

<b>Requesting Organization :</b>	Mercy Corps			
<b>Allocation Type :</b>	2nd 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>	Emergency WASH Response in Guit County in South Sudan			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>	SSD-17/WS/104084	<b>Fund Project Code :</b>	SSD-17/HSS10/SA2/WASH/INGO/6527	
<b>Cluster :</b>	Water, Sanitation and Hygiene (WASH)	<b>Project Budget in US\$ :</b>	200,000.00	
<b>Planned project duration :</b>	7 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/08/2017	<b>Planned End Date :</b>	28/02/2018	
<b>Actual Start Date:</b>	01/08/2017	<b>Actual End Date:</b>	28/02/2018	
<b>Project Summary :</b>	<p>Mercy Corps proposes an 7-month timeframe to provide essential lifesaving water, sanitation and hygiene services for communities in Guit, with a scope for expanding to other high-need areas within and around these counties. This emergency response proposes to reach a minimum of 14,000 individuals, with an expanded package of life-saving, emergency WASH interventions that will reflect the evolving needs in the county.</p> <p>The main components of the project are:</p> <ul style="list-style-type: none"> <li>• Provision of key WASH NFIs in coordination with the WASH/Log Cluster with a focus on providing messaging on the use and spread of acute watery diarrhea (AWD), as well as enforcing behavior change to ensure the mitigation against the outbreak and spread of AWD diseases.</li> <li>• Provision of clean and safe water to HHs and affected communities through rehabilitation and maintenance of borehole and water systems, as well as constant monitoring of the quality of water supplied (and consumed) at the HH level.</li> <li>• Create and strengthen the link with Nutrition and Health partners to ensure that there is access to WASH facilities in nutrition centers (ie; construction of latrines and hand-washing points at OTP/TSFP centers), as well as messaging on the link between AWD and malnutrition. A basic referral system will be adopted to refer cases of health and nutrition to the existing health centers and OTP/TSFPs.</li> <li>• Hygiene promotion at the HH level to ensure safe hygienic practices, including personal, household and environmental hygiene. HHs will be encouraged to provide their own sanitation through household latrines with the provision of tools and training on basic household latrine construction. This will empower the households to increase knowledge of construction methods, in the event that they have to relocate, and allow them access to facilities when there is no village center. Previous experience implementing emergency WASH services has shown that the construction of household latrines is more effective than building communal latrines. Mercy Corps will evaluate the construction in coordination with the Beyond Bentiu strategy and adjust if necessary. Emphasis will be given on behavior change to eradicate and curb open defecation. Dedicated Menstrual Hygiene sessions will be carried out in the community for women of child bearing age and school going girls/teenagers.</li> </ul> <p>Mercy Corps is plan to set up a Rapid Response Mission (RRM) team, designed to reach the hardest to reach areas in order to re-open humanitarian space and deliver WASH response in a timely manner. The RRM team will be responsible for implementing the above intervention, as well as other interventions required, as the need arises.</p> <p>The RRM team will initiate an assessment within 72 hours of any emergency declared in South Sudan, including IDP displacement, epidemics, drought, informal camp settings, influx of returnees; and if prioritized by the WASH cluster and OCHA, flooding and cattle raiding. Preliminary assessment findings will be shared within a day after assessment, and a final assessment report will be shared within 2 days of assessment. Mercy Corps will initiate an emergency response within 72 hours (maximum) of an assessment (if the report indicates a need of emergency response).</p> <p>Teams will be deployed within 72 hours of assessment (subject to security), and be partially based in Bentiu, to ensure active participation in emergency response meetings held in Juba (by WASH cluster), to coordinate all emergency responses, and to avoid any duplications with other WASH partners. The response time frame may vary from 3 weeks to 3 months (depending on the needs assessed and type of interventions). Teams may be deployed anywhere in South Sudan, and will reach the most desperate communities in the least accessible parts of the country using whatever means necessary, whether by air, by boat, or by foot.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
2,240	2,660	4,620	4,480	14,000

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	461	249	683	660	2,053

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

The need for increased WASH interventions in areas with IPC 4 classification and high GAM and SAM. The most recent Integrated Phase Classification (IPC) reported Guit facing Emergency (IPC Phase 4) food insecurity. Mercy Corps plans to implement an integrated response in collaboration with Nutrition partners in Guit, which will include WASH support to planned nutrition and health interventions aimed at reducing morbidity and mortality through the provision of clean, safe and adequate water, dignified sanitation services, as well as hygiene promotion messaging.

Mercy Corps will coordinate with the WASH Core Pipe Line and Logistics cluster to ensure items arrive on time and within budget. Mercy Corps will utilize its procurement, logistics, and finance teams to ensure that coordination of response is implemented to a high standard. This means that field teams will have access to support from logistics teams in preparation of paperwork, waybills necessary, and letters from government/administrative bodies. Activities and approaches that promote impact across clusters, cross-cluster collaboration and synergies, and the centrality of protection, will be given precedence. Locations with a high presence of sudden movements of IDPs will be prioritized and immediately covered.

**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
Francesco Lanino	Director of Programs	flanino@mercy Corps.org	0956183147
Sandy Tsai	M&E/Program Development Manager	stsai@mercy Corps.org	0956183152
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**BACKGROUND****1. Humanitarian context analysis**

The protracted conflict in South Sudan has resulted in multiple displacements across the country compounding the WASH needs of an already vulnerable population. The remaining coping abilities have been further eroded by prolonged food insecurity, economic collapse and disease outbreaks. The widespread lack of safe drinking water, improved sanitation facilities and poor hygiene practices has left a large proportion of the population at risk of preventable WASH related diseases. IDPs remain among the most vulnerable groups in South Sudan, with the most acute and vulnerable populations found in Unity, Upper Nile and Equatorias States. Many IDP populations remain in remote rural locations, which had limited to no basic WASH services before the crisis began. Existing WASH infrastructure in these locations is unable to provide adequate WASH services due to the population increase.

With the humanitarian crisis in South Sudan deepening and spreading, the 2017 Humanitarian Needs Overview (HNO) estimates that some 7.5 million people, over 60% of the population, are in need of humanitarian assistance. More than 3.4 million people have been displaced –1.9 million internally displaced persons (IDPs) and 1.5 million refugees who have fled to neighbouring countries. Health conditions have deteriorated, and food insecurity and malnutrition have skyrocketed. An estimated 6.0 million (50% of the population) people are expected to be severely food insecure in June-July 2017, compared to 5.5 million people in May 2017. Even though no county has been classified under famine (Phase 5) in the most recent IPC update in May 2017, an estimated 1.7 million people are likely to be facing food security emergency (IPC Phase 4).

The overall WASH situation is magnified by the endemic nature of cholera and other water borne epidemics in South Sudan, which disproportionately affects children under 5. High malnutrition rates are strongly linked to poor WASH conditions exemplified in the diarrhea-malnutrition cycle which is prevalent in vulnerable populations. Displaced women and girls continue to be disproportionately affected by protection related WASH issues, with gender based violence occurring due to insufficient and unsafe access to water and sanitation facilities.

**2. Needs assessment**

According to the latest IPC update, released May of 2017, Guit County of former Unity State is currently classified as IPC Phase 4 emergency. Aweil North and Aweil South are also experiencing IPC Phase 4 food insecurity, primarily caused by high food prices and diminished household purchasing power.

In Guit County, the majority of the population is using the river as a primary source of water. There is a stark gap in safe water sources, as a limited number of boreholes (7) were reported to be functional at the time of assessment (IRNA, February and March 2015), for an estimated 6,900 Households (41,400 individuals). Pump mechanics were trained by various NGOs in 2009; however, since the crisis, all tools were looted, and staff was displaced. Latrines were observed to be functional at one school, and no households had latrines, with the majority of the population using open defecation. Hygiene practices are poor, with households lacking knowledge on how to properly wash hands, clothes, cooking utensils, and jerry cans. Using soap for washing is not common in the community. In addition, community members reported frequent incidences of malaria, diarrhea, and typhoid, particularly among children.

By providing essential WASH services and resources to the communities, including key NFIs, boreholes, and education, both diarrheal diseases and malnutrition rates could be reduced, helping to contribute to the reversal of the dire situation of critical malnutrition.

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

Mercy Corps will collaborate with other actors in the intervention areas to triangulate information with the assessments it will carry out on the ground, to determine the exact population profile.

In Guit county, an estimated 24,973 males and 24,045 females reside in the county, according to the projections for 2017 of the National Bureau of Statistics. However, more recent data from the IRNA assessments conducted in February and March of 2015 estimated 1,900 Households and 11,400 individuals resided in the former payams (Kuer Geng and Guit). Biometric data was taken by IOM in May 2017 that counted 2,053 individuals (932 Male, 1,121 Female) for Guit Town only. Other payams and bomas were not registered at that time. However, using estimates of the proportion of women and men, boys and girls, taken from the biometric data, Mercy Corps estimates that approximately 11,400 individuals reside in Guit County, with approximately 45% of them male, 55% female, 33% boys under 18, and 32% girls under 18.

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

Mercy Corps has the operational capacity and programmatic expertise to implement an emergency WASH response in Guit. We are currently implementing similar projects in Koch, Panyjjar, and Rubkona. Mercy Corps will apply learning from current and past projects, inter-agency assessments and planning, and historical and internal staff knowledge of what works to the current project. Mercy Corps responded to the famine in Koch and began WASH interventions at the beginning of March 2017, running an emergency response in coordination with UNICEF with a sub-office in Koch town. We successfully reached up to 12,000 beneficiaries within six weeks, rehabilitating 9 boreholes, distributing essential NFIs, and training 21 hygiene promoters. In January of 2017, Mercy Corps took the lead of the WASH response in Panyjjar with suspected cases of cholera were reported, and also took the lead in Rubkona when there was a cholera outbreak. By using a Rapid Reponse team to implement the WASH response, Mercy Corps will have the flexibility to respond to the much needed WASH services in the three counties efficiently and effectively. Rapid assessments can be made to identify and target the most vulnerable beneficiaries within the county, and respond accordingly. Temporary bases can be set up quickly and easily by the RRM team. Discussions are already underway with existing health and nutrition partners to facilitate collaboration between WASH and health/nutrition services. All interventions proposed not only align with the needs assessment, and the priority for the WASH cluster and SA2 allocation strategy, but also sets up a structure in which communities can take ownership and continue activities even after the emergency situation improves.

### **5. Complementarity**

Under Mercy Corp's UNICEF grant, Mercy Corps currently has a RRM team for the Beyond Bentiu Response (BBR) locations. In coordination with the UNICEF Field Office in Bentiu, teams are ready to carry out assessments within 72 hours of a disaster or emergency (subject to security) and can be deployed for quick life saving responses. The RRM team is deployed based on the following triggers: IDP displacement, flooding, cholera/epidemics, individuals returning to their original homes, and famine. The current team will be available to support the RRM team in Guit when necessary, and is on standby for any deployment.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

Provide lifesaving humanitarian assistance to respond to and anticipate the immediate water, sanitation and hygiene needs of the communities affected by food insecurity and malnutrition in Guit County in South Sudan

WATER, SANITATION AND HYGIENE							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Sustain access to water, sanitation and hygiene promotion services for vulnerable population affected by conflict, disease outbreaks, acute malnutrition and floods.		SO2: Protect the rights and uphold the dignity of the most vulnerable	40				
Enhance emergency WASH capacities of local communities, authorities and partners.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	10				
Re-establish and improve access to water, sanitation and hygiene promotion services for the vulnerable population affected by conflict, disease outbreaks, acute malnutrition and floods.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	50				
<p><b>Contribution to Cluster/Sector Objectives :</b> As per the WASH Cluster Strategy objectives this program will provide: i) hygiene promotion extensive activities ad communal and HH level; ii) rehabilitation, re-installation and installation of water services as boreholes with provision of ad hoc training to the existing or new water points operators iii) training of community and sector personnel on emergency WASH response, out-break, cholera prevention and control, acute malnutrition due to poor WASH practices. Mercy Corps will deploy a rapid response team from Bentiu and Juba to lead the implementation of activities. Mercy Corps will also rely to budgeted and on the core pipeline WASH NFIs to provide WASH supplies for frontline responses.</p>							
<b>Outcome 1</b>							
14,000 individuals in Guit reached with lifesaving humanitarian assistance to respond to their water, sanitation and hygiene needs.							
<b>Output 1.1</b>							
<b>Description</b>							
10,000 people have access to safe and potable water							
<b>Assumptions &amp; Risks</b>							
Security situation remains conducive enough. Safe, smooth and interrupted humanitarian access is conducive to the implementation of emergency programming							
<b>Indicators</b>							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of water points/boreholes rehabilitated					20
<b>Means of Verification :</b> WASH Officers will track the number of boreholes that are functional and repaired. Data will be collected monthly.							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of people provided with sustained access to safe water supply [SPHERE Standard]...	2,200	2,350	2,738	2,712	10,000
<b>Means of Verification :</b> Water technician will perform a water quality test bi-weekly on all boreholes in coverage areas							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of individuals trained in regular boreholes maintenance and repair					200
<b>Means of Verification :</b> Training attendance sheets will be collected during each training, and the data aggregated from each site to get the total							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	[Frontline] Number of new water points/boreholes constructed					3
<b>Means of Verification :</b> construction reports / hand-over reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Rehabilitation of 20 boreholes/water yard							
<b>Activity 1.1.2</b>							
Disinfection of contaminated water sources and bi-weekly water quality monitoring of at least 30 water sources							
<b>Activity 1.1.3</b>							
200 individuals trained in regular borehole maintenance and repair							
<b>Activity 1.1.4</b>							
Drilling of 3 new Boreholes							
<b>Output 1.2</b>							
<b>Description</b>							
7,200 people have access to new/rehabilitated sanitation infrastructures							
<b>Assumptions &amp; Risks</b>							
Security situation remains conducive enough. Safe, smooth and interrupted humanitarian access is conducive to the implementation of emergency programming							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of people with access to improved sanitation facilities	1,584	1,692	1,971	1,953	7,200
<b>Means of Verification</b> : WASH Officers will track the number of household latrines constructed and functional, and the number of individuals that have access							
Indicator 1.2.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of new latrines constructed/rehabilitated					12
<b>Means of Verification</b> : Activity reports							
Indicator 1.2.3	WATER, SANITATION AND HYGIENE	[Frontline] Number of hand washing facilities constructed/rehabilitated					3
<b>Means of Verification</b> : Activity reports							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Construction/rehabilitation of 12 latrines at OTP/TSFPs, as well as the provision of materials for 360 household latrines							
<b>Activity 1.2.2</b>							
Construction/rehabilitation of communal hand-washing points with the latrines at OTP/TSFPs.							
<b>Output 1.3</b>							
<b>Description</b>							
14,000 people have access to Hygiene Promotion messages and WASH NFIs							
<b>Assumptions &amp; Risks</b>							
Security situation remains conducive enough. Safe, smooth and interrupted humanitarian access is conducive to the implementation of emergency programming.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	[Frontline] Number of community based hygiene promoters trained	60	60			120
<b>Means of Verification</b> : Attendance sheets and training summary reports							
Indicator 1.3.2	WATER, SANITATION AND HYGIENE	[Frontline] Number of people reached through direct and participatory hygiene promotion activities	3,080	3,290	3,833	3,797	14,000
<b>Means of Verification</b> : Activity reports							
Indicator 1.3.3	WATER, SANITATION AND HYGIENE	[Frontline] Number of menstrual hygiene management (MHM)/ dignity kits distributed					400
<b>Means of Verification</b> : Activity reports and distribution lists							
Indicator 1.3.4	WATER, SANITATION AND HYGIENE	[Frontline] Number of people reached with WASH NFI distribution	3,080	3,290	3,833	3,797	14,000
<b>Means of Verification</b> : Activity reports and distribution lists							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
120 Community based hygiene promoters established and trained							
<b>Activity 1.3.2</b>							
Direct and participatory hygiene promotion activities at the household, schools, and community levels							
<b>Activity 1.3.3</b>							
Distribution of 400 Dignity/Hygiene kits, as well as training on how to use kits, and manage menstruation in general							
<b>Activity 1.3.4</b>							
Distribution of soap, buckets, and other NFIs to at least 1,000 households							
<b>Additional Targets</b> :							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

The program will be monitored on a daily, weekly, monthly and quarterly basis by program staff and relevant stakeholders. Activities will follow the organization's data flow by the WASH program team and M&E unit. Routine monitoring data regarding hygiene promotion, construction of latrines, and repairs of boreholes will be collected by the WASH program staff, and data will be submitted to the M&E unit for data entry, verification, and management. The M&E unit will be spot-checking routine data on a monthly basis. For NFI distributions, a M&E staff member will accompany the program staff during both registration and distribution to document the distribution and ensure data quality. The Country M&E Manager in collaboration with the Program Managers will analyze the data and track all indicators, to ensure that the program is on track to achieving its targets. Mercy Corps will coordinate with partners involved in monitoring the movement of the displaced population, to ensure that latest data on movements is in place. The community (elderly and youth) will be involved in the monitoring of water yield volume by borehole and cleanliness of latrines. Data from the community will be verified by the WASH program staff and Hygiene Promoters on a daily basis. Community Accountability Response Mechanism (CARM) will be established to report achievements, problems and involve community in problem solving. Data from the CARM will be processed by the M&E unit on a monthly basis, and presented to the WASH team for further action and adjustments to the program implementation as needed. Water quality test results will be shared with community members on weekly basis. The results will help in making decisions on the implementation approaches of the program. Small-scale surveys and Focus Group Discussions will be conducted in the beginning and end of the program by the M&E unit and program staff to assess the relative impact of the intervention. A mid-term and final report will be provided for SSHF. In addition, M&E findings such as lessons learned and challenges encountered/solutions given will be shared with CHF and the WASH cluster and other stakeholders involved.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Rehabilitation of 20 boreholes/water yard	2017									X	X	X	X
	2018	X	X										
Activity 1.1.2: Disinfection of contaminated water sources and bi-weekly water quality monitoring of at least 30 water sources	2017									X	X	X	X
	2018	X	X										
Activity 1.1.3: 200 individuals trained in regular borehole maintenance and repair	2017									X	X	X	X
	2018	X	X										
Activity 1.1.4: Drilling of 3 new Boreholes	2017										X	X	X
	2018	X	X										
Activity 1.2.1: Construction/rehabilitation of 12 latrines at OTP/TSFPs, as well as the provision of materials for 360 household latrines	2017										X	X	X
	2018	X	X										
Activity 1.2.2: Construction/rehabilitation of communal hand-washing points with the latrines at OTP/TSFPs.	2017										X	X	X
	2018	X	X										
Activity 1.3.1: 120 Community based hygiene promoters established and trained	2017									X	X	X	X
	2018	X	X										
Activity 1.3.2: Direct and participatory hygiene promotion activities at the household, schools, and community levels	2017								X	X	X	X	X
	2018	X	X										
Activity 1.3.3: Distribution of 400 Dignity/Hygiene kits, as well as training on how to use kits, and manage menstruation in general	2017									X	X	X	X
	2018	X	X										
Activity 1.3.4: Distribution of soap, buckets, and other NFIs to at least 1,000 households	2017								X	X	X	X	X
	2018	X	X										

**OTHER INFO**

**Accountability to Affected Populations**

Mercy Corps is committed to preventing all forms of exploitation and abuse. We will create accessible and effective reporting mechanisms so that our beneficiaries and the communities in which we work are able to report disturbing situations or behaviors related to our staff, partners or programs, as well as any unlawful situations and behaviors. Community Accountability Reporting Mechanisms are an essential part of Mercy Corps' commitment to excellence and integrity. Effective reporting mechanisms are important in empowering individuals to report concerns and to feel confident that their complaint will be reviewed and addressed.

Every team member in Mercy Corps is required to ensure that all community members and/or beneficiaries have access to mechanisms that enable them to report a complaint and/or concern about Mercy Corps' programs, team members and/or partners. The types of complaints covered by these guidelines include team member misconduct, instances of sexual exploitation and abuse as well as program implementation concerns. Once a complaint is received, it will be evaluated in keeping with the guidelines of Mercy Corps' Protection from Exploitation and Abuse (PSEA) & Child Safeguarding policies and practices, Code of Conduct, and Program Management standards. Resolution will depend largely upon the circumstances of the complaint.

Additional information about the resolution process.

CARMs are confidential, transparent and accessible; Mercy Corps uses methods such as surveys and informal gatherings—allowing community members to communicate a complaint confidentially during an event or get-together, and allowing beneficiaries and community members the option of speaking privately with the Focal Point. Due to the nature of some complaints, it might be best to include another team member (perhaps in-country leadership) in the meeting, to ensure there is more than one person as witness to the complaint. There is no “one-size fits all” approach to the design of a mechanism. Even within the same state of Unity, mechanisms will vary by location and depending on the main make-up of the population residing there, for example, considering the dynamics between host and IDP communities and the culturally (and locally) acceptable forums for providing open and candid feedback. Mercy Corps will work with the community to determine the best feedback mechanisms - in the current WASH Programme funded by OFDA in Panyijiar, Village Committees (VCs) act as the focal point for the community and have a large input into determining the most vulnerable people and boreholes locations within the community.

**Implementation Plan**

No components will be implemented by sub partners. Mercy Corps will be the sole implementing organization. Our RRM team will be primarily responsible for managing the intervention, and will be able to provide a response in a timely manner. The Project Officers will be working in the community on a daily basis taking supporting implementation and monitoring and reporting. WASH NFIs will be secured by the WASH Core Pipe-line and the Log-Cluster will be used to move such supplies to the different field locations. Some other program supplies will be procured by Mercy Corps and sent by truck/charter flight. Mercy Corps will also be contracting flight services to take materials from Juba to Guit. In terms of co-ordination with other agencies, Mercy Corps will work with the existing WASH Partners such as Concern, and UNICEF. Children with signs of water borne diseases will be also referred to the existing nutrition and health partners.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Concern	Coordination of referrals to their nutrition centers
Concern, UNICEF	Coordination on WASH response during and different campaigns, preparing key hygiene messages.

**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**

Mercy Corps will conduct a gender assessment at the start of the program to gain insight into the gender dynamics that affect target communities, particularly as regards WASH. The team will use Mercy Corps' Gender Analysis Framework (GAF) as the basis for the assessment. The GAF looks at six domains of analysis: access, control, time use, violence and legal and cultural issues. The results of the assessment will inform all activities within this program. Mercy Corps' experience operating WASH and education programs in the target communities has demonstrated the powerful role that gender dynamics can play in either supporting or undermining program goals. There are therefore a number of practical and strategic gender concerns that this program expects to take into consideration across its integrated objectives.

Water Supply Infrastructures: Women play a key role in water collection. Their opinions will be solicited and inform all decisions related to the installation and maintenance of new and existing water points and water supply networks. This will ensure that water sources are in locations that are easy and safe for women to access. If the activities in this program component are gender-sensitive then they will greatly reduce the time and energy that women currently spend on water collection and caring for the sick and elderly who become ill with water borne diseases.

Hygiene Promotion: Women will be a major target of these activities given their involvement in reproductive tasks, like water collection, care of dependents including health, hygiene and nutrition management. At least 30% of program staff and VHCPs will be female to allow the program to gain access to women-oriented networks and to tailor messages to the target population. Where possible, the program will share, in addition to messages on health and hygiene, messages about women's rights and empowerment. As the heads of households, men will also be targeted with gender and health messages to secure their support for the promoted behaviour changes. They will also be encouraged to take a stronger role in WASH-related activities that could result in time or labour savings for women, like water collection in camps.

Menstrual Management: Lack of knowledge about menstrual hygiene lead to health problems for women, like infections, disruption of girls' education through their frequent absences from school (up to 3 days a month according to a Mercy Corps assessment), and women's abstention from public life. Female beneficiaries and girls participating in HP sessions will receive dignity kits (donated by UNFPA) that include reusable pads, undergarments and soap, and will receive information about recommended hygiene practices during their period.

On-Going Consultation with Women Beneficiaries: With regard to programming, meaningful involvement of those most affected by the crisis is imperative, especially for women and girls. Participatory mechanisms will be put in place to ensure the voices of those traditionally marginalized and invisible will be nurtured in a safe forum. Accountability mechanisms with regular monitoring and an anonymous complaint procedure will enable Mercy Corps to shift and adapt programming when needed. It will also provide an avenue for people to address serious any concerns with the project including allegations of exploitation and abuse and address it quickly and confidentially while keeping the needs of the harmed individual at the center of our response.

**Protection Mainstreaming****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>1. Staff and Other Personnel Costs</b>							
1.1	Expatriate support staff salary and benefits	S	4	12,961.00	7	5.00	18,145.40
	<i>Please see the excel attachment for detailed break-up</i>						
1.2	Expatriate program staff salary and benefits	D	2	12,297.00	7	5.00	8,607.90
	<i>Please see the excel attachment for detailed break-up</i>						
1.3	National program staff salary and benefits	D	3	1,110.00	6	100.00	19,980.00
	<i>Please see the excel attachment for detailed break-up</i>						
1.4	National support staff salary and benefits	S	28	1,570.00	7	5.00	15,386.00
	<i>Please see the excel attachment for detailed break-up</i>						
	<b>Section Total</b>						<b>62,119.30</b>
<b>2. Supplies, Commodities, Materials</b>							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	<b>Section Total</b>						<b>0.00</b>
<b>3. Equipment</b>							
3.1	Laptops	D	3	1,200.00	1	100.00	3,600.00
3.2	Thuraya	D	1	1,200.00	1	100.00	1,200.00
3.3	Thuraya spare batteries	D	1	150.00	1	100.00	150.00
3.4	Megaphones	D	2	120.00	1	100.00	240.00
3.5	Digital camera	D	1	250.00	1	100.00	250.00
3.6	Other small IT supplies	D	1	500.00	1	100.00	500.00
3.7	Program Equipment for response in hard to reach locations	D	1	4,000.00	1	100.00	4,000.00

	<i>(tent, portable solar systems, accessories, small generator, fuel...)</i>						
	<b>Section Total</b>						<b>9,940.00</b>
<b>4. Contractual Services</b>							
4.1	Road transportation Juba/Bentiu - 20 tons trucks	D	1	6,500.00	1	100.00	6,500.00
	<i>Project related transportation</i>						
4.2	Flight Charter Juba to Bentiu 5 tons	D	1	9,000.00	1	100.00	9,000.00
	<i>Project related transportation</i>						
4.3	Casual labor	D	1	250.00	6	100.00	1,500.00
	<i>Project implementation related</i>						
4.4	Program stationary and training materials	D	1	1,000.00	1	100.00	1,000.00
	<i>Project implementation related</i>						
4.5	M&E training/capacity building	D	1	500.00	1	100.00	500.00
	<i>Assessments/M&amp;E</i>						
4.6	Monitoring activities - incl. service satisfaction activities	D	1	400.00	1	100.00	400.00
	<i>Assessments/M&amp;E</i>						
4.7	Water quality consumables	D	1	1,500.00	1	100.00	1,500.00
	<i>Water</i>						
4.8	Village water committee training/capacity building	D	1	325.00	2	100.00	650.00
	<i>Water</i>						
4.9	IEC Materials Development/Visibility	D	1	4,000.00	1	100.00	4,000.00
	<i>Hygiene Promotion</i>						
4.10	Trainings/capacity-building	D	1	100.00	6	100.00	600.00
	<i>Hygiene Promotion</i>						
4.11	Sessions (incl. school clubs, market vendors, community)	D	1	100.00	6	100.00	600.00
	<i>Hygiene Promotion</i>						
4.12	Beneficiary identification and post-distribution monitoring	D	1	600.00	6	100.00	3,600.00
	<i>Hygiene Promotion</i>						
4.13	Contractual - Hygiene Promoters	D	12	120.00	6	100.00	8,640.00
	<i>Hygiene Promotion</i>						
4.14	WASH NFIs	D	1	1,000.00	8	100.00	8,000.00
	<i>Project implementation related</i>						
4.15	New hand pump/ drilling borehole ( Manual drilling)	D	1	2,000.00	1	100.00	2,000.00
	<i>Maximum depth of 35 meter.</i>						
4.16	Manual drilling kit	D	1	10,000.00	1	100.00	10,000.00
	<i>Project implementation related</i>						
4.17	Borehole casings and P2 pump	D	1	10,000.00	1	100.00	10,000.00

	<i>Project implementation related</i>						
4.18	Latrine construction (community oriented latrines)	D	10	200.00	1	100.00	2,000.00
	<i>Project implementation related</i>						
4.19	Water - Borehole rehabilitation and maintenance - materials	D	20	200.00	1	100.00	4,000.00
	<i>Water</i>						
4.20	Water - Borehole rehabilitation and maintenance - labor	D	20	35.00	1	100.00	700.00
	<i>Water</i>						
	<b>Section Total</b>						<b>75,190.00</b>
<b>5. Travel</b>							
5.1	Local & Domestic Per Diem - Staff	D	2	100.00	6	100.00	1,200.00
	<i>Project implementation related</i>						
5.2	Local/Domestic Travel	D	2	550.00	6	100.00	6,600.00
	<i>Project implementation related</i>						
	<b>Section Total</b>						<b>7,800.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	General operating and administrative cost	S	1	43,961.69	7	5.00	15,386.59
	<i>Juba</i>						
7.2	General operating and administrative cost	S	1	3,245.00	4	100.00	12,980.00
	<i>Guit</i>						
7.3	General operating and administrative cost	S	1	10,000.00	7	5.00	3,500.00
	<i>Bentiu</i>						
	<b>Section Total</b>						<b>31,866.59</b>
<b>SubTotal</b>			132.00				<b>186,915.89</b>
Direct							121,517.90
Support							65,397.99
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							13,084.11
<b>Total Cost</b>							<b>200,000.00</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Guit	100	3,080	3,290	3,833	3,797	14,000	

**Documents**

Category Name	Document Description
Project Supporting Documents	MercyCorps_WashMalnutrition_Study_Final.pdf
Project Supporting Documents	Guit Town - May 2017.pdf
Project Supporting Documents	4-6.03.2015_IRNA_Nimni_final.pdf
Project Supporting Documents	16-18.02.2015_IRNA_Kuach_final.pdf
Project Supporting Documents	IPC_South_Sudan_AcuteFI_May2017_June-July2017.pdf
Project Supporting Documents	REVISED Budget Break-up SSHF Budget WASH 26 July 2017.xlsx
Budget Documents	Budget Break-up.xlsx
Budget Documents	REVISED Budget Break-up SSHF Budget WASH 24 July 2017.xlsx