

<b>Requesting Organization :</b>	American Refugee Committee			
<b>Allocation Type :</b>	2018 – SHF 2nd Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
REFUGEE CONSULTATION FORUM		100.00		
		<b>100</b>		
<b>Project Title :</b>	Provision integrated health and WASH services for Out of camp refugees and host communities in Adila and Abujabra Localities, East Darfur (Envelop 3)			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SUD-18/HSD20/SA2/RCF/INGO/7823	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	679,998.24	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/04/2018	<b>Planned End Date :</b>	31/03/2019	
<b>Actual Start Date:</b>	01/04/2018	<b>Actual End Date:</b>	31/03/2019	
<b>Project Summary :</b>	<p>ARC is supporting 3 primary health care centers (PHCCs) in Adila locality. These exclude Al Gora, which is one of the hard to reach areas in Adila locality, and has no International Non-Governmental Organization (INGO) or government health workers, but one nurse volunteer is running the health unit. Only a few South Sudanese refugees report at these health facilities. There is a need to provide outreach medical, preventive health and health promotion activities in these localities to cater for needs of refugees.</p> <p>Through proposed project, ARC will establish 02 mobile teams in Adila locality, which will provide complete Primary Health care package including diagnostic &amp; curative services, provision of essential drugs, reproductive health services (ANC, PNC and FP) services along with immunization support and outreach health education. This team consists of one Medical Assistant, 01 Nurse, 01 midwife, 02 Health Educators and 01 Vaccinator. These mobile clinics will be rotated among the target population. A functional referral system will be established between refugee communities and existing PHCC to provide diagnostic and inpatient support including management of complicated cases. ARC will also provide psychosocial counseling support through 01 Psychosocial counselors in these localities. These counselors will be rotated in the target communities to identify vulnerable women and children, provide counseling and refer them to ARC's medical services or UNHCR (for protection and legal issues) if required. ARC will procure essential drugs, laboratory reagents, medical equipment and furniture to fill in the gaps and ensure provision of quality if services.</p> <p>All activities will be implemented observing the ministry of health national guidelines, UNHCR and COR standards.</p> <p>In WASH, The activities planned for implemented include one borehole drilled in Abujabra, to serve 14439 people. ARC will cover costs of operating and maintaining two water systems- one in Abujabra and one in Adilla, Rehabilitation of 5 borehole 2 in Abujabra and 3 in Adilla In all cases there will be regular water quality testing at different points of water-chain usage/ storage and corrective measures taken to improve the quality of water.</p> <p>300 household latrines will be constructed; 100 latrines in Abu Jabra and 200 in Adila localities in East Darfur. This will be from local available materials for the most vulnerable members of the refugee and host community.</p> <p>The proposed interventions will promote proper hygiene practices and better understanding of the key public health/ nutrition risks associated with inadequate WASH, through integrated WASH, Health and Nutrition messaging conducive to reducing these risks. To ensure this integration and complementarity between WASH, health and nutrition services, ARC will transform its previous village health committees and WASH management committees into the integrated Community Relief and Development Committees. Although, ARC will focus on hygiene promotion efforts under this SHF WASH project, in order to achieve combined effects of reduced morbidity and mortality from communicable diseases transmitted via the oral-fecal route and via vectors, with the compounded negative effects associated with malnutrition, ARC's implementation will be through a common effort with the ARC Health and Nutrition teams (funded separately from ARC's other sources).</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
14,497	14,030	6,185	5,863	40,575

<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Other	5,500	5,572	1,717	1,713	14,502
People in Host Communities	8,997	8,458	4,468	4,150	26,073
<b>Indirect Beneficiaries :</b>					
46,218 (beneficiaries that will receive services in catchment areas)					
<b>Catchment Population:</b>					
76,318 (catchment population including refugees)					
<b>Link with allocation strategy :</b>					
The project is in alignment with outcome 1; LIFESAVING: Populations affected by natural or man-made disasters receive timely assistance during and in the aftermath of the shock, to provide Health and WASH services to Out of Camp Refugees and host community in Adilla and Abujabra localities in East Darfur.					
The target localities Abujabra and Adilla (Adilla center and Al Gora site) represents two of the four localities identified by UNHCR, where out of camp South Sudanese Refugees are located in East Darfur.					
The project will provide the health facilities and WASH services to both refugees and host population as identified in SHF strategy allocation paper. The projects intervention are in accordance with the eligible actions under the allocation strategy					
<b>Sub-Grants to Implementing Partners :</b>					
<b>Partner Name</b>	<b>Partner Type</b>		<b>Budget in US\$</b>		
<b>Other funding secured for the same project (to date) :</b>					
<b>Other Funding Source</b>			<b>Other Funding Amount</b>		
OFDA (Integrated Health, Nutrition and WASH project in South and East Darfur) (for IDPs)			6,500,000.00		
			<b>6,500,000.00</b>		
<b>Organization focal point :</b>					
<b>Name</b>	<b>Title</b>	<b>Email</b>	<b>Phone</b>		
Dula James	Country Director	DulaJ@arcrelief.org	+249901234001		
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<b>BACKGROUND</b>					
<b>1. Humanitarian context analysis</b>					
<p>The influx of South Sudanese refugees (SSR) in Sudan continues in 2018 as civil war in South Sudan enters its fourth year. Over 420 thousand individuals have arrived in Sudan as of Dec 2017. These SSR are in addition to 352,462 individuals, who remained in Sudan after independence of South Sudan. 195,599 new arrivals registered in 2017 in Sudan alone.</p> <p>With 46,808 new arrivals, East Darfur received second largest number of SSR in 2017. The total number of SSR in East Darfur has reached 99,745 individuals, which are hosted in 2 camps (Kario and Al Nimir), and 10 settlements in Abu Karinka, Abu Jabra, Adila and Elferdous localities. This influx of South Sudanese refugees has strained the already overburdened and inadequate state infrastructure. It is anticipated that the newly arrived South Sudanese refugees will need to be accommodated in Sudan for a sustained period, at least until the situation in South Sudan is stable. UNHCR and NGO partners are providing protection and different services in designated camps, but the refugees living in refugee settlements are sharing the resources and services with host communities. Such massive population movements usually result in an increased demand for services and in the location where the resources, institutions, and infrastructure do not adequately satisfy increased demand, competition between old residents and new arrivals can occur. Increased demand for water, health care, education, shelter, and land, among other things, can all cause tension between refugees and host communities, pointing to a clear need for host communities.</p>					
<b>2. Needs assessment</b>					

In Health according to the an interagency assessment of out of camp refugees in East Darfur conducted in October 2017 highlighted the inadequate medical supplies, and drugs in addition to improved access to primary health care and maternal health services for refugees. Some health facilities require rehabilitation and face acute shortage of skilled human resources including medical and laboratory technicians. Inadequacy of outreach services including health education and preventive health measures for outbreak preparedness, mitigation and response are also required as communicable diseases outbreaks including those of AWD and malaria pose a constant threat in the state. Preventive health measures like immunization campaigns and Health Education are particularly required to prevent these outbreaks and promote healthy behaviors among out of camp refugees as well as host populations.

ARC recently recruited additional medical doctors, nurses, midwives and laboratory technicians in different PHCCs to strengthen the healthcare services in East Darfur. However, these staff is mostly catering for PHCC based health consultation. Whereas, many of the out of camp refugee settlements are unable to access the PHCCs due to long distances and traveling times to PHCC. An analysis of out of camp refugee distribution in East Darfur reveals that most of refugees are located in the range of 7 to 20 kilometer away from existing PHCCs and only few of them can access the existing services at PHCC.

This was also evident when there were an increased percentage of defaulting cases coming from these areas under ARC's community management of acute malnutrition (CMAM) project. Especially during rainy seasons, when there is an increase in communicable diseases like Diarrhea and Malaria, most of the population from areas of refugee concentration cannot access these PHCCs.

In WASH, according to the same above assessment in Abujabra locality, Out of 58 boreholes in the catchment area, 12 non-functional and five out of 29 are not functioning in Adilla center respectively. The water coverage is only 7 liter/p/d, which is below the sphere standard. The entire localities, including the refugees, purchase water or fetch by donkey cart from remote locations at a cost. The price of water is very high for the refugees who lack means of livelihood to afford, particularly in the peak of the summer season, as one barrel cost around 20 SDG with costs rising due to inflation. The quantity and quality of the water is not adequate to meet household needs for drinking, food preparation and other basic personal hygiene needs. A majority of people have complaints about the quality and salinity of the drinking water. Last year, ARC's team working on the suspected AWD response in the in Abujabra area, noticed that jerry cans are uncleaned regularly and water taps are in bad condition, with neither water treatment/chlorination nor quality monitoring taking place at all. The latrine coverage for both refugees and host communities is very low and open defecation is common practice among the refugees. The hygiene and sanitation awareness support and materials/ skills coverage is missing for the entire community. According to WES, neither water treatments/chlorination nor quality monitoring take place at all. Sanitation coverage is equally poor, as described above in the segment about Abujabra. No support or resources for waste collection and disposal are provided to the locality.

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

The proposed project will cater to health needs of 8,520 out of camp refugee individuals in addition to extending PHC and EmONC and preventive health services to 15,405 (25%) host community members in Adilla locality. The beneficiaries include -

1. Refugees: 3500 men, 3590 women, 717 boys and 713 girls
2. Host community: 6329 men, 6456 women, boys 1296, 1324 girls

Majority of South Sudanese refugees are concentrated different sub-locations within Adilla and Abujabra locality. Adilla locality hosts approximately 8520 refugees. These are further distributed in several villages (sub locations) - Al Gora-SE Adilla 18KM, Almazroub-N Adilla 20KM, Abu Jabra Elmahatta-W Adilla 20KM , Aldareigah-WN Adilla 22KM and Sharif-.E Adilla 20KM.

Under WASH;

Direct beneficiaries: Men 3668, 4002 Women, Boys 4169 and girls 4825

In addition to these refugee populations, the mobile services and PHCCs under the project will also serve the host communities of Adilla. Overall catchment population including the refugees that have settled in these areas is estimated around 61,623 individuals (UNOCHA 2014)

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

ARC has its current operations in 03 PHCCs in Adilla locality. Under proposed project, ARC will fill the gaps in existing services and strengthen the PHCCs in alignment with SHF's priorities for integration of services in national structures. In addition, the project will also provide mobile health services to out of camp refugees, especially those who are located more than 5 kilometer away from the PHCC and have difficulty accessing the health services at PHCC.

These outreach services will be integrated with the minimum basic package of primary healthcare services and strengthened IPD services at respective PHCC with a functional referral system. The project will especially cater to the health needs of vulnerable population. Strengthen the maternal health services through improved provision of antenatal, postnatal and Emergency Obstetric and Neonatal Care (EmONC) services. Clinical Management of Rape survivors will be integrated with regular services at the PHCCs. Psychosocial support will also be provided under the proposed project to distressed refugee populations especially in case of survivors of gender-based violence (GBV). Immunization services and inpatient management of infectious diseases will directly contribute to reduction in infant and child mortality and morbidity. ARC will target elderly population, people with disabilities and women headed households through outreach mobile clinics to provide health services at doorsteps. ARC will also ensure the regular provision of drugs and supplies in PHCC to cater for chronically ill patient. The outreach teams will provide health education to refugee and host communities and establish community structures among refugees and host communities to promote health and harmony between the refugee and host population.

ARC will strengthen community activities emphasizing a focused inter-sectoral approach that ensures synergy from integration and complementary between the sector specific activities of health, nutrition and WASH to achieve combined effects of reduced morbidity and mortality from communicable diseases and hazards resulting from poor sanitation conditions and lack of access to safe potable water. Community Volunteers (Health, nutrition and WASH) will receive training based on a training manual designed through collaboration of the Health, Nutrition and WASH teams, focusing on clear linkages, messaging and practices that achieve common integrated outcomes. The resulting curriculum will constitute the content of the ARC Community Integrated HNW Training Manual. The manuals will espouse the applicable national guidelines, protocols, and quality standards such as Sphere standards for the respective sectors.

ARC has current WASH intervention in Abujabra supporting 8,800 south Sudanese refugee and host community, it include operation and maintenance of one water system, construction of 324 household shared latrine and environmental health and hygiene promotion intervention. In order to augment water supplies in out of camp refugee settlement, one borehole will be drilled in Abu Jabra. ARC will cover costs of operating and maintaining two water systems- one in Abujabra and one in Adilla and rehabilitation of 5 borehole 2 in Abujabra and 3 in Adilla . In all cases there will be regular water quality testing at different points of water-chain usage/ storage and corrective measures taken to improve quality of water

## 5. Complementarity

ARC is currently supporting 03 PHCC in Adilla. These include Adila PHCC, Wadjoda PHCC, Habib Suleman PHCC in Adila locality. The PHCCs supported through ARC's existing OFDA project, aims to serve the host communities and IDPs. ARC has provided qualified medical staff at these health facilities to strengthen the health services. These include medical doctors, health assistants, nurses, laboratory technicians and pharmacists in addition to other support staff under OFDA project. Some clinical and laboratory staff are also seconded from SMOH to ensure the regular services at these PHCCs. Additional support from SHF is requested to fill in the gaps in existing services which are not covered under OFDA grant and to improve the mobile services for Out of camp refugees, which are concentrated in different sub-locations within the catchment areas.

ARC has current WASH intervention in Abujabra supporting 8,800, ARC will use SHF fund to complement the current WASH project in Abujabra for South Sudanese refugee and OFDA supported project targeted protracted IDPs in host community.

### LOGICAL FRAMEWORK

#### Overall project objective

To improve the access of out of camp refugees and host communities to lifesaving curative and preventive health and WASH services in Adila locality including Al Gora site, East Darfur through strengthening existing PHCCs and establishing a mechanism of outreach health services

### 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 :** The Health intervention will directly provide lifesaving curative, preventive and maternal health services to unserved out of camp refugee populations through existing 3 PHCCs (Adilla, Habib Suleiman and Wadjoda) in Adilla locality and mobile outreach services including Al gora site. The project will address protection concerns through establishment of psychosocial counseling services to refugee survivors of SGBV and create a referral system with appropriate protection services i.e. medical, shelter and legal services.

The WASH Intervention is designed in line with the cluster priorities and strategies of populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock (HRP 2018). WASH activities will be implemented for refugees out of camp and most vulnerable host community members in Abujabra and Adilla localities of East Darfur. The services will be implemented with the objective of providing emergency live saving basic WASH service through provision of water supply, engagement of WASH management committees by building their capacity to become more self-reliant, as well as ensuring sustainability and improving environmental and hygiene promotion conditions. ARC will work closely with other WASH partners including Rural Water Corporation, WES and the WASH committees to introduce and strengthen the community engagement in operation and maintenance of WASH services with specific focus on improving the quality of the delivered services as per standard practice in areas served by ARC. Ground water monitoring will remain the standard feature, while the support for environmental health and hygiene promotion activities will contribute in reducing the public health threats/risks associated to the vector and water borne diseases. Improving the water quality, raising the awareness of the community to open and clean the drainage system, collection and removal of garbage accumulation sites and vector breeding habitats and access to improved sanitation facilities will be the strategies used

#### Outcome 1

Decreased morbidity and mortality and improved access to health services for refugee and host communities in Adilla including Al Gora.

#### Output 1.1

##### Description

Health Services Delivery through PHCC and mobile teams to refugees and hosting population

##### Assumptions & Risks

ARC's existing health program continues supporting the PHCCs in Adila and Abu Karinka locality  
The security situation in Abu Karinka and Adila remains stable and ARC is able to access the refugee settlements  
There will be no unanticipated breakages in the supplies pipelines for both therapeutic and supplementary food items  
Refugees are not relocated elsewhere and there will be no mass movement of families from catchment areas

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	REFUGEE CONSULTATION FORUM	# of refugees with access to primary health care (HRP 2018)					8,520
<b>Means of Verification :</b> Health facility registers, HMIS reports;							
Indicator 1.1.2	REFUGEE CONSULTATION FORUM	# of refugee households who have increased hygiene awareness (HRP 2018)					973
<b>Means of Verification :</b> session reports, pictures							
Indicator 1.1.3	REFUGEE CONSULTATION FORUM	Number of health workers trained					70

**Means of Verification :** Training reports

#### Activities

##### Activity 1.1.1

**Standard Activity : Provision of health services for refugees**

Essential Primary Health care services through PHCC and mobile health clinics:

ARC will provide a basic package of primary health care services to refugees and the host communities in Adila, Wadjoda and Habib Suleiman. Two mobile teams will be formulated (consisting of 01 medical assistant, 01 Nurse, 01 midwife, 01 Vaccinator and 02 Community Health Promoters under the SHF project. Two teams will be based in Adila localities. Based out of the PHCCs, these teams will provide mobile health services in each of the refugee settlement to address the issues of access to the health services. Services Rosters will be made for these teams in agreement with the community, which will also depend on number of refugee population in these settlements/villages. Mobile teams will also provide essential curative and preventive services to the host communities and refer appropriately.

ARC rehabilitate Algora BHU.

Rehabilitate temporary shelter for mobile outreach services in the out of camp.

**Activity 1.1.2****Standard Activity : Provision of health services for refugees**

Strengthening the capacity of Health Teams:

Trainings of PHCC staff and mobile medical teams will be conducted to improve their capacity to provide quality medical services. These trainings will include

1. An orientation training on Primary Health Care,
2. IMCI
3. Rational use of drugs
4. Minimum Initial Services Package for Reproductive Health
5. HMIS

These training will be conducted in coordination with SMOH and inter-agency cluster leads

**Activity 1.1.3****Standard Activity : Provision of health services for refugees**

Ensure availability of essential medical equipment, drugs, supplies and vaccines:

ARC will ensure the regular provision of essential drugs in the PHCC and for mobile medical teams in partnership with WHO/UNFPA and SMOH.

ARC will procure additional essential drugs, laboratory reagents, medical equipment and furniture to fill in the gaps.

**Activity 1.1.4****Standard Activity : Provision of health services for refugees**

Establish a Functional Referral System between Communities and PHCC:

ARC mobile and outreach teams will establish a functional referral system with the PHCC and onwards. The chronically ill patients, maternal cases with complications and other cases who require expert medical attention will be referred from community to PHCC and higher level health facilities if required. ARC will hire 1 Ambulance (24/7), stationed in Adila PHCC to facilitate referrals from the out of camps for SSRs to PHCC and to secondary care respectively. In addition ARC will support the referral with upkeep cost (food for care taker, lab test and drugs)

**Activity 1.1.5****Standard Activity : Provision of health services for refugees**

Promoting healthy behaviors through outreach Health education activities:

ARC's health/WASH educators with liaison with community leaders to mobilize and form community relief and development committees within the community. These community health and WASH promoters will conduct education on variety of topics to promote healthy behaviors including safe drinking water, hygiene and sanitation, food safety, balanced diet, use of mosquito nets, immunization and safe motherhood etc.

**Activity 1.1.6****Standard Activity : Provision of protection services for refugees (Women & Children)**

Provision of health and referral services to survivors of SGBV:

ARC will recruit two psychosocial counselors (one in each locality) to provide psychosocial counseling services to survivors of Rape and violence among target communities. Such cases will be identified from the community through Community Development committees through various methodologies by training and creating a network of protection advocates with refugee communities. The identified cases will be provided psychosocial counseling and referred to appropriate medical, legal and protection (shelter) services. ARC will take measures to maintain the confidentiality of these cases as per SGBV protocols.

ARC will conduct Psychosocial First Aid (PFA) to health facility and mobile team outreach to increase their knowledge in identification of the cases.

ARC will construct a temporary shelter in Adilla PHCC for provision of counseling services

**Activity 1.1.7****Standard Activity : Provision of protection services for refugees (Women & Children)**

Training of medical staff on clinical management of Rape:

ARC will coordinate with UNHCR, UNFPA and SMOH to build the capacity of 20 technical staff in clinical management of rape cases.

In coordination with UNFPA, ensure availability of Rape Management Kits. Staff will be oriented on Post exposure prophylaxis and provision of psychosocial and medical aid to survivors

**Activity 1.1.8****Standard Activity : Provision of health services for refugees**

Monitoring of Facility based and Outreach Health activities and collection of reports

<b>Activity 1.1.9</b>							
<b>Standard Activity : Provision of health services for refugees</b>							
Conduct quarterly Joint supportive monitoring visits with SMoH							
<b>Outcome 2</b>							
Reduction of maternal and child morbidity and mortality among out of camp refugees and host communities							
<b>Output 2.1</b>							
<b>Description</b>							
Provision of Basic Emergency Obstetrics and Neonatal services (BEmONC) to out of camp refugees and host communities							
<b>Assumptions &amp; Risks</b>							
Availability of skilled workforce in these localities The security situation remains stable and ARC is able to access the refugee settlements There will be no unanticipated breakages in the supplies pipelines for drugs and supplies Refugees are not relocated elsewhere and there will be no mass movement of families from targeted areas							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 2.1.1	REFUGEE CONSULTATION FORUM	Number of obstetric emergencies referred to secondary or tertiary care					51
<b>Means of Verification</b> : PHCC registers							
Indicator 2.1.2	REFUGEE CONSULTATION FORUM	# of clean deliveries assisted by qualified personnel (disaggregated by age)					170
<b>Means of Verification</b> : health facility registers, monthly report							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Provision of health services for refugees</b>							
Provide basic EMOnc services at PHCC in Adilla localities. These services will also include basic reproductive health care services including ANC, PNC, management of STIs and clinical care for the victims of SGBV							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Provision of health services for refugees</b>							
Ensure availability of adequate reproductive health supplies in the health facility (Adilla, Habib Suleiman and Wadjoda PHCCs) including clean delivery and newborn baby kits to be provided by UNFPA							
<b>Activity 2.1.3</b>							
<b>Standard Activity : Provision of health services for refugees</b>							
Provision of Antenatal and Post Natal services and management of STIs through mobile services							
<b>Activity 2.1.4</b>							
<b>Standard Activity : Provision of health services for refugees</b>							
Establish a referral systems from communities with existing 03 PHCC, 02 mobile clinics and then onward to higher level facilities and provide support for referral of complicated cases. For Basic EmONC services, the cases will be referred to PHCC. The complicated cases requiring comprehensive EmONC services will be referred to Adilla Hospital. An ambulance will be provided to provide emergency cover for transportation. During ANC services by PHCCs or 02 mobile team, the community midwives will identify high risk mothers to facilitate prompt referrals to secondary care. The referred cases will be followed up to secondary care to ensure they received prompt treatment and at the same time update the health facility records.							
<b>Activity 2.1.5</b>							
<b>Standard Activity : Provision of health services for refugees</b>							
Prevention of communicable diseases through Vaccination: Vaccinators will provide vaccination services through facility based and outreach operations to children under 5 and women of childbearing age to protect against common communicable diseases included in EPI schedule. A supply chain for vaccines will be established with SMoH. The outreach vaccination teams will conduct 2 sessions/month within the community in coordination with health committees.							
<b>Outcome 3</b>							
23,932 Refugees out of camp and host vulnerable host community affected by conflict 12684 of them will be women have access to appropriate and sustainable access to the safe clean water supply.							
<b>Output 3.1</b>							
<b>Description</b>							
Access to the safe potable clean drinking water to the target south Sudanese's refugee out of camp and surrounding most vulnerable host community in Abujabra and Adilla localities maintain without interruption . ARC will ensure the Free residual chlorine tests are done periodically to check the level/effectiveness of chlorination							

## Assumptions & Risks

the project locations remain accessible, HAC Continuing secure the permission to the project sites, Economic circumstance of Sudan remain stable , target community remain collaborative and participating in the project implementation, HAC ,COR and the relevant line ministries review and endorse the project TA timely

## Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	REFUGEE CONSULTATION FORUM	# of litres of water per person per day (l/p/d) for refugee caseloads (HRP 2018)					15
<b>Means of Verification</b> : Water Production record and Feild monitoring reports							
Indicator 3.1.2	REFUGEE CONSULTATION FORUM	% of water quality tests at chlorinated collection locations with FRC in the range 0.2-2mg/L and turbidity <5NTU5					100

**Means of Verification** : Water testing reports and feild monitoring reports

## Activities

### Activity 3.1.1

#### Standard Activity : Provision of clean water trucking

Support Operation and Maintenances of two existing boreholes: ARC will provide fuel, lubricants, fittings, and technical guidance and support for the maintenance and operation of two existing boreholes, one in Adilla and the other in Abujabra. Water treatment protocol at water storage facilities, water quality monitoring, and surveillance will be considered.

ARC will train two WASH management committees, comprised of South Sudanese refugees and host community members, and engage them in the daily operation and maintenance of the water systems. A total of 28325 people (14046 female, 14279 male) people will have equal access to safe drinking water close to their homes. The proposed activity will protect women and girls from the risks of SGBV.

Traditionally, women and girls are responsible for provision of water, preparing food, and taking care of the family; when water is in short supply, they travel long distances looking for water and face explicit risk of sexual violence.

ARC will support South Sudanese Refugee and the host community to establish community financing system whereby the host community and Refugee collect water users fee and invest the revenue and contribute at least 25% of the overall water supply system operation and maintenance cost through purchasing of some fuel , lubricant s and engine oil, contribute in minor repairs and paying the incentive of community based volunteers , ARC will train the community relief and Development committee from both Refugee and host community in tariff collection , cord keeping and expenditure monitoring and link them with WES to monitor the user fee collection and expenditures , ARC will link the CRDC and the beneficiaries with the spare part suppliers/providers to purchase their spare part needs in the future

### Activity 3.1.2

#### Standard Activity : Provision of clean water trucking

Rehabilitation of Five borehole 3 in Adilla and 2 in Abujabra localities :The needs assessment and community consultations in targeting rural areas during the design of this project component have identified critical shortage of water in Adilla and Abujabra as the coverage is less than 7 liter/p/d .and 15 liters in Abujbara To address these gaps, ARC will adhere to its standard approach in rehabilitation to bring the water yards up to the level of its standard model utilized in South and East Darfur, rehabilitation may include some or all of the following components:

- Replacement of borehole steel pipes
- Replacement/Repair of pumping equipment
- Rehabilitation of concrete aprons
- Rehabilitation network and distribution point (tap stands, animal trough)
- Rehabilitation of generator room and fencing of the water yard

### Activity 3.1.3

#### Standard Activity : Provision of clean water trucking

ARC will conduct a biological test for fecal coliform bacteria to ensure the water is free from any harmful pathogens in collaboration with SMoH. ARC usually conducts a biological test for fecal coliform bacteria and chlorinates before rehabilitated water points are inaugurated for use by the community. ARC will also continue to provide technical support to the Community Relief and Development Committees in Abujabra and Adilla to ensure the water remains safe from collection to consumption. A well-trained operator will conduct the chlorination process under direct supervision from ARC staff and ensure there is 0.2 – 0.5 mg/l free residual chlorine to prevent further contamination after collection. If at any time changes detected in water quality, or if there is a rapid increase in related illnesses (diarrheas) among water users, further tests will be conducted. ARC will also monitor the water quality regularly during the rainy season to assess any contamination resulting from surface water percolation.

Household water quality will be monitored through collection of randomly selected water samples from households.topromote safe water chanin ARC will conduct routine jerricans cleaning campigns , If fecal contamination detected, adequate measures will be taken (disinfection of the water points and etc.) and household water quality will be linked with the original water source for further corrective measures. This will occur regularly through standard monitoring and evaluation procedures. Safe water chain training will be provided to all Community Relief and Development committee through the CHPs

### Activity 3.1.4

#### Standard Activity : Not Selected

ARC will Conduct WASH Coverage survey at the beginning of the project to assess the actual gaps and before ending of the project to assess the quality of the implementation and the project progress and measure possible outcomes.

<b>Outcome 4</b>							
Reduced the public health threats/risks associated with vector and water borne diseases occurrence and outbreaks among conflict affected communities through improve access to sanitation and environmental health services and hygiene promotion conditions .							
<b>Output 4.1</b>							
<b>Description</b>							
Access to sanitation facilities and hygiene services is provided and maintained. ,ARC will consider using the CATs approach strategy in construction of latrine for SSR and CLTS approach in the rural areas							
<b>Assumptions &amp; Risks</b>							
the project sites remain accessible, HAC remain collaborative and secure permission to access and transport project supplies and target beneficiaries remain collaborative and participate in the project implementation							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 4.1.1	REFUGEE CONSULTATION FORUM	# of refugee households per latrine. (HRP 2018)					4
<b>Means of Verification</b> : Latrine distribution list , Field monitoring report and WASH coverage surveys							
Indicator 4.1.2	REFUGEE CONSULTATION FORUM	# of refugees per gender-sensitive latrine (HRP 2018)	5	7	3	5	20
<b>Means of Verification</b> : Field monitoring report and WASH coverage surveys							
<b>Activities</b>							
<b>Activity 4.1.1</b>							
<b>Standard Activity : Refugees have safe and dignified access to sanitation facilities and services</b>							
Construction of 300 household latrines: ARC will construct 300 household latrines from locally available materials including concrete slab 0.8m wide x 0.8m length x 0.05 m thickness with foot rest and downward lining of latrines with sand filled sack for stabilization of the latrine, 200 in Adilla 100 in Abujabra for out of camp refugees and host community. Access to sanitation facilities and hygiene services is provided and maintained. ,ARC will consider using the CATs approach strategy in construction of latrine for SSR and CLTS approach in the rural areas , for SSR ARC will provide the latrine materials, including the sanitary slab, superstructure elements such as wooden poles and bamboo screens, the sanitary slab hole cover and ebrig (the hand washing facility), and will also identify sites for latrines. ARC will then provide technical guidance to refugees, enabling them to contribute their own labor in construction of the latrines. In latrine construction, ARC will prioritize female-headed households, pregnant women, elderly, and people with disabilities.							
<b>Activity 4.1.2</b>							
<b>Standard Activity : Provision of sanitation facilities and hygiene services</b>							
Replacement of 100 filled latrines: ARC will help the South Sudanese refugees to decommission and replace 100 filled latrines in Abujabra. Access to sanitation facilities and hygiene services is provided and maintained. ,ARC will consider using the CATs approach strategy in construction of latrine for SSR and CLTS approach in the rural areas , for the case of SSR ARC will provide latrine materials including downward lining of latrines with sand filled sacks, plastic sack for stabilization of latrine, provide training on latrine reconstruction, poles and bamboo screens, the sanitary slab hole cover and ebrig (the hand washing facility), and will also identify sites for latrines. ARC will then provide technical guidance and support to refugees, enabling them to contribute their own labor in decomposing and replacement of the latrines. Female-headed households, pregnant women, elderly, and people with disabilities will be prioritized for latrine replacement. ARC will coach the Health, Nutrition and WASH promoters to follow up the latrine replacement and provide timely feedback for improvement.							
<b>Activity 4.1.3</b>							
<b>Standard Activity : Provision of sanitation facilities and hygiene services</b>							
Conduct 24 clean up campaigns: ARC will support the Community Relief and Development Committees (CRDCs) in Adilla and Abujabra to conduct 24 clean-up campaigns, 12 in Adilla and 12 in Abujabra. The CRDCs will mobilize and sensitize the community to participate in the campaign, collection and transportation of their garbage to the final disposal points. Sanitation tools kits will be centralized. These include rakes, shovels, local baskets, local brooms, and grass cutters. There are health risks associated with the lack of management of the increasing quantities of solid waste at the informal disposal sites. Contamination of water sources and the increasing population density resulting in informal waste collection sites represents one of the factors that cause greater incidence of the vector borne diseases including diarrheal disease as well as malaria. ARC Health data, though latter represents a consequence of a combination of the environmental and awareness factors, besides those created by poor environmental health. Furthermore, ARC will Provide logistic and financial support to SMOH to conduct larvicidal /and indoor residual spraying activities in Abujabra and Adilla to reduce the flies and insect density and reduce the public health threats/risk of vector borne diseases. ARC will provide the fund to the SMOH who will provide the chemical , protective clothes and necessarily technical and semiskilled workers							
<b>Activity 4.1.4</b>							
<b>Standard Activity : Provision of sanitation facilities and hygiene services</b>							
In Abujabra, ARC constructed one waste deposit pit in current SHF project. Under this grant ARC will construct one solid waste final disposal sites in Adilla. The pit will be 10m long x 6m wide x 2m deep, and made from cement bricks. ARC will mobilize the host community and out of camp refugees to identify, the land and safe guard and manage the disposal pits/sites. The disposal sites will be constructed outside of the populated areas, a minimum of 200 meters away from the nearest household dwellings, ARC will fence those sites to protect/prevent children and avoid any risk associated with unauthorized access. The WASH management committees under the supervision of WES and ARC will manage the disposal sites and ensure the maintenance of these sites that represent the terminal locations in the waste management process, to which the waste from the temporary collection sites in the camp is delivered for separation of reusable components and incineration of the rest. Per standard practices developed by ARC, the (CRDCs) members use donkey carts to transport the waste to the final disposal sites and carry out the basic maintenance. Maintenance in this context represents removal of ash and its use in agriculture and cleaning/ sanitation of public facilities							
<b>Activity 4.1.5</b>							
<b>Standard Activity : Provision of sanitation facilities and hygiene services</b>							

Construction of VIP latrine with 4 stance in Algora PHCC: ARC will construct institutional latrines at the Al gora ARC supported basic health unit. This will improve the health care environment and achieve integration between health and WASH in terms of impact on public health. The normal institutional VIP latrines constructed out of cement bricks with cement mortar for lining. The roof will be made from zeenic sheets and 2 PVC pipes covered by mosquito nets, painted in black, and used for ventilation. Mesh wire sited above the PVC hole to prevent the breeding of flies. The VIP latrine will be with gender separation, clear sign for women and men posted in front of the latrines and hand washing facilities.

**Outcome 5**

Improved Hygiene Awareness and Practices for 24,325 refugee out of camp and most vulnerable host community through an integrated Health/WASH/Nutrition team effort

**Output 5.1**

**Description**

Training manuals combined; Timed & Targeted Counseling (TTC) methodology, including Participatory Hygiene and Sanitation transformation (PHAST) and Baby WASH (Hygiene Promotion segment) designed. Training the Health, Nutrition and WASH (HNW) volunteers in the combined methodology developed in the Health, Nutrition and WASH HNW manual trained TTC through PHAST and Baby WASH in combination with the Health and Nutrition messaging provided.

**Assumptions & Risks**

The project sites remain accessible, HAC remain collaborative and secure permission for staff and supplies movement.  
- The refugee will remain in the current sites

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 5.1.1	REFUGEE CONSULTATION FORUM	Number of persons per hygiene promoter					500
<b>Means of Verification</b> : hygiene promoters training and field visit report							
Indicator 5.1.2	REFUGEE CONSULTATION FORUM	# of refugee households who have increased hygiene awareness (HRP 2018)					3,600
<b>Means of Verification</b> : Household visit records, WASH Coverage surveys and field visit reports							
Indicator 5.1.3	REFUGEE CONSULTATION FORUM	# of refugee women who received personal hygiene kits (disaggregated by age)		2,891		1,109	4,000

**Means of Verification** : Distribution list, Post distribution monitoring report and field visit report

**Activities**

**Activity 5.1.1**

**Standard Activity : Provision of sanitation facilities and hygiene services**

HNW Capacity Building – Integrated Committees and Volunteers: develop Training manuals per combined TTC (timed Targeted counseling) methodology, including PHAST and Baby WASH (Hygiene Promotion segment)

These manuals will be designed through collaboration of the Health, Nutrition and WASH teams, focusing on coming up with a concerted effort to achieve the outcome described in detail above. Clearly, it is not realistic or feasible that a volunteer will internalize and be able to practice the full Hygiene Promoter, Community Health Promoter/Worker and Nutrition Volunteer as these curricula and work TOR are simply too expansive for one person (volunteer) to be able to practice on daily basis. Nevertheless, ARC specialists / practitioners in these three sectors agree that a common, synergetic service package be developed using the elements of each of the three sectors. The resulting curriculum will constitute the content of the ARC Community Integrated HNW Training Manual.

Trainings of 30 HNW volunteers in the combined methodology developed in the HNW manual. Their peer/community members will select the HNW Volunteers among the men, women, adolescent boys and girls in the community with inclusion of the older people and individuals with special needs as appropriate in order to ensure provision of services to different audiences. ARC will also insure adequate representation of people from different settlement sectors and locations. Training methodology and approaches will include elements of the training curricula mandated by the respective clusters/ sectors. Under WASH, the focus will be on PHAST and Baby WASH. Upon successful completion of the training, attendants will be issued with certificates, develop TORs with their supervisors and receive stationery, visibility items and in-kind incentives for their work. Weekly review of accomplishments will be a standard practice.

**Activity 5.1.2**

**Standard Activity : Provision of sanitation facilities and hygiene services**

TTC (Timed and Targeted counseling) through PHAST and Baby WASH in combination with the Health and Nutrition messaging. Through improving the behaviors and creating safer environment and practices during the first 1000 days, HNW teams will help pregnant women/ new mothers and their partner's/ household members practice behaviors that are desirable at different stages, ranging from improving safety and health of the pregnant women and preparation for arrival of the child, support to new mother and newborn. At each step, ARC HNW team will provide a set of advices and actions towards reduction of the rate of diseases leading to abrupt excretion of nutrients, minerals, vitamins and electrolytes, in combination with the healthy practices advice and minor curative health interventions, and improved nutrition. In the WASH context, this includes emphasizing safe food preparation methods (thermic) and use of covers to prevent access by vectors after preparation, safe food storage, handwashing before breastfeeding and after removing used diapers and cleaning the child, signs of acute watery diarrhea and cholera, signs of dehydration, preparation and administration of oral rehydration salts. This approach will include sensitizing on health risks from inadequate keeping of domestic animals and safe alternatives such as preventing access into the shelter and immediate surroundings; where, women are feeding newborns or toddlers may be playing, creating a separate compound/pen for animals, sanitizing the home/enclosed area from animal fluids, blood, excreta, and tissues; and creating a safe floor area covered by a plastic sheet for infants and toddlers to move and play. Involving all members of the household, particularly the fathers/ life-partners is critical for the success of this approach

During the project life time 3600 south Sudanese's and host community household will be visited and reached with TTC and baby WASH messaging.

**Activity 5.1.3**

**Standard Activity : Provision of sanitation facilities and hygiene services**

Distribution of dignity hygiene kits for 4,000 ( 2480 in Abujabra &1520 in Adilla ) adolescent girls and women in reproductive age living in , the dignity kits will include Sanitary pads ,Underwear ,Hand soap ,Toothbrushes ,Toothpaste

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

A smart, logical framework with clear targets, detailed implementation plan, and robust monitoring plan are developed prior to project implementation to guide project work. At the start of the project, a participatory grant-opening meeting will be conducted at the field level to review all project plans and develop additional grant management tools, building on existing ARC tools and incorporating lessons learned. The tools will be reviewed on monthly basis to ensure the activities planned for are achieved timely and effectively in line with life grant spending plan. Where activities are not achieved as planned, program staff will address the issues leading to the low/no achievement and implement a remedial action plan. In addition, ARC health and WASH program coordinators will conduct monthly meeting to review budget verses actuals. This will help in monitoring the budget and making prompt decisions regarding the underspent and overspent expenditures. At the midterm implementation of the project, ARC will conduct midterm review meeting. At this meeting, program staff and other supporting departments (Finance, Human resource and operations) will discuss on the achievement for 6 month implementation, successes and challenges and update the program management tools (Work plan, life grant spending plan and procurement plan)..

MEAL, health and WASH program staff will monitor the process of implementing project activities against predefined quality benchmarks and monitor outputs in terms of quality. Monthly field monitoring visits and spot checks will also be conducted and field-monitoring reports (FMRs) compiled and shared across the project team. Course correction plans based on learning from monitoring reports will be developed and properly tracked through an action plan tracker. ARC will conduct quarterly joint monitoring and supervision visits with the state ministry of health (SMoH), Water Environmental, and Sanitation department (WES) respectively, identify gaps/challenges and develop effective remedial measures to address them. In order to improve the skills and the knowledge of health facility staffs, ARC will continue to conduct on the job and in-service training. In addition, ARC will conduct similar visits with SHF monitoring and reporting focal persons when scheduled. ARC's expatriate State Program Manager for East Darfur will provide programmatic and operational support to the program with support from the Country Program Manager based in Khartoum. Overall, ARC's Country Director based in Khartoum will provide strategic direction to this project.

Through a well-structured Health Information System (HIS), ARC will capture data and submit weekly epidemiology reports to the SMoH including key health indicators on a monthly basis. Data collected will be dis-aggregated by sex and age. An Indicator Performance Tracking Table (IPTT), including all project indicators and targets will be developed to help monitor project progress. Project managers will populate and share this tracker with the MEAL team on a monthly-basis who will monitor and analyze progress towards targets set for each sector and support evidence based decision-making.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Essential Primary Health care services through PHCC and mobile health clinics:	2018				X	X	X	X	X	X	X	X	X
ARC will provide a basic package of primary health care services to refugees and the host communities in Adila, Wadjoda and Habib Suleiman. Two mobile teams will be formulated (consisting of 01 medical assistant, 01 Nurse, 01 midwife, 01 Vaccinator and 02 Community Health Promoters under the SHF project. Two teams will be based in Adila localities. Based out of the PHCCs, these teams will provide mobile health services in each of the refugee settlement to address the issues of access to the health services. Services Rosters will be made for these teams in agreement with the community, which will also depend on number of refugee population in these settlements/villages. Mobile teams will also provide essential curative and preventive services to the host communities and refer appropriately.	2019	X	X	X									
ARC rehabilitate Algora BHU.													
Rehabilitate temporary shelter for mobile outreach services in the out of camp.													

<p>Activity 1.1.2: Strengthening the capacity of Health Teams:  Trainings of PHCC staff and mobile medical teams will be conducted to improve their capacity to provide quality medical services. These trainings will include</p> <ol style="list-style-type: none"> <li>1. An orientation training on Primary Health Care,</li> <li>2. IMCI</li> <li>3. Rational use of drugs</li> <li>4. Minimum Initial Services Package for Reproductive Health</li> <li>5. HMIS</li> </ol> <p>These training will be conducted in coordination with SMoH and inter-agency cluster leads</p>	2018					X	X	X	X				
	2019												
<p>Activity 1.1.3: Ensure availability of essential medical equipment, drugs, supplies and vaccines:  ARC will ensure the regular provision of essential drugs in the PHCC and for mobile medical teams in partnership with WHO/UNFPA and SMOH.</p> <p>ARC will procure additional essential drugs, laboratory reagents, medical equipment and furniture to fill in the gaps.</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 1.1.4: Establish a Functional Referral System between Communities and PHCC:  ARC mobile and outreach teams will establish a functional referral system with the PHCC and onwards. The chronically ill patients, maternal cases with complications and other cases who require expert medical attention will be referred from community to PHCC and higher level health facilities if required.ARC will hire 1 Ambulance (24/7), stationed in Adila PHCC to facilitate referrals from the out of camps for SSRs to PHCC and to secondary care respectively. In addition ARC will support the referral with upkeep cost (food for care taker, lab test and drugs)</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 1.1.5: Promoting healthy behaviors through outreach Health education activities:  ARC's health/WASH educators with liaise with community leaders to mobilize and form community relief and development committees within the community. These community health and WASH promoters will conduct education on variety of topics to promote healthy behaviors including safe drinking water, hygiene and sanitation, food safety, balanced diet, use of mosquito nets, immunization and safe motherhood etc.</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 1.1.6: Provision of health and referral services to survivors of SGBV:  ARC will recruit two psychosocial counselors (one in each locality) to provide psychosocial counseling services to survivors of Rape and violence among target communities. Such cases will be identified from the community through Community Development committees through various methodologies by training and creating a network of protection advocates with refugee communities. The identified cases will be provided psychosocial counseling and referred to appropriate medical, legal and protection (shelter) services. ARC will take measures to maintain the confidentiality of these cases as per SGBV protocols.</p> <p>ARC will conduct Psychosocial First Aid (PFA) to health facility and mobile team outreach to increase their knowledge in identification of the cases.</p> <p>ARC will construct a temporary shelter in Adilla PHCC for provision of counseling services</p>	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 1.1.7: Training of medical staff on clinical management of Rape:  ARC will coordinate with UNHCR, UNFPA and SMoH to build the capacity of 20 technical staff in clinical management of rape cases.  In coordination with UNFPA, ensure availability of Rape Management Kits. Staff will be oriented on Post exposure prophylaxis and provision of psychosocial and medical aid to survivors</p>	2018						X						
	2019												
<p>Activity 1.1.8: Monitoring of Facility based and Outreach Health activities and collection of reports</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 1.1.9: Conduct quarterly Joint supportive monitoring visits with SMoH</p>	2018					X			X			X	
	2019			X									
<p>Activity 2.1.1: Provide basic EMoNC services at PHCC in Adila localities. These services will also include basic reproductive health care services including ANC, PNC, management of STIs and clinical care for the victims of SGBV</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 2.1.2: Ensure availability of adequate reproductive health supplies in the health facility (Adilla, Habib Suleiman and Wadjoda PHCCs) including clean delivery and newborn baby kits to be provided by UNFPA</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 2.1.3: Provision of Antenatal and Post Natal services and management of STIs through mobile services</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									

<p>Activity 2.1.4: Establish a referral systems from communities with existing 03 PHCC, 02 mobile clinics and then onward to higher level facilities and provide support for referral of complicated cases.</p> <p>For Basic EmONC services, the cases will be referred to PHCC. The complicated cases requiring comprehensive EmONC services will be referred to Adilla Hospital. An ambulance will be provided to provide emergency cover for transportation. During ANC services by PHCCs or 02 mobile team, the community midwives will identify high risk mothers to facilitate prompt referrals to secondary care. The referred cases will be followed up to secondary care to ensure they received prompt treatment and at the same time update the health facility records.</p>	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 2.1.5: Prevention of communicable diseases through Vaccination: Vaccinators will provide vaccination services through facility based and outreach operations to children under 5 and women of childbearing age to protect against common communicable diseases included in EPI schedule. A supply chain for vaccines will be established with SMoH.</p> <p>The outreach vaccination teams will conduct 2 sessions/month within the community in coordination with health committees.</p>	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 3.1.1: Support Operation and Maintenances of two existing boreholes: ARC will provide fuel, lubricants, fittings, and technical guidance and support for the maintenance and operation of two existing boreholes, one in Adilla and the other in Abujabra. Water treatment protocol at water storage facilities, water quality monitoring, and surveillance will be considered.</p> <p>ARC will train two WASH management committees, comprised of South Sudanese refugees and host community members, and engage them in the daily operation and maintenance of the water systems. A total of 28325 people (14046 female, 14279 male) people will have equal access to safe drinking water close to their homes. The proposed activity will protect women and girls from the risks of SGBV. Traditionally, women and girls are responsible for provision of water, preparing food, and taking care of the family; when water is in short supply, they travel long distances looking for water and face explicit risk of sexual violence.</p> <p>ARC will support South Sudanese Refugee and the host community to establish community financing system whereby the host community and Refugee collect water users fee and invest the revenue and contribute at least 25% of the overall water supply system operation and maintenance cost through purchasing of some fuel , lubricant s and engine oil, contribute in minor repairs and paying the incentive of community based volunteers , ARC will train the community relief and Development committee from both Refugee and host community in tariff collection , cord keeping and expenditure monitoring and link them with WES to monitor the user fee collection and expenditures , ARC will link the CRDC and the beneficiaries with the spare part suppliers/providers to purchase their spare part needs in the future</p>	2018				X	X	X	X	X	X	X	X	
	2019	X	X	X									
<p>Activity 3.1.2: Rehabilitation of Five borehole 3 in Adilla and 2 in Abujabra localities :The needs assessment and community consultations in targeting rural areas during the design of this project component have identified critical shortage of water in Adilla and Abujabra as the coverage is less than 7 liter/p/d .and 15 liters in Abujbara To address these gaps, ARC will adhere to its standard approach in rehabilitation to bring the water yards up to the level of its standard model utilized in South and East Darfur, rehabilitation may include some or all of the following components:</p> <ul style="list-style-type: none"> <li>• Replacement of borehole steel pipes</li> <li>• Replacement/Repair of pumping equipment</li> <li>• Rehabilitation of concrete aprons</li> <li>• Rehabilitation network and distribution point (tap stands, animal trough)</li> <li>• Rehabilitation of generator room and fencing of the water yard</li> </ul>	2018						X	X	X				
	2019												

Activity 3.1.3: ARC will conduct a biological test for fecal coliform bacteria to ensure the water is free from any harmful pathogens in collaboration with SMOH. ARC usually conducts a biological test for fecal coliform bacteria and chlorinates before rehabilitated water points are inaugurated for use by the community. ARC will also continue to provide technical support to the Community Relief and Development Committees in Abujabra and Adilla to ensure the water remains safe from collection to consumption. A well-trained operator will conduct the chlorination process under direct supervision from ARC staff and ensure there is 0.2 – 0.5 mg/l free residual chlorine to prevent further contamination after collection. If at any time changes detected in water quality, or if there is a rapid increase in related illnesses (diarrheas) among water users, further tests will be conducted. ARC will also monitor the water quality regularly during the rainy season to assess any contamination resulting from surface water percolation. Household water quality will be monitored through collection of randomly selected water samples from households. topromote safe water chanin ARC will conduct routine jerricans cleaning campigns , If fecal contamination detected, adequate measures will be taken (disinfection of the water points and etc.) and household water quality will be linked with the original water source for further corrective measures. This will occur regularly through standard monitoring and evaluation procedures. Safe water chain training will be provided to all Community Relief and Development committee through the CHPs	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 3.1.4: ARC will Conduct WASH Coverage survey at the beginning of the project to assess the actual gaps and before ending of the project to assess the quality of the implementation and the project progress and measure possible outcomes.	2018					X							
	2019												
Activity 4.1.1: Construction of 300 household latrines: ARC will construct 300 household latrines from locally available materials including concrete slab 0.8m wide x 0.8m length x 0.05 m thickness with foot rest and downward lining of latrines with sand filled sack for stabilization of the latrine, 200 in Adilla 100 in Abujabra for out of camp refugees and host community. Access to sanitation facilities and hygiene services is provided and maintained. ,ARC will consider using the CATs approach strategy in construction of latrine for SSR and CLTS approach in the rural areas , for SSR ARC will provide the latrine materials, including the sanitary slab, superstructure elements such as wooden poles and bamboo screens, the sanitary slab hole cover and ebrig (the hand washing facility), and will also identify sites for latrines. ARC will then provide technical guidance to refugees, enabling them to contribute their own labor in construction of the latrines. In latrine construction, ARC will prioritize female-headed households, pregnant women, elderly, and people with disabilities.	2018						X	X	X				
	2019												
Activity 4.1.2: Replacement of 100 filled latrines: ARC will help the South Sudanese refugees to decommission and replace 100 filled latrines in Abujabra. Access to sanitation facilities and hygiene services is provided and maintained. ,ARC will consider using the CATs approach strategy in construction of latrine for SSR and CLTS approach in the rural areas , for the case of SSR ARC will provide latrine materials including downward lining of latrines with sand filled sacks, plastic sack for stabilization of latrine, provide training on latrine reconstruction, poles and bamboo screens, the sanitary slab hole cover and ebrig (the hand washing facility), and will also identify sites for latrines. ARC will then provide technical guidance and support to refugees, enabling them to contribute their own labor in decomposing and replacement of the latrines. Female-headed households, pregnant women, elderly, and people with disabilities will be prioritized for latrine replacement. ARC will coach the Health, Nutrition and WASH promoters to follow up the latrine replacement and provide timely feedback for improvement.	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 4.1.3: Conduct 24 clean up campaigns: ARC will support the Community Relief and Development Committees (CRDCs) in Adilla and Abujabra to conduct 24 clean-up campaigns, 12 in Adilla and 12 in Abujabra. The CRDCs will mobilize and sensitize the community to participate in the campaign, collection and transportation of their garbage to the final disposal points. Sanitation tools kits will be centralized. These include rakes, shovels, local baskets, local brooms, and grass cutters. There are health risks associated with the lack of management of the increasing quantities of solid waste at the informal disposal sites. Contamination of water sources and the increasing population density resulting in informal waste collection sites represents one of the factors that cause greater incidence of the vector borne diseases including diarrheal disease as well as malaria. ARC Health data, though latter represents a consequence of a combination of the environmental and awareness factors, besides those created by poor environmental health. Furthermore, ARC will Provide logistic and financial support to SMOH to conduct larvicidal /and indoor residual spraying activities in Abujabra and Adilla to reduce the flies and insect density and reduce the public health threats/risk of vector borne diseases. ARC will provide the fund to the SMOH who will provide the chemical , protective clothes and necessarily technical and semiskilled workers	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									

<p>Activity 4.1.4: In Abujabra, ARC constructed one waste deposit pit in current SHF project. Under this grant ARC will construct one solid waste final disposal sites in Adilla. The pit will be 10m long x 6m wide x 2m deep, and made from cement bricks. ARC will mobilize the host community and out of camp refugees to identify, the land and safe guard and manage the disposal pits/sites. The disposal sites will be constructed outside of the populated areas, a minimum of 200 meters away from the nearest household dwellings, ARC will fence those sites to protect/prevent children and avoid any risk associated with unauthorized access. The WASH management committees under the supervision of WES and ARC will manage the disposal sites and ensure the maintenance of these sites that represent the terminal locations in the waste management process, to which the waste from the temporary collection sites in the camp is delivered for separation of reusable components and incineration of the rest. Per standard practices developed by ARC, the (CRDCs) members use donkey carts to transport the waste to the final disposal sites and carry out the basic maintenance. Maintenance in this context represents removal of ash and its use in agriculture and cleaning/ sanitation of public facilities</p>	2018							X	X				
	2019												
<p>Activity 4.1.5: Construction of VIP latrine with 4 stance in Algora PHCC: ARC will construct institutional latrines at the Al gora ARC supported basic health unit. This will improve the health care environment and achieve integration between health and WASH in terms of impact on public health The normal institutional VIP latrines constructed out of cement bricks with cement mortar for lining. The roof will be made from zeenic sheets and 2 PVC pipes covered by mosquito nets, painted in black, and used for ventilation. Mesh wire sited above the PVC hole to prevent the breeding of flies the VIP latrine will be with gender separation, clear sign for women and men posted in front of the latrines and hand washing facilities</p>	2018							X	X				
	2019												
<p>Activity 5.1.1: HNW Capacity Building – Integrated Committees and Volunteers: develop Training manuals per combined TTC (timed Targeted counseling ) methodology, including PHAST and Baby WASH (Hygiene Promotion segment)</p> <p>These manuals will be designed through collaboration of the Health, Nutrition and WASH teams, focusing on coming up with a concerted effort to achieve the outcome described in detail above. Clearly, it is not realistic or feasible that a volunteer will internalize and be able to practice the full Hygiene Promoter, Community Health Promoter/Worker and Nutrition Volunteer as these curricula and work TOR are simply too expansive for one person (volunteer) to be able to practice on daily basis. Nevertheless, ARC specialists / practitioners in these three sectors agree that a common, synergetic service package be developed using the elements of each of the three sectors. The resulting curriculum will constitute the content of the ARC Community Integrated HNW Training Manual.</p> <p>Trainings of 30 HNW volunteers in the combined methodology developed in the HNW manual. Their peer/community members will select the HNW Volunteers among the men, women, adolescent boys and girls in the community with inclusion of the older people and individuals with special needs as appropriate in order to ensure provision of services to different audiences. ARC will also insure adequate representation of people from different settlement sectors and locations. Training methodology and approaches will include elements of the training curricula mandated by the respective clusters/ sectors. Under WASH, the focus will be on PHAST and Baby WASH. Upon successful completion of the training, attendants will be issued with certificates, develop TORs with their supervisors and receive stationery, visibility items and in-kind incentives for their work. Weekly review of accomplishments will be a standard practice</p>	2018							X					
	2019												



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

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
State ministry of Health (East Darfur) and Federal Ministry of Health,	ARC will work with FMOH and SMOH and other stakeholders to provide services in PHCC through seconded staff where possible and mobilize SMOH resources where needed. In addition, ARC will attend all sector-led coordination meetings on a monthly basis at State and Federal levels and participate in any international day events organized by the SMOH,
United Nations Population Fund Agency (UNFPA)	ARC will work with UNFPA to ensure sufficient clean delivery kits and other Reproductive health supplies are available.
World Health Organization (WHO)	ARC will work closely with WHO to ensure essential drugs and medical equipment are available in order to enhance service delivery to South Sudanese refugees. ARC will collaborate technically with WHO to respond to outbreak of endemic diseases in East Darfur
United Nations Humanitarian Commission of Refugees (UNHCR)	ARC will work with UNHCR to share regular updates on activities and technical assistance on protection issues. Where possible

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

A: Neutral Impact on environment with No mitigation

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

2b- The principal purpose of the project is to advance gender equality

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

ARC will promote gender equitable access and utilization of health and WASH services. ARC health services in the supported PHCCs and SSRs in the out of camps target all genders and age groups (men, women, elderly men and women, women of reproductive health, adolescents boys and girls, children <5).

The routine EPI service targets all children <1 year and women of reproductive age (15 – 49 years) while the Reproductive Health services (antenatal care, peri -natal care, postnatal care, family planning) target women in the reproductive age group including pregnant and lactating women. Necessary measures are taken to preserve the privacy and dignity of the patients by using screens, curtains and doors. Considering the social and cultural relationships between women and men and how they influence women's access to obstetric care, trained midwives will provide RH services to women in the health facility.

### **Protection Mainstreaming**

ARC places protection at the center of its programming by undertaking efforts for immediate and life-saving activities throughout the duration of a crisis and consistently working with the affected communities to strengthen community-based protection. ARC employs a strategic, comprehensive and collective approach to protection in order to enhance the overall ability of our staff to analyze, prioritize and respond effectively to protection needs of the affected populations including the risks and consequences of violence, abuse, coercion and deprivation.

ARC adheres to the set of guidelines that are an intrinsic part of our program design paradigm. Besides the IASC/ global Protection Cluster Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, per different Thematic Area Guides (TAGs), and the Handicap International guidelines on design of interventions for people with disability, ARC provides special consideration to making the services accessible to older people. ARC invests extra effort in design of services to ensure their accessibility across the age categories and vulnerability scenarios, with special provisions for pregnant women/ new mothers and infants, older and severely ill and people with disability. ARC will ensure all persons with special needs, elderly persons, women, children and all persons assessed to be a higher protection risk are prioritized. We shall ensure their active participation through routine assessments, individual, group assessments, and, where possible, encourage their participation and representation in all affairs of their communities. ARC will work with other members of the community to strengthen the social protection for people with specific needs through mobilizing community support.

### **Country Specific Information**

#### **Safety and Security**

ARC will work closely with United Nations Department of Safety and Security (UNDSS) to monitor the security situation in East Darfur. ARC has put in place contingency plans in each area prone to insecurity to avoid interruption of activities in case of relocation of staff recruited from outside of the operational area. The contingency plan includes management structures by local staff in case of relocation of senior management staff. Some of the ARC local staff are very experienced and are able to maintain basic service delivery and implementation of activities with remote support from relocated senior staff.

#### **Access**

ARC's experience gained over years of implementing humanitarian activities in East Darfur will enable it to access these areas. With East Darfur technical agreements approved by SMOH and HAC at State and Federal levels, ARC will be able to implement activities with minimal constraints. In order to mitigate security incidents that could negatively affect ARC's routine program activities, ARC has recruited local staff in East Darfur who have an in-depth understanding of local dynamics and the security situation and are able to keep ARC abreast with regard to the same. There have been conflicts between Rezegat and Maalia tribes in East Darfur for a year but ARC's experience in the area enabled it to continue with its operations in East Darfur including Adila locality. Currently, the situation is relatively calm, ARC will even be able to expand its operation to out of camp refugee communities.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Country Director - International	S	1	8,700.00	12	5.00	5,220.00
	<i>The Country Director (1) will oversee the entire Sudan country program and will be a direct liaison with the donor concerning administrative matters related to this project. The Country director will dedicate 5% of their time to the project throughout its duration. Breakdown: (Contribution toward salary only and nothing toward benefits) Country Director (1) x \$8,700 x 12 months x 5%= \$ 5220</i>						
1.2	Finance Controller - International	S	1	5,300.00	12	5.00	3,180.00
	<i>The Finance Controller (1) will oversee the finances for the entire country program. Other job responsibilities include providing oversight for state offices. The Finance Controller will be working directly with the donor on finance matters and lead the programs donor specific financial reporting. This position will be funded at 5% for the duration of the project. Breakdown: (Contribution toward salary only and nothing toward benefits) Finance Director (1) x \$5300 x 12 months x 5%= \$ 3180</i>						
1.3	Country Operation Manager - International	S	1	5,300.00	12	5.00	3,180.00
	<i>The Operations Manager will oversee the country programs administration office and provide oversight for all procurement, warehousing and communication in country. This position will be charged 5% for the duration of the project. Breakdown: (Contribution toward salary only and nothing toward benefits) Operations Manager(1) x \$5,300 x 12 months x 5%= \$ 3180</i>						
1.4	Country Program Manager - International	D	1	5,300.00	12	5.00	3,180.00
	<i>Country Program Manager (1) (CPM)will be responsible for all in country programs and will ensure that all health programs are well coordinated with other sector programs. The CPM will oversee all the senior program staff including the Health Coordinators. The CPMs will dedicate 5% of their time to this project throughout its duration. Breakdown: (contribution towards salary only) 1 x \$5,300 x 12 months x 5% = \$3180</i>						
1.5	State program Manager (East Darfur) - International	D	1	5,200.00	12	10.00	6,240.00
	<i>The State Program Manager will lead and coordinate all activities of their teams in their respective states, overseeing programs and supporting department functions. He will dedicate 10% of their time for the duration of the project. Breakdown (contribution towards salary only) 1 x \$5200 x 12 x 10% = \$6240</i>						
1.6	MEAL Coordintor - International	S	1	4,800.00	12	5.00	2,880.00
	<i>The MEAL Coordinator (1) will guide the field teams by monitoring and evaluating ongoing projects. This will ensure projects are completed in timeliness and quality, ensuring donor and agency compliance. This position will be funded at 5% during the duration of the project. Breakdown: (Contribution toward salary only and nothing toward benefits) MEAL Coordinator 1 x \$4,800 x 12 months x 5%= \$ 2880</i>						
1.7	Senior Health Coordinator (Roving) - International	D	1	4,900.00	12	10.00	5,880.00
	<i>He/ She will work with the Country Program Manager, State Program Managers and national Health coordinators to ensure the coordination of all ARC public health and reproductive health activities in the country program and in particular, is responsible for building the capacities of National health staff. The position will be funded 10% for duration of the project. Breakdown: (Contribution toward salary only and nothing toward benefits) Senior Health Coordinator (1) x \$4900 x 12 months x10%= \$ 5880</i>						
1.8	Health Coordintor - National -ED	D	1	2,543.86	12	10.00	3,052.63
	<i>this position works with the national and expatriate Senior Health Coordinator to ensure the coordination of all ARC public health activities, proper management of data and assistance in conducting training related to public health activities. The position will be funded 10 % for the duration of the project. Benefits = 17% of gross salary (includes social insurance). . Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$369.62 and salary = \$2174.24. Breakdown; Health Coordinator (1) x \$2543.86 X12 months X 10% = 3052.63</i>						
1.9	Community health officer - National -ED	D	1	911.13	12	10.00	1,093.36
	<i>This position will be responsible for supervision, capacity building for health facility and community based staff to ensure quality service delivery at the health centers and health promotion activities at the community level. she will coordinate with Health Coordinator to ensure smooth implementation and achievement of program activities. The position will be funded @ 10% for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$132.39 and salary = \$778.74 Breakdown; Community health officer (1) x \$911.13 X12 months X10%=\$ 1093.36</i>						
1.10	Health Officer - National-Adilla	D	1	1,217.37	12	10.00	1,460.84
	<i>This position will be responsible for supervision, capacity building for health facility and community based staff to ensure quality service delivery at the health centers and health promotion activities at the community level. S/he will coordinate with Health Coordinator to ensure smooth implementation and achievement of program activities. The position will be funded 10% for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$176.88 and salary = \$1040.49 Breakdown; Health officer (1) x \$1217.37 X12 months X10% =1460.84</i>						
1.11	Reproductive health supevisor - National -ED	D	1	702.00	12	10.00	842.40

	<p>This position will be responsible for supervision, capacity building for health facility and community based staff to ensure quality service delivery at the health centers and health promotion activities at the community level. she will coordinate with Health Coordinator to ensure smooth implementation and achievement of program activities. The position will be funded 10% for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$102 and salary = \$ 60  Breakdown; RH supervisor (1) x \$702 X12 months X10% = \$ 842.40</p>						
1.12	Community Feedback Accountability Assistants - National ED	D	1	421.20	12	100.00	5,054.40
	<p>This position will be responsible to take lead on accountability to beneficiary's system, will ensure that complaints are logged in Accountability database and addressed in a professional and timely manner and that serious complaints relating to abuse, exploitation and corruption and referred appropriately. Conduct frequent field visit to orient targeted communities on ARC accountability to beneficiary's system. The position will be charged 100% for the duration of the project. The unit cost include gross salary and benefits (Social insurance). Benefits = 17% of gross salary (\$360) = \$61.2 and monthly salary= \$ 360.  Breakdown: Accountability Assistant (1) x 421.2 x12x 100% = \$ 5054.40</p>						
1.13	Medical Assistant -Adilla	D	1	776.90	12	10.00	932.28
	<p>This will perform clinical diagnosis and treatment for cases admitted in the PHCC and daily follow up. These positions will be 10% funded for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Monthly : benefits = \$112.88 and salary = \$664.02.  Breakdown; Medical Assistants (1) x \$776.9 X12 months X 10% = \$932.28</p>						
1.14	Nurses - Adila	D	2	597.62	12	10.00	1,434.29
	<p>This positions will provide support for treatment of cases admitted in the PHCC and daily follow up. These positions will be 10% funded for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Monthly : benefits = \$86.83 and salary = \$510.78.  Breakdown; Nurses (2) x \$597.62 X12 months X 10% = \$1439.29</p>						
1.15	Midwives - Adila	D	2	448.21	12	10.00	1,075.70
	<p>This positions will provide BEmONC services for cases admitted in the PHCC and daily follow up. These positions will be 10% funded for the duration of the project. The unit cost includes the gross salary + 17% social insurance. Monthly : benefits = \$65.13 and salary = \$ 383.09.  Breakdown; Midwives (2) x \$ 448.21 X12 months X 10% = \$1075.7</p>						
1.16	Senior WASH coordinator - Roving - National	D	1	2,825.55	12	5.00	1,695.33
	<p>his position (based in Nyala) supervises the implementation of all WASH activities in East and South Darfur . He/ She will give technical support and ensure the implementation of the project activities under SHF are in line with national guidelines or protocols. He/ she will also build the capacity of other WASH national staffs, prepare and submit program narrative reports and strengthen coordination with local partners, IOs, authorities, and public sector partners. The position will be funded 5% for the duration of the project. Benefits = 17% of total cost (includes social insurance, vacation, health). Monthly: benefits = 413.87 and salary = \$2,411.68 for total monthly \$2825.55 Breakdown: WASH Coordinator (1) x 12 months x \$ 2825.55 x 5% = \$1695.33</p>						
1.17	WASH Manager East Darfur	D	1	1,474.20	12	15.00	2,653.56
	<p>This position (Based in Eldein ) will oversee the WASH project activities implementation, conduct monitoring and evaluation the program sites and liaise closely with the WASH sector at the state level. The position will be funded 15% for the duration of the project. Benefits = 17% of total cost (includes social insurance, vacation, health). Monthly: benefits = 250.61 and salary = \$1223.59 for total monthly \$1474.2 Breakdown: WASH Manager (1) x 12 months x \$ 1474.2 x 15% = \$2653.56</p>						
1.18	WASH Officer East Darfur	D	2	1,008.00	12	15.00	3,628.80
	<p>this position will be the WASH technical lead in Eddaen with regular trelvel to abujabra South sudanese refugee site . She/he will be in charge of supervision of the water technicians, sanitation hygiene promoters in Abujabra , and identifying areas which need priority attention in Abujabra and Al gora Refugee satelment area and advise the Elddeain WASH office accordingly. The position will be funded 15 % for the duration of the project. Benefits = 17% of total cost (includes social insurance). Monthly: benefits Breakdown: WASH officer WASH Officers (2) x 12 months x \$ 1008.00x 15% = \$3628.80</p>						
1.19	Water Engineer assistant East Darfur	D	1	960.00	12	15.00	1,728.00
	<p>this position will be the in charge of providing WASH technical input in Abujabra and Algora site, East Darfur. She/he will also identify areas needing priority attention in WASH activities. The position will be funded 15 % for the duration of the project. Benefits = 17% of total cost (includes social insurance)  Water Engineer assistant (1) x 12 months x \$ 960x 15% = \$1728</p>						
1.20	WASH Supervisor East Darfur	D	1	819.00	12	100.00	9,828.00
	<p>The position will be in charge of supervising the, water supply, sanitation hygiene promoters. These individuals will be responsible for oversee water supply scheme and mobilizing the communities for latrine construction follow the water quality and provide hygiene promotion on latrine use and cleansing. The position will be funded 100% for duration of the project.  Breakdown: WASH (1) x 12 months' x \$819X 100 % = \$9828</p>						
	<b>Section Total</b>						<b>64,239.59</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Incentive for PHC and outreach teams ( for mobile medical teams )	D	1	52,224.00	1	100.00	52,224.00

	<p><i>This head covers the cost of salaries and incentives for selected PHCC and outreach team members. Average of 27 team members in the project (two mobile clinic and AL Gora basic health unit) is calculates @ USD 161.19 per member per month.</i></p> <p><i>NURSES: This position will work with the mobile clinic and in AI Gora Health Unit will be responsible of giving nursing care to patients and administer drugs to patients according to the doctor's/Medical Assistant's prescription. The position will be funded 100% for the duration of the project. Breakdown: 4 x 91 x 12 = \$4,368</i></p> <p><i>MIDWIVES: The position will joint the mobile clinic will be conducting Antenatal consultation and early detection of pregnant women with risk factors and conduct safe and clean deliveries. The position will be funded 100% for the duration of the project. Breakdown: 4 x 91 x 12 = \$4,368</i></p> <p><i>MEDICAL ASSISTANTS: This position will be in charge of mobile clinic and AI Gora Basic Health unit, are responsible for overall management and reporting. In addition, tasks include performing consultations, treatment of patients and supervising activities in public health, EPI, and reproductive health. The position will be funded 100% for the duration of the project. due to unavailability of enough staff in this cadre in East Darfur, these medical assistants will be recruited from open market Breakdown: 3 x\$700x12=\$25200</i></p> <p><i>VACCINATORS: The position will be responsible for administering vaccines according to EPI schedule and emphasize the importance of completing the vaccination as per schedule. This position will be funded 100% for the duration of the project Breakdown: 3 x 72 x 12 = \$2592</i></p> <p><i>REGISTRAR: This position report to the Medical Assistant. with mobile clinic or AL Gora basic health unit. Primary responsibilities include keeping records of all patients entering the facilities, assisting the medical personnel with data collection for reports and compiling statistical data, such as admissions, discharges, deaths, births, and types of treatment given. The Position will be funded 100% for the duration of the project Breakdown: 3 x 72 x 12 = \$2592</i></p> <p><i>Psychosocial Counsellor: 1 Psychosocial counsellor, will provide psychosocial counselling to Rape and GBV survivors especially among the refugees. This Psychosocial counsellor will also liaise community structures (Health committees) with provide sensitization and raise awareness on Gender issues in the target areas. these positions are covered @ 100%. Costs include benefits @17% Breakdown 01 counsellorsx\$450x12=\$5,400</i></p> <p><i>Health Educators: This position will be responsible for health education activities and awareness raising campaigns and mobilization of communities for mobile clinic and around Adila PHCC, the position will be funded 100% for the duration of the project. Breakdown: 6 Educators (3 male/3 female) x 72 x12 = \$5184</i></p> <p><i>Guard AI Gora Basic Health Unit: The position is responsible of security of clinic assets including the safety of staff and all the vehicles parked on the premises. The position will be funded 100% for the duration of the project. 2 x 70 x 12 = \$1680</i></p> <p><i>Cleaner AI Gora Basic Health Unit: Responsible for the general cleanliness of the AI Gora basic health unit. They are under the direct responsibility of the Medical Assistant. These positions will be funded at 100% for the duration of project. 1 x 70 x 12 = \$840</i></p>						
2.2	Mobile clinic and PHCC supplies	D	4	200.00	12	100.00	9,600.00
<p><i>To maintain quality service delivery, in addition, ARC will provide consumable supplies (Soap, cleaning detergents/materials &amp; stationery) to the PHCC. This cost will be funded at 100% for the duration of the project. Breakdown: 2 mobile clinics+ 1PHCC + 1 Basic Health Unit x \$200 x 12 months x 100% = \$9600</i></p>							
2.3	Training of Clinical Staff on IMCI, EmONC, HMIS, Rational use of drugs	D	1	4,076.00	1	100.00	4,076.00

04 different training will be conducted for capacity building of clinical staff on various topics.

**Break down**

**IMCI**

**Trainings**

**Item Unit Qty Unit Cost (SDG) Duration (days)**

- 1 Incentive for participants Staff 8 9 4 288
- 2 Incentive for HAC Representative Staff 1 8 1 8
- 3 Food, soft drinks, water, tea, coffee Staff 11 8 4 352
- 4 Small vehicle rental Vehicle 1 18 4 72
- 5 Incentive for facilitators Facilitators 2 18 4 144
- 6 Hall rental Hall 1 36 4 144
- 7 Transportation for participants Participant5 2 2 20
- 8 Stationery Participants 8 2 1 16
- 9 Banners Banners 1 20 1 20

**Total \$1064**

**Emoc**

**Trainings**

**Item Unit Qty Unit Cost (SDG) Duration (days)**

- 1 Incentive for participants Staff 7 9 4 252
- 2 Incentive for HAC Representative Staff 1 8 1 8
- 3 Food, soft drinks, water, tea, coffee Staff 10 8 4 320
- 4 Small vehicle rental Vehicle 1 18 4 72
- 5 Incentive for facilitators Facilitators 2 18 4 144
- 6 Hall rental Hall 1 36 4 144
- 7 Transportation for participants Participants 2 2 2 8
- 8 Stationery Participants 7 2 1 14
- 9 Banners Banners 1 20 1 20

**Total \$982**

**HMIS**

**Trainings**

**Item Unit Qty Unit Cost (SDG) Duration (days)**

- 1 Incentive for participants Staff 9 9 4 324
- 2 Incentive for HAC Representative Staff 1 8 1 8
- 3 Food, soft drinks, water, tea, coffee Staff 12 8 4 384
- 4 Small vehicle rental Vehicle 1 18 4 72
- 5 Incentive for facilitators Facilitators 2 18 4 144
- 6 Hall rental Hall 1 36 4 144
- 7 Transportation for participants Participants 2 2 2 8
- 8 Stationery Participants 9 2 1 18
- 9 Banners Banners 1 20 1 20

**Total \$1122**

**Rational Use of drugs**

**Item Unit Qty Unit Cost (SDG) Duration (days)**

- 1 Incentive for participants Staff 6 9 4 216
- 2 Incentive for HAC Representative Staff 1 8 1 8
- 3 Food, soft drinks, water, tea, coffee Staff 9 8 4 288
- 4 Small vehicle rental Vehicle 1 18 4 72
- 5 Incentive for facilitators Facilitators 2 18 4 144
- 6 Hall rental Hall 1 36 4 144
- 7 Transportation for participants Participants 1 2 2 4
- 8 Stationery Participants 6 2 1 12
- 9 Banners Banners 1 20 1 20

**Total 908**

2.4	Training of Clinical Staff on Clinical Management of Rape	D	1	945.00	1	100.00	945.00
	ARC will conduct a training of clinical and psychosocial counseling staff on Clinical Management of Rape. One training round will cost \$945. The stationary cost = \$150, 1 rental car * \$15 * 3days = \$45, training hall = 1 * \$40 * 3 = \$120, transportation cost = 20 staff * \$2 * 3days = \$120, refreshment = 20 * \$5 * 3 = \$300, HAC incentive = 1 * \$5 * 3 = \$15, SMOH facilitator = 3 * \$20 * 3 = \$180 and banner = \$15.						
2.5	Training on Psychosocial First Aid (PFA) and gender issues	D	1	825.00	1	100.00	825.00
	Psychosocial Counselors and Outreach staff (Health Educators, midwives and clinical staff on counseling, basic concepts on gender based violence associated with refugees and displaced population. This training will be conducted in coordination with UNHCR and State ministry of social welfare. One training will cost \$900. The stationary cost = \$150, 1 rental car * \$15 * 3days = \$45, training hall = 1 * \$40 * 3 = \$120, transportation cost = 20 staff * \$2 * 3days = \$120, refreshment = 20 * \$5 * 3 = \$300, HAC incentive = 1 * \$5 * 3 = \$15, facilitator = 2 * \$10 * 3 = \$60 and banner = \$15. Total \$825						
2.6	Support referral for complicated cases to secondary care	D	1	20,772.00	1	100.00	20,772.00

	<p>ARC supports referral of patients from primary facilities to secondary facilities; an average of 10 cases is referred per month. The cost will Food allowance on the way/hospital the first day of admission and simple medical procedures such as lab tests. Each referral case will be supported with \$19. Breakdown: 10 referrals cases/per month x 12 x x \$19 x 100% = \$2280</p> <p>Hire of Ambulance 24/7: ARC will hire an ambulance 24/7 for per month. This will be stationed in Adila PHCC for any medical, maternity, paediatric or surgical emergency will be referred from community to PHCC/ Adilla hospital. The cost is estimated as per the current market price. Break down 1 vehicles * 1541\$ * 12 months = \$18492</p>						
2.7	Support SMOH with accelerated campaigns	D	2	1,302.00	1	30.00	781.20
	<p>ARC will support two accelerated campaigns in the Camp to increase the coverage of measles, Polio and Vitamin A. ARC will support SMOH through availing logistics, hiring of vehicles for supervisors and community mobilization and incentive for outreach vaccinators an established unit cost of campaign \$1302. The cost will be funded 30% for the duration of the project. Cost for campaign Hire vehicles Pieces (2) x 7 days per campaign x 1 campaign x @ \$ 53 = \$742; Incentives for outreach vaccinators @\$20 x2 vaccinator x7 days/ per campaign =\$560</p>						
2.8	Support community outreach vaccination activities	D	2	125.00	12	100.00	3,000.00
	<p>ARC will conduct monthly immunization outreach activities to scale up immunization coverage. Two sessions will be conducted on monthly basis. The budget will cover transportation of vaccines mainly from the state capital to main PHCCs @ \$ 85 the cost include vehicle hire and payment of incentives for two vaccinators @\$20 /person/session. This will be funded 100% by the grant. Breakdown; Vehicle hire&amp; 2 vaccinator incentive/month- \$125 x 12 months x 2 sessions x 100%=\$3000</p>						
2.9	Procure clean delivery kits and newborn baby kits	D	800	13.92	1	100.00	11,136.00
	<p>ARC is targeting overall a total of 800 pregnant women their third trimester to receive CDKs in target catchment area in East Darfur. Under this grant, ARC will procure CDKs in order to supplement what is received from UNFPA. This will promote safe and clean delivery for pregnant mothers who are not able to make it to the health facilities that is in line with MoH guidelines. Breakdown; Dumuria roll 80@\$25= \$ 2000, Carboloc soap 800 @ \$0.3 = \$700, PVC red sheet 22 rolls @ \$50 = \$1100, Razor blade 800 pcs @ \$0.01 = \$8, Examination gloves 22 boxes (100pcs/box) @ \$ 8 = \$176, PVC white423roll @ \$50= 1150, Sterilize Gauze 19 box @ \$10= \$190, Plastic Sack 20 Pcs @ 0.5 = \$10, Plastic Bag for collection 10 packet @ \$1= \$10, Medical Cotton 170 roll @ 1.5= \$255, Umbilical Clips 800 Pcs @ \$1= \$800, Labour cost packing Pcs @ \$1= \$800. Total cost \$6736</p> <p>ARC will make 800 new born babies to prevent hypothermia . One kit is estimated @ \$5.5 which includes wrapping sheet@ \$2 and cotton clothes \$ 1, Mat@\$2, baby soap/powder@\$1.5 800 kit x\$5.5=\$4,400</p>						
2.10	Rehabilitation; Algora BHU, temporary shelter in settlements for mobile clinics/health education and counselling room (semi permanent) in PHCC for Psychosocial counseling services	D	1	8,311.18	1	100.00	8,311.18

Estimated cost for rehabilitation of Al Gora Basic Health Unit roof, floor, painting, windows and door repairs, for the consultation, dressing and EPI rooms. This will be funded 100% by the grant  
Rehabilitation cost of Alqora Basic Health Unit:

- 1 red brick 1# class 1000 per PKG, 40 x 20 = \$800
  - 2 Cement for plastering and construction of floor, Bag 10 x 24 = \$240
  - 3 Zinc sheet for roof repair and extension PCE 11 x 15 = \$ 165
  - 4 Iron Bar PCE 12 x 10 x \$ 120
  - 5 paint PKT 19.5 x 10 = \$195
  - 6 Damoria Heavy type 4mx4m roll 200 x 1 = \$200
  - 7 Labor cost for rehabilitation Lump sum 2000 x 1 = \$ 2000
  - 8 sand for maintenance of wall crack M3 51 x 4 = \$204
  - 9 Gravel maintenance of floor M3 34 x 2 = \$68
  - 10 provision of new door, welding and repair of doors and windows lumpsum 319 x 1 = \$319
- total rehabilitation cost = \$4311

**Break down (Temporary shelter):**

The two mobile clinic will go out to five village with refugee out of camp around Adila, shelters with local materials need to be build in the any settlement for team work and patient waiting. Construction of Shelter for Mobile clinic 8\*6 meters with local materials . This will be funded @ 100%.

- Y shaped poles= 5x\$3=15  
wooden beam=6x\$4=24  
Sticks = 10x\$3=\$30  
Plastic Sheet= 4x\$14=56  
Black roll= 4x\$6=24  
Bamboo sheet= 6x\$8=\$48  
Floor local bricks and cement = 1x500  
Labor= \$100  
Total=\$697

**Breakdown (Counseling room):**Estimated cost for Rehabilitation of small Shelter 6x4 with semi-permanent at Adila PHCC. This will be funded 100% by the grant

**Details:**

S/N Description of work unit QTY Unit price (USD) Total price (USD)

- 1 provide and fabrication of hollow metal pipe 3inch vertically depth 60 cm and high 3m heavy type (1mm thickness) NO 6 12.53 75.18
  - 2 Provide & digging of foundation (50\*50)cm ml 20 2.51 50.2
  - 3 Provide & construction of foundation with stone using sand ml 20 21.93 438.6
  - 4 Provide & construction of wall 1,5 bricks thickness and 30cm over the foundation building using mud mortar M2 20 18.8 376
  - 5 Provide & construction of building one brick thickness one and half meter high from the foundation level using clay mortar and bricks grade one m2 20 17.23 344.6
  - 6 provide and & welding the truss mad with heavy metal pipe (4\*6)cm for the room including painting pcs 3 125.31 375.93
  - 7 Provide & fix of roof with good sloping using bamboo sheet with shragna at less five rows and support on heavy type metal pipe (4\*6)cm and distance not more than 100cm M2 40 14.1 564
  - 8 Ditto but for wall sides M2 20 14.1 282
  - 9 provide & make plastic sheet first class and using good necessary ropes to complete the roof M2 30 3.13 93.9
  - 10 Provide & fixing the heavy steel door 2,2\*1 m mad with metal pipe (3\*6)cm and steel sheet ,5mm heavy type including painting pcs 1 125.31 125.31
  - 11 Ditoo but for window (1\*1.2) pcs 3 93.98 281.94
  - 12 Provide & make lime paint for internal & external walls m2 104 1.88 195.52
- Total \$3203.18

2.11	Safe Motherhood campaigns	D	2	1,330.00	1	100.00	2,660.00
<p>Two motherhood campaigns, Community Health Promoters and health educators will disseminate key health messages during these activities. The line head will cover the cost of IEC material, additional transportation/mobility costs and in kind incentives for 50 community health promoters estimated at \$1180 This will be charged 100% on this line during the entire grant period. Breakdown: 2 campaigns x \$1330x1 = \$2660 1 vehicles*\$30*3days=\$90, CHP incentives=50*\$3*3=\$450, banner=1*\$30=\$30, IEC Material \$0.1*1000=\$100 refreshment during the campaign =50*\$4*3= \$600 and SMOh facilitator=2*\$30*1=\$60. Total = \$ 1330.</p>							
2.12	Training for vaccinators on EPI and vaccine management	D	1	1,165.00	1	100.00	1,165.00
<p>Five days training for four vaccinators from Al Gora and Adila and mobile clinic vaccinators, on vaccination management, cool chain, information and reporting thus to support EPI outreach and acceleration campaigns, the cost including training materials and facilitators. This will be charged 100% on this line during the entire grant period. Breakdown: The stationary cost =\$150, 1 rental car * \$15* 5days =\$75, training hall =1*\$40*5 =\$200, transportation cost =20 staff*\$2*4days =\$160, refreshment =25*\$5*4 =\$500, HAC incentive =1*\$5*3 =\$15, SMOh facilitator =1*\$10*5 = \$50 and banner =\$15. Total =\$1165</p>							
2.13	Construction of 1 solid waste final disposal sites	D	1	5,125.00	1	100.00	5,125.00

	<p>Under this project ARC will construct one final disposal sites, in Adilla and . The pits will be 10m long x 6m wide x 2m deep, and will be made from cement bricks. ARC will mobilize the host community and out of camp refugees to provide the land, and safe guard and manage the disposal pits/sites. The disposal sites will be constructed outside of the populated areas, a minimum of 200 meters away from the nearest household dwellings, ARC will fence those sites to protect/prevent children and avoid any risk associated with unauthorized access. and this activity will be funded 100% through SHF project lifetime. materials Unit Quantity Unit cost % Total cost US\$</p> <p>1 Carry out digging of pits 6 m wide *10 m long*2 m depth m3 60 \$15.00 100% \$900.00</p> <p>2 Cement 50 kg equivalent to Portland Bag 30 \$12.30 100% \$369.00</p> <p>3 Cement Bricks with daimention 0.2*0.2*0.4 width, high and long PCE 1000 \$1.60 100% \$1,600.00</p> <p>4 Gravel 3/4 inch clean m3 2 \$70.00 100% \$140.00</p> <p>5 Sand medium size clean m3 10 \$65.00 100% \$650.00</p> <p>6 Water for construction and curing site 1 \$63.00 100% \$63.00</p> <p>7 Labor cost for construction 1site @\$1403=\$1403 Site 1 \$1,403.00 100% \$1,403.00</p> <p>Breakdown \$5,125.00</p>						
2.14	Purchasing Of Essential Drugs & Medical Equipments	D	1	32,406.03	1	100.00	32,406.03
	<p>ARC anticipates reduction in supplies of essential drugs and laboratory supplies from other stakeholders. In the past ARC has experience delays and inadequate supplies from WHO and therefore will use this funds to procure assorted supplementary buffer stock of essential drugs according to MOH essential drugs guideline. This will also include laboratory supplies and reagents missing in the RKs. To Adila PHCC, AI Gora Basic Health Unit and the two mobile clinics The cost will be charged 100%. Lab supplies</p> <p>Hemocure cuve 4 bottle @ 22.30=\$ 89.2 Stool container (100 pieces) 5 sac @2.549=\$12.7 Urine container (100 pieces) 5 sac @ 2.549= \$12.7 Yellow tips (1000 pieces) 5 sac @1.593 = \$7.95 Blue tips (500 pieces) 5 sac @1.593= \$7.95 TWBCs solution 3 litter @1.2745= \$3.81 Microscope oil 5 bottle @ 1.2745=\$ 3.81 Giemsa stain 5 litter @9.56= \$47.8 Total = \$166.7</p> <p>Assorted Essential drugs and medical supplies: Amoxicillin 125 mg syrup 4299 bott @0.77= \$3310 Amoxicillin 200mg syrup, 4299 bott @0.77= \$3310 Metronidazole 125mg syrup 3000 bott @ \$0.77/bottle= \$2310 Metronidazole 200mg syrup 3000 bott @ 0.77= \$2310 Metronidazole 250mg tablet 4000 strip @0.48= \$1,920 Co-trimoxazol syrup 3000 bott @ 0.769= \$2,307 Co-trimoxazol 480 tablet 5000 strip @ 0.31= \$1550 Paracetamol syrup 3000 bott @ 0.63= \$1,890 ORS 580 box @ \$11.152= @\$6468.2 Fefol 5000 strip @ 1.21= \$6050 folic acid 5000 strip @0.159=\$795 Coartem 2 tablets, Coartem 3 tablets, Coartem4 tablets, Paracetamol suspension/syrup Total = \$30443.2</p>						
2.15	Furniture for PHCCs & Mobile clinic	D	1	4,852.00	1	100.00	4,852.00
	<p>This line will be used to procure furniture to two mobile teams (plastic chairs and tables etc.) Adila PHCC and AI Gora Basic Health Unit (recycle bins, delivery and examination beds cupboards dressing sets and dress). This will be funded 100% by the grant. Breakdown:</p> <p>NO Discription Unit UNIT cost QTY total 1 Plastic chairs Dozen 62 4 248 2 Plastic Tables PCE 21 6 126 Office Table PCE 236 4 944 3 Metallic seat PCE 56 14 784 4 recycle bins PCE 8 10 80 5 deivery beds PCE 170 3 510 6 examination beds PCE 170 3 510 7 Cupboard PCE 250 6 1500 8 Derssing set Set 50 3 150</p> <p>total cost \$4852</p>						
2.16	Support Relief and Development Committees & CHPs	D	1	9,140.00	1	100.00	9,140.00

	<p>ARC will conduct Participatory assessment of self-assessment. This will help the community leaders and volunteers understand the key hygiene and environmental risks and take ownership of the plans and activities necessary to build and sustain hygiene awareness</p> <p>ARC team, CRD Committees and volunteers will develop the plan and time table of the community hygiene activities, services and events. ARC will implemented in Adilla and Abujabra. The cost will be 100% funded under this project as per below BoQ:</p> <p>1 Refreshment for HNW volunteers during meetings person 30 \$20.00 100% \$600.00  2 Cost of develop and print out stationery Set 1 200 100% \$200.00  Total 100% \$800.00</p> <p>Training of CRD Committees  Relief and Development Committees will be trained for 3 days in basics of health, community sensitization and ways through which they can support ARC to improve quality of health services.  Breakdown: CRD training (1) x \$1842 x100%=\$1842</p> <p>Support Quarterly meeting of CRD committees: quarterly meetings to discuss health issues, achievements and successes regarding their roles and responsibilities in their respective villages.  Breakdown: 2 VHCs x \$92.23 x 4meetings/year x 100% =738 \$</p> <p>Also ARC Support H/N/Ws with In-kind incentive including (soap , dates , sugar )  Breakdown 10 person * \$39 * 12month = \$4680  Cost for printing out manuals = Design of Manual PCE 1 \$600.00 \$600.00</p> <p>2 Print Out of Manuals PCE 80 \$6.00 \$480.00</p> <p>Total cost \$1,080.00</p>						
2.17	Incentives for WES and SMOH staff	D	6	100.00	12	100.00	7,200.00
	<p>Through out this project life ARC will support 6 persons from line ministries seconded Staff 2 in Adilla and 4 in Abujabra ( 3 water technician from WES and 3 hygiene and sanitation technician from SMOH ) to provide technical guidelines to community and community structure in implementing and quality monitoring WASH activities. person x \$100 /month x 12 months x 100 % = \$ 7200</p>						
2.18	Provision of dignity kits and family( hygiene kits)	D	1	60,367.50	1	100.00	60,367.50
	<p>Under this line ARC will distribute dignity hygiene kits for 4,000 ( 2480 in Abujabra &amp; 1520 in Adilla ) adolescent girls and women in reproductive age living in , the dignity kits kits will include Sanitary pads ,Underwear ,Hand soap , Toothbrushes ,Tooth paste and BoQ as Following</p> <p>No Item Unit Quantity Unit cost Total Cost</p> <p>1 Sanitary pads Roll 8000 \$1.00 \$8,000.00</p> <p>2 Underwear PCE 4000 \$2.00 \$8,000.00</p> <p>3 Hand Soap PCE 4000 \$1.00 \$4,000.00</p> <p>4 Toothbrushes PCE 4000 \$1.00 \$4,000.00</p> <p>5 tooth paste PCE 4000 \$1.00 \$4,000.00</p> <p>Total \$28,000.00</p> <p>Under this line ARC will distribute hygiene kits including empty jerrican 20 liters capacity, soap : ARC will distribute 6670 empty jerrican 20 liters capacity and and 1655 carton of soap 3.2 keg per cartoon for 3335 ( 2635 in Abujabra and 700 in Adilla ) household , two jerrican per household . the jerricans will be only one time during the project lifetime while the soap will be 5 PCS per household for three time during the project live times</p> <p>ARC will assure that women headed household, pregnant and lactating women , elderly and people with disability will be prioritize in jerrican distribution .</p> <p>Breakdown (Family hygiene kits)</p> <p>No Item Unit Quantity Unit cost Total Cost</p> <p>1 plastic Jerry Can size 20 Litre PCE 6670 \$1.90 \$12673</p> <p>2 Bar Soap 180 Gram Per PCE, 45 PCE per carton. CTN 1655 \$11.90 \$19,694.50</p> <p>Total \$32367.5</p>						
2.19	Construction of 300 household latrines	D	300	139.38	1	100.00	41,814.00

Through this project ARC will construct 300 household latrines from locally available materials and will be charged 100% under this project. and this include including concrete slab 0.8m wide x 0.8m length x 0.05 m thickness with foot rest and downward lining of latrines with sand filled sack for stabilization of the latrine , 100 in Adilla 200 in Abujabra for out of camp refugees. ARC will provide the latrine materials, including the sanitary slab, superstructure elements such as wooden poles and bamboo screens, the sanitary slab hole cover and ebrig (the hand washing facility), and will also identify sites for latrines. 6000 individual will be benifited from this activities.

this including 1 Screen/Superstructure

2 Bamboo Sheets with good texture ,Size 1.5 meter long \* 2 height. PCs 3 \$5.00 100% \$15.00

3 Bamboo Sheets with good texture Size 0.8 meter long(Width) \*2meter height PCs 1 \$5.00 100% \$5.00

4 Bamboo Sheets with good texture with Size 0.7 meter long \* 2 height. PCs 1 \$5.00 100% \$5.00

5 Wood pole 2 inch diameter \*2.5 meter long) PCs 8 \$2.41 100% \$19.28

6 Empty plastic sack for slab placing sack 4 \$0.63 100% \$2.52

7 provision of empty jute sack PCs 4 \$0.74 100% \$2.96

8 provision of bamboo stick 4 meter long for erection the superstructure PCs 5 \$0.50 100% \$2.50

9 Cost of materials transportation Item 1 \$1.22 100% \$1.22

10 Fabricated Bamboo cylinder 0.8 meter diameter and 2.5 meter long for lining the pit PCs 1 \$9.26 100% \$9.26

11 Plastic Rope Kg 0.3 \$2.41 100% \$0.72

0

12 Hand Washing facilities Ebrig Pcs 1 \$0.74 100% \$0.74

13 Hand washing soap CTN 1.3 \$12.59 100% \$16.37

13 Squat Hole Cover Pcs 1 \$5.19 100% \$5.19

Total Panels in USD \$85.76

\$-

2 Slab Plus two supported bam

2.01 Cement Bag 0.7 \$11.00 100% \$7.70

2.02 Gravel M3 0.05 \$80.00 100% \$4.00

2.03 Sand M3 0.04 \$80.00 100% \$3.20

2.04 10mm reinforcement bars -12m Length Pcs 1.5 \$15.00 100% \$22.50

2.05 Binding ware Kg 0.4 \$5.56 100% \$2.22

2.06 Unskilled and Skilled Labor Item 1 \$14.00 100% \$14.00

Total Slab \$53.62

total Latrine cost = \$53.62 + \$ 85.76 = \$139.38

2.20	construction of 2 new water points and rehabilitation of one existing water points	D	1	17,698.00	1	100.00	17,698.00
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	<p>Through the project Lifetime ARC will construct 2 water points in Adilla through provision of water storage tanks/Bladder 15M3 capacity , equipped with tap stands , 6 taps per each including construction of platform from cement brick , the platform will be properly dumped stabilized . No discription unit Qty Unit cost % Total cost</p> <p>1 water points PCE 1 750.0 100% 750</p> <p>2 Polythine 2 inch 90 meter long per roll roll 20 148.1 100% 2963</p> <p>3 Plastic storage tank Tiga capacity of 10 M3 PCE 3 2407.4 100% 7222</p> <p>4 GL iron pipe 2 inch 6 meter long PCE 6 148.1 100% 889</p> <p>5 fittings kits 20 3.7 100% 74</p> <p>6 briks for construction of storage base 1000 1500 0.9 100% 1389</p> <p>7 cements bag 42 11.1 100% 467</p> <p>8 Gravel M3 9 92.6 100% 833</p> <p>9 sand M3 12 74.1 100% 889</p> <p>10 Skilled and unskilled labor cost work 3 740.7 100% 2222</p> <p>total in USD 17698</p>						
2.21	Conduct one vector control campaigns	D	2	1,418 .00	1	100.00	2,836.00
	<p>under this project ARC will Provide logistic and financial support to SMOH to conduct larvicidal /and indoor residual spraying activities in Abujabra and Adilla to reduce the flies and insect density and reduce the public health threats/risk of vector bore diseases . ARC will provide the fund will the SMOH will provide the chemical , protective clothes and necessarily technical and semiskilled workers 1 Residual Indopr Spary Unit Unit Cost Quantity total Cost</p> <p>1.1 Rent vehicle - 1 cars for three days Vehicle \$58.00 3 \$174.00</p> <p>1.2 Incentive for sprayers for three days person \$20.00 30 \$600.00</p> <p>1.3 Incentive for Supervisor form SMOH 2 person person \$30.00 2 \$60.00</p> <p>2 Larva spray</p> <p>2.1 Refresh Training 10 Person person \$40.00 10 \$400.00</p> <p>2.2 Incentive for sprayers person \$10.00 10 \$100.00</p> <p>2.3 Bucket 25 Pcs size 20 litters PCE \$2.00 12 \$24.00</p> <p>2.4 Incentive for Supervisor form SMOH 5 Persons person 30 2 \$60.00</p> <p>Total cost \$1,418</p>						
2.22	Inception and Review Meetings	D	2	1,845 .00	1	100.00	3,690.00
	<p>ARC will conduct an inception and a mid term program review meeting of logistic, finance and program staff for planning and reviewing progress of the project in Khartoum. The cost of each of both events is estimated around \$ 1845 each, which includes Lunch \$15x 20 staff x 2 days =\$600; Meeting Hall rental \$50 x 2 days = \$100, Stationary @ \$5 for 20 persons once; 03 Banners @ \$15 each; Return Travel for 5 employees (Khartoum-Eddaain) @ 200 each</p>						
2.23	Rehabilaition of five boreholes 2 in Abujabra and 3 in Adilla localities	D	5	37,69 1.50	1	100.00	188,457.50

	<p>No Description Unit Quantity Unit Cost Total (USD)</p> <p>1 Water Source fencing</p> <p>1.01 F§ Foundation: Provide labor to dig the Foundation trench 0.5 m wide and 0.5 m deep, 60m x 40 m. m2 160 \$4.00 \$640.00</p> <p>1.02 Wall construction: Provide labors and bricks to construct brick masonry walls using 1.5 brick of approved quality m2 350 \$12.00 \$4,200.00</p> <p>1.03 § Plastering: Provision of labor for cement and sand plastering of the water points walls: m2 735 \$7.00 \$5,145.00</p> <p>1.04 § Provide and Install the metallic door, 2.4 m x 1.8 m made of 3mm thick metallic sheet mesh, pcs 1 \$477.00 \$477.00</p> <p>1.05 § Wall construction: Provide labor and brick for constructing the brick masonry walls using 1.5 brick of approved quality, kiln burnt bricks in clay mortar including raking of joints, scaffolding etc. m2 110 \$27.00 \$2,970.00</p> <p>2 two Public Tap stand</p> <p>2.01 § Dig foundation pit with dimension 4 m*2m *0.2 m length wide and thickness respectively and remove the soil away from the site to lay the concrete base of the tap stand pit 2 \$503.00 \$1,006.00</p> <p>2.02 § Provide materials and construct one brick thick wall 1m high*2.5m long *1.2 m wide using bricks and mortar mix. 1:6 as shown in the drawings and according to specifications. slab 2 \$526.00 \$1,052.00</p> <p>2.03 § Provide materials and construct one brick thick wall 1m high*2.5m long *1.2 m wide using bricks and mortar mix. 1:6 as shown in the drawings and according to specifications. wall 2 \$737.00 \$1,474.00</p> <p>2.04 § Provide construction materials and construct 0.05m layer thickness of mass concrete (1:3:6) on the top of brick wall of the tap stand with slope to let water slab 2 \$970.00 \$1,940.00</p> <p>2.05 § Provide distribution network GL Pipe 3"with necessary fittings, valves and carry out plumbing work to fix in let (elevated tank) and connected with outlet GL 4 \$108.00 \$432.00</p> <p>2.06 Provide and Install 20 taps of 1 " (inch) diameter on the distribution pipe above. Tap 20 \$11.00 \$220.00</p> <p>2.07 Construct trench of the soak away pit filed with broken red brick with dimension 2m *2m *1 m; wide, PCs 1 \$900.00 \$900.00</p> <p>3 Reinforcement concrete slab</p> <p>3.01 § Dig pit with dimension 25 meter long *3.5 meter wide *0.5 meter deep and take the soil away Pit 1 \$256.00 \$256.00</p> <p>3.02 Provide materials and construct floor using red brick 3.5 meter wide* 25 meter long *0.25 meter thickness work 1 \$934.00 \$934.00</p> <p>3.03 Provide materials and construct a reinforced concrete slab with dimension 25 meter long m3 18 \$16.00 \$288.00</p> <p>3.04 § Cure the reinforced concrete slab for 7 days work 1 \$488.00 \$488.00</p> <p>4 Distribution System</p> <p>4.01 Provide Gl pipe 3 inch and all necessary fittings to replace any damage or leakage in the pipe network and extension required Pipe 3 \$158.00 \$474.00</p> <p>4.02 § Install two-donkey container filling 2 meter height using galvanized pipe 2 " and install separate valve. work 1 \$316.00 \$316.00</p> <p>5 Elevated Steel tank</p> <p>5.01 Replace existing flow meter elevated tank outlet 3 " and carry out the plumbing work. PCs 1 \$400.00 \$400.00</p> <p>5.02 Repair tank body including welding, painting (tank bottom, roof and tank side) and repainting any leakages or defect. Job 1 \$500.00 \$500.00</p> <p>6 bore hole</p> <p>6.01 § Dismantle the old submersible pump with new one the pump should be 2" capacity 18-25 , with average of 150 m pump head including the changing the cable if required Pump and Job 1 \$2,000.00 \$2,000.00</p> <p>7 Generators</p> <p>7.01 Purchasing of new Generators KF Perkins 27 KVA Generator 1 \$10,451.50 \$10,451.50</p> <p>7.02 § Repair of generator pump house including replacement of the zinc sheets Spare part and Job/Generator 1 \$1,128.00 \$1,128.00</p> <p>Total \$37,691.50</p>						
2.24	Operation and maintenance of two existing boreholes , (1) in Adilla and (1) in Abujabra	D	2	1,440.00	12	100.00	34,560.00
	<p>Through this project ARC will provide fuel, lubricants, fittings, and technical guidance and support for the maintenance and operation of two existing boreholes, one in Adilla and the other in Abujabra and will be 100% funded under this SHF prject.</p> <p>No Item Unit Quantity Unit cost % Total in USD</p> <p>2x1440x12x100% = 34560 USD</p> <p>No Item Unit Quantity Unit cost % Total in USD</p> <p>1 Fuel 198 liters per drum for daily system Operation (5 liters per/hour*8 hours per day *30 day in month Drum 6 150 100% 900</p> <p>2 Engine oil 4 litters per gallon (8 letters per month ) Gallon 2 20 100% 40</p> <p>3 Fitting (1oil , fuel and Air filter per month respectively ) Kit 1 100 100% 100</p> <p>4 Water taps and regular maintenance of water pipelines Item 1 200 100% 200</p> <p>6 Contribution for Water management committee operational cost Months 1 200 100% 200</p> <p>Total Cost in USD 1,440</p>						
2.25	Water Qaulity monitoring , survallance and water treatment	D	1	100.00	12	100.00	1,200.00

	<p>ARC will conduct a biological test for fecal coliform bacteria to ensure the water is free from any harmful pathogens  Under this line ARC will support WASH management to do water quality monitoring biological test to ensure the water is free from any harmful. the unit cost including in kind incentive for the enumerators and water quality consumable :</p> <p>Unit cost QTY % Total cost  1x100x12x100% 1200 USD  No Discription Unit Unit cost QTY % Total  1 in kind incentive for the enumerators person 2 \$5.00 100% \$10.00  2 water quality consumable: PKT 10 9 100% \$90.00  Total \$100.00</p>						
2.26	Conduct WASH Coverage survey to assess at the beginning of the project to assess the actual gaps	D	1	2,220.00	1	100.00	2,220.00
	<p>Under this project ARC will Conduct WASH Coverage survey to assess at the beginning of the project to assess the actual gaps, before ending of the project to assess the quality of the implementation and the project progress and the possible outcomes .  NO Item UNIT Quantity Unit Price USD Total</p> <p>1 Photo coping of WASH Coverage survey questionnaire PC 300 \$0.40 \$120.00</p> <p>2 Enumerators incentives /data collection cost Item 20 \$30.00 \$600.00</p> <p>3 meal for 30 personx5 days during training and Data collection Item 20 \$15.00 \$300.00</p> <p>4 Refreshment /soda for 30 personx5 days during training and Data collection PC 20 \$5.00 \$100.00</p> <p>5 data entering cost Item 300 \$3.00 \$900.00</p> <p>6 Abron with WASH coverage survey related messages PC 20 \$10.00 \$200.00</p> <p>Total \$2,220.00</p>						
2.27	construction of 1 VIP latrine with 4 drop holes in Algura PHC unit.	D	1	4,909.20	1	100.00	4,909.20
	<p>ARC will construct one latrine with 4 drop holes Algura Basic health Unit unit from permenet materials (red brick, cement, and zinc roof as part of integration WASH in Health facilities and will be Funded 100% under this SHF project and 4000 individual will benfited from this activity.  Description Unit Total Quantity Unit price USD Total price USD</p> <p><b>MATERIALS</b>  Iron bar 6 mm x 12 m Piece 22 10 230  Cement bag 50 kg Bag 24 12 290  Gravel m3 5 69 345  Sand m3 12 52 621  Mesh wire kg 1 10 10  door Piece 4 86 345  bricks first class 1000 bricks 22 48 1062  Vent pipe good materials Piece 4 69 276  mosquito net m2 1 7 7  Paint tin 2 17 34  Vent window Piece 4 26 103  Water for construction sum 1 207 207  Zenic sheet 12 yard good quality for Roofing Sheet 7 14 97</p> <p><b>WORKFORCE</b>  Contract Man 1 862 862  Digging Pit 5 meter long *2 meter width *3 meter depth m3 30 14 414  leveling the land finshing activities work 1 103 103</p> <p>TOTAL MATERIALS 3,529.89  TOTAL WORKFORCE 1,379.31  TOTAL 4,909.20</p>						
2.28	Replacement of 100 filled up latrines	D	100	95.30	1	100.00	9,530.00

	<p>ARC will help the South Sudanese refugees to decommission and replace 100 filled latrines in Abujabra to serve 2000 individual . ARC will provide latrine materials including downward lining of latrines with sand filled sacks, plastic sack for stabilization of latrine , provide training on latrine reconstruction, and will coach the community hygiene promoters to follow up the latrine replacement and provide timely feedback for improvement.</p> <p>Female-headed households, pregnant women, elderly, and people with disabilities will be prioritized in the latrine replacement. and this activity will be 100% funded through this SHF project. SNO Particulars Unit Quantity Rate % Amount SDG</p> <p>2 Bamboo Sheets with good texture ,Size 1.5 meter long * 2 height. PCs 3 7.4 100% 22.2</p> <p>3 Bamboo Sheets with good texture Size 0.8 meter long(Width) *2meter height PCs 1 5.6 100% 5.6</p> <p>4 Bamboo Sheets with good texture with Size 0.7 meter long * 2 height. PCs 1 5.6 100% 5.6</p> <p>5 Wood pole 2 inch dimeter *2.5 meter long) PCs 8 2.4 100% 19.3</p> <p>6 Empty plastic sack for slab placing sack 4 0.6 100% 2.5</p> <p>7 provision of empty jute sack PCs 4 0.7 100% 3.0</p> <p>8 provision of bamboo stick 4 meter long for erection the superstructure PCs 5 0.7 100% 3.7</p> <p>9 Cost of materials transportation Item 1 1.2 100% 1.2</p> <p>10 Fabricated Bamboo cylinder 0.8 meter diameter and 2.5 meter long for lining the pit PCs 1 9.3 100% 9.3</p> <p>11 Plastic Rope Kg 0.3 2.4 100% 0.7</p> <p>12 Hand Washing facilities Ebrig Pcs 1 0.7 100% 0.7</p> <p>13 Hand washing soap CTN 1.3 12.6 100% 16.4</p> <p>13 Squat Hole Cover Pcs 1 5.2 100% 5.2</p> <p>Total cost in USD \$95.3</p>						
2.29	Conduct 24 clean up campaigns (12 in Abujabra and 12 in Adilla	D	2	291.30	12	100.00	6,991.20
	<p>ARC will support the WASH committees in Adilla and Abujabra to conduct 24 clean-up campaigns, 12 in Adilla and 12 in Abujabra. The CRD committees will mobilize and sensitize the community to participate in the campaign, collection and transportation of their garbage to the final disposal points. ARC will centralize sanitation tools kits including rakes, shovels, local baskets, local brooms, and grass cutters with the CRD committees to be used during the campaign. number of 16674 individual will be benifited from these campaigns. this activity will be funded 100% under SHF project and though project lifetime.</p> <p>No Item Unit Quantity Unit cost % Total Cost</p> <p>1 Provision of new wheel barrows to WASH committee in South Darfur state pcs 1 \$60.00 100% \$60.00</p> <p>3 Provision of Rakes WASH committee in East h-Darfur state pcs 3 \$10.00 100% \$30.00</p> <p>4 Maintenance of old f Wheel Barrow in Abujabra - East darfur pcs 10 \$20.00 25% \$50.00</p> <p>5 Maintenance of Shovels in Abujabra pcs 10 \$3.00 25% \$7.50</p> <p>6 Maintenance of Rakes pcs 4 \$2.90 50% \$5.80</p> <p>7 Powder soap Sack 4 \$7.00 100% \$28.00</p> <p>8 Provision Soap to participants for Hand washing after Carry-out of the cleaning campaigns Carton 10 \$11.00 100% \$110.00</p> <p>Total \$291.30</p>						
	<b>Section Total</b>						<b>548,491.81</b>
<b>3. Equipment</b>							
3.1	Computers Laptop and accessories	D	2	1,015.00	1	100.00	2,030.00
	Two Laptops computers for project staff it budgeted @ \$1015 each for reporting 2 laptops x \$1015 x 100% = \$ 2030						
	<b>Section Total</b>						<b>2,030.00</b>
<b>4. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>5. Travel</b>							
5.1	Rent 02 small car for Adilla office	S	2	858.00	12	8.40	1,729.73
	02 vehicles for ARC Adilla office apportioned at 8.4% each @\$858 x12 months = 1729.73						

5.2	Domestic Air travel for program support	S	6	200.00	1	100.00	1,200.00
	<i>6 visits @\$ 200 to cover the cost of travel and return between Khartoum and Eddaien during one year</i>						
5.3	Per Diems - staff apportioned	S	6	100.00	1	100.00	600.00
	<i>Per diem for travelling Staff @\$100/visit for 6 visits</i>						
5.4	Vehicle rental for mobile clinic	D	2	858.00	12	35.00	7,207.20
	<i>This line will be used for operational costs and cover rental of vehicles and fuel. The costing will be funded 35% by the grant. 2 Vehicles\$858 x12X35%=\$7207.20</i>						
	<b>Section Total</b>						<b>10,736.93</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	ARC Office & staff Guesthouse Rent (apportioned)	S	2	880.00	12	10.00	2,112.00
	<i>Office rent partially charged for the space/rooms used by the project staff @10%</i>						
7.2	Staff guesthouse Supplies	S	1	492.57	12	10.00	591.08
	<i>Staff accommodation supplies used by the project staff @10%</i>						
7.3	Furniture for Adilla office/GH (apportioned)	S	1	4,000.00	1	20.00	800.00
	<i>Furniture for ARC office /accommodation @ 20%</i>						
7.4	Visibility	S	1	3,006.00	1	100.00	3,006.00
	<i>Cost budgeted for Logo of donor and ARC and other partners need to disseminate widely will make stickers, banars, lab coat wearing coat with logos as well as stick the logos and banner during trainings, sign boards. Sign board: 2 x 56 \$ = 130\$ Sign boards with health education message: 10 x 65\$ = 650\$ Lab coats 30x16\$ = 484 Jacket cloth 60x19\$ = 1161\$ Break down 1 * 3006 \$ *1 = \$ 3006</i>						
7.5	Repair & Maintenance (Office & Guest house)	S	1	700.00	12	10.00	840.00
	<i>Repair and Maintenance Cost of ARC office and Accomodation - apportioned at 10%</i>						
7.6	Generators Maintenance & repair	S	1	200.00	12	10.00	240.00
	<i>Generator repair and maintenance in ARC office . Apportioned at 10%</i>						
7.7	Generator Fuel costs for ARC office- apportioned @ 20%	S	1	100.00	12	20.00	240.00
	<i>Generator Fuel costs for ARC office- apportioned @ 20% of total costs</i>						
7.8	Communication - cell phone	S	10	4.84	12	20.00	116.16
	<i>Cost of air time for 10 staff members of PHCC, mobile teams and ARC staff @ 4.84/staff/month- Apportioned @20 %</i>						
7.9	Communication Internet	S	10	38.70	12	20.00	928.80
	<i>Airtime for 10 internet sticks @ \$38.7/month/staff member for reporting and communication. Apportioned at 20%</i>						
7.10	Software Licensing Fees	S	1	1,500.00	1	20.00	300.00
	<i>This one time cost will cover the lisencing fees of Serenic and other softwares. Apportioned @ 10%</i>						
7.11	Bank Changes	S	1	50.00	12	100.00	600.00
	<i>This head is budgeted to support the bank charges on transactions @\$50/month</i>						
7.12	Repair and maintenance of IT Equipment	s	1	100.00	12	20.00	240.00

	<i>Repair and maintenance of computers and other IT equipment @ 20%</i>		
	<b>Section Total</b>		<b>10,014.04</b>
<b>SubTotal</b>		1,317.00	<b>635,512.37</b>
Direct			607,508.60
Support			28,003.77
<b>PSC Cost</b>			
PSC Cost Percent			7.00
PSC Amount			44,485.87
<b>Total Cost</b>			<b>679,998.24</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
East Darfur -> Adila	60	10,829	10,028	2,016	1,028	23,901	<p>Activity 1.1.1: Essential Primary Health care services through PHCC and mobile health clinics: ARC will provide a basic package of primary health care services to ...</p> <p>Activity 1.1.2: Strengthening the capacity of Health Teams: Trainings of PHCC staff and mobile medical teams will be conducted to improve their capacity to provide...</p> <p>Activity 1.1.3: Ensure availability of essential medical equipment, drugs, supplies and vaccines: ARC will ensure the regular provision of essential drugs in the P...</p> <p>Activity 1.1.4: Establish a Functional Referral System between Communities and PHCC: ARC mobile and outreach teams will establish a functional referral system wit...</p> <p>Activity 1.1.5: Promoting healthy behaviors through outreach Health education activities: ARC's health/WASH educators with liaison with community leaders to mobiliz...</p> <p>Activity 1.1.6: Provision of health and referral services to survivors of SGBV: ARC will recruit two psychosocial counselors (one in each locality) to provide psy...</p> <p>Activity 1.1.7: Training of medical staff on clinical management of Rape: ARC will coordinate with UNHCR, UNFPA and SMoH to build the capacity of 20 technical sta...</p> <p>Activity 1.1.8: Monitoring of Facility based and Outreach Health activities and collection of reports</p> <p>Activity 1.1.9: Conduct quarterly Joint supportive monitoring visits with SMoH</p> <p>Activity 2.1.1: Provide basic EMoNC services at PHCC in Adila localities. These services will also include basic reproductive health care services including ANC, PN...</p> <p>Activity 2.1.2: Ensure availability of adequate reproductive health supplies in the health facility (Adilla, Habib Suleiman and Wadjoda PHCCs) including clean delive...</p> <p>Activity 2.1.3: Provision of Antenatal and Post Natal services and management of STIs through mobile services</p> <p>Activity 2.1.4: Establish a referral systems from communities with existing 03 PHCC, 02 mobile clinics and then onward to higher level facilities and provide support...</p> <p>Activity 2.1.5: Prevention of communicable diseases through Vaccination: Vaccinators will provide vaccination services through facility based and outreach operati...</p>

East Darfur -> Abu Jabra	40	3,668	4,002	4,169	4,835	16,674	<p>Activity 3.1.2: Rehabilitation of Five borehole 3 in Adilla and 2 in Abujabra localities :The needs assessment and community consultations in targeting rural areas...</p> <p>Activity 3.1.3: ARC will conduct a biological test for fecal coliform bacteria to ensure the water is free from any harmful pathogens in collaboration with SMoH. ARC...</p> <p>Activity 4.1.2: Replacement of 100 filled latrines: ARC will help the South Sudanese refugees to decommission and replace 100 filled latrines in Abujabra. Access to ...</p> <p>Activity 4.1.3: Conduct 24 clean up campaigns: ARC will support the Community Relief and Development Committees (CRDCs) in Adilla and Abujabra to conduct 24 clean-u...</p> <p>Activity 5.1.2: TTC (Timed and Targeted counseling) through PHAST and Baby WASH in combination with the Health and Nutrition messaging.</p> <p>Through improving the beh...</p> <p>Activity 5.1.3: Distribution of dignity hygiene kits for 4,000 ( 2480 in Abujabra &amp;1520 in Adilla ) adolescent girls and women in reproductive age living in , the di...</p>
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Documents	
Category Name	Document Description
Budget Documents	ARC 7823 TRC.1.xlsx
Budget Documents	ARC 7823 TRC.2.xlsx
Technical Review	ARC_RCF_TRC-1 - HFU comments.doc
Technical Review	SHF-ARC-HealthWASH-ED-RCFrev.doc