

Requesting Organization :	Concern Worldwide			
Allocation Type :	2018 – SHF 2nd Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
REFUGEE CONSULTATION FORUM				100.00
				100
Project Title :	Provision of Sustainable WASH and Health services for South Sudanese Refugees and host community population in El Nehoud, and Ghubaysh Localities in West Kordofan Sate (envelop 3)			
Allocation Type Category :	Core pipelines			
OPS Details				
Project Code :		Fund Project Code :	SUD-18/HSD20/SA2/RCF/INGO/7791	
Cluster :		Project Budget in US\$:	559,999.92	
Planned project duration :	12 months	Priority:		
Planned Start Date :	01/04/2018	Planned End Date :	31/03/2019	
Actual Start Date:	01/04/2018	Actual End Date:	31/03/2019	
Project Summary :	<p>Concern Worldwide (CW), in collaboration with WES/UNICEF, SMOH/WHO and SOS Sahel proposes to provide an integrated lifesaving WASH and health intervention for 21,431 direct beneficiaries (at least 11,666 South Sudanese refugees 9,008 host community population) in Ghubaysh and El Nehoud localities in West Kordofan State. This project is aimed at addressing the immediate WASH and health needs of target beneficiaries in addition to strengthening already existing services which is currently overwhelmed by the high influx of refugees from South Sudan and IDPs from East Darfur and Central Darfur. According to West Kordofan ministry of health and localities administrations most of South Sudanese refugees are residing in areas around Umlilia and Ghubaysh health facilities in Ghubaysh locality and Elthawra and Sakami health facility and villages in El Nehoud locality. According to health facilities managements there are acute need for service improvement, facilities hygiene sanitation, hand washing facilities, water trucking and provision of drugs. The water points around these health facilities are operating below the Essential environmental health standards in healthcare (WHO, 2008 page 29) and SPHERE standards requirement in terms of water supply and sanitation. Water yards also run short of the Sudan PWC standard I terms of the engineering layout, and important items like fencing, good water drainage systems system, donkey loading ramps etc. The environment around these community water points also need to be improve.</p> <p>The WASH component CW will provide portable water supply for 20,000 population, improve sanitation services in schools for 2,000 children, provide HH latrines for 2,400 individuals and will build the capacity of the local population and refugees to improve their resilience to shock. The health component aims to strengthen the existing primary health care services in 4 rural health facilities unit for 20,674 beneficiaries through a primary health care package including reproductive health (PLW care package), EPI services, treatment of communicable disease, linkage to existing referral services, and build the capacity of the health providers for early warning system detracton and response.</p> <p>The project will closely link to the strategy of the Refugee Response Forum South Regional Refugee Response Plan (January — December 2018) by upholding the quality of asylum for South Sudanese refugees in the region, the majority of whom are women and children, by meeting their lifesaving needs and upholding their dignity according to applicable minimum standards. providing life-saving services for new arrivals and stabilize the situation for the existing refugees and host community population to achieve at least minimum emergency standards across the WASH and Health sectors with cross cutting of protection, gender mainstreaming and environment protection. This involves the provision of essential basic services, including food, health, nutrition, shelter, education, non-food items (NFIs), water and sanitation to the existing refugee community and new arrivals anticipated in 2018. The project also aims to provide sustainable solutions for refugees through capacity building and establishing sustainable mechanisms that will increase their self-reliance and host community support.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
4,286	6,429	4,286	6,430	21,431

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,285	1,929	3,214
People in Host Communities	1,953	2,929	1,286	1,929	8,097
Other	1,555	2,333	1,715	2,572	8,175

Indirect Beneficiaries :

The project aims to reach another approx. 90,000 people indirect beneficiaries through the health facility services (family members), hygiene promotion activities (family members of the training/campaign participants).

Catchment Population:

Concern's operations consistently aim to target the most vulnerable extreme vulnerable groups, including SS refugees. In three target localities approx. 80,00 people live in the catchment of target villages (approx. additional 15 villages/locality) will benefit from the health services. Another approx. 60,000 pastoralist migrating through the localities using the water sources and the health facility services between May and October will also benefit from the project.

Link with allocation strategy :

This project is directly linked to the SHF 2018 2nd allocation 3rd envelop by targeting vulnerable, out-of-camp South Sudanese refugees as the primary beneficiaries (at least 11,666 of the total of 21,431 beneficiaries approx. 45%) in and El Nehoud localities. In line with the call, the projects aims to deliver life-saving emergency relief support for the most vulnerable refugees and their host community population by providing WASH and Health services in line with the national development plan: renovation of water points (4), health facilities (4), construction of institution latrines (in 4 schools), and HH latrines (200 families), this will be integrated in the national structure through the coordination with WES and MoH in WK State level and Federal level to ensure that the most needed resources will be renovated and provided.

The WASH component will coordinate and collaborate with WES/UNICEF and SOS Sahel national partner to ensure that out-of-camp South Sudanese refugees and their host communities have access to adequate and portable water for drinking, personal hygiene and domestic use through upgrading or/and maintaining 4 water boreholes and will monitor the water quality to sustain clean water to link to the Regional Refugee Response Plan 2018 (RRRP) 1st objective. Additional to the water provision, CWW and SOS Sahel will provide sustainable sanitation and hygiene solutions for both refugees and host communities population e.g. latrines for girls and boys (2,500 beneficiaries) in 4 schools including hand washing facilities, 200 HH latrines for the most vulnerable refugees and host families and home visits by trained community health and hygiene promoters to improve the HH level self-reliance, as the 3rd objective of the RRRP 2018. The project aims to empower the local community and establish a community based sustainable system, in line with RCF 2018 3rd objective, to increase self-reliance and create linkage to the national development plan through a dialogue and cooperation between the community water committee and the state/locality level WES units.

CWW will aim to improve access to essential health services through renovation of existing rural health facilities, in line with the national development plan and provide inputs (medicines, medical supplies and intensives for MoH staff) to be able to deliver quality primary health care services with special focus on women and children: PLWs, children under 5. Services will aim to respond the most common disease among refugees and vulnerable host communities e.g. communicable diseases, water borne diseases, complications due to inadequate PLW care and reproductive health, in line with RCF plan 1st objective. This will be achieved by improving primary healthcare services including maternal and child healthcare, ensuring adequate and equitable access to clinical and public health interventions and improving referral systems in all targeted localities. The project will support the delivery of a standardized primary healthcare package for women, men, boys and girls that include outpatient consultations, free of charge medicine supplies, immunizations and treatment of endemic and chronic diseases. These services will be provided through existing rural health facilities. To ensure the provision of adequate health services and to strengthen the disease surveillance system, Concern will enhance knowledge and skill development of male and female health staff through execution of tailored capacity building training on early warning system and response in line with RCF/RRRP 2018 3rd objective. CWW has coordinated with the S. Sudanese Refugee Consultation Forum during the preparation of this grant proposal to ensure linkage to strategy allocation.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
SOS Sahel	National NGO	109,000.00
		109,000.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

According to Sudan humanitarian Need Overview for 2017, there are 4, 6 million people are in need of humanitarian assistance across Sudan including S.Sudanese refugees. According to the South Sudanese Regional Refugee Response Plan (RRRP) for the South Sudanese refugees 2018, there are 677,000 refugees in camps and out-of-camps in Sudan. According to UNHCR Sudan more than 57,000 refugees live out-of-camp locations in West Kordofan. A steady rate of new arrivals (3,000 people) has been reported in the first two months (January and February 2018) according to UNHCR refugees update. The majority of new arrivals are crossing into South Darfur and Kordofan area and the anticipated number estimated 200,000 new arrivals by the end of 2018.

To increase harmonized response by the humanitarian community in Sudan, UNHCR established the Refugees Consultation Forum (RCF) at the national level and the Refugee Working Group at states level in 2017. An inter-agency participatory assessment, conducted at the end of 2017, resulted the allocation of funding for the out-of-camp refugee response in Gebaysh (7,831 refugees) and El Nuhud (3,838 refugees) Localities in West Kordofan State.

CWW has been presented in the state, particularly in the southern localities including El Meriam, (Abyei-Muglad Locality), Kalik Kharsana locality and assessed and responded significant gaps under WASH, health and nutrition however could not fill all the gaps for the increasing refugee population. Gaps in the South part have narrowed although the continuation of services is a challenge. SOS Sahel, one of the national partners of CWW has presented in the northern states including El Nuhud and El Ghabyash localities assessed and responded some of the acute WASH needs.

During a consultation with the WK State Humanitarian Office (HAC) in last November, CWW received a report by the government that significant gaps in the northern part of WK particularly in Ghabaysh locality occurred, where the number of refugees (out-of-camp) was nearly 7,000 people without essential, lifesaving services particularly in WASH and Health. Access to refugee locations in rural WK is relatively easier compare to other state e.g. South Kordofan although poor infrastructure, particularly during the rainy season flooding limited the service delivery.

West Kordofan is one of the few states where the camp setting for refugees was not introduced, although there were ad-hoc attempts by the government of Sudan. The local population is accepting the refugees and they opened their homes for them for minimum payment that is often paid in-kind e.g. labor work, domestic support.

In 2017 there were limited funding for the region although due to intensive advocating by UN and other humanitarian actors, bilateral donors like EU has been started dialogue with humanitarian partners, including CWW, UNICEF and State authorities about a multi-layer intervention through a 'nexus' (joint) humanitarian (ECHO) and development (EU) project. This intervention indicates the possibility for a longer term sustainability approach although at the moment, with the daily increasing number cannot grantee the sustainability unless basic humanitarian needs are met.

2. Needs assessment

West Kordofan State is (total pop is 1,5M from which 1,3 M are host and 107,000 IDPs) has been a neglected state since the separation from the Great Kordofan state in 2012. Many of the indicators e.g. nutrition (high malnutrition) and WASH (more than 50% of the population without portable water and adequate sanitation facilities). This situation already aggravates the already eminent challenge of extremely vulnerable and marginalized host communities, who are under pressure by hosting thousands of IDPs and refugees thus putting additional strain on already insufficient services. The seasonal migrations of pastoralist communities bring an additional burden on existing services, including water and health care. In the face of continued influx of new refugees from South Sudan and given the fragile humanitarian situation within West Kordofan State, provision of WASH and primary health care services remain priority requirements. Low rain fall in the last season in some areas, seasonal flooding and displacements have increased overcrowding at wells and sanitation services. There are extremely limited sanitation facilities due to congestion of the inhabited areas by refugees leading to open defecation, vector breeding and consequent disease outbreaks. Such practices bring safety and security related concerns for both sexes that need to be addressed. The latest field assessment of CWW (September 2017) also indicate the urgent need to provide more water sources in El Meiram, Gebaysh and El Nuhud localities due to broken water yards (7 boreholes) while other water yards are not fully functional (4 wells) bringing to a 50% of need for the increased population. CWW field staff also highlighted the need for more sanitation support (Ministry of Health and WES) in villages where refugees recently settled El Meiram, Gebaysh and El Nuhud where open defecation has a potential for disease outbreak. Lack of knowledge, technical expertise and coordination with WES resulted in dilapidated water yards without adequate maintenance. During a joint monitoring visit with UNICEF in November 2017, it was reported by the State authorities that the majority (more than 50%) of the schools lack latrine facilities. Concern in 2018 and 2019 will continue to provide health and WASH service to 10,000 South Sudanese refugees in South Kordofan in El Meriam under ECHO funding. As mentioned, gaps remain in Gebaysh and El-Nehud and expected to be addressed through this project. PHC services need to be strengthened in WK because the state has a high child mortality rate due to protracted conflicts, influx of refugees and frequent outbreaks of Acute Watery Diarrhea. According to national statistics, access to basic health services continues to be a major challenge for the conflict affected communities where rural hospital coverage is only 40%, 48% of primary health units, and only 35% of those which are functioning having the recommended number and type of health workers (WHO). The MoH has a very weak capacity to delegate appropriate medical expertise (physicians, nurses) in rural communities. Shortage of essential supplies and medicines leads to lack of successful treatments. In such situation, the state has not capacity to empower the early warning and response system (EWRS) that would adequately prepare and empower health cadres to response for epidemics particularly during the rainy season.

3. Description Of Beneficiaries

The project targets vulnerable male, female, boys and girls; from South Sudanese refugees, and host communities in the three targeted localities of West Kordofan States. The interventions aims to reach an estimated 21,431 beneficiaries (3,864 men 6,852 women 4,849 boys 5,866 girls). From which at least 11,666 South Sudanese refugees targeted with an approx. 50% children. It is anticipated that an approx 9,765 people will be also benefited in host communities (men 1951, women 2927, boys 1952 and girls: 2926) following the 45% host community ratio.

Under Outcome 1 = 12,500 beneficiaries (10,000 beneficiaries will enjoy clean, portable water and 12,500 people will benefit the awareness raising in community level). Outcome 2 = 21,431 people will benefit by the services of the 4 health facilities and the related community services.

CWW aims to have the services available for all people in the targeted areas, particularly for water provision and primarily health care services therefore this ratio may be higher by 20%, as a result of the significant gap . CWW will provide services to all beneficiaries, regardless of their gender, age, social-cultural and political affiliations, however, the project will select the most vulnerable communities where the services are lacking and the number of refugees are highest/or and new arrivals trigger the existing services. Some of the activity sites e.g. the water yard renovation site has not yet been decided due to a technical assessment that is required during the project inception phase. Therefore some beneficiaries will be decided after the successful technical assessment. However the following general criteria will be used to ensure that the most vulnerable get services:

- For the selection of refugees, preliminary assessment will be done e.g. Due verification/validation by COR/HAC/UNHCR
- For health component, eligibility of support will be developed by the local community in close coordination and collaboration with the MoH/WHO. The selection of the host community population will be based on set criteria that will be developed by the local community leadership with the facilitation and guidance of CWW field team. Consultation with local authorities and cluster representatives will be done as well to ensure that the most vulnerable will get the needed services.
- The most critical and vulnerable groups such as single refugee mother with a chronically sick child/children, refugee mothers below 18 yrs with medical complication, refugee PWLs with medical complications, will be selected and scored for activities e.g. HH latrine beneficiaries. In some geographical locations e.g. in Meriam, refugees are moving in searching for shelter and work therefore the intervention will focus on settled refugees to have a larger impact.
- For water services provision, CWW and SOS Sahel will select the water points that has the most critical need e.g. no other water source nearby, increasing refugees, high yielding boreholes therefore having a potential to cushion the community against drought. T
- To bring coexistence and equal opportunities for the selection of beneficiaries, the local communities will set up a committee to identify their own vulnerable beneficiaries within the same criteria.
- Gender sensitive selection marker will be used by the community committee to ensure that the most vulnerable women and girls will participate in the program (e.g. marking the women who don't have husband (or died), and no any of the refugee/host community woman, girl in the family).

4. Grant Request Justification

At the moment there is no health and WASH services in the targeted localities provided by INGOs.

The RRRP 2018 for S. Sudanese Refugees has three strategic objectives. The proposed intervention will contribute to the first objective in El Nuhud and Gobyush localities by maintaining an emergency response capacity for the new refugee arrivals through one 4 existing health facility services run by the MoH by upgrading them to a minimum emergency standard through delivering medicines, medical supplies and intensives for health workers, capacity building of health staff to be prepared for outbreak, EPI services, provision of a comprehensive health care (reproductive health, PWL care, safe delivery services, treatment for communicable disease and water borne diseases). The renovation of health facilities, water yards and construction of institution latrines will contribute to the national response plan by creating a quality and sustainable environment for life-saving services.

The activities of the WASH component will focus on the northern localities because there are less actors to respond while acute WASH needs are required to be delivered in order to contribute to the 2nd objective of RRRP 2018. Community members, including refugees will be engaged to initiate sustainable solutions for refugees and their host communities. Activities like establishing and capacity building of water source committees and linking them to the national WES office will not only create sustainable water provision but will contribute to the national development plan's that seeks to increase dialogue between community and locality level authorities to sustain the community resources. Community based hygiene and health promotions through campaigns and HH visits will increase the self-resilience of the refugees and will provide them the 'know-how' to avoid a water borne disease and to be prepared for a disease outbreak (RRRP objective 3).

As much as possible, the project will built close coordination and collaboration between local communities and locality authorities (WES, MoH) to reach the renovation works and infrastructure development required for the activities. Refugees will be intensively involved in each step of this process to ensure coexistence, community level protection and transparency in each targeted community.

Contributing to the RRRP 2018 Plan through the above intervention, the proposed project will contribute to the UN HRP 2018 as well - conflict affected population will receive timely humanitarian assistance during and in the aftermath of the shock.

5. Complementarity

CWW is one of the key organizations implementing humanitarian programming in West Kordofan. CWW has a long partnership with USAID-OFDA, which is currently funding a multi-sectorial intervention in South and West Kordofan States and responding in the WASH, Nutrition and Health sectors. Another key partner ECHO is also supporting CWW in the region through nutrition services for children and PLWs. This proposed intervention will contribute to the nutrition/health present of CWW in in West Kordofan state through providing more resources for services outside in the catchment areas of our current ECHO project where there is a significant gap at the moment. It is anticipated that the proposed services will reduce the mortality rate, particularly for those who are in the two localities of targeted under this action .

CWW has been implementing interventions funded by UNICEF, SHF and SMoH to run an emergency health program in the proposed locations. There will be a synergy with ECHO funded emergency health project in Meyrum, Muglad and Kharsana Kaliak localities. Since July 2016, the influx of South Sudanese Refugees in El Meyrum and Kaliak Kharsana localities have been increasing. To address the increased need for services, Concern sought funds by SHF Emergency Reserve Fund and Irish Aid to cover gaps in the primary health care services and WASH sector in the South.

ECHO also funded WASH support in Babanusa and Keilak localities that created an open gate to the northern localities where SOS Sahel has been actively responding through WASH intervention. CWW has the capacity to deliver quality health and WASH services and SOS Sahel has the technical "know-how" to provide infrastructure development (water source technical development). Therefore the two organization can contribute to reaching an integrated and quality service delivery in the health and WASH sectors where the gaps - particularly in areas which have recently received large refugee influxes such as Gebaysh and El Nuhud.

The intervention will introduce an integrated programming that CWW has been developing successfully in SK and WK. As much as possible, the renovation of water sources will be near to the health facilities for proper delivery of health care services. The health facilities will be used for both health and hygiene promotion by trained and empowered community hygiene and health promoters through the delivering of mass hygiene promotion campaigns, hygiene and health promotion household visits. There will be a similar complimentary approach used while delivering hygiene messages around the water sources: health and hygiene messages will be equally mentioned for the community to create a multi-layered knowledge transfer and improved behavior changes.

LOGICAL FRAMEWORK

Overall project objective

The proposed intervention aims to:

- (1) strengthen and stabilize existing health and WASH services for South Sudanese refugees and their host communities
- (2) provide life-saving humanitarian support through health and WASH services for new arrivals South Sudanese refugees
- (3) promote sustainable solutions for the refugees and their host communities to increase their self-reliance mechanisms

The intervention will be implemented in, El Nehoud, and El Ghubaysh localities in West Kordofan State.

REFUGEE CONSULTATION FORUM

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Address the lifesaving assistance and protection needs of South Sudanese refugees.	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	100

Contribution to Cluster/Sector Objectives : CWW aims to link this intervention to the HRP 2018 outcome one (1): "Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock", and the Regional Refugee Response Plan (RRRP) for South Sudanese Refugees first objective (1): " Maintain an emergency response capacity to ensure immediate protection responses (2) " Stabilize the existing programme to achieve at least minimum, emergency standards across sectors, and (3) Promote sustainable solutions for refugees.

The proposed intervention will provide timely humanitarian assistant for South Sudanese refugees and vulnerable population in host communities through life-saving primary health and WASH services in out-of-camp in northern part of West Kordofan state. The intervention also will link to the health sector objectives, WASH and humanitarian sector objectives through coordination of activities, applying national standards and protocols for the existing health facilities, water sources, sanitation facilities and capacity building of actors to sustain the existing/renovated resources in partnership with Ministry of Health (MoH) and Water Environmental Sanitation Project (WES) in West Kordofan state.

Outcome 1

12,500 South Sudanese refugees and host community population (males, females, girls and boys) have access to clean water, sanitation and hygiene services while increasing their self-reliance.

Output 1.1

Description

10,000 South Sudanese refugees, and their host community members provided with portable water and adequate water quality monitoring system (man, women, girls and boys) in Al Nehoud, and Ghubaysh Localities in West Kordofan State.

Assumptions & Risks

security allows access to rural communities, movement of refugee population remains stable, situation in South Sudan remains relatively stable so rapid increase of refugees will not occur

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	REFUGEE CONSULTATION FORUM	# of litres of water per person per day (l/p/d) for refugee caseloads (HRP 2018)					20
Means of Verification : PDM records, pictures at water points and HHs, baseline-endline data, interview and focus group with beneficiaries							
Indicator 1.1.2	REFUGEE CONSULTATION FORUM	% of water quality tests at chlorinated collection locations with FRC in the range 0.2-2mg/L and turbidity <5NTU5					95

Means of Verification : monthly water monitoring records, WES records, PDM at the water source

Activities

Activity 1.1.1

Standard Activity : Provision of clean water trucking

Rehabilitation of 2 water yards in the two localities (1 El Nuhd and 1 Gaybish localities). This activity will be implemented by SOS Sahel, Concern will provide coordination and monitoring support. There will be a technical needs assessment conducted during the start up of the project to verify the water point for rehabilitation, near to the health facility, to create integration. This assessment will be conducted by Concern, SOS Sahel and WES technical team., based on criteria such as to ensure that the water yard will reach the min of 5,000 people/water, min. 1 km from the health facility, renovation will be within the Cluster recommended budget cost (\$27,000) as a baseline cost, although during the technical assessment this amount may be adjusted as per the market prices and the required renovation. CWW and SOS Sahel will coordinate with other humanitarian actors through WES/UNICEF and the WASH cluster to minimize possible overlapping by the selection of the water point. WES will be the technical lead in the carry out of the renovation work and SOS Sahel will do the physical renovation. CWW will provide technical inputs based on previous renovation experiences and will carry out day-to-day monitoring to ensure that technical standards will be met. Beneficiaries, particularly women will be involved in the designing of the water source renovation to ensure required needs met such as: fetching platform is user friendly, water waste is limited. The renovation also considers environment protection through designing improved water fetching technical options that would reduce the water waste at the water fetching point. Both CWW and SOS Sahel has been renovating water yards in the state and previous lesson learnt and good practices will be applied for the success of the activity. At the end of the renovation, water quality test will be conducted to ensure that the water source would fit for human consumption. This will be certified by MoH/WHO in state level.

Activity 1.1.2

Standard Activity : Provision of clean water trucking

Water quality monitoring at the renovated water yards (2) and HHs to ensure safe water for human consumption.

CWW will carry out the implementation of this activity in coordination with MoH/WHO and WES.

As part of the water quality monitoring, each renovated water source will be tested after renovation to ensure that it fits for human consumption.

There will be three types of water quality monitoring during the entire project cycle:

- (1) Water testing for bacteriological infection at the renovated water yards
- (2) FRC (Free Residual Chlorine) water test will be conducted after chlorination (range 0.2-2mg/L and turbidity <5NTU5) at the water source.

(3) HH level water quality test will be conducted and if water source found to be contaminated, water treatment will be carried out by Aqua Tab.

These water quality monitoring systems will be established in the beginning of the intervention with the technical support of MoH - based on WHO standards. During the intervention there will be separate testing method for each of these monitoring: monthly samples of bacteriological and (FRC) test during rainy season and the dry season will be conducted a result will be analyse with the support of MoH/WHO field team. Sites sampling shall be based on past epidemiological records for West Kordofan, population density/overcrowding, and any reports for diarrhea and other water borne disease revealed. The HH level water quality test will be random sampling during fetching, transportation and HH level. In order to be able to measure the impact of the intervention there will be at least two times testing the same HH to measure the impact of HH visits and hygiene promotion education. If a water source found to be positive for bacteria infection, CWW will use the Aqua tab for treatment. In the HH level, water quality monitors will report cases of bacteria infection to the community outreach workers who will provide HH level hygiene promotion education for the family members including water keeping practices, water treatment. Improvement, change will be recorded through another monitoring test. CWW will strengthen the community level water monitoring surveillance system by providing water test data to locality/state MoH recording system with the involvement of the Water Source Committee. The existing early warning system against epidemics e.g. water borne disease will be included in the information sharing to support the preparedness. CWW will provide support for the state/locality level data recording as part of the capacity building of the early warning system.

Output 1.2

Description

12,500 South Sudanese people and host community population have an improved access to sanitation and hygiene promotion services (males, females, girls and boys) in Al Nehoud, and Ghubaysh localities.

Assumptions & Risks

access to project sites granted, security remain stable for activity implementation, positive community attitude initiates activity achievement, absent of natural disaster (flooding) allow smooth implementation

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	REFUGEE CONSULTATION FORUM	# of refugee households per latrine. (HRP 2018)					6
Means of Verification : movement of refugees remain stable for activity implementation, prices remain stable. Each HH 6 beneficiaries = 1200 individuals							
Indicator 1.2.2	REFUGEE CONSULTATION FORUM	# of people trained on hygiene promotion					70
Means of Verification : PDM records, training records, photos, training plan							
Indicator 1.2.3	REFUGEE CONSULTATION FORUM	Number of persons per hygiene promoter					25
Means of Verification : PDM records, hygiene promoter visit records, weekly and monthly visiting report							
Indicator 1.2.4	REFUGEE CONSULTATION FORUM	# cleaning up campaign conducted					4
Means of Verification : photos, interview with beneficiaries, PDM records							

Indicator 1.2.5	REFUGEE CONSULTATION FORUM	# of sanitation campaign conducted around schools and water sources							8
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Means of Verification : photos, PDM records, school records, interview with beneficiaries around the water sources

Activities

Activity 1.2.1

Standard Activity : Refugees have safe and dignified access to sanitation facilities and services

Construct 200 HH latrines (100/locality).

This activity will be accomplished by SOS Sahel national partner. CWW will provide technical monitoring, linkage to WES technical team and cluster forum to ensure that the implementation meets emergency standards.

This activity will directly contribute to increasing the safety and dignified access to sanitation services for refugees and host community members. The primary aim is to provide support for the most vulnerable refugees although in order to maintain the peaceful coexistence with the host community population, an approx. 20-25% of the most vulnerable host community HH will be also selected for beneficiary. The selection criteria will be established by the targeted communities with support and facilitation of CWW field team to ensure that the most vulnerable will be granted with support. Gender vulnerability will be a strong marker in this component e.g. single mothers with children, teenage mothers in the family because they are in high risk of vulnerability for sexual violence and abuse without protected latrine in their homes. The sick, disabled and elderly refugees and host community members will be also mark high in the selection criteria.

Similar to the water source provision, this activity will be implemented by SOS Sahel because they have easy access to many of these communities, they have significant experience in WASH intervention, including the renovation of the water sources, they also have a technical team on the ground that can deliver quality services.

This activity will involve (1) procuring of latrine slabs and its raw materials for installation, (2) training of selected participants on how to install the latrine. CWW and SOS Sahel field teams will mobilize the local communities and SOS Sahel technical team with the support of WES will provide the skill training on how to install the received latrine slabs and tippy tap hand washing facility. Beneficiaries will receive tools (e.g. shovel, rope, brackets) to dig their own latrines and during the skill training they also will be instructed about essential safety and protection "does and donts". A WES/UNICEF technical facilitator will provide monitoring support during the entire installation to ensure meeting the minimum Sphere standard and national requirements.

Single mothers, PLWs (less than 18 years), elderly people will receive labor support from the community by selecting volunteers from the community who will be able to provide labor help for these vulnerable HHs. CWW will provide in-kind incentives for these volunteers where feasible and possible as a motivation to provide support. During the skill training SOS Sahel will consider environment friendly methods for installation of latrines e.g. using local materials instead of plastic sheets for protection.

Activity 1.2.2

Standard Activity : Improve access to hygiene services

Hygiene promotion training for selected community hygiene and health promoters/volunteers in the two localities (including members of the Water User Committees)

This activity will be implemented by CW

There will be 15 health/hygiene promoter/volunteers selected around each health facility (total 60 people) and an additional 10 people from the established Water User Committees to participate on a three-days training. It is planned that at least 40 promoters will be women.

This training aims to prepare key actors of each targeted community with adequate knowledge and skills to disseminate information in the community about water born disease, personal hygiene, environment hygiene and sanitation practices. Linking to health sector's objective, the community promoters will share information about how hygiene and health relates, and how to avoid water born disease and communicable illness. Information about HIV/AIDS and related sexually transmitted sicknesses will be taught for the participants and how to avoid contacting it.

The training will use elements and tools from the PHAST approach although due to the short period of time, the entire program will not be carried out. It is aimed to train at least 80 community hygiene and health promoters who will be trained and working in the two localities (40/locality). And an additional 15 community water committee members will participate as well. At least 85% of the participants will be women due to their important role in the HHs although males will be encouraged to participate as well.

It is anticipated that one promoter will reach at the min. of 25 individuals that represents 25 HHs through visits. HH visits aims to reach at least 12,000 individuals (min. 75% refugees)

Resources and visual tools from MoH/UNICEF will be used to demonstrate the messages for the participant. During the training community participants will develop their own hygiene promotion roll out plan that they will implement in the communities including: HHs will be visited with hygiene promotion messages, schedule for community meetings, campaigns. CW will provide mentoring during the implementation of the roll out plan and required changes will be measured through monitoring tools and endline survey result.

Activity 1.2.3

Standard Activity : Improve access to hygiene services

Conduct hygiene promotion in refugee/host community homes (HH visits) and around the renovated water sources (this activity will be supervised by CWW)

Each health and hygiene promoter will visit at least 25 individuals (representing 25 HHs) at least twice during the project period in their area of jurisdiction. Before visiting the HHs, each promoter will have monthly/weekly plan to determine the number of people and frequency he/she will visit and the information he/she going to provide for the HH. It is anticipated that one promoter will reach at least 150 individuals x 60 promoters = 9,000 individuals with at least 75% refugees.

During the home visits, the promoters will provide information about proper household care, water storage practices, environment cleaning, latrine cleaning, baby care and will also share health information with PLW and their importance to visit the nearest health facility for regular check-up. The promoters will also advocate for child protection and women protection in the family and in case of observing any problem, they will report to the nearest child protection/women protection focal point. The promoters will provide demonstration about good practices and bad practices on hygiene and personal health care, baby care and will provide referrals as needed. Issues related to water borne disease and communicable disease will be delivered as well.

Activity 1.2.4

Standard Activity : Improve access to hygiene services

Conduct community awareness on hygiene/health through cleaning up campaigns
 4 cleaning up campaigns will be conducted around the renovated water sources and targeted health facilities: there will be two large campaigns (one in each locality) before and after the rainy seasons to increase the water-borne disease vector control. Street cleaning, garbage collection, jerrycan cleaning will be emphasized. A truck will be rented to collect all the waste and appropriately dispose in a safe place, far from the community, considering the environment protection. MoH and WES/UNICEF local representatives and other humanitarian actors will be invited for the event. It is anticipated that approx. 6,250 people will participate at each campaign with an approx. 50% women and children, and 75% refugee participation. Total target= 12,500 people (9,375 refugees, including children)

Activity 1.2.5

Standard Activity : Improve access to hygiene services

Hygiene Promotion awareness in schools through health clubs (organized by CWW)
 There will be 4 schools will be targeted (in two localities near to the health facilities and the water sources, an average of 400 children/school = 1,600 children total)

The hygiene promotion program will also target schoolchildren with appropriate hygiene messages on cleaning of latrines, handwashing at critical times, keeping the school compound clean, etc. School hygiene clubs will be formed in ten schools, in collaboration with teachers and the Parents Teachers Association (PTA). Hygiene clubs provide an opportunity for children to learn about hygiene issues, and become agents of change in their communities. Each health club will have about 30 pupils covering mid to upper primary levels, and will be led by a health club patron. These clubs will be involved in behaviour change activities through school drama, painting and drawing sessions, and hygiene promotion sessions within their communities. The clubs will also be charged with school cleanliness which includes ensuring latrines are regularly cleaned. Children will be involved in keeping classrooms and school surroundings clean, organizing campaigns to build healthy habits linked to water use and school latrines, maintaining village community taps and keeping their surroundings clean, collecting and processing wastes, and making compost pits. Through this funding, Similar to the campaigns around the water sources, there will be sanitation/hygiene campaigns around schools as well. (all the 4 schools are targeted). This day will mark the International Hands Washing Day and students will have hands washing demonstration. This will a participatory exercise with structured puzzles and quizzes on hand washing with soap at critical times. Also, inter-class drawing competition and drama, will be part of the activity. Teachers, head masters and hygiene and health promoters will help to organize the events. WES/UNICEF and MoH local representatives and other local actors will be invited.

Hygiene Promotion around water sources and in communities

Community hygiene and health promoters will organize the campaigns with the support of CWW field team. CWW will provide tools and materials for cleaning. The hygiene promoters will organize the entire community to participate on this event. There are 4 campaigns planned (one per water point catchment area). It is anticipated that approx. 3,000 people will be mobilized and benefited around each water source / 4 = 12,000 people to participate in the community clean-up campaign. During the campaign hygiene promotion messages will be distributed and shared with the community to mark the event.

CW, will use a combination of approaches to promote hygiene and sanitation in the target communities. Hygiene promotion activities will be undertaken by community hygiene volunteers, water and sanitation committees, and by youth in schools with direct support of Program Hygiene Educators and Supervisors. Knowledge, attitudes, and practices are more easily adopted when messages are delivered in the local dialect and by women and men from the community. Awareness of key hygiene and sanitation practices will be raised through hygiene promotion and mobilization campaigns that will include hygiene lessons, community discussions, household visits, posting of information education and communication (IEC) materials in public places.

Output 1.3

Description

Two Water Users Committees have an improved capacity to sustain renovated water sources (benefiting 10,000 population)

Assumptions & Risks

security allows access to water sources, absence of major climate shocks, WES and other authorities are supportive toward sustainable maintenance of existing water sources,

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	REFUGEE CONSULTATION FORUM	# of people trained in water source management related activities					50

Means of Verification : PDM, training records, focus group discussion with participants (target: (50 people = 20 women + 30 men)

Indicator 1.3.2	REFUGEE CONSULTATION FORUM	# of litres of water per person per day (l/p/d) for refugee caseloads (HRP 2018)					20
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Means of Verification : PDM records, endline survey records, focus group discussion with beneficiaries, water yard operator, water user committee

Activities

Activity 1.3.1

Standard Activity : Provision of clean water trucking

There will be two sub-training under this activity:

1. Establish and train 2 WUCs on water sources management. (it will be organized by CWW)

CWW and SOS Sahel aims to increase the self-reliance of the affected communities so they will be able to maintain the clean water sources renovated. Therefore it is aimed to establish 2 water users committees (each with a min. of 8-10 participants including water technicians, community leaders, women leaders, refugees). The selection of the members will be the responsibility of the community with the facilitation of CWW to ensure the wider participation of each sub-group in the community, including refugees. The selected members will be invited for a water source management training where they will learn about standard procedures developed by WES/UNICEF for water yard management including: water charging system, monitoring of water quality, maintenance, transportation and safe water fetching (particularly for women and children). By the end of the training each water yard will have a roll out plan developed for how to sustain the renovated water yard through the water charging system and related required maintenance. It is planned that at least 25 people will participate on a three days training with a min. of 40% women participants. WES will be an active support during the roll out plan to increase ownership and trust.

2. Water yard operator and maintenance training will be conducted for the technicians from the 2 renovated water yards. (organized by CWW)

The aim of the training is to sustain water source and ensure all the small breaks are fixed throughout the year. This will increase the community self-reliance, particularly for the host community. It is planned that at least 25 participants (5 people/water yard and 5 key leaders) will participate on a four days skills training. Before the workshop community key people will be involved in the preparation of the workshop and they will be also asked to contribute to the preparation (design and carry out of objectives) to ensure that the workshop will be successful and reach its objectives.

The selection of the technicians will be from the local communities (both refugees and host) to be able to respond to the small technical problems as quickly as possible. As much as possible women will be also encouraged to participate in the maintenance skill training (at least 30% of the technicians). The facilitation of the technical training will be conducted by WES technical team to ensure that the learned subjects meet the needs on the ground. The targeted participants will develop a water yard maintenance plan for all the 2 targeted water yards as part of the preparedness plan. WES and CWW will ensure that the plan will be rolled out properly during the implementation. During the workshop, environment protection around the water sources will be discussed and planning tree will be recommended as part of this mechanisms. The water technician's work will be linked with the water source management system and committee, and the cost of the maintenance will be covered by the established water charging system to ensure that broken water sources would be quickly fixed, particularly during the dry season. This activity will be implemented by Concern organization

Activity 1.3.2

Standard Activity : Provision of clean water trucking

Establish 2 water yard maintenance centers near to the water yards to routine maintenance.

The aim of this activity links to the minimum access to water for all community member, all year around. Additional, the activity links to a community-based self-reliance system that sustain access for all. This sustainable solution for both refugees and host communities will contribute to a peaceful coexistence and stability.

The community water user committees will monitor the technical condition of the renovated water yards and the water technicians will provide periodical routine maintenance e.g. oil filter changes for the water pump, replacing the standing taps at the fetching point, fixing the fence around the water point.

The selection of the place to allocate the stock will be decided by the WUCs after setting up a stock revolving system through the strengthening of the water charging system. WES will be involved in the setting up of the system to ensure their ownership and contribution. Minor maintenance tools will be provided together with gears and lubricants, and spare parts that will be replaced by the revolving fund. The stock will be linked to the locality/state WES office and the dispatching will be recorded and monitored by WES officer and a designated person from one of the water users committees to ensure transparency and accountability.

Outcome 2

21,431 South Sudanese refugees and their host community population (male, female, boys and girls) have access to life-saving primary health care services in El Nehoud, and Ghubaysh localities and West Kordofan State.

Output 2.1

Description

21,431 South Sudanese and host community HHs have access to basic primary healthcare services through four static health care facilities (two in El Nehoud and two in Ghubaysh localities in West Kordofan State).

Assumptions & Risks

access to health facilities granted, security allow mobile unit to access rural communities, absence of natural disasters (flooding) allow smooths implementation, MoH is able to provide health experts (physician, nurses, midwives) for rural health services,

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	REFUGEE CONSULTATION FORUM	# of health facilities renovated (2 health facilities/locality)					4
Means of Verification : PDR, technical renovation report, photos, interview with MoH local health facility management team and beneficiaries							
Indicator 2.1.2	REFUGEE CONSULTATION FORUM	# of clean deliveries assisted by qualified personnel (disaggregated by age)					303
Means of Verification : HF delivery records, PDM, weekly/monthly health facility data, focus group discussion with beneficiaries							
Indicator 2.1.3	REFUGEE CONSULTATION FORUM	# of people treated for communicable disease and other minor illness (dis-aggregated by age and sex)					21,431

Means of Verification : PDM record, health facility weekly/monthly records, discussion with patients, health facility staff, health/hygiene promoters							
Indicator 2.1.4	REFUGEE CONSULTATION FORUM	# of children and pregnant women fully immunized against vaccine preventable diseases (disaggregated by age and sex) (609 women and 2,435 children)					3,044
Means of Verification : PDM, EPI records, focus group discussion with beneficiaries, MoH record							
Indicator 2.1.5	REFUGEE CONSULTATION FORUM	# of refugees referred to secondary and tertiary medical care (disaggregated by age/gender)	334	499	333	500	1,666
Means of Verification : Health Facility records, secondary referral records, MoH records, focus group discussion with beneficiaries							
Indicator 2.1.6	REFUGEE CONSULTATION FORUM	# of meetings and joint monitoring visits conducted to strengthen EWARS					12
Means of Verification : PDM records, monitoring data report, MoH data records							
Indicator 2.1.7	REFUGEE CONSULTATION FORUM	"# of community awareness campaigns conducted.					2
Means of Verification : photos, community testimonies, PDM records on number of participants							
Indicator 2.1.8	REFUGEE CONSULTATION FORUM	# of health staff/volunteers received health related training					85
Means of Verification : training plan, training report, photos, focus group discussion with participants (44 people community hygiene promotion volunteers) (25 MoH staff capacity building on EWSR system)							
Activities							
Activity 2.1.1							
Standard Activity : Provision of health services for refugees							
<p>Minor renovation of two (2) health facilities CWW in partnership with MoH/WHO identified the most in need health facilities, where most of the refugees are residing in El Nehoud (Elthaowra health facility and/or Samli health facility) in Ghubaysh (Ghubaysh hospital and/or Um Lilia), near to the renovated water source to increase integration and syndicate larger impact. There will be a renovation committee established, with the participation of MOH to decide the level of renovation required for two of the health facilities. The selection of the two facilities will also depends on the technical assessment (level of renovation required).</p> <p>CWW will higher a construction company, based on tender procedure, to carry out the required technical assessment and renovation work that has to be in line with the MoH/WHO standard requirements. During the renovation safety procedures will be carefully maintained - if the health facility operates - to ensure safety of the patients. As much as possible environment friendly renovation materials will be used to renovate the health facilities. This will be identified during the technical assessment prior renovation. Incinerator will be designed or renovated as well to address the safety disposal of the medical supplies and consumables.</p> <p>In the renovated health facilities CWW will strengthen and maintain the health information system. This will utilize the already existing the Ministry of Health HIS system. Concern will also collect monthly data from all the 4 facilities and 1 mobile unit. The data will be shared with the SMOH and other stakeholders at all levels on a monthly basis</p>							
Activity 2.1.2							
Standard Activity : Provision of health services for refugees							
<p>Provide medical supplies and consumables for 4 health facilities (2 in Al Nehoud, 2 in Ghubaysh localities).</p> <p>MoH/WHO locality representatives with CWW field team will develop a list of "fast running" essential medical supplies and medicines for each HFs. CWW will carry out a competitive tender procedure to procure the required medical supplies and medicines in line with WHO/MOH protocols. Samples from the medicines and supplies will be given for examination before purchasing. CWW will organize the transportation of the supplies to the field locations and the HFs will establish/revitalize their stock system for the new supplies before their arrive to HFs. Environment protection and safety of the population around the health facilities will be considered by using incinerators to dispose daily the leftover medical supplies and consumables.</p>							
Activity 2.1.3							
Standard Activity : Provision of health services for refugees							

Provision of reproductive health services(antenatal care, delivery and postnatal care) in 4 health facilities (2 in Al Nehoud and 2 Gubaysh localities)

To strengthen the reproductive health in the targeted region, CWW will provide reproductive services in each HF that will include PHC, ANC/PNC management and related referrals, management of maternity morbidity and mortality, family planning and HIV/AIDS education while provision of services. CWW will link the services with surveillance and early warning system by monitoring and case management in each HF. Concern organization will also strive to actively engage on HIV/AIDS awareness and prevention through working with the Sudan National AIDS Program (SNAP) which rolled out mainstreaming guidelines and protocols to cluster all coordination leads. All Concern organization supported health facilities will have testing kits which is recommended for all pregnant women and referral systems are in place for MoH supported PMTCT management of identified cases. SMOH support will be complemented by community engagement and working with nutrition/health staff, community hygiene and health promoters, to support them to enhance community awareness and practice on child and maternal health through incorporating this topic in community campaigns; men's and women's groups.

Although there is no clear data on the extent and prevalence of SGBV in Kordofan, Concern organization will support addressing SGBV through integration into the primary health care package. Concern organization will support capacity building of PHC personnel while delivering services to referred cases identified in the health unit to the secondary care health facilities for PEP and medical advice. The following components will be the key to this intervention:

- a) Midwives will be trained and sensitized to the health problems related to SGBV.
- b) The confidentiality of the information given by the victims will be ensured and information will not be shared without the permission of the victim.

In order to carry out quality work, health workers in the facilities such as the physician, nurses, midwives, pharmacist etc. will receive a monthly intensive to compensate their salaries and encourage them to choose rural services. Similar to the community health and hygiene promoters, they also will receive incentives in-kind to motivate their work.

All services for the refugees and the most vulnerable host community population will be free of charge

Activity 2.1.4

Standard Activity : Provision of health services for refugees

Treatment of common communicable diseases and other minor illnesses.
Control and prevention of communicable diseases will continue to be given the highest priority in the 4 HFs because communicable diseases continue to be the leading cause of morbidity in the State. The national malaria prevention, treatment and control protocols will be used in the health facilities. Concern organization will continue to strengthen strong linkage with the SMOH malaria and vector-borne disease control department at state level. Concern organization supported PHCs will receive supplies of medicines for treatment of malaria to be used. The capacity of the technical staff on the diagnosis and treatment of malaria will be closely monitored. Severe malaria cases will be referred to secondary care hospital. In all Concern organization-supported health facilities, the staff will have an on-job training to symptomatic diagnosis of TB cases. Any suspected TB case will be referred to nearby hospital where confirmatory diagnosis and treatment are available. Also Concern organization will maintain the focus on activities targeted for prevention of HIV transmission, water borne diseases including AWD risk in the health facilities.

Activity 2.1.5

Standard Activity : Provision of health services for refugees

Provide EPI services for children under 5 and pregnant women(TT vaccination) in the targeted locations.

CWW will not procure vaccinations although will support the MoH to carry out mass EPI campaign by logistics support such as transportation support, tools and equipment, and incentives for the vaccinators and the EPI team to carry out the vaccination. It is planned to carry out at least 3 campaign in each locality/year although this may change as per the MoH EPI plan. It is anticipated that an approx. 15,000 children/locality will be reached. CWW will continue coordination with the MoH about this plan and adjust the activities accordingly. During the campaign referral to other health services will be activated for those are needed health care linking with protection e.g. child protection and GBV case reporting to the partners and actors on the ground.

Activity 2.1.6

Standard Activity : Provision of health services for refugees

Provide referral services in the targeted geographical locations (linking to the 4 HFs)

The HF will provide referrals as per the needs for all patients. A referral pathway system will be mapped with the MoH/WHO local representatives including the available services. Vulnerable patients (both refugees and host community pop) will receive fund support for transportation, medicines, medical test and related health expenses to be able to carry out through investigation in the higher health facility. PLWs, women with special needs (mental/physical disability, will be supported).. Protection related issues e.g. GBV clinical case management will be an important element of the system.

Activity 2.1.7

Standard Activity : Provision of health services for refugees

Strengthen early warning system (roll out plan)
In collaboration with WHO and UNICEF, CWW field team with support from International health and Nutrition advisor will monitor and mentor the health facility staff to ensure that the EWSR plan is adequately followed up through data recording, following up cases and wise-blowing on time. CWW allocated a budget line to respond in case of high mortality and morbidity and will coordinated and collaborate with MoH/WHO based on protocols to respond before outbreak occurs.

Activity 2.1.8

Standard Activity : Provision of health services for refugees

Provide community awareness campaigns on communicable diseases

There will be 2 campaign organized - one / locality involving the two health facilities. This activity will be closely organized and integrated with WASH sector hygiene awareness campaign (budget is under WASH sector to avoid duplication). The campaigns will cover important issues about water born disease, HIV/AIDS prevention, GBV, TB and related believes. As much as possible the campaigns will mark international days such as Women Day, Water Day. The cross sectoral community hygiene/health promoters/volunteers will organize the campaigns linking with WASH messages such as hand washing and environment cleaning.

Activity 2.1.9

Standard Activity : Provision of health services for refugees

There will be two sub-activities:

1. Capacity building for MoH staff related to EWSR

In collaboration with WHO and UNICEF, CW will conduct training for health workers on water-borne diseases including AWD and other communicable diseases. Concern will support the training for the facility level staff (25 people) on early detection and diseases surveillance of waterborne diseases, and other communicable diaereses. Using IMCI modules and other WHO guidelines and health education/counseling techniques, the training will be facilitated by WHO/MoH. The training will encompasses clinical detection, reporting mechanisms and appropriate actions to be taken regarding waterborne diseases. The training facilitators will come from SMOH and the WHO health expats and EWRS will be carried out based on WHO standards.

2. Train 60 community volunteers on health promotion, home visits and dissemination of basic health messages.

This activity will be closely link and integrated with the training of volunteers under WASH intervention (hygiene promotion therefore the budget linked to this activity is covered under WASH).

Concern Organization will train these cadres in collaboration with SMOH on how to follow GOS and WHO guidelines for community health promotion with integration in hygiene promotion. The volunteers will work hand in hand with the health facility level staff and will be selected from both refugees and host communities on 50-50 basis. The selection of volunteers will be at least 50% females. In order to harmonize roles and responsibilities, each volunteer will have a TOR/Job Description that will cover health and hygiene related topics that they may cover with each HH during the visit. The same volunteers will also be involved in the community level mobilization and preparation for campaigns. Each volunteer will visit an average of 25 HH/at least twice during the project and they will cover both health and hygiene messages. In order to motivate the volunteers, Concern will provide a monthly incentive.

Additional Targets :

M & R

Monitoring & Reporting plan

The project will develop baseline value to measure improvement and the endline survey will verify the level of change through KAP survey tools and recorded evidences e.g. health facilities and water tests in water sources. Monthly report and Interim Report will serve as mile-stones toward set objectives and indicators. CWW will carry out joint monitoring missions with the MoH, HAC, UN, local partner SOS Sahel and WES and key indicators will be monitored e.g. no of water sources functional and provide clean water, no of health facilities are equipped for AWD preparedness, no of AWD related WASH/Health plan developed and revised. During these missions local community representatives will also join to the monitoring and contribute to the shaping of the outcome.

Data collection will be through: field coordinators, project officers, and community hygiene and health promoters. The M&E Coordinator will verify the collected data and systematically organize them against the indicators set.

Each activity will target different segments of the communities e.g. WASH committee management workshop (community leaders, refugee leader, leading women figures, WASH technicians) although in order to improve transparency, the entire community will be informed through the community leadership forum/committee. Activities such as mass awareness raising will mobilize the entire community, involving refugees, although it also will have focal groups e.g. HF team, community volunteers that will carry out the activity.

Post-Distribution Monitoring will be applied after the compilation of each activity with the involvement of the beneficiaries, technical team and the partners. CWW will use its internal Monitoring Tracking System to track the project achievements toward the indicators. Data will be collected weekly from the health facilities, and the community health and hygiene promoters. Water quality tests will have a different schedule - based on the rainy/dry season although water quality testing in HH level will be at least weekly.

Quarterly planning and review meetings will also be organized at field level, with senior program staff from all locations participating, with the aim of assessing progress and challenges, and making real-time alterations to improve programing throughout the lifetime of the grant. Khartoum support teams (system, finance and program) will provide periodic visits to support the implementation and adjust the program as per the needs and donor compliance.

Evaluation Plans: Although movement of the humanitarian actors in West Kordofan has relatively eased over the last nearly one year, carrying out activities such assessments and evaluation exercises are often restricted and limited. The project aims to carry out an internal evaluation with the support of TAs in country together with WES, MoH and HAC State level.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1: Rehabilitation of 2 water yards in the two localities (1 El Nuhd and 1 Gaybish localities).</p> <p>This activity will be implemented by SOS Sahel, Concern will provide coordination and monitoring support.</p> <p>There will be a technical needs assessment conducted during the start up of the project to verify the water point for rehabilitation, near to the health facility, to create integration. This assessment will be conducted by Concern, SOS Sahel and WES technical team., based on criteria such as to ensure that the water yard will reach the min of 5,000 people/water, min. 1 km from the health facility, renovation will be within the Cluster recommended budget cost (\$27,000) as a baseline cost, although during the technical assessment this amount may be adjusted as per the market prices and the required renovation. CWW and SOS Sahel will coordinate with other humanitarian actors through WES/UNICEF and the WASH cluster to minimize possible overlapping by the selection of the water point.</p> <p>WES will be the technical lead in the carry out of the renovation work and SOS Sahel will do the physical renovation. CWW will provide technical inputs based on previous renovation experiences and will carry out day-to-day monitoring to ensure that technical standards will be met.</p> <p>Beneficiaries, particularly women will be involved in the designing of the water source renovation to ensure required needs met such as: fetching platform is user friendly, water waste is limited. The renovation also considers environment protection through designing improved water fetching technical options that would reduce the water waste at the water fetching point. Both CWW and SOS Sahel has been renovating water yards in the state and previous lesson learnt and good practices will be applied for the success of the activity. At the end of the renovation, water quality test will be conducted to ensure that the water source would fit for human consumption. This will be certified by MoH/WHO in state level.</p>	2018				X	X							
	2019												
<p>Activity 1.1.2: Water quality monitoring at the renovated water yards (2) and HHs to ensure safe water for human consumption.</p> <p>CWW will carry out the implementation of this activity in coordination with MoH/WHO and WES.</p> <p>As part of the water quality monitoring, each renovated water source will be tested after renovation to ensure that it fits for human consumption.</p> <p>There will be three types of water quality monitoring during the entire project cycle:</p> <p>(1) Water testing for bacteriological infection at the renovated water yards</p> <p>(2) FRC (Free Residual Chlorine) water test will be conducted after chlorination (range 0.2-2mg/L and turbidity <5NTU5) at the water source.</p> <p>(3) HH level water quality test will be conducted and if water source found to be contaminated, water treatment will be carried out by Aqua Tab.</p> <p>These water quality monitoring systems will be established in the beginning of the intervention with the technical support of MoH - based on WHO standards. During the intervention there will be separate testing method for each of these monitoring: monthly samples of bacteriological and (FRC) test during rainy season and the dry season will be conducted a result will be analyse with the support of MoH/WHO field team. Sites sampling shall be based on past epidemiological records for West Kordofan, population density/overcrowding, and any reports for diarrhea and other water borne disease revealed. The HH level water quality test will be random sampling during fetching, transportation and HH level. In order to be able to measure the impact of the intervention there will be at least two times testing the same HH to measure the impact of HH visits and hygiene promotion education. If a water source found to be positive for bacteria infection, CWW will use the Aqua tab for treatment. In the HH level, water quality monitors will report cases of bacteria infection to the community outreach workers who will provide HH level hygiene promotion education for the family members including water keeping practices, water treatment. Improvement, change will be recorded through another monitoring test. CWW will strengthen the community level water monitoring surveillance system by providing water test data to locality/state MoH recording system with the involvement of the Water Source Committee. The existing early warning system against epidemics e.g. water borne disease will be included in the information sharing to support the preparedness. CWW will provide support for the state/locality level data recording as part of the capacity building of the early warning system.</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									

<p>Activity 1.2.1: Construct 200 HH latrines (100/locality). This activity will be accomplished by SOS Sahel national partner. CWW will provide technical monitoring, linkage to WES technical team and cluster forum to ensure the that implementation meets emergency standards. This activity will directly contribute to increasing the safety and dignified access to sanitation services for refugees and host community members. The primarily aim is to provide support for the most vulnerable refugees although in order to maintain the peaceful coexistence with the host community population, an approx. 20-25% of the most vulnerable host community HH will be also selected for beneficiary. The selection criteria will be established by the targeted communities with support and facilitation of CWW field team to ensure that the most vulnerable will be granted with support. Gender vulnerability will be a strong marker in this component e.g. single mothers with children, teenage mothers in the family because they are in high risk of vulnerability for sexual violence and abuse without protected latrine in their homes. The sick, disabled and elderly refugees and host community members will be also mark high in the selection criteria. Similar to the water source provision, this activity will be implemented by SOS Sahel because they have easy access to many of these communities, they have significant experience in WASH intervention, including the renovation of the water sources, they also have a technical team on the ground that can deliver quality services. This activity will involve (1) procuring of latrine slabs and its raw materials for installation, (2) training of selected participants on how to install the latrine. CWW and SOS Sahel field teams will mobilize the local communities and SOS Sahel technical team with the support of WES will provide the skill training on how to install the received latrine slabs and tippy tap hand washing facility. Beneficiaries will receive tools (e.g. shovel, rope, brackets) to dig their own latrines and during the skill training they also will be instructed about essential safety and protection "does and donts". A WES/UNICEF technical facilitator will provide monitoring support during the entire installation to ensure meeting the minimum Sphere standard and national requirements. Single mothers, PLWs (less than 18 years), elderly people will receive labor support from the community by selecting volunteers from the community who will be able to provide labor help for these vulnerable HHs. CWW will provide in-kind incentives for these volunteers where feasible and possible as a motivation to provide support. During the skill training SOS Sahel will consider environment friendly methods for installation of latrines e.g. using local materials instead of plastic sheets for protection.</p>	2018					X	X							
	2019													
<p>Activity 1.2.2: Hygiene promotion training for selected community hygiene and health promoters/volunteers in the two localities (including members of the Water User Committees) This activity will be implemented by CW There will be 15 health/hygiene promoter/volunteers selected around each health facility (total 60 people) and an additional 10 people from the established Water User Committees to participate on a three-days training. It is planned that at least 40 promoters will be women. This training aims to prepare key actors of each targeted community with adequate knowledge and skills to disseminate information in the community about water born disease, personal hygiene, environment hygiene and sanitation practices. Linking to health sector's objective, the community promoters will share information about how hygiene and health relates, and how to avoid water born disease and communicable illness. Information about HIV/AIDS and related sexually transmitted sicknesses will be taught for the participants and how to avoid contacting it. The training will use elements and tools from the PHAST approach although due to the short period of time, the entire program will not be carried out. It is aimed to train at least 80 community hygiene and health promoters who will be trained and working in the two localities (40/locality). And an additional 15 community water committee members will participate as well. At least 85% of the participants will be women due to their important role in the HHs although males will be encouraged to participate as well. It is anticipated that one promoter will reach at the min. of 25 individuals that represents 25 HHs through visits. HH visits aims to reach at least 12,000 individuals (min. 75% refugees) Resources and visual tools from MoH/UNICEF will be used to demonstrate the messages for the participant. During the training community participants will develop their own hygiene promotion roll out plan that they will implement in the communities including: HHs will be visited with hygiene promotion messages, schedule for community meetings, campaigns. CW will provide mentoring during the implementation of the roll out plan and required changes will be measured through monitoring tools and endline survey result.</p>	2018					X								
	2019													

<p>Activity 1.2.3: Conduct hygiene promotion in refugee/host community homes (HH visits) and around the renovated water sources (this activity will be supervised by CWW)</p> <p>Each health and hygiene promoter will visit at least 25 individuals (representing 25 HHs) at least twice during the project period in their area of jurisdiction. Before visiting the HHs, each promoter will have monthly/weekly plan to determine the number of people and frequency he/she will visit and the information he/she going to provide for the HH. It is anticipated that one promoter will reach at least 150 individuals x 60 promoters = 9,000 individuals with at least 75% refugees. During the home visits, the promoters will provide information about proper household care, water storage practices, environment cleaning, latrine cleaning, baby care and will also share health information with PLW and their importance to visit the nearest health facility for regular check- up. The promoters will also advocate for child protection and women protection in the family and in case of observing any problem, they will report to the nearest child protection/women protection focal point. The promoters will provide demonstration about good practices and bad practices on hygiene and personal health care, baby care and will provide referrals as needed. Issues related to water borne disease and communicable disease will be delivered as well.</p>	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 1.2.4: Conduct community awareness on hygiene/health through cleaning up campaigns</p> <p>4 cleaning up campaigns will be conducted around the renovated water sources and targeted health facilities: there will be two large campaigns (one in each locality) before and after the rainy seasons to increase the water-borne disease vector control. Street cleaning, garbage collection, jerrycan cleaning will be emphasized. A truck will be rented to collect all the waste and appropriately dispose in a save place, far from the community, considering the environment protection. MoH and WES/UNICEF local representatives and other humanitarian actors will be invited for the event. It is anticipated that approx. 6,250 people will participate at each campaign with an approx. 50% women and children, and 75% refugee participation. Total target= 12,500 people (9,375 refugees, including children)</p>	2018					X	X				X	X	
	2019												

Activity 1.2.5: Hygiene Promotion awareness in schools through health clubs (organized by CWW)	2018					X	X	X	X	X	X	X	X
<p>There will be 4 schools will be targeted (in two localities near to the health facilities and the water sources, an average of 400 children/school = 1,600 children total)</p> <p>The hygiene promotion program will also target schoolchildren with appropriate hygiene messages on cleaning of latrines, handwashing at critical times, keeping the school compound clean, etc. School hygiene clubs will be formed in ten schools, in collaboration with teachers and the Parents Teachers Association (PTA). Hygiene clubs provide an opportunity for children to learn about hygiene issues, and become agents of change in their communities. Each health club will have about 30 pupils covering mid to upper primary levels, and will be led by a health club patron. These clubs will be involved in behaviour change activities through school drama, painting and drawing sessions, and hygiene promotion sessions within their communities. The clubs will also be charged with school cleanliness which includes ensuring latrines are regularly cleaned. Children will be involved in keeping classrooms and school surroundings clean, organizing campaigns to build healthy habits linked to water use and school latrines, maintaining village community taps and keeping their surroundings clean, collecting and processing wastes, and making compost pits. Through this funding, Similar to the campaigns around the water sources, there will be sanitation/hygiene campaigns around schools as well. (all the 4 schools are targeted). This day will mark the International Hands Washing Day and students will have hands washing demonstration. This will a participatory exercise with structured puzzles and quizzes on hand washing with soap at critical times. Also, inter-class drawing competition and drama, will be part of the activity. Teachers, head masters and hygiene and health promoters will help to organize the events. WES/UNICEF and MoH local representatives and other local actors will be invited.</p>	2019	X	X	X									
<p>Hygiene Promotion around water sources and in communities</p> <p>Community hygiene and health promoters will organize the campaigns with the support of CWW field team. CWW will provide tools and materials for cleaning. The hygiene promoters will organize the entire community to participate on this event. There are 4 campaigns planned (one per water point catchment area). It is anticipated that approx. 3,000 people will be mobilized and benefited around each water source / 4 = 12,000 people to participate in the community clean-up campaign. During the campaign hygiene promotion messages will be distributed and shared with the community to mark the event.</p> <p>CW, will use a combination of approaches to promote hygiene and sanitation in the target communities. Hygiene promotion activities will be undertaken by community hygiene volunteers, water and sanitation committees, and by youth in schools with direct support of Program Hygiene Educators and Supervisors. Knowledge, attitudes, and practices are more easily adopted when messages are delivered in the local dialect and by women and men from the community. Awareness of key hygiene and sanitation practices will be raised through hygiene promotion and mobilization campaigns that will include hygiene lessons, community discussions, household visits, posting of information education and communication (IEC) materials in public places.</p>													

Activity 1.3.1: There will be two sub-training under this activity:	2018					X	X				
1. Establish and train 2 WUCs on water sources management. (it will be organized by CWW)	2019										
<p>CWW and SOS Sahel aims to increase the self-reliance of the affected communities so they will be able to maintain the clean water sources renovated. Therefore it is aimed to establish 2 water users committees (each with a min. of 8-10 participants including water technicians, community leaders, women leaders, refugees). The selection of the members will be the responsibility of the community with the facilitation of CWW to ensure the wider participation of each sub-group in the community, including refugees. The selected members will be invited for a water source management training where they will learn about standard procedures developed by WES/UNICEF for water yard management including: water charging system, monitoring of water quality, maintenance, transportation and safe water fetching (particularly for women and children). By the end of the training each water yard will have a roll out plan developed for how to sustain the renovated water yard through the water charging system and related required maintenance. It is planned that at least 25 people will participate on a three days training with a min. of 40% women participants. WES will be an active support during the roll out plan to increase ownership and trust.</p>											
2. Water yard operator and maintenance training will be conducted for the technicians from the 2 renovated water yards. (organized by CWW)											
<p>The aim of the training is to sustain water source and ensure all the small breaks are fixed throughout the year. This will increase the community self-reliance, particularly for the host community. It is planned that at least 25 participants (5 people/water yard and 5 key leaders) will participate on a four days skills training. Before the workshop community key people will be involved in the preparation of the workshop and they will be also asked to contribute to the preparation (design and carry out of objectives) to ensure that the workshop will be successful and reach its objectives.</p> <p>The selection of the technicians will be from the local communities (both refugees and host) to be able to respond to the small technical problems as quickly as possible. As much as possible women will be also encouraged to participate in the maintenance skill training (at least 30% of the technicians). The facilitation of the technical training will be conducted by WES technical team to ensure that the learned subjects meet the needs on the ground. The targeted participants will develop a water yard maintenance plan for all the 2 targeted water yards as part of the preparedness plan. WES and CWW will ensure that the plan will be rolled out properly during the implementation. During the workshop, environment protection around the water sources will be discussed and planning tree will be recommended as part of this mechanisms. The water technician's work will be linked with the water source management system and committee, and the cost of the maintenance will be covered by the established water charging system to ensure that broken water sources would be quickly fixed, particularly during the dry season. This activity will be implemented by Concern organization</p>											
Activity 1.3.2: Establish 2 water yard maintenance centers near to the water yards to routine maintenance.	2018					X	X				
<p>The aim of this activity links to the minimum access to water for all community member, all year around. Additional, the activity links to a community-based self-reliance system that sustain access for all. This sustainable solution for both refugees and host communities will contribute to a peaceful coexistence and stability.</p> <p>The community water user committees will monitor the technical condition of the renovated water yards and the water technicians will provide periodical routine maintenance e.g. oil filter changes for the water pump, replacing the standing taps at the fetching point, fixing the fence around the water point.</p> <p>The selection of the place to allocate the stock will be decided by the WUCs after setting up a stock revolving system through the strengthening of the water charging system. WES will be involved in the setting up of the system to ensure their ownership and contribution.</p> <p>Minor maintenance tools will be provided together with gears and lubricants, and spare parts that will be replaced by the revolving fund. The stock will be linked to the locality/state WES office and the dispatching will be recorded and monitored by WES officer and a designated person from one of the water users committees to ensure transparency and accountability.</p>	2019										

<p>Activity 2.1.1: Minor renovation of two (2) health facilities CWW in partnership with MoH/WHO identified the most in need health facilities, where most of the refugees are residing in El Nehoud (Elthaowra health facility and/or Samli health facility) in Ghubaysh (Ghubaysh hospital and/or Um Lilia), near to the renovated water source to increase integration and syndicate larger impact. There will be a renovation committee established, with the participation of MOH to decide the level of renovation required for two of the health facilities. The selection of the two facilities will also depends on the technical assessment (level of renovation required).</p> <p>CWW will higher a construction company, based on tender procedure, to carry out the required technical assessment and renovation work that has to be in line with the MoH/WHO standard requirements. During the renovation safety procedures will be carefully maintained - if the health facility operates - to ensure safety of the patients. As much as possible environment friendly renovation materials will be used to renovate the health facilities. This will be identified during the technical assessment prior renovation. Incinerator will be designed or renovated as well to address the safety disposal of the medical supplies and consumables.</p> <p>In the renovated health facilities CWW will strengthen and maintain the health information system. This will utilize the already existing the Ministry of Health HIS system. Concern will also collect monthly data from all the 4 facilities and 1 mobile unit. The data will be shared with the SMOH and other stakeholders at all levels on a monthly basis</p>	2018					X	X								
	2019														
<p>Activity 2.1.2: Provide medical supplies and consumables for 4 health facilities (2 in AI Nehoud, 2 in Ghubaysh localities).</p> <p>MoH/WHO locality representatives with CWW field team will develop a list of "fast running" essential medical supplies and medicines for each HFs. CWW will carry out a competitive tender procedure to procure the required medical supplies and medicines in line with WHO/MOH protocols. Samples from the medicines and supplies will be given for examination before purchasing. CWW will organize the transportation of the supplies to the field locations and the HFs will establish/revitalize their stock system for the new supplies before their arrive to HFs. Environment protection and safety of the population around the health facilities will be considered by using incinerators to dispose daily the leftover medical supplies and consumables.</p>	2018					X	X	X	X	X	X	X	X		
	2019	X	X	X											
<p>Activity 2.1.3: Provision of reproductive health services(antenatal care, delivery and postnatal care) in 4 health facilities (2 in AI Nehoud and 2 Gubaysh localities)</p> <p>To strengthen the reproductive health in the targeted region, CWW will provide reproductive services in each HFs that will include PHC, ANC/PNC management and related referrals, management of maternity morbidity and mortality, family planning and HIV/AIDS education while provision of services. CWW will link the services with surveillance and early warning system by monitoring and case management in each HF. Concern organization will also strive to actively engage on HIV/AIDS awareness and prevention through working with the Sudan National AIDS Program (SNAP) which rolled out mainstreaming guidelines and protocols to cluster all coordination leads. All Concern organization supported health facilities will have testing kits which is recommended for all pregnant women and referral systems are in place for MoH supported PMTCT management of identified cases. SMOH support will be complemented by community engagement and working with nutrition/health staff, community hygiene and health promoters, to support them to enhance community awareness and practice on child and maternal health through incorporating this topic in community campaigns; men's and women's groups.</p> <p>Although there is no clear data on the extent and prevalence of SGBV in Kordofan, Concern organization will support addressing SGBV through integration into the primary health care package. Concern organization will support capacity building of PHC personnel while delivering services to referred cases identified in the health unit to the secondary care health facilities for PEP and medical advice. The following components will be the key to this intervention: a) Midwives will be trained and sensitized to the health problems related to SGBV. b) The confidentiality of the information given by the victims will be ensured and information will not be shared without the permission of the victim.</p> <p>In order to carry out quality work, health workers in the facilities such as the physician, nurses, midwives, pharmacist etc. will receive a monthly intensive to compensate their salaries and encourage them to chose rural services. Similar to the community health and hygiene promoters, they also will receive incentives in-kind to motivate their work.</p> <p>All services for the refugees and the most vulnerable host community population will be free of charge</p>	2018					X	X	X	X	X	X	X	X		
	2019	X	X	X											

<p>Activity 2.1.4: Treatment of common communicable diseases and other minor illnesses.</p> <p>Control and prevention of communicable diseases will continue to be given the highest priority in the 4 HFs because communicable diseases continue to be the leading cause of morbidity in the State. The national malaria prevention, treatment and control protocols will be used in the health facilities. Concern organization will continue to strengthen strong linkage with the SMOH malaria and vector-borne disease control department at state level. Concern organization supported PHCs will receive supplies of medicines for treatment of malaria to be used. The capacity of the technical staff on the diagnosis and treatment of malaria will be closely monitored. Severe malaria cases will be referred to secondary care hospital. In all Concern organization-supported health facilities, the staff will have an on-job training to symptomatic diagnosis of TB cases. Any suspected TB case will be referred to nearby hospital where confirmatory diagnosis and treatment are available. Also Concern organization will maintain the focus on activities targeted for prevention of HIV transmission, water borne diseases including AWD risk in the health facilities.</p>	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 2.1.5: Provide EPI services for children under 5 and pregnant women(TT vaccination) in the targeted locations.</p> <p>CWW will not procure vaccinations although will support the MoH to carry out mass EPI campaign by logistics support such as transportation support, tools and equipment, and incentives for the vaticinators and the EPI team to carry out the vaccination. It is planned to carry out at least 3 campaign in each locality/year although this may change as per the MoH EPI plan. It is anticipated that an approx. 15,000 children/locality will be reached. CWW will continue coordination with the MoH about this plan and adjust the activities accordingly. During the campaign referral to other health services will be activated for those are needed health care linking with protection e.g. child protection and GBV case reporting to the partners and actors on the ground.</p>	2018						X			X			
	2019	X											
<p>Activity 2.1.6: Provide referral services in the targeted geographical locations (linking to the 4 HFs)</p> <p>The HF will provide referrals as per the needs for all patients. A referral pathway system will be mapped with the MoH/WHO local representatives including the available services. Vulnerable patients (both refugees and host community pop) will receive fund support for transportation, medicines, medical test and related health expenses to be able to carry out through investigation in the higher health facility. PLWs, women with special needs (mental/physical disability, will be supported).. Protection related issues e.g. GBV clinical case management will be an important element of the system.</p>	2018				X	X	X	X	X	X	X	X	
	2019	X	X	X									
<p>Activity 2.1.7: Strengthen early warning system (roll out plan)</p> <p>In collaboration with WHO and UNICEF, CWW field team with support from International health and Nutrition advisor will monitor and mentor the health facility staff to ensure that the EWSR plan is adequately followed up through data recording, following up cases and wise-blowing on time. CWW allocated a budget line to respond in case of high mortality and morbidity and will coordinated and collaborate with MoH/WHO based on protocols to respond before outbreak occurs.</p>	2018				X	X	X	X	X	X	X	X	
	2019	X	X										
<p>Activity 2.1.8: Provide community awareness campaigns on communicable diseases</p> <p>There will be 2 campaign organized - one / locality involving the two health facilities. This activity will be closely organized and integrated with WASH sector hygiene awareness campaign (budget is under WASH sector to avoid duplication). The campaigns will cover important issues about water born disease, HIV/AIDS prevention, GBV, TB and related believes. As much as possible the campaigns will mark international days such as Women Day, Water Day. The cross sectoral community hygiene/health promoters/volunteers will organize the campaigns linking with WASH messages such as hand washing and environment cleaning.</p>	2018									X			
	2019	X											

<p>Activity 2.1.9: There will be two sub-activities:</p> <p>1. Capacity building for MoH staff related to EWSR In collaboration with WHO and UNICEF, CW will conduct training for health workers on water-borne diseases including AWD and other communicable diseases. Concern will support the training for the facility level staff (25 people) on early detection and diseases surveillance of waterborne diseases, and other communicable diseases. Using IMCI modules and other WHO guidelines and health education/counseling techniques, the training will be facilitated by WHO/MoH. The training will encompass clinical detection, reporting mechanisms and appropriate actions to be taken regarding waterborne diseases. The training facilitators will come from SMOH and the WHO health expats and EWRS will be carried out based on WHO standards.</p> <p>2. Train 60 community volunteers on health promotion, home visits and dissemination of basic health messages. This activity will be closely link and integrated with the training of volunteers under WASH intervention (hygiene promotion therefore the budget linked to this activity is covered under WASH). Concern Organization will train these cadres in collaboration with SMOH on how to follow GOS and WHO guidelines for community health promotion with integration in hygiene promotion. The volunteers will work hand in hand with the health facility level staff and will be selected from both refugees and host communities on 50-50 basis. The selection of volunteers will be at least 50% females. In order to harmonize roles and responsibilities, each volunteer will have a TOR/Job Description that will cover health and hygiene related topics that they may cover with each HH during the visit. The same volunteers will also be involved in the community level mobilization and preparation for campaigns. Each volunteer will visit an average of 25 HH/at least twice during the project and they will cover both health and hygiene messages. In order to motivate the volunteers, Concern will provide a monthly incentive.</p>	2019																		
	2018					X	X												

OTHER INFO

Accountability to Affected Populations

The targeted communities will be part of the entire project cycle through constant meetings, dialogues, focus group discussion and monitoring. In the beginning of the project, beneficiaries will be informed about the project objectives, deliverable and their expected contribution. They also will be part of the assessment process and their recommendations will be recorded and considered for the project implementation plan. Constant information sharing through various channels (meeting with field staff, monthly coordination meeting with key leaders in the targeted communities, and partners) will be part of the information management during the project implementation. M&E activities will also invite participants from the targeted activities to ensure appropriate feedback for improvement. The communities will also delegate their representatives for the project evaluation as well.

The selection of the beneficiaries for particular activity e.g. HH latrines, will be carried out by the community management committee based on set criteria that will be mentored by CWV. The selection of the beneficiaries will be also carried out by the extended community management team to ensure accountability and transparency. Applying the "Do No Harm" concept, services between the different kind of groups e.g. refugees, hosts communities, will be carefully distributed (recommended max. 25% host community support will be applied as per the Forum's recommendation, although in cases where the most vulnerable needed support, this percentage will increase up to 30%).

Concern has an updated Community Response Mechanism (CRM) guidelines which has been developed in consultation with community members. The guidelines were reflected in advancing community response via distribution of complaints box at health posts, water sources and complaints forms, which provided the community with channels through which they could lodge complaints against perceived or realized shortcomings in Concern's decisions or actions. There will be various CRM tools applied for the intervention e.g. feedback boxes, focus group discussions, one-to-one discussions and record on feedback will be documented and responded. Concern, the affected populations, MoH and community health and WASH committees, will select two community members, including one female, per each CRM box to represent their community and to be part of CRM committee to participate in the opening of the CRM boxes, complaint analysis and giving feedback to the community for the relevant complaints.

In the Health facilities information boards will be set up to communicate with the beneficiaries about important events, project activities, meeting, and the free services of the facility. This board will be accessible by anyone to enable communication flow. There will be a similar board establish at the water points for the communities with information about the use of water source, charging fees and eligibility for free water usage for the most vulnerable including refugees (that will be set up by the water commi

Implementation Plan

CWW will implement this intervention in close partnership with MoH, Health/WASH Clusters, WES and SOS Sahel local organization. SOS Sahel will overtake the 'hard components' of the WASH intervention. CWW will implement the capacity building training, entire health care intervention, and capacity building, mass mobilization. The MoH with the health sector will take the lead to provide technical support for the health component, WES/UNICEF will provide technical support for the WASH intervention. HAC in Federal and State level will provide support in TAs signing, monitoring and evaluation of project activities.

CWW has a well-structured organization set up in WK state and this project will be bedded in the existing programming/administrative system. The project will be supervised by a team of experts (technical and managerial) in the field, that will be led by our office in West Kordofan, and Khartoum supporting office will provide administrative and programming support for the field team. The Area Manager of WK will take the overall responsibility to deliver the project. He will supervise the technical team (health and WASH officers and the managerial team e.g. finance officer, procurement officer). The AM will be responsible to coordinate field activities with other partners (UN offices, line ministries). The project will also oversees by an expatriate health and WASH advisers to ensure that international standards are met, coordination in Khartoum level with key technical people are continuous. The expatriate Kordofan program director will be responsible for reporting and compliance. In Khartoum there is team of people in coordination with the local partner to help them in reporting (both financial and narrative) and guide them on donor compliance .

The intervention will build on the local human resources and will work with locally selected volunteers who have local knowledge and commitment to the development of their own community. This will be an added plus for the success of the project. CWW has been successfully working with volunteers in SK and WK and good practices will be adopted for this intervention.

In every stage of this project, the Local partners, SMOH and local communities, including community health and WASH communities, will be involved and consulted. Concern Organization will work jointly with MoH to ensure the health facilities are well equipped with all technical and material resources to deliver the services. At the moment there is limited coordination mechanisms in West Kordofan although CWW has been working with local organizations on the ground to ensure effective service delivery. This networking will continue with the support of the line ministries (MoH, WES) in state and locality level to avoid overlapping.

CWW in Dublin will provide overall technical support in reviewing implementation plans, technical plans through the designated desk officer and the technical advisers. This will be an additional plus to the project implementation.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
SOS Sahel	national partner (WASH infrastructure implementation)
Ministry of Health (SMOH) / WHO	technical coordination in federal
WES/UNICEF	technical coordination in federal
HAC	Technical Agreement process and monitoring implementation
COR and UNHCR	coordination about the movement of refugees/registration system and protection issues

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 will link to CWW gender sensitive programming through the following steps:

This project will benefit from advanced gender equality platform provided by Concern and will link up with the findings of gender equality assessment to monitor the progress. These interventions will target men, women, boys, girls, and pregnant and lactating women people living with disability and HIV and AIDS in all planned activities that will be led by gender sensitive and balanced field teams. Women, female-headed households will be engaged in taking more leadership roles at community level, such as in health and WASH committees and mother support groups. Concern approach will encourage the recruitment of female community hygiene and health promoters and involving women in review and analysis of community feedback that was established in early 2017 in West Kordofan.

CWW previous field experiences will be adopted for the proposed intervention as follows:

- The health activities will equally target men and women although based on previous interventions women will be more active participants for activities e.g. visiting health facilities for awareness raising, health sessions. Therefore the project will ensure that men are also part of such activities bringing equal gender mainstreaming.
- WASH activities will be focused on women because they are the most often the water fetchers, transporters and final users for various domestic use (cleaning, cooking) and often left behind. As much as possible, women will be invited to participate on the water yard maintenance training and water source management workshop to bring their practical experiences, aspects and concerns in the implementation plan.
- During the HH latrine construction, gender segregated education sessions will be conducted about privacy practices, respect and protection of women and children (particularly girls)
- During general community meetings, focus group discussions the participation of women will be at least 40-50% this will be continuously communicated to the communities.
- The mass hygiene promotion campaigns tends to focus on women, based on previous experiences. CWW will ensure that men are also actively participate on such events. This will be communicated with both sexes prior activity.
- Community leaders and key community people will be educated about the importance of women participation in joint monitoring exercises.
- Health messages related to HIV/AIDS, gender based violence, water borne diseases such as AWD risk reduction will be distributed equally for men and women although previous experiences indicates that women are more interested about such messages, therefore men will be encouraged to participate.
- During the preparation of water yard renovation, women will be consultant on improved water fetching designs that will reduce waste water at the water point as a way to AWD risk reduction.

As part of Concern's internal gender strategy, staff training on mainstreaming and advancing gender in programming is targeted, with a particular focus on male participation in maternal and child health care via applying a comprehensive barrier analysis tools and workshops. Concern will also focus on the identification, prevention and mitigation of all forms of gender based violence. Its entire staff, particularly those who are providing the proposed interventions will have refresher sessions on gender issues.

The project will also focus on training male and female health workers and will contribute to increase attendance rate (for both men and women) in health facilities due to availability of staff (male and female) and privacy for mothers in health facility

Protection Mainstreaming

Concern's protection strategy is guided by two central documents, notably the organisation's Programme Participant Protection Policy (P4) and Code of Conduct; and the 2014 Core humanitarian Standard (CHS-previously HAP) in Accountability and Quality Management. Concern's Programme Participant Protection Policy sets out all steps that are reasonably possible to protect programme beneficiaries – children, women and men. Concern's approach to protection is based on the key concept of analysis and management of risks: i) the risks faced by the communities we assist; ii) the specific risks of the most vulnerable groups(IDPs and returnees) within these communities, iii) the risks our programme may create; and reducing vulnerabilities as a consequence. As a certified member of HAP (currently in process to transition to certification under Core Humanitarian Standard in 2017), Concern is committed to implementing the Common Humanitarian Standard related to different aspects of affected populations' accountability. Three of these aspects are particularly relevant to conflict sensitivity and protection: beneficiaries' access to information; beneficiaries' participation in all the stages of the programme; and establishing a Complaints and Response Mechanism (CRM).

The following protection mainstreaming will be applied for the project:

- The affected population, who live very far from the water resources and health centres will be in focus. Mothers who walk many hours to reach the centres and/or water sources will be oriented about ways to protect themselves on the way. Information about the mobile health unit will be shared with them.
- The local health and WASH committees will be trained on the basics of protection mainstreaming to identify any discrimination/exclusions. Each health facility will identify a protection focal person and the communities will be informed about the role of this person. Traditional healers in the localities plays an important role in health, with only 43% of the affected population seeks medical treatment at facility level when their children got sick. While 11% visited traditional healers, exposing their children to harmful practices, such as children's removal of uvula using unhygienic materials, a very common practice in the targeted localities and West Kordofan in general. These issues will be addressed via hygiene/health campaigns
- Complain boxes will be set up in the communities and affected population will be oriented about the use of the boxes.
- Focal persons in each HF (one male and one female) will be identified and they will be responsible for dealing with sensitive issues e.g. GBV cases and related protection issues.
- As much as possible GBV education will be incorporated during the health/hygiene awareness sessions in HH visits, and individuals will be given opportunity for referral to protection institutions in the region in case of any violence, respecting privacy.
- Children will be in high focus during the field activities by the field staff and the volunteers and they will also report any protection related case through the child protection reporting mechanisms.
- Other issues e.g. youth (children) joining to the military will be also observed during the project implementation and it will be reported to the protection sector as feasible and possible
- Beneficiaries will be oriented about their rights regarding the AWD project objectives (e.g. access to information, access to services) and project staff will facilitate opportunities to inform the population at risk about their referral path in case of AWD disease outbreak and the nearest place for receiving assistance
- In order to increase equal access for the most vulnerable from different ethnic groups and backgrounds (refugees, host communities) information sharing about project implementation, achievements, selection of beneficiaries, will be provided continuously through a selected focal person in each area

Country Specific Information

Safety and Security

The targeted localities are one of the accessible localities in West Kordofan State; although period tribal clashes are experienced among the pastoralist due to water and pasture shortages. An integral part of Concern World wide's planning is to apply appropriate and specific security policies and procedures that are understood by its entire field staff. In case of volatile security situations, Concern's security is always in an alert state, with close coordination and regular communication with other agencies and partners working in the same targeted areas. In addition, Concern will continue to monitor the security situation to avoid any potential risks in the operation areas. Learning from its expertise in the region, Concern continues to exercise extreme caution in potentially volatile areas.

The intervention will develop a security contingency plan with various scenarios e.g. activity suspension, evacuation, hibernation to will be activated as per needs on the ground. CWW security standard operation procedure will be also observed and adjusted as per the situation requires.

At the same time, Concern attends monthly coordination meeting in El-fula where UNDSS and other entities like HAC attends for security and humanitarian updates and alerts. Concern will also maintains close collaboration with partner NGOs in respect to security and safety measures. Concern also has its security focal person present in the area to monitor and update security measure to ensure staff safety. Concern also has taken many internal measures to maintain the security of its staff. There is a country security management plan in place, which is regularly updated according to the existing situation in the field.

During infrastructure renovation both CWW and SOS Sahel will develop a safety procedure for its staff and beneficiaries to ensure no physical harm will occur during the activity.

Access

Concern Worldwide has been presenting in West Kordofan and working in Abyei-Mugald, Babanusa, Keilak and Debab localities implementing health and nutrition program since 2014 and currently planning to work in El Nohoud, El Ghaybash locality with OFDA funding as from May 2018. Currently Concern Organization has 15 national staff based in the area and this number plans to be increased in 2018. Frequently support visits from Khartoum staff are in place using UNHAS flights and other commercial flights via El-Obaid. To ensure continued community access to services, Concern Organizaion also works closely with the State Ministry of Health, WES and the local partner to continue having access to the community through these networks

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Country Director (Int)	S	1	7,390.00	12	2.50	2,217.00
	<i>The Country Director (Int) will support this project through country program level representation and donor liaison. Five percent (2.5%) of his time will be allocated for the success of this intervention. This position costs includes benefits such as hardship allowance, medical allowance, annual leave travel support and cost of living allowance.</i>						
1.2	Program Director (Int)	S	1	7,654.00	12	10.00	9,184.80
	<i>The Program Director for Kordofan (Int) will provide overall leadership and technical support in implementation of this program. 10% of her time is allocated for the project through monitoring visit, managerial support and communication. The salary cost includes benefits such as hardship allowance, medical allowance, annual leave allowance, annual leave travel support and living allowance.</i>						
1.3	Country Finance Controller(Int)	S	1	7,493.00	12	2.50	2,247.90
	<i>The Country Finance Controller will provide overall leadership and technical support in implementation of this program. Five percent (2.5%) of the position's time is allocated for the project through supervision of financial reporting, finance management support, compliance control, and communication with the donor's finance team. This salary includes benefits such as hardship allowance, medical allowance, annual leave travel support and cost of living allowance</i>						
1.4	Health and Nutrition Advisor(Int)	S	1	6,176.00	12	10.00	7,411.20
	<i>The expatriate Health Advisor will provide technical support to the National Health Advisors and the program implementation team during the entire project cycle. He will also ensure that coordination with the MoH in Federal and state level is constant, and the CW applies the required polices, protocols and standards. He will also build the capacity of Concern staff in the delivery of health services to ensure health interventions meet international standards. 10% of his time will be allocated for the project. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>						
1.5	Programme and Parnership Accountant (Int)	S	1	6,456.00	12	2.50	1,936.80
	<i>The Programme Accountant will support the managing of the project accounting and will lead the budget holders, and also provide necessary technical support to the field finance teams. He also will monitor and technically support the partner's financial records and reporting. 2.5% of his time will be charged to the project. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>						
1.6	Wash Advisor (Int)	S	1	6,818.00	12	5.00	4,090.80
	<i>Similar to the expatriate health adviser, the WASH adviser will provide a technical lead during the service delivery, monitoring and technical reporting. He also will coordinate with the WASH cluster in federal and state level to ensure that the project applies all sector specific requirements for quality services. 5% of his time will be dedicated to the project's technical implementation. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>						
1.7	Emergency Response Coordinator (national)	D	1	1,546.00	12	10.00	1,855.20

	<i>He will be involved in the emergency preparedness and response program in federal and field level. His also will coordinate with the partners and other stakeholders regarding emergency preparedness and will share information with the project's technical team. 10% of his time will be allocated for the benefit of the project. r salaries will be charged to the project. The costs include basic salary and medical allowance which are calculated and paid on a monthly basis. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.8	Wash Coordinator (national)	D	1	1,546.00	12	15.00		2,782.80
	<i>The field based staff will support the program in the day-to-day administrative, logistical and financial deliveries, including e.g. bookkeeping, logistics, fleet management employment and administrative issues. 15% of their times will be charged under the project. The costs include basic salary and medical allowance which are calculated and paid on a monthly basis. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.9	Health Coordinator (national)	D	1	1,546.00	12	15.00		2,782.80
	<i>They will be responsible for direct, day-to-day implementation of the health and WASH project activities. They will lead the health and WASH teams on the ground in the implementation. e.g. renovation work, training, and campaigns. 15% of their time will be allocated for the project implementation. The costs include Basic Salary and Medical Allowance which are calculated and paid on a monthly basis. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.10	Project Manager (WK)	D	1	1,546.00	12	100.00		18,552.00
	<i>This person will coordinate the entire project implementation. He/she will visit field locations and monitor implementation, coordinate with partners and line ministries ensure that procurement, admin, HR and the program related activities are on track and follow financial and program compliance according to CHF standards. He will dedicate 100% of his/her time to the project implementation. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.11	Field Officers (WK)	D	2	685.00	12	100.00		16,440.00
	<i>He/she will assist the field team and coordinate the implementation of the WASH component of project activities. He/she will also be mentoring the field activities including the renovation of facilities, training. He/she also will coordinate with the national partner (SOS Sahel) on implementation. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance). costs include Basic Salary and Medical Allowance which are calculated and paid on a monthly basis. 100% of his/her time will be dedicated to the project implementation in the field.</i>							
1.12	Area Manger (WK)	D	1	1,275.00	12	15.00		2,295.00
	<i>He will look after the overall administrative and program operation in the targeted state. The Area Manger will be the heads of office in West Kordofan States, coordinate with the partners and other stakeholders, particularly with HAC in field level. He will also provide managerial support to the project activities. 15% of his time will be allocated for the project. The costs includes basic salary and medical allowance which are calculated and paid on a monthly basis. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.13	Partnership Accountability Coordinator	D	1	1,622.00	12	10.00		1,946.40
	<i>This person will communicate and coordinate activities with implementation partner (SOS Sahel), keep reports on track (both financial and program), coordinate and communicate, provide managerial support. 10% of his time will be dedicated for the project. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.14	M&E Coordinator	D	1	1,215.00	12	15.00		2,187.00
	<i>This person will ensure that the project indicators are met on time, beneficiaries involvement and interaction is maximal, feedback mechanisms are working, and the project is on track. He/she also will track project activities based on Sphere Standard and HAP. 15% of h/her time will be dedicated for the project. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.15	Liason officer (EI Fula office)	D	1	653.00	12	15.00		1,175.40
	<i>This person will provide support in HAC permissions, keep communication with line ministries, other humanitarian actors and UN offices. 15% of h/her time will be dedicated for the project. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.16	Field administration support staff	D	3	440.75	12	10.00		1,586.70
	<i>West Kordofan field based staff will support the program in the day-to-day administrative, logistical and financial deliveries, including e.g. bookkeeping, logistics, fleet management employment and administrative issues. 10% of their times will be charged under the project. Concern has 3 field based support staff (senior system office, logistic officer and General service assistant). The costs include basic salary and medical allowance which are calculated and paid on a monthly basis. This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
1.17	Khartoum administration support staff	D	15	299.61	12	10.00		5,392.98
	<i>The country office based staff will support the program in administrative, logistics and financial systems. These includes day-to-day admin, finance, HR and procurement support. 10% of their salaries will be charged to the project. The costs include basic salary and medical allowance which are calculated and paid on a monthly basis. Concern has 15 support staff based in Khartoum office(Country System manager, Country logistic manager, admin officer, senior procurement officer, system assistant, HR officer, 2 Finance coordinators, 1 cashier and 1 IT officer and 3 cleaners). This salary include other benefits (hardship allowance, medical allowance, food allowance and cost of living allowance).</i>							
	Section Total							84,084.78

2. Supplies, Commodities, Materials							
2.1	Renovation of health facilities (including hand-washing facilities) (minor)	D	4	10,000.00	1	100.00	40,000.00
	<i>1 HF@\$10,000 (\$7,000 materials + \$1000 transportation + \$1,000 cost of casual work, technical expertise,\$1000 technical engineering)</i>						
2.2	Essential Medical Supplies, Drugs and Equipment for static and mobile health facilities (including delivery kits)	D	4	8,000.00	1	100.00	32,000.00
	<i>1 HF@\$8,000 including: gloves, syringes, medical cloths, protecting gears and clothes, disinfectants,pain killers, cough medicines, vitamins. Concern will purchase essential drugs for treatment of minor illnesses will be purchased to mitigate unpredictable rapture in the supplies pipeline and provide support for the MoH pipeline system.</i>						
2.3	Support cost for the state/locality MoH offices (furniture, equipment, minor renovation)	D	4	2,000.00	1	100.00	8,000.00
	<i>2 MoH offices in state level and 2 at locality level @\$2,000/location including furniture, minor renovation in their offices, communication support, equipment, transportation support to carry out monitoring services</i>						
2.4	EPI services - logistics and insentive support for mass vaccination campaign	D	2	1,000.00	3	100.00	6,000.00
	<i>1 campaign @\$1,000 x two localities including: transportation support, support the gaps in Incentives for MoH staff who are going to travel and vaccinate the children in the refugees settlement areas, tools for cooling system. The campaign will repeat it three times during the project</i>						
2.5	Referral services cost for refugees	D	4	750.00	1	100.00	3,000.00
	<i>including: food for patient and h/her family member, transportation cost, medical expenses in the higher health care unit. Each health facility will have an approx. \$750/project to allocate for referral support</i>						
2.6	Capacity building for MoH staff on EWSR and roll out of EWSR plan	D	25	34.00	3	100.00	2,550.00
	<i>1 person @\$34/day (including transportation allowance) x 25 people x \$34 x 3 days = including venue and audi visual support, training materials for facilitator and participants</i>						
2.7	EWSR roll out plan implementation	D	2	2,500.00	1	100.00	5,000.00
	<i>\$2,500/locality including (allowances for team members \$1,600, transportation \$900) over one year period.</i>						
2.8	Incentives for MOH seconded health staff (4 health facilities)	D	4	500.00	12	100.00	24,000.00
	<i>1 HF@ \$500/month for an average of 9 health staff (Medical doctor \$150, Assistant \$50, midwives \$50x 2, pharmacist \$50. nurse X\$50x 2, cleaner \$ 25x2) over 12 months x 4 HFs</i>						
2.9	Incentives for Community outreach workers and volunteers.	D	4	400.00	12	100.00	19,200.00
	<i>Around 1 HF communities 20 people @\$400/month incentives that will be provided for the community extention workers in-kind (food)</i>						
2.10	M&E (baseline-endline) and clients satisfaction survey.	D	2	2,500.00	1	100.00	5,000.00
	<i>Baseline \$1,500, (\$800 for participatory fees for authorities, \$200 casual numerators, \$500 transportation support and allowances) Endline \$1,500, (\$800 for participatory fees for authorities, \$200 casual numerators, \$500 transportation support and allowances) Monitoring/joint monitoring exercise \$ 2,000= \$800 for monitoring fees for authorities, \$500 transportation fees, \$700 accommodation in deep field locations</i>						
2.11	ICE materials for health/hygiene education (printing)	D	1	3,500.00	1	100.00	3,500.00
	<i>A one time purchasing for the two locations \$ 3,500 including posters, sign boards, education materials about hygiene education and health</i>						
2.12	Basic equipment and furniture for health facilities.	D	4	3,000.00	1	100.00	12,000.00
	<i>\$3,000/HF including chairs, tables and benches for waiting rooms, shelves and tables for doctor's office and pharmacy room</i>						
2.13	Cleaning Materials and equipment for Health facilities	D	4	251.00	12	100.00	12,048.00
	<i>cleaning detergents, cleaning tools, waste baskets, plastic bags for waste average of \$251/month x 12 months x 4 HFs</i>						
2.14	Community awarness (health and communicable disease)	D	2	2,000.00	2	100.00	8,000.00
	<i>1 awareness campaign/locality @ \$2,000 including rental of tents, speaker, transportation cost for VIPs, refreshment</i>						

2.15	WASH committee training	D	25	34.00	3	100.00	2,550.00
	<i>1 person @\$34/day (including transportation allowance, venue place and training materials). 25 people x \$34 x 3 days = \$2,250 ,</i>						
2.16	Water yard operators technical training	D	25	34.00	3	100.00	2,550.00
	<i>1 person @\$34/day (including transportation allowance, venue place and training materials). 25 people x \$34 x 3 days = \$2,250</i>						
2.17	Water quality monitoring at water sources (RCT test kits, chlorination)	D	4	1,500.00	1	100.00	6,000.00
	<i>RTC test @\$1,500/water source /year including RCT test kit, and chlorination cost x 4 water yards = \$6,000</i>						
2.18	Water quality monitoring at HH (water treatment, DellAqua test)	D	4	2,000.00	1	100.00	8,000.00
	<i>\$2,000/communities around one water source/year including Dell Aqua device and testing x 4 water yards = \$8,000</i>						
2.19	Cleaning up campaigns (including around the water sources)	D	4	2,500.00	1	100.00	10,000.00
	<i>including: \$500 tools for cleaning (shovel, brooms, baskets etc.),\$1,500 rental of truck for cleaning, \$500 community mobilization/transportation cost</i>						
2.20	Hygiene Promotion training for WASH committees and community hygiene promoters	D	70	34.00	3	100.00	7,140.00
	<i>1 person @\$34/day (including transportation allowance). 70 people x \$34 x 3 days = \$7,140, (60 Hygiene Promoters and 10 WASH committee members) including venue place, accommodation and transportation, training materials</i>						
2.21	Hygiene promotion awareness in schools	D	4	2,000.00	1	100.00	8,000.00
	<i>\$1,000 soap, hygiene supplies for presents, art supplies, banners and signboards \$500, \$ 500 refreshments x 4 schools = \$8,000</i>						
2.22	Conduct home visits and community meetings	D	4	995.00	1	100.00	3,980.00
	<i>Concern will support MOH to conduct Community health volunteers to carry out home visit and hygiene promotion meetings @ \$995/area. It is planned to carry out these activities in 4 geographical locations = \$3,980 Including improving water storage places for the most vulnerable, cleaning tools for the volunteers, demonstration materials e.g. clean Jerry can and soap for volunteers</i>						
2.23	Stock for maintenance (running) of water yards	D	4	320.27	12	100.00	15,372.96
	<i>Around each renovated water yard a stock will be established for routine maintenance of the water yards including: oil, lubricants, \$100, bolts, pipes \$100, \$ 120.25 tools and welding x 12 months x 4 water sources = \$15,372.96</i>						
	Section Total						243,890.96
3. Equipment							
3.1	Laptops	D	2	1,300.00	1	100.00	2,600.00
	<i>Laptops for the project staff in the field for report writing and email communication with an average of \$1,000/unit, \$ 300 accessories. It is planned to purchase 4 laptops (MEAL Coordinator, Project Manager, Health/Nutrition Coordinator, and one for ADMIN team in the field)</i>						
	Section Total						2,600.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	International Travels	S	2	750.00	1	100.00	1,500.00
	<i>R&R for the expatriate Health Adviser will be charged under this budget line: air ticket, daily allowances \$750/one time x two trips = \$1,500</i>						
5.2	In Country Air Travel and Perdiem	D	2	500.00	12	100.00	12,000.00
	<i>Air tickets, ground travel, accommodations and per diem will be charged under this budget line: 2 Khartoum based staff @ 12 trips/ each \$ 500</i>						

5.3	Vehicle Hire (West Kordofan communities)	D	276	45.00	1	100.00	12,420.00
	<i>One vehicle @ \$45/day with an average of 276 days</i>						
	Section Total						25,920.00
6. Transfers and Grants to Counterparts							
6.1	Rehabilitation of 4 water yards (SOS)	D	2	27,000.00	1	100.00	54,000.00
	<i>WASH Cluster recommended \$27,000/water yard renovation cost is adopted including: spare parts, tools and renovation supplies, elevator tank, fencing.</i>						
6.2	Household latrines materials (SOS)	D	200	120.00	1	100.00	24,000.00
	<i>\$35/slab, \$85 iron rods, cement and transportation cost.</i>						
6.3	Installation of HH latrines (community training, tools for installation) (SOS)	D	200	30.00	1	100.00	6,000.00
	<i>(incentive for WES technicians \$1,000 for demonstration, \$5,000 for tools (shovel, rope, wilbarrow)</i>						
6.4	SOS Support Cost	S	1	25,000.00	1	100.00	25,000.00
	<i>Support cost includes: \$7,370 transportation cost, \$10,000 local staff on the ground, and a proportion of the total 7% -\$7,630</i>						
6.5	SOS -PSC Amount SOS (7%)	S	1	7,630.00	1	100.00	7,630.00
	<i>Total cost \$109,000 @ 0.7% = \$7,630</i>						
	Section Total						116,630.00
7. General Operating and Other Direct Costs							
7.1	Khartoum Office Transport & Admin costs including staff	S	1	17,847.00	12	10.00	21,416.40
	<i>Admin and office support support costs for 1 country office in Khartoum for a month = \$500 office utilities, \$200 government fees for permissions, \$300 office stationary, supplies repair and maintenance and furniture fixing, \$500 office rental, \$347 communication, air time, internet x 12 months.</i>						
7.2	Field level transportation of medical supplies	D	1	7,000.00	1	100.00	7,000.00
	<i>warehousing \$5,000/4 locations, \$2,000 transportation</i>						
7.3	Field Vehicles Running Costs (KRT)	S	1	1,578.00	12	20.00	3,787.20
	<i>Running cost for field vehicles used for the implementation of the project. An average running cost of the vehicle is \$1,578/month @ 20% of the time share for 12 months period.</i>						
7.4	Field Vehicles Running Costs (West Kordofan)	D	1	10,699.00	12	20.00	25,677.60
	<i>Running cost for field vehicles used for the implementation of the project. An average running cost of the vehicle is \$10,690/month @ 20% of the time share for 12 months period.</i>						
	Section Total						57,881.20
SubTotal			934.00				531,006.94
Direct							444,584.84
Support							86,422.10
PSC Cost							
PSC Cost Percent							5.46
PSC Amount							28,992.98
Total Cost							559,999.92

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
West Kordofan -> El Nehoud	50	2,149	3,214	2,143	3,215	10,721	
West Kordofan -> Qebaesh	50	2,143	3,214	2,143	3,210	10,710	

Documents

Category Name	Document Description
Budget Documents	CW 7791 - TRC.1.xlsx
Budget Documents	Concern 7791 TRC.2.xlsx
Technical Review	Env. 3_CW_RCF_7791_HFU comments.doc
Technical Review	CW_RCF Proposal_ 7791- HFU comments-TRC2.doc