,000
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**Means of Verification** : distribution list, pictures, field reports

**Additional Targets** :

## M & R

### Monitoring & Reporting plan

Every step in this project will employ participatory approaches. Every activity, transaction and communication related to this project will be documented all staff and partners will be trained in collecting information, recording, analyzing, sharing and documenting. The tools employed here will include mapping, visualizing, photography, focused group discussions, checklist administered with key stakeholders and monitoring forms. A monitoring and evaluation strategy will be developed to capture quantitative and qualitative data for quality education programme. Some examples of quantitative data gathered will be: 25 (10 Men and 15 Women) community hygiene promoters receiving training on hygiene promotion. 2.8000(2000 women,1125 Men,2875 boys and 2000 girls who have been reached through outreach and hygiene promotion 3. 15 Hand pump mechanics receives training to manage water points. 4. 150 latrines constructed/rehabilitated 5 .15 Boreholes Rehabilitated. Qualitative data will be gathered from focus group discussions, monthly meetings with all stakeholders and service providers through interviews and observations. Data gathered will include: 1. Level of satisfaction with services, this will be conducted monthly 2. Level of satisfaction with every training program, this will be carried out after every training program. 3. Knowledge of conflict mitigation and human rights. 4. Increase in coexistence among communities 5. Change in attitude and behaviours in community perception 6. Change in policy makers, police and administrators' response to the issue of gender based violence. In addition monthly information will be analysed and documented and shared with the committees, UNIDO staff and CHF, and committees and with local government authorities. Learning received from these monitoring will be documented and used to inform project management and ensure correction and building on successes while mitigating errors and mistakes that may arise. There will be project review quarterly which will decide the course of action to be taken. This framework will be designed: 1) to allow for continuous improvement through the learning and future application of well-grounded lessons; and ensures an acceptable level of accountability and cost-effectiveness is maintained, even in difficult circumstances. 2) to help identify impact and achievements of the programme. However at the end of the month, a monitoring report will be developed and submitted. The report will factor in; i. Number and level of training's conducted at designated centre's ii. Attendance of meetings by gender and age, sector and community. iii. Photo images of meetings and list of participants attending stakeholders training. iv. Names and list of places project activities have taken place. v. Copies of trainees evaluation sheets

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Rehabilitation 15 boreholes	2016		X	X	X	X	X						
Activity 1.1.2: Training of CHPs, WMCs, to sensitise the community on the use of emergency sanitation methods	2016	X	X	X									
Activity 1.1.3: Training of 15 hand pump mechanics to conduct repairs and maintenance of borehole hand pumps	2016		X	X									
Activity 1.1.4: 1.1.4.Distribution of water (PUR) tabs to 1000H/H in Leer and Mayendit counties	2016			X	X	X	X						
Activity 2.1.1: 150 latrines constructed/rehabilitated in the community	2016		X	X	X	X	X						
Activity 3.1.1: 25 community hygiene promoters selected and trained to conduct hygiene promotion in the community	2016	X	X	X	X	X	X						
Activity 3.1.2: House to house hygiene promotion by community hygiene promoters	2016		X	X	X	X	X						
Activity 3.1.3: public hygiene promotion awareness campaign,	2016		X	X	X	X	X						
Activity 3.2.1: Distribution of hygiene kits that include NFIs	2016			X	X	X	X						

### OTHER INFO

#### Accountability to Affected Populations

All the stake holders will be involved from the inception of the project to the end.

#### Implementation Plan

Monthly information will be analysed and documented and shared with the committees, UNIDO staff and CHF, and with local government authorities. Lessons learnt from the project by implementing stakeholders including the monitoring will be documented and used to inform project management and ensure correction and building on successes while mitigating errors and mistakes that may arise. There will be project review quarterly which will decide the course of action to be taken.

#### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

#### Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

#### Gender Marker Of The Project

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

**Justify Chosen Gender Marker Code**

The project aims at promoting services equally across all the members of the population (women, men, boys and girls) without any kind of prejudice. WASH implementation will address all areas that promote safety to environment for all population (women, men, children boys and girls, the elderly including the vulnerable) of the conflict affected population.

**Protection Mainstreaming**

Consideration will be made when sitting latrines for construction in a way that they don't expose women and girls to abuse. Borehole environment will be cleared of any bush that might harbour harmful reptiles and should be fenced to protect the apron. Rehabilitation of boreholes will cut short distances to boreholes and as such reduce exposing the women and girls to some form of gender based violence.

**Country Specific Information****Safety and Security**

UNITY state is one of the 3 conflict affected states in South Sudan with sporadic attacks and fighting. The beneficiaries here in have recently experienced dire humanitarian need for assistance across board. UNIDO having been operational in Mayendit and Leer counties for the longest time now with diverse thematic areas and as a result understands and is well conversant with the community's needs and measures to take to ensure the safety of the host community and UNIDO staff is well. Though not easy, UNIDO staff is dedicated to serve the community and as we speak, the grass root staff i.e WASH project officers and hygiene promoters are on ground serving the community together with reloadable staff. UNIDO has a policy that ensures Staff security is Prioritized at any given time. In case there is need for evacuations (especially for international staff ) are planned on need basis by UNIDO through the logistics department in coordination with other IPs in the Area of Operation and the Logs Cluster. Both Mayendit south and Leer are now secure for implementation .Mayendit North which has been cut of for close to 7 months now is also accessible with IPs going back to the ground beginning January 2016 .UNIDO is among Partners back in the North and reestablishing services therein

**Access**

Mayendit and Leer are both accessible by air .Mayendit North were UNIDO WASH project will be implemented can be accessible from Leer Air strip since they boarder one another. Supplies can be delivered to the neighboring Leer county which then posed a crisis on serving the Northern community. Now UNHAS has flights to Leer three times a week which then makes transportation of staff and cargo more flexible moving forward .During this project implementation period we will use charters to ferry supplies directly to the Areas of operation from Juba .Leer county airstrip.

**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	WASH Manager	D	1	3,500.00	6	5000.00 %	10,500.00
	<i>Staff 100% involved directly in project implementation and reporting to stakeholders</i>						
1.2	WASH Project Officer	D	2	1,200.00	6	10000.00 %	14,400.00
	<i>Technical staff implementing project activities in the field working 100% on the project</i>						
1.3	Wash Technician	D	1	700.00	6	10000.00 %	4,200.00
	<i>Staff implementing project activities supporting the technical staff 100% LOE</i>						
1.4	Executive Director	S	1	7,818.00	6	1000.00 %	4,690.80
	<i>Staff responsible for overall funds accountability and management</i>						
1.5	Programs Coordinator	S	1	5,600.00	6	1000.00 %	3,360.00
	<i>Staff supervising project staff</i>						
1.6	Finance Manager	S	1	7,396.00	6	1000.00 %	4,437.60
	<i>Staff responsible for financial reporting and budget control</i>						
1.7	M & E Manager	S	1	5,500.00	6	1000.00 %	3,300.00
	<i>Staff undertaking project monitoring and evaluation reporting to stakeholders</i>						
1.8	Logistics & procurement Manager	S	1	3,700.00	6	1000.00 %	2,220.00
	<i>Staff involved in staff &amp; supplies logistics and procurement</i>						
1.9	Driver	S	1	600.00	6	1000.00 %	360.00
	<i>Staff providing logistical support to project activities</i>						
1.10	Medical Insurance 10%	S	1	4,767.00	1	5000.00 %	2,383.50

1.11	Staff Employer NSIF Contribution 17%	S	1	8,105.00	1	5000.00 %	4,052.50
	<i>Employer contribution to staff insurance</i>						
	<b>Section Total</b>						<b>53,904.40</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Construction of latrines in community	D	150	200.00	1	10000.00 %	30,000.00
	<i>Procurement of Toilet slabs and local Materials for construction of community latrines(the toilets will given to community targeting (2500 beneficiaries) under care of payam administrators and hygiene promoters to oversee its use)</i>						
2.2	Rehabilitation of boreholes	D	15	400.00	1	10000.00 %	6,000.00
	<i>Cost of cement,aggregate and labour cost per borehole 300USD</i>						
2.3	Distribution of water tabs (from core pipeline supplies)	D	1	2,000.00	1	10000.00 %	2,000.00
	<i>Hire of vehicle @2000USD per trip for distribution in two counties</i>						
2.4	Distribution of hygiene kits & NFIs to 1000 households	D	1	2,000.00	1	10000.00 %	2,000.00
	<i>Hire of vehicle @2000USD per trip for distribution in two counties</i>						
2.5	Train 15 hand pump mechanics	D	15	25.00	1	10000.00 %	375.00
	<i>15 pax trained @25USD per day (water,lunch &amp; transport)</i>						
2.6	Water management committee training and monitoring	D	105	25.00	2	10000.00 %	5,250.00
	<i>105 women and men trained as water management committee members @25USD per person for three days (water,lunch &amp; transport)</i>						
2.7	Train 25 CHPs	D	30	25.00	4	10000.00 %	3,000.00
	<i>25 CHPs trained @ 25 USD each for four days (water,lunch &amp; transport)</i>						
2.8	Incentives for Community Hygiene Promoters	D	25	50.00	6	10000.00 %	7,500.00
	<i>Community hygiene promoters creating awareness and conducting H/H hygiene promotion</i>						
2.9	Charter for Transporting Supplies from Juba to Leer	D	1	6,800.00	2	10000.00 %	13,600.00
	<i>Cost of One Air Charter 2 ton capacity @ 6800 usd</i>						
	<b>Section Total</b>						<b>69,725.00</b>
<b>Equipment</b>							
3.1	Thuraya Phone	D	1	1,300.00	1	10000.00 %	1,300.00
	<i>Procurement of One thuraya phone for Field Communication</i>						
3.2	Computer	D	1	1,000.00	1	10000.00 %	1,000.00
	<i>Procurement of one Laptop for Field Reporting</i>						
3.3	GPS Machine	D	1	1,000.00	1	10000.00 %	1,000.00
	<i>Procurement of one GPS Machine for Mapping of Boreholes</i>						
3.4	Camera	D	1	302.00	1	10000.00 %	302.00
	<i>Procurement of Camera for Reporting of field events</i>						
	<b>Section Total</b>						<b>3,602.00</b>
<b>Travel</b>							
5.1	Flight Tickets	D	4	200.00	3	10000.00 %	2,400.00
	<i>2 flights per month to and from field for supervision purposes</i>						

5.2	Visa & work permits	D	5	50.00	6	10000.00 %	1,500.00
5.3	Ground travel per diem	D	5	100.00	6	10000.00 %	3,000.00
<b>Section Total</b>							<b>6,900.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Car fuel	D	1	3,000.00	6	1000.00 %	1,800.00
7.2	Car repairs & maintenance	D	1	1,500.00	6	1000.00 %	900.00
7.3	Stationary	D	1	3,000.00	1	1000.00 %	300.00
7.4	Thuraya & phone airtime	D	1	500.00	6	1000.00 %	300.00
7.5	Internet subscription	D	1	800.00	6	1000.00 %	480.00
7.6	Electricity (field offices)	D	2	1,000.00	6	1000.00 %	1,200.00
7.7	Office Rents (Juba Office)	D	1	3,000.00	6	1000.00 %	1,800.00
<b>Section Total</b>							<b>6,780.00</b>
<b>SubTotal</b>			381.00				<b>140,911.40</b>
Direct							116,107.00
Support							24,804.40
<b>PSC Cost</b>							
PSC Cost Percent							6%
PSC Amount							9,088.79
<b>Total Cost</b>							<b>150,000.19</b>
<b>Grand Total CHF Cost</b>							<b>150,000.19</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 -> Leer	70						
Unity -> Mayendit	30						
<b>Documents</b>							
Category Name				Document Description			

