

Requesting Organization :	World Vision South Sudan				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
WATER, SANITATION AND HYGIENE		100.00			
		100			
Project Title :	Malakal Town Emergency Hygiene and Sanitation Project				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-16/WS/88881	Fund Project Code :	SSD-16/HSS10/SA2/WASH/INGO/3600		
Cluster :	Water, Sanitation and Hygiene (WASH)	Project Budget in US\$:	200,000.09		
Planned project duration :	6 months	Priority:	2		
Planned Start Date :	01/10/2016	Planned End Date :	31/03/2017		
Actual Start Date:	01/10/2016	Actual End Date:	31/03/2017		
Project Summary :	<p>This project will contribute HRP 2016 objective of saving lives and alleviating suffering of affected through improved safe access to sanitation and hygiene services and resources with dignity. The project will focus interventions that will provide lifesaving to IDPs and vulnerable host population in Malakal Town who were displaced from Malakal POC in 2016, including those returning to settle back in Malakal town after suffering from continued displacement since the south Sudan crisis began. This intervention will include improved hygiene and sanitation at HH level with aim of contributing to saving lives through reduction of incidences of diarrhea among the IDP community, including reduction of acute malnutrition and diarrhea amongst children under 5 years.</p> <p>The proposed hygiene and sanitation interventions in Malakal Town will compliment ongoing water supply interventions being undertaken by World Vision and supported by Unicef, and health and nutrition interventions by MSF and IMC.</p> <p>This project will work with the Education Cluster to utilize learning spaces as a platform for hygiene message dissemination in Malakal Town, as well as provide sanitation and hygiene services in operating schools. In partnership with the protection cluster, the project will address protection related concerns linked to sanitation facilities, will focus on measures to mitigate gender-based violence and ensure minimum safety and privacy requirements are upheld. The project will utilize WASH Core Pipeline supplies to ensure optimization of resources and improve implementation efficiency. In addition, community contribution will be solicited in excavation of latrine pits and garbage management pits, and construction of superstructure of latrines using local materials sourced by community. The project will seek to improve the safety and dignity for displaced people, particularly girls and women, through safe menstrual hygiene management. It will also work to strengthen accountability to affected people by working closely with communities and leaders to increase transparency, participation and feedback in the delivery of WASH services.</p> <p>Through this project 110 shared latrines will be constructed, HH garbage management pits established and menstrual hygiene managements kits distributed to women and girls during the project implementation period, and hygiene awareness support provided through home visits to target population.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
1,147	4,068	1,560	1,440	8,215	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	364	336	700
Internally Displaced People	1,147	3,254	1,196	1,104	6,701
Pregnant and Lactating Women	0	814	0	0	814
Indirect Beneficiaries :					

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

This project will target affected population needing for lifesaving emergency WASH interventions in areas with displacement trends in the past eight months into Malakal Town, Malakal County of Upper Nile State

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
Jacobus Koen	Program Development Director	jacobus_koen@wvi.org	+211 928 123 529
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BACKGROUND**1. Humanitarian context analysis**

The onset of the South Sudan civil war in December 2013 resulted in Malakal Town being deserted by its Civilian population. At that time, an estimated 25000 IDPs fled to the Malakal UNMISS base resulting in the creation of Malakal POC, with an estimated 40,000 IDPs fleeing to Wau Shilluk. The rest of the 200,000 strong population fled to other parts of Upper Nile State resulting in creation of IDP hotspots in Panyikang, Fashoda, Akoka, Melut and Renk Counties. Since the onset of the civil war in December 2013 to June 2015, Malakal Town has been the scene of heavy fighting as the armed parties to the conflict battled for control of the state capital of the oil rich state, and during that time the SPLA and SPLA-IO forces have had alternate control of the town for varying periods of time ranging from several days to several month. Although the past year witnessed an escalation of violence in Upper Nile and Unity States which spread to places previously unaffected by the 2 year conflict, a historic peace agreement signed by the conflicting parties had resulted in reduced conflict and increased access to conflict affected areas. IDPs are gradually moving back to their homes, and others are relocating from their place of refugee to new locations with the hope of finding better living conditions.

In Malakal Town, 10000 IDPs have moved in from Malakal POC and Baliet. Reports indicate more IDPs will move in to Malakal Town from Melut, Baliet, Akoka and Khorfulus Counties mainly buoyed by the relative calm that has prevailed in Malakal Town, with no conflict since June 2015, a period that has seen Malakal in firm government control for the past 15 months. UNICEF and World Vision have set up 3 emergency water supply systems in Malakal Town to address the immediate water needs for the population in town. As part of the emergency response, the agencies have rehabilitated existing latrines and also set up 60 emergency latrines in public institutions that have been occupied by the IDPs targeting around 3000 IDPs of the 10000 IDPs. A total of 200 emergency latrines are required to meet the sanitation needs of the current population to meet the minimum sanitation standards. Moreover, as long as IDPs continue to stay in Malakal Town, on-going decommissioning and construction of additional latrines and hygiene promotion is critical in order to save the lives of the populations who are at risk to sanitation and hygiene related diseases.

2. Needs assessment

10,000 IDPs have moved in to Malakal Town from Malakal POC and Baliet. Reports indicate more IDPs will move in to Malakal Town from Melut, Baliet, Akoka and Khorfulus Counties mainly buoyed by the largely holding peace agreement that has seen Malakal in government control for the past 12 months.

Infrastructure supporting most of the basic services including water and sanitation in Malakal town was damaged as a result of the Dec 2013 conflict. The damaged facilities have not been rehabilitated. Plans are under way to have the Water Supply rehabilitated by Unicef and operated through World vision. In Malakal Town, approximately 6,000 people have access to safe water supplied by 3 SWAT systems operated by World Vision. The 3 SWAT systems produce 90m³ of water per day. The rest of the population use raw water from the swamp or from River Nile. According to surveys conducted by World Vision in Malakal in March and August 2016, 58% of the population have access to the SWAT systems, and 42% of the displaced population continue to use unprotected sources such as rivers, swamps and stagnant waters for domestic purposes (drinking, cooking, and cleaning). This is alarming from a public health perspective and is seen as a major risk. Water availability and quality aspects become more critical in the rainy seasons.

In addition WV is doing sanitation interventions through public latrine construction supported by hygiene promotion. This approach is facing challenges as the population is scattered in different sections of the town, in addition to difficulties of ensuring public latrines are sustainably maintained by users. Some of the existing Sanitation facilities are in poor condition. Unicef has plans to support with public latrine desludging so as to minimize possible contamination of river water source and the environment. A rapid needs assessment conducted by WV in August 2016, it was noted that sanitation coverage stands at approximately 70 useable latrines required to serve the sanitation needs of the 1590HHs at Malakal Town.. Asosa, Hai Tharawa, Hai Shahada and Hai Saha had the highest coverage at 20%, 17% and 16% respectively, with Bulukati, Baam, Mudiria, and Malakia hamlets least served with 9%, 10%, 13% and 15% usable latrines. In addition, it was evident existing latrines, all at household level, were in poor state, with 40% having filled up and the remaining 60% in very unsafe state. In effect with approximately 70 latrines, it was estimated less than 5% of population in Malakal town have access to usable latrines. Current coverage is estimated at 142 person per latrine against Minimum Sphere Standards of 1 latrine per 50 people in an emergency camp set up. Those residing in houses without functional latrines resort to defecation in the nearby bushes or abandoned houses in Malakal Town. The main reason is being inadequate latrines, available latrines being far from most of the HHs and some of the latrines appear not safe to use, while others are nearly full and appear filthy. Hygiene Practices are poor with food vendors selling food in the open market. Vector control is poor and house flies thrive from garbage heap which are evidently at available unused space of land. Diarrhoea is a prevalent in Malakal due to poor hygiene and risk of outbreak of Cholera is high.

3. Description Of Beneficiaries

As per information from SRRC, it estimated Population currently in Malakal Town is 10,000 (Source; SRRC- Malakal). Total households are estimated at 1578. Recent biometric registration data from IOM shows that of the current total population in Malakal Town 4,102 IDPs (40%) are from Malakal POC. The rest of the IDPs are from Pigi, Baliet, Akoka and Melut Counties who left with the hope of finding better living conditions in Malakal Town. It is further estimated that 56% of population is female while 44% comprise of male population while 10% is children under 5 years of age (Source: IOM Biometric Data). More than 30% of the population is made of children below 14 years. More people are expected to return to Malakal Town, further exacerbating the pressure on basic services, especially the existing dire hygiene and sanitation situation.

4. Grant Request Justification

From aforementioned assessments there is a gap in WASH at Malakal Town. The current intervention in hygiene is inadequate to address the needs. HH latrines are required to replace current public latrines in Malakal and those that filled up. It is highly unlikely that the IDPs settled in Malakal Town will relocate to another area even if peace is attained in South Sudan. Poor excreta disposal, hygiene practices and contamination of water sources, is the main cause of high prevalence of water borne diseases in Malakal Town. Clean environment at household level has a major impact on health as well as the nutrition status of affected people at Malakal Town. This project will contribute to provision of adequate and appropriate sanitation facilities, vector control through HH management of garbage disposal, and improved hygiene practices benefiting affected IDPs and vulnerable host settled in Malakal Town.

World Vision has several ongoing humanitarian projects (Food security and Livelihoods, Food Assistance, NFIs, Child Protection interventions) in Malakal County, Fashoda, Manyo, Renk and Melut counties of greater Upper Nile. This is in addition to ongoing interventions in Water supply, Nutrition, NFI and Food Assistance in Malakal County. Through the proposed CHF intervention, World Vision will complement other partner interventions in target areas and address gaps remaining despite ongoing projects The component proposed for Malakal will focus on the immediate sanitation and hygiene needs to address the acute needs of the affected Populations and avoid a disease outbreak. WV South Sudan has also secured 10% match funding to support the CHF intervention through private fundraising from WV support offices to compliment this Project

5. Complementarity

This project will complement other ongoing humanitarian projects that WV has in Malakal Town. These include Water Supply, Food Assistance. It will also work in synergy with MSF who are supporting Health Interventions in Malakal Town.

LOGICAL FRAMEWORK

Overall project objective

Contribute to saving lives and alleviating suffering through safe access to sanitation and hygiene services and resources with dignity.

WATER, SANITATION AND HYGIENE							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
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	60				
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				
Contribution to Cluster/Sector Objectives :							
Outcome 1							
Improved access to safe sanitation to 5000 IDP population in new displacement settlements in the last 6 months							
Output 1.1							
Description							
5000 Individuals have access to safe sanitation							
<p>The project will construct 110 HH Shared latrines at a selected household level. These latrines will be constructed near households in such a way they are shared between 2 - 4 families, segregating female and male users. The neighboring HHs will be approached and identified through a participatory method. The selection of HH where the latrine will be located will be agreed upon by affected families. The targeted HHs will contribute labor during excavation of pits. The project will support by providing lining materials (timber, Nails, iron sheets) and the sanitation slabs as well providing digging kits. The families accessing these latrines will be responsible in maintaining and cleaning the latrines allocated to them. Each family will be issued with key to access and lock the latrines after use. This approach will prevent the latrines from being misused</p>							
Assumptions & Risks							
<p>1. Access and security constraints into Malakal Town WV will continue to liaise with UNOCHA and WASH cluster and other existing protocols to resolve access with UNDSS and UNOCHA at Malakal UNMISS base.</p> <p>2. Lack of adequate and timely stocks of WASH Pipeline supplies from Source to Malakal. World Vision has incorporated the required core pipeline in the proposal. Upon approval WV will pursue the required WASH NFIs/materials from available pipeline supplies. This will be delivered to required location in a timely manner,</p> <p>3. Logistic cargo support by Logistic Cluster for timely delivery to Malakal will be of essence. World Vision will pursue to endorsement and subsequent approval of WASH cargo at earliest possible opportunity and follow up made.</p>							
Activities							
Activity 1.1.1							
Conduct Focused Group discussions at targeted Community Settlement, to get feedback on design, implementation and monitoring of appropriateness of sanitation facilities							
Activity 1.1.2							
Construct house hold latrines to be shared between 2- 4 families, segregating female and male users							
Activity 1.1.3							
Establishment of 4 Garbage disposal pits in collaboration with households/community							
Activity 1.1.4							
Develop and Track M&E framework							
Activity 1.1.5							
Conduct evidence based monitoring to project sites on a quarterly basis							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Frontline # of people trained/sensitized to use emergency sanitation methods	50	50	50	50	200
Means of Verification : Attendance List							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people with access to improved sanitation facilities	1,090	1,010	1,510	1,390	5,000
Means of Verification : Monthly Project Reports							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Frontline # of new latrines constructed					110
Means of Verification : Monthly Project Reports							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of People served by waste Management					5,000
Means of Verification : monthly progress reports							

Outcome 2							
Affected populations have knowledge and appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene							
Output 2.1							
Description							
8,015 affected population have improved knowledge and appropriate hygiene behavior to prevent contamination and spread of Diarrhea and other water borne diseases.							
Assumptions & Risks							
<p>1. Access and security constraints in to Malakal town. World Vision is has had presence in Malakal town since April 2015 with exception when the security situation did not allow. WV will continue to liaise with UNOCHA and WASH cluster using existing protocols to resolve access issues with local authorities as happened in 2015.</p> <p>2. Lack of adequate and timely stocks of hygiene WASH NFIs from Source to Malakal town via Malakal or Malakal town: World Vision has incorporated the required core pipeline in the proposal. Upon approval WV will pursue the required WASH NFIs/materials from available pipeline supplies. This will be delivered to required location in a timely manner,</p> <p>3. Logistical Support by Logistic Cluster: Logistic cargo support by Logistic Cluster for Timely delivery will be of essence. World Vision will pursue to endorsement and subsequent approval of WASH cargo at earliest possible opportunity and follow up made.</p>							
Activities							
Activity 2.1.5							
Conduct evidence based monitoring to project sites on a quarterly basis							
Activity 2.1.6							
Develop and track M& E framework							
Activity 2.1.1							
Conduct Focused Group discussions at targeted community settlement, to get Complaints feedback and inputs on appropriate design, implementation and monitoring of hygiene promotion campaigns and awareness.							
Activity 2.1.2							
Train Community hygiene promoters, of which 50% will be women, in hygiene awareness and promotion.							
Activity 2.1.3							
Conduct hygiene awareness campaigns and regular follow up home visits on hygiene awareness at household level, targeting women, girls, men and boys.							
Activity 2.1.4							
Distribute appropriate menstrual hygiene management kits targeting 3000 adolescent girls and women of child bearing age.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Frontline # of community based hygiene promoters trained	7	8			15
Means of Verification : Training Attendance List							
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	Frontline # of people reached through direct and participatory hygiene promotion activities	1,090	1,010	1,510	1,390	5,000
Means of Verification : project activity report							
Indicator 2.1.3	WATER, SANITATION AND HYGIENE	% of people practicing hand washing with soap during 3 out of 5 critical times for hand washing					3,800
Means of Verification : KAP Survey/Household Survey							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

World Vision South Sudan has Program Development and Quality Assurance (PDQA) department that will be responsible for monitoring, evaluation and accountability. This will ensure that the quality of project shall be implemented as per project level indicators and standards (sphere, etc). As part of the PDQA team, the Design, Monitoring & Evaluation (DME)/QA Coordinator for emergency response, will be responsible for monitoring, reporting on indicators & targets reached and evaluation.

The DME Coordinator for Upper Nile and the WASH Project officers will be responsible for monitoring and reporting of Key outputs. The DME Coordinator will develop M & E Framework (log frame, M & E plan, ITT and DIP) based on the project objectives, results, indicators and activities stated in the project proposal. The Indicator Tracking Table (ITT) will be used to track the progress of output level indicators on a monthly basis. The M & E plan will enable to ensure clarity on how indicators are to be measured, detailing data sources and data collection processes as well as who will be responsible, at which frequencies, for collecting, analyzing and using data. The project team at field level will gather data for output level indicators and submit the weekly report to the project manager. The project manager oversees the collection of all relevant project data (disaggregated by gender and sex) based on project output indicators and compilation of the weekly field reports. The project manager will update the ITT monthly and share to the DME coordinator for review and the DME Coordinator will review the ITT and the monthly progress report. Relevant M & E tools will also be developed to ensure the regular collection and analysis of data for project indicators.

To monitor whether the project implementation is on the right track or not, the project team and the M & E Assistant at field level will conduct frequent project site monitoring visits. The DME Coordinator will also conduct evidence based monitoring to the project sites on a quarterly basis. Through the collection of gender disaggregated data, the project will monitor men's and women's participation in management roles, activity planning, receipt of resources and engagement in training sessions and meetings. The WASH sector specialist, will also part of the monitoring visits for technical backstopping purposes. Feedback from the monitoring exercises will be used to adjust programming as needed. Problems encountered during monitoring will be addressed immediately and will be transparently reported if they have any adverse impact to the project. Monthly review meetings will be organized with camp management and WASH committees to discuss progress, challenges and opportunities. Efforts shall also be made for ongoing capacity building of relevant staffs through supportive supervision, mentorship and short term training based on the identified skills and knowledge gaps. In addition, the M & E Assistant will conduct regular project and data quality assessments. A Field based Project Manager will have primary responsibility for managing, monitoring and follow up the implementation of project activities.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct Focused Group discussions at targeted Community Settlement, to get feedback on design, implementation and monitoring of appropriateness of sanitation facilities	2016										X	X	X
	2017												
Activity 1.1.2: Construct house hold latrines to be shared between 2- 4 families, segregating female and male users	2016										X	X	X
	2017	X	X	X									
Activity 1.1.3: Establishment of 4 Garbage disposal pits in collaboration with households/community	2016											X	X
	2017	X	X										
Activity 1.1.4: Develop and Track M&E framework	2016										X	X	X
	2017	X	X	X									
Activity 1.1.5: Conduct evidence based monitoring to project sites on a quarterly basis	2016										X	X	X
	2017	X	X	X									
Activity 2.1.1: Conduct Focused Group discussions at targeted community settlement, to get Complaints feedback and inputs on appropriate design, implementation and monitoring of hygiene promotion campaigns and awareness.	2016										X	X	X
	2017	X	X	X									
Activity 2.1.2: Train Community hygiene promoters, of which 50% will be women, in hygiene awareness and promotion.	2016										X	X	X
	2017												
Activity 2.1.3: Conduct hygiene awareness campaigns and regular follow up home visits on hygiene awareness at household level, targeting women, girls, men and boys.	2016										X	X	X
	2017	X	X	X									
Activity 2.1.4: Distribute appropriate menstrual hygiene management kits targeting 3000 adolescent girls and women of child bearing age.	2016											X	X
	2017	X	X	X									
Activity 2.1.5: Conduct evidence based monitoring to project sites on a quarterly basis	2016										X	X	X
	2017	X	X	X									
Activity 2.1.6: Develop and track M& E framework	2016										X	X	X
	2017	X	X	X									

OTHER INFO

Accountability to Affected Populations

- WVSS shall conduct consultation with men, women, boys and girls, as well as community leaders and focus group discussions amongst affected population during project design, implementation and monitoring so as identify needs with aim of including them in the implementation planning and for learning purposes.
- WV will solicit complaint mechanism/feedback from community leaders and focus group discussion as well through quarterly meetings with community, make follow up to remedy the complaints where possible, including incorporating the feedback in the project implementation.

Implementation Plan

The project will be implemented directly by World Vision in collaboration with target community. Household Latrines will be dug by household members. They will also provide local matters such as grass. The project will provide timbers, iron sheets and nails to construct substructure, as well as the plastic slabs. Hygiene promoters will selected and enlisted from the target community.

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 is designed to contribute significantly to gender equality. Latrines constructed will be done such a way that we have separate wings for female and male users. It is designed in such a way that voices of women and girl child will be consulted and their inputs incorporated. Women hygiene promoters will be comprise at least 50% of total hygiene promoters enlisted.

Protection Mainstreaming

The humanitarian crisis in South Sudan has further exacerbated gender inequality, especially with regard to health risks and sexual and gender-based violence. For example, women and girls face risks when they leave their homes to conduct daily duties, such as collecting firewood or water. Young girls are at greater risk of being forced into early marriage to provide their families with money as coping mechanism during the crisis. Separated children, especially boys, face the risk of being recruited into the armed forces or being targeted by ethnic-based violence. In particular, recruitment of boys belong age of 18 years has been prevalent in Malakal town since the onset of the crisis.

The project will have separate sanitation facilities for female and male users, with visible demarcation erected. These Latrines will be well lighted and near HHs to ensure women do not have to travel far to access services. Further, consideration will be done to ensure latrines are accessible by elderly men and women, physically disable persons by having ramps to them. During hygiene promotion, women will be responsible for creating awareness to target women on the use of dignity kit /menstrual hygiene management kit, in a discreet and dignified manner, and a women's only forum. The project management will also work closely with protection committees when issues of GBV or child abuse are identified

Country Specific Information

Safety and Security

The main threats in South Sudan are conflict and violence, economic decline, disease and climatic shock. In Malakal Town, where this project targets is hosting IDPs displaced from the Malakal POC, who initially originated from other area in Upper Nile county. The main inhabitants are from the Dinka Ethnic group and traders from outside South Sudan. Some of them have settled in homes or houses that belong to other displaced communities who fled and left empty houses. There are armed groups especially SPLA soldiers in Malakal Town. The areas surrounding Malakal town, especially on the West of River Nile, is inhabited by SPLA-IO. This scenario is a recipe for armed conflict and insecurity. World Vision staff implementing projects in Malakal Town resides inside the Humanitarian Hub inside the UN Protected Premises in Malakal (UNIMISS Compound). They operate from this base and hence in the event of fighting, will take refuge in this camp. As a precaution, in the event of insecurity, advise to venture out of the UNMISS compound to Malakal town is sought from the UN Security department,

World Vision South Sudan has a Security and Safety Department that is responsible for leadership, operational support and oversight of the security management system. It is responsible for staff Security. All Staff deployed in Insecure locations in South Sudan are trained in Security Management, more so in a hostile environment. This department provides regular updates to staff on security situation in south Sudan. It closely liaises with UNDSS and NGO forum and issues location specific Security alerts to concerned staff in a timely manner. It is also responsible for advising top level management on staff relocation and evacuation when need arises.

Access

Malakal Town is the capital of Upper Nile State. It is approximately 2.5 hours from Juba, by airfreight. Due to insecurity the use of River Nile to commercial barges is not yet possible. Only the Logistics Cluster (LC) hired barge is able to occasional use the river from Bor to Malakal, with help of armed escort. This barge is able to carry bulky supplies from humanitarian partners. Access to Malakal is also by Air. The Runway at the Malakal airport is tarmacked and can be used throughout the year, subject to flight security assurance from relevant authorities. Prior to events of July, LC cluster cargo support to Malakal was originating from Bor. Humanitarian Agency were responsible to deliver humanitarian supplies needing LC cargo support, from source to Bor. However, currently the road between Juba and Bor is insecure and road can only be used with armed escort.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	WASH Project Officer (Person/Month) <i>responsible for overall project implementation</i>	D	1	6,930.00	6	25.00	10,395.00
1.2	WASH Assistant <i>project monitoring</i>	D	1	1,560.00	6	100.00	9,360.00
1.3	Hygiene Promoters	D	10	560.00	6	100.00	33,600.00
1.4	WASH Sector Advisor	s	1	8,500.00	6	5.00	2,550.00
1.5	Boat / Driver	S	1	780.00	6	30.00	1,404.00
1.6	Vehicle driver	s	1	780.00	6	20.00	936.00
1.7	Security Guards	s	4	400.00	6	30.00	2,880.00
1.8	Logistics officers -Field	s	2	2,200.00	6	8.00	2,112.00
1.9	Finance and Admin Officers	s	4	2,200.00	6	8.00	4,224.00
1.10	DME (Quality Assurance) officer	s	1	7,100.00	6	5.00	2,130.00
1.11	Supply Chain Manager	s	1	7,100.00	6	3.00	1,278.00
1.12	Security Officer	s	1	7,100.00	6	5.00	2,130.00
1.13	Response Manager	s	1	7,800.00	6	5.00	2,340.00
1.14	Emergency Operations Manager	s	1	7,500.00	6	5.00	2,250.00
	Section Total						77,589.00
Supplies, Commodities, Materials							
2.1	Iron Sheets for latrine superstructure and substructure-, Resin coated CI 6m long gauge 28-Peices	D	630	30.00	1	100.00	18,900.00
2.2	Timber (2x2)-4m long pieces	D	450	5.00	1	100.00	2,250.00

2.3	Timber (4x2) -4m long pieces	D	1080	10.00	1	100.00	10,800.00
2.4	Nails (roofing and Ordinary) kgs	D	360	4.00	1	100.00	1,440.00
2.5	Hinges and Aldrops for Latrines doors- pairs	D	180	4.00	1	100.00	720.00
2.6	IEC materials for Hygiene promotion (kit	D	2	1,500.00	1	100.00	3,000.00
2.7	Warehousing cost in Juba (months)	D	3	200.00	1	100.00	600.00
2.8	Transportation and handling of supplies(Warehouse-Airport) - MT	D	40	270.00	1	100.00	10,800.00
2.9	Transportation and handling of supplies(Field)-MT	D	25	300.00	1	100.00	7,500.00
2.10	Distribution of WASH emergency supplies - times	D	3	1,500.00	1	100.00	4,500.00
2.11	Visibility	D	2	1,500.00	1	100.00	3,000.00
2.12	Training of hygiene promoters	D	1	1,600.00	1	100.00	1,600.00
Section Total							65,110.00
Equipment							
3.1	Garbage pit management kits(shovels, mattock, , rope, Pails, craw bars etc)	D	2	300.00	1	100.00	600.00
3.2	Laptop for Project officer-unit	D	1	1,500.00	1	100.00	1,500.00
Section Total							2,100.00
Contractual Services							
4.1	Construction of latrines substructure/pitlining and slab positioning (masons/Carpenter work)-Per unit latrine	D	90	180.00	1	100.00	16,200.00
Section Total							16,200.00
Travel							
5.1	Field Travel (Juba-field-Juba); project implementation personnel	D	3	400.00	3	100.00	3,600.00
5.2	Field Travel (Juba-field-Juba) ; Project monitoring personnel	D	2	400.00	2	100.00	1,600.00

5.3	Staff travel (R& R, Home leave, Per diem , staff)	D	2	1,670.00	2	100.00	6,680.00
Section Total							11,880.00
General Operating and Other Direct Costs							
7.1	Stationery- per purchase	D	1	300.00	2	100.00	600.00
7.2	Field Internet - per month	D	1	600.00	6	50.00	1,800.00
7.3	Telephone communication - per month	D	1	400.00	6	38.22	917.28
7.4	Field Generator (fuel and maintenance) - per month	D	1	1,000.00	6	50.00	3,000.00
7.5	Field Vehicle/Boat Operating costs-Per month	D	1	1,200.00	6	65.00	4,680.00
7.6	Juba-field Cash transfer-times	D	1	600.00	6	100.00	3,600.00
7.7	End of Project Evaluation/KAP Survey-times	D	1	3,000.00	1	100.00	3,000.00
Section Total							17,597.28
SubTotal			2,913.00				190,476.28
Direct							166,242.28
Support							24,234.00
PSC Cost							
PSC Cost Percent							5.00
PSC Amount							9,523.81
Total Cost							200,000.09
Grand Total CHF Cost							200,000.09
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Malakal	100	3,700	4,000	100	415	8,215	
Documents							
Category Name				Document Description			