

Requesting Organization :	Concern Worldwide			
Allocation Type :	2018 – SHF 1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		50.00		
WATER, SANITATION AND HYGIENE		50.00		
		100		
Project Title :	Integrated Health and WASH Project for the Prevention of Water Born Diseases in Abu Zabad and Lagawa Localities in West Kordofan State.			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SUD-18/HSD20/SA1/H-WASH/INGO/7734	
Cluster :		Project Budget in US\$:	629,705.24	
Planned project duration :	12 months	Priority:		
Planned Start Date :	01/04/2018	Planned End Date :	31/03/2019	
Actual Start Date:	01/04/2018	Actual End Date:	31/03/2019	
Project Summary :	<p>Concern Word Wide (CWW) would like to contribute and link to HRP2018 Output 2 by an integrated health/WASH intervention to prevent new outbreak of waterborne diseases in West Kordofan (WK) sate. The proposed project will be part of an overall community-based health and WASH service strengthening strategy developed and adopted by CW based on WHO guidelines. The intervention will be triangulated by funding from OFDA to deliver a comprehensive, community-led health and WASH intervention in Lagawa and Abu Zabad localities focusing on the following activities:</p> <p>HEALTH: Community health, hygiene and sanitation promotions: media campaigns, meetings, forums, home visits, in 17 communities and 4 health facilities about the prevention of water born disease including AWD.</p> <p>Capacity building: h/workers (4 Health Facilities) on surveillance system and universal precaution/infection control, formation/training of Rapid Response Teams (4), establish/train Community Health and Hygiene Committees, establish/train Community Hygiene/Health/promoters on hygiene promotion and disease surveillance, Support the MoH in the EWRS roll out, conduct public health alert, investigation, verification and response, incentives for health facility staff and community promoters and Rapid Response Team, Pre-positioning essential drugs/supplies to AWD preparedness and response</p> <p>WASH: Rehabilitation of water sources (2) , conduct water quality test monitoring and treatment (at water points and households), water source management workshop and roll out plan implementation, construction/renovation of sanitation and h/washing facilities in schools (4), and health facilities (4), Distribution of NFI hygiene kits (jerry cans, soap)</p> <p>Close collaboration with State line ministries (MoH and WES) and coordination with UN Agencies, and local communities, CWW will in crease the health and WASH coverage throughout the planning, implementation, monitoring and evaluation phases of the project. SMOH will actively be involved by leading in the capacity building training activities such as Rapid Response Team training, EWRS training for health workers and communities, planning and execution of the preparedness plan. hygiene promotion and sanitation campaigns. WES will be the technical lead in the execution of the hard components of WASH activities such as rehabilitation of waster yards, establishment of elevated tanks, water chlorination services, training of water technicians and water user committees and construction of school latrines.</p> <p>Concern will also integrate the project activities with other services implemented/supported other stakeholders such as SMOH, WES, UNICEF WHO and other NGOs working in the localities by complementing the effort and not duplicating. Prior to the start of the project implementations CWW will coordinate with all stakeholders/actors to ensure the existing services in the prevention of waterborne diseases are strengthened and priority non-existing services are implemented.</p> <p>Global Aid Hand (GAH) national partner will be implementing the community level interventions e.g. training for volunteers, community mobilization and the hard/soft components of the school hygiene promotion.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
52,925	79,388	14,885	18,193	165,391

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	46,829	70,497	12,667	15,296	145,289
Internally Displaced People	5,699	8,249	1,888	2,537	18,373
Other	397	642	330	360	1,729

Indirect Beneficiaries :

The Indirect Beneficiaries will be 275,653 individuals; who are mainly the families of the children under fives, the group at risk of been affected by Acute Watery Diarrhea.

Catchment Population:

The total catchment population for the two localities are 275,653 individuals(Lagwa- 113,678 and Abu Zabad-161,975)

Link with allocation strategy :

The CW proposal responds directly to the Sudan Humanitarian Fund 2018 1st Standard Allocation (2nd envelop). As well as the 2018 HRP outcome two (2), AWD Strategy by the Sudan WASH sector AWD task force (2017), as well as the refugee response plan. Also, Abu Zabad and Lagawa Localities in West Kordofan the geographical scope defined in the first round of the 2018 Allocation Strategy Paper (13 states of which WK is part).

CW has an active presence in the State together with the local partner Global Aid Hand (GAH), The project will response acute need for health and WASH education and promotion, community awareness for behavior change, capacity building of key actors, and strengthening existing water and sanitation services, as part of the eligible action of the call.

CWW will work in close collaboration with State MoH, WES, UN agencies, GAH national organization, other national and international organizations, and the beneficiary communities to increase the Health and WASH coverage through water safety programming (chlorination, training and water testing/treatment), community lead total sanitation, health & hygiene behavior changes at public infrastructures (health centers, schools) as well as household level. CWW will link its implementation strategy to the AWD strategy of the State MOH by encouraging the state health experts in facilitating training for the community volunteers, community health committees, health workers on water born disease including AWD preparedness and prevention. Hygiene promotion campaigns both and at community and institutional levels will be conducted. There will be a close collaboration with WES in the execution of hard components of WASH activities. CWW has already conducted an informal needs assessment through secondary data gathering from WES/MoH on affected population and villages. This primarily information will be verified during the beginning of the project to fully map the needs at grassroots level and address them throughout the implementation period.

As recommended by SHF guidelines, the proposed project will mainstreams crosscutting issues such as gender, protection and environment protection to ensures a comprehensive response. • Gender: CW and GAH will ensure that the intervention carry out a larger participation of women to ensuring inclusion of women in decision making roles and responding to specific women's needs such as GBVs, pregnant and lactating mothers (PLWs). Accountability: will be achieved through practical approaches such as inclusion of communities in project design and monitoring, and instituting community feedback mechanisms such as 'suggestion boxes'. CW is a certified member of HAP and incorporates HAP accountability mechanisms in all its programming. Protection and 'Do No Harm' : are integrated by ensuring targeting, project site selection and selected interventions do not increase vulnerabilities by compromising safety and security. The protection of women, and girls will be an important focus during the implementation, particularly through the services of the health facilities. Global Aid Hand, our sub-granted partner will take the lead during the implementation to ensure that protection referral mechanisms work (child protection and GBV in particular). CW strictly applies neutrality by targeting all sections of the community.

CWW is one of the listed and eligible SHF NGO partners and rated as a low risk partner. The proposed project is in line with the Cluster prioritization strategies and sector specific priority localities for SHF 2018. CW has existing projects in West Korodfan funded by other donors and this funding will narrow the gap in the humanitarian needs.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
Global Aid Hand(GAH)	National NGO	132,585.84
		132,585.84

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

Other Funding Source	Other Funding Amount
Concern anticipates OFDA funding to cover health and nutrition services in the targeted localities.	200,000.00
	200,000.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

West Kordofan State in general and specifically Lagawa and Abu Zabad localities are prone to a cycle of natural disasters such as droughts and seasonal flooding because of climate change phenomena. Drought naturally triggers increases in epidemics such as water born disease including Acute Watery Diarrhoea (AWD)/Cholera and measles, some of which are cross-border outbreaks. In two of the localities, the lack of adequate essential social services such as clean water, adequate hygiene and sanitation services, access to basic health services and vital knowledge on health promotion and disease prevention have subjected the local communities and resulted disease outbreaks and increased morbidity and mortality among the most vulnerable population including children under 5 y., women and elder people. In addition, refugee influx from the neighbouring South Sudan, periodic tribal clashes and protracted dry spells have weakened the coping mechanism of the people in these localities, subsequently undermining the production and supply of food.

According to the Sudan IFRC report, 12th Sept 2017, after prolonged dry spell conditions for almost 8 months, heavy rains started in West Kordofan in mid-June 2017 and worsened since August, affecting more than 50% of the population living in West Kordofan. In Lagawa and Abu Zabad Localities, Cumulative total displacements directly attributable or related to flash flooding between 15 June and 31 August 2017, comes to 13,500 (IFRC, Sept 2017). Loss of livelihoods, mainly livestock, shortage of water, pasture and food due to the flooding have been responsible for these displacements.

Floods is also one of the factors that triggers increase in epidemics of water born disease including Acute Watery Diarrhoea (AWD) and measles. The recent Sudan Acute Water Diarrhoea situation report indicates that total of 23 cases in Lagawa and 247 cases in Abu Zabad localities and death of 7(30.4%) persons in Lagawa and 21(8.5%) persons in Abu Zabad were reported with attack rate 2.3% and 15.7% in Lagawa and Abu Zabad respectively.

Although there is no case and death reported during week 42 of AWD reporting calendar, which represents a significant reduction from the previous weeks, the risk of AWD outbreaks appear high and hence the need to scale up the prevention, preparedness and social mobilization capacities. Priority areas of focus in this regard will be the provision of training of staff and volunteers in prevention of outbreaks, active surveillance at community and facility levels, provision of sanitation facility and community level sanitation facilities, formulation of multi-sectoral preparedness plan, and enhanced community mobilization interventions.

2. Needs assessment

There was a state and federal level coordination with line ministries and cluster leads, before and during the development of this proposal. HEALTH: According to the HNO 2018 and data gathered from the SMOH emergency directorate, meeting with State HAC, there are high gap areas for community health services. Specifically, both static and outreach (esp. in rural areas) maternal and child health services are critical, including the provision of vaccinations (particularly for measles), Vitamin A supplementation, essential drugs provision, micro-nutrients for pregnant and lactating women, the distribution of ORS and zinc for treatment of diarrhoea, and malnutrition screenings and referrals. Health education messaging and hygiene behavior improvement (Information, Education, and Communication—IEC—and Behavior Change Communication—BCC) are also urgently needed to promote healthy behavior to reduce the risk of infectious water born disease. The target areas have incomplete coverage for emergency health services. There is also needs to strengthen the locality health management and EWR system through revitalizing existing ER plans, capacity building of Rapid Response Teams and provision of transportation and logistics support to carry out timely response to healthcare needs within localities. According to MoH reports, in September 2017, 13 people died from AWD.

WASH: CW conducted key informant interviews (WES, MOH and LNGOs).

ABU ZABAD Locality needs: the sanitation coverage is very low in the 11 villages visited. However, all have water yards, which have insufficient production. Most of the water yards in Taiba, Omdrasia and Jar Elasal villages have reserve tanks of small capacity in comparison with borehole yield – making the systems to operate below capacity. In Abgalb, Eldoss, Jar Elasal, some of the tap stands are broken and need repair. Generally in all the villages communities walk far distances to fetch water. Out of the 43 water, only 25 are fully functional (58%). Furthermore, WES notes that even with the working water yards, a big proportion of the community still has to walk far distances to fetch water. The 25 water yards still don't conform to the GoS National standards and still lack some components like animal water troughs, donkeys loading ramp and fencing. The mixing of animals and human drinking water predisposes the communities to diarrheal diseases. WES also reported that there are a total of 420 hand pumps – out of which 170 aren't is functioning (40%). The down time of a water point reflects either limited skills to conduct repair or lack of spares in the near market. CW staff also notes that there are no partners in Abu Zabad Locality except MOH and UNICEF. There are 102 schools – most of which don't have latrines to the required SPHERE 2011 or INEE 200. There are only 2 health facilities. According to MoH reports, in September 2017, 13 people died from AWD. LAGAWA locality: There are 6 Health Facilities. According to the latest MOH data, the 5 top diseases are: malaria, diarrheal dysentery, bilharzia, respiratory tract infection, and skin diseases. Out of the 13 villages surveyed, 7 villages have household latrines as a result of a robust MOH-UNICEF CLTS program. The villages are: Umdrata, Mahila, Nabagia ELgoz, Labora, Telaib, Elkhara, and Jangaro Eltawal. In terms of water supply through water yards, 8 villages have water yards while the rest don't have – save for Mahila village which has a hand pump. In sum, Lagawa Locality has 13 water yards for managed by WES. Of these, 5 are in good condition while 8 need repair and addition of other components like fence and animal trough taps and generators and water tank.

In both localities, the water is not treated at source nor household.

3. Description Of Beneficiaries

The project targets, vulnerable, drought and conflict affected male, female, boys and girls; from refugees, IDPs and host communities in the targeted localities in WK State. The project aims reach a total of 165,391 direct beneficiaries. Out of these 68,206 (21,826 Men; 32,739 women; 5,457 boys and 8,184 girls) live in 8 most affected villages in Lagawa locality which include; El Amara 1. El Amara 2, Karkadi, El-Araak, OM Shara, shangil, Sarfaya and El-Tarim villages. Another 97,185 (31,099 men; 46,649 women; 7,775 boys and 11,662 girls) live in 10 most affected villages in Abu Zabad Locality which include; El- Robos(1,2 and 3), Tartees, Al- Wahda West, Al-Wahda East, Gabirat, Abara and Abu Jalib villages. The intervention will focus on these communities and their catchment settlements. The primary selection of these communities were based on health data reports from MoH, and low level of water coverage reported by WES. Near to these communities there are two-two health facilities that will be in the target to provide an integrated response and reach as many people as possible.

The final selection of these communities will be completed during the first month of the project based of vulnerability ranking and risk mapping through a verification process with the involvement of MoH and WES in state and locality level. The project also aims to reach at least 100 (50% male and 50% female) leading committee actors in various functions, community health promoters and health facility staff (50% male and 50% female). It is anticipated that approx. 5,000/water yard renovation (following WASH standard) will benefit from the clean water. An average of 350 children (70% girls) will benefit the latrine renovation/school.

Generally, based on previous project interventions in the region, the percentage of women and girls in community activities in health, is slightly higher than that of men and boys respectively. Concern aims to give services to all people in the targeted areas targeting a mixture of Host community, IDPs and refugees to avoid any bias in the service delivery, which can trigger conflict. CWW will give services to all beneficiaries based on their needs, regardless of their gender, age, social-cultural and political affiliations although the project will develop a selection and verification procedure to reach the most vulnerable and to ensure that non-of the most needed will fall out of services. The project will consider those living with physical and mental disabilities, and during the selection and verification process they will be identified through the community protection system. Some activities e.g. awareness raising against e.g. water born disease including AWD, water provision will benefit the entire community although a special focus will be on the most vulnerable women, girls and children under five, who are in high risk of contracting these diseases.

Selection of schools for latrine construction/renovation will target highly populated schools where the risk of outbreak is higher. The MoH and WES will be also involved in the set up of ranking, the selection procedure and the verification process.

To ensure accountability to vulnerable communities, community leaders and active community actors will be involved in all beneficiary selection process with an active feedback mechanisms about how and why particular beneficiaries and communities have been selected.

4. Grant Request Justification

The proposed intervention links to the 2018 SHF 1st allocation (envelop 2) by carrying out an integrated WASH/HEALTH intervention with the close coordination and collaboration of State MoH/WES staff and communities and UN agencies. This project will be implemented in line with the allocation strategy and will contribute to "outcome three" of the 2018 HRP by increasing resilience and contribute to the reduction of malnutrition, improving health and WASH services and reduce the risk of water born disease that is a contributing result of malnutrition.

In Zagawa and Abu Zabad localities, The proposed interventions will include: health and hygiene education at community and hygiene promotion institutions (health, schools and market places), constructions of hand washing and sanitation facilities, community awareness on behavior changes with regards to waterborne diseases prevention through community sessions and awareness campaign and print media (posters and pamphlet), training of community health volunteers, community health/water committees, local water technicians and health facility staff. Early detection and reporting of waterborne diseases thorough linkage between the community and health facilities will be carried out.

Renovation of water yards, water quality control through water quality testing at water points and households, household water treatment will link to community resilience to water born disease and outbreak. CWW will also construct institution level latrines and hand washing station by the latrines. Based on the identified needs, the above interventions will prevent outbreak of waterborne diseases by addressing all the contributing factors identified through information gathered from the emergency health directorate at state level.

CWW will coordinate with all humanitarian stakeholders in locality, state and federal level including SMOH, HAC, COR, MOE, UNICEF, WHO offices, NGOs and INGOs intended for sharing information, coordinate intervention activities, linking country waterborne diseases strategy in the process of prevention of waterborne diseases and avoid duplication of activities. Further, Concern is also in the process of securing complementary funding from other donors for the targeted localities; especially Abu Zabad. This will most notably involve sourcing funds to implement complementary interventions to strengthen institutional health and WASH services.

5. Complementarity

CWW aims to link all activities to UN HRP 2018 strategic plan.

CWW is in the process of submitting a proposal to OFDA for health and nutrition services in Abu Zabad locality with an outreach services to other neighbouring localities such as El-Slaam and Dlbab Localities. This project will be implemented in a complementary manner in that OFDA funded project will mainly target to strengthen institutional curative and promotive health and nutrition services such as consultation and treatment of minor illness, health and nutrition counselling including hygiene promotion and breastfeeding, maternal and child health services such as immunization and ante-natal care services, treatment of SAM and MAM Children through OTP and TSFP programs. The outreach component of the proposed OFDA project will extend similar services implemented in hard to reach communities in the remote villages. However, the OFDA project will not implement community WASH activities such as rehabilitation of water sources, chlorination, water testing, family latrines distribution and sanitation campaigns. These activities will be done under SHF project in coordination and will be complementing OFDA and other existing project of similar objective. CWW also proposed to implement livelihood activities which will targeted the nutrition beneficiaries through income generating activities such as kitchen gardening, dairy goat's distribution and seeds distributions.

The SHF project will complement OFDA project by implementing health and WASH services at community levels aimed at preventing waterborne diseases outbreaks. These will include community awareness sessions, hygiene promotion sessions through community meetings and local media, improvement of quality of water supplies and capacity building of the community and local line ministries (SMOH and WES) among other activities. The two project will be planned and implemented to ensure adequate coverage of both preventive, promotive and curative health services and WASH services in the targeted localities.

The project will also complement any ongoing effort by the SMOH and WES in terms health and WASH services provisions in the targeted localities. This will include provision of buffer stock of the essential supplies, outreach health education and hygiene promotion services, water supplies services and sanitation campaigns conducted by local administrations and local leaders. The project will also be coordinate and will complement any other ongoing and planned effort by other actors such as UNICEF, WHO and other national and international NGOs. The intervention will continue coordination with health and WASH sector leads and will participate on any prioritization exercise linking to the Disaster Risk Management Cycle in the state.

LOGICAL FRAMEWORK

Overall project objective

To prevent waterborne diseases in vulnerable rural communities (men, women, girls and boys) through community mobilization, knowledge transfer, improved hygiene promotion practices, and to improve the capacity of the local health facilities in prevention and preparedness for an outbreak.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Strengthen the capacities to prepare, detect and promptly respond to public health risks or events at federal, state and locality levels	Outcome 3: NUTRITION AND RESILIENCE: Vulnerable residents in targeted areas have improved nutrition status and increased resilience	100

Contribution to Cluster/Sector Objectives : This intervention will focus on provision of preventive community level health, water, hygiene and sanitation activities to increase the level of resilience against water born disease and related outbreaks that weakens the health and nutrition conditions of the vulnerable population. This intervention, which is in line with the health sector objectives 1 and 2., will contribute to community preparedness and capacity building, and will strengthen the function of health facility through information sharing, awareness raising implemented in a complementary manner to reduce morbidity and mortality among the vulnerable population and enhance behavior changes among the targeted communities.

Outcome 1

Increased community engagement, knowledge and practices among men, women girls and boys on the prevention of Waterborne Diseases including Acute Watery Diarrhea.

Output 1.1

Description

Provision of health facility and community level health education/awareness linking with hygiene promotion to increase behavior changes for the entire community with special consideration the most vulnerable men, women, girls and boys in the targeted localities.

Assumptions & Risks

Access to targeted communities, community participation is active all throughout the project implementation,

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of people reached by various community awareness sessions and training					165,391
Means of Verification : Routine monthly reports from health facilities, monthly routine HMIS reports from the facilities, PDM, focus group discussions with beneficiaries.							
Indicator 1.1.2	HEALTH	Number of health education sessions					40
Means of Verification : Activity reports, photos and audio or video records.							
Indicator 1.1.3	HEALTH	Number of community awareness sessions conducted.					40

Means of Verification : Awareness session report, activity photos, copy of radio programme

Activities
<p>Activity 1.1.1</p> <p>Standard Activity : Conduct awareness / orientation sessions at the health facility for the community</p> <p>community health, hygiene and sanitation education sessions at community level.</p> <p>This activity will be implemented by GAH sub-grant partner. GAH in coordination and collaboration with Concern, and with SMOH, CHCs will Conduct weekly community/household level health and hygiene/sanitation sessions on the causes, signs and symptoms, prevention and actions required at community and household levels in case of water diseases such as AWD outbreaks. The education will also include the risky behaviors that can cause AWD such as community eating, improper handling of dead bodies and animal carcasses, not washing hands with water and soap before handling foods and after visiting latrines. This activities is aimed to improve knowledge and practices on waterborne diseases among men, women, girls and boys and will be conducted in the public gathering places such markets; during market days and households. GAH will conduct this activity in collaboration with SMOH public health department and working with community volunteers/promoters, community health committees and local implementing partner. There will be 18 communities in the to localities targeted through community awareness raising, GAH will use community volunteers and CHCs to implement the program and will actively involve the SMOH, community leaders, sheikhs/Imams and local administration throughout the process. Both Concern and GAH will use the SMOH and WHO guidelines for the community health education and awareness for the prevention of waterborne diseases. GAH and Concern together will develop roll out plan in coordination with SMOH, WES, WHO, UNICEF and community resource persons.</p>
<p>Activity 1.1.2</p> <p>Standard Activity : Conduct awareness / orientation sessions at the health facility for the community</p> <p>Community Health, hygiene and sanitation education sessions (routine health talks) at health facilities.</p> <p>This activity will be implemented by the sub-grant partner Global Aid Hand (GAH) GAH in coordination Concern, will support the SMOH in carrying out routine weekly health and hygiene education sessions in 4 main health facilities with highest number of public attendance. The health and hygiene education sessions will be carried out by the public health officers from SMOH and health promotion officers and supervisors from Concern. The sessions will be guided by the lesson plans and will be based on the SMOH health education strategies and WHO guidelines.</p> <p>The topics will include: causes, signs and symptoms, prevention and actions required at community and household levels in case of water diseases such as AWD outbreaks. The topics will also include the risky behaviours that can cause AWD such as community eating, improper handling of dead bodies and animal carcasses, not washing hands with water and soap before handling foods and after visiting latrines. Appropriate IEC materials will be used to enhance the understanding the audiences.</p> <p>The organization of these campaigns will be in close coordination and collaboration with the community volunteers around the health facilities who will not only mobilize the community but will also participate in the facilitation of health sessions.</p>
<p>Activity 1.1.3</p> <p>Standard Activity : Conduct awareness / orientation sessions at the health facility for the community</p> <p>Local media awareness campaigns on waterborne diseases(health and hygiene)</p> <p>This activity will be implemented by GAH. In addition to the weekly community awareness sessions conducted by GAH in the 18 villages in Lagawa and Abu Zabad Localities, GAH with the coordination SMOH will contract the local media (Radio Fula) to conduct weekly awareness sessions on waterborne diseases with focus on AWD to reach those who were not reached through regular weekly health talks. The topics will be designed in collaboration with SMOH and in line with WHO guidelines, and expats on the topics from SMOH will be invited to discuss short messages related to waterborne diseases which will aired and repeated on weekly basis. Influential members of the community such as Imams and tribal leaders will also be invited to the radio stations to encourage the communities to adopt good behaviours and practices to prevent occurrence of waterborne diseases. CW has previous experiences working with media awareness in South Kordofan. Good practices will be brought in the project success</p>

Output 1.2																													
<p>Description</p> <p>Training and capacity building of community recourse persons/actors and SMOH staff on the prevention of and preparedness for the waterborne diseases including Acute Watery Diarrhea.</p>																													
<p>Assumptions & Risks</p> <p>Access to targeted communities granted, funds and facilitators available to do the training.</p>																													
<p>Indicators</p> <table border="1"> <thead> <tr> <th rowspan="2">Code</th> <th rowspan="2">Cluster</th> <th rowspan="2">Indicator</th> <th colspan="4">End cycle beneficiaries</th> <th>End cycle</th> </tr> <tr> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Indicator 1.2.1</td> <td>HEALTH</td> <td>Number of health workers trained (disaggregated by gender)</td> <td>20</td> <td>20</td> <td></td> <td></td> <td>40</td> </tr> <tr> <td>Indicator 1.2.2</td> <td>HEALTH</td> <td>Number of rapid response teams trained and responding in a timely manner (HRP 2018).</td> <td></td> <td></td> <td></td> <td></td> <td>4</td> </tr> </tbody> </table> <p>Means of Verification : Training plans, reports and photos</p> <p>Means of Verification : Weekly surveillance report, Training plans, reports and photos.</p>	Code	Cluster	Indicator	End cycle beneficiaries				End cycle	Men	Women	Boys	Girls	Target	Indicator 1.2.1	HEALTH	Number of health workers trained (disaggregated by gender)	20	20			40	Indicator 1.2.2	HEALTH	Number of rapid response teams trained and responding in a timely manner (HRP 2018).					4
Code				Cluster	Indicator	End cycle beneficiaries				End cycle																			
	Men	Women	Boys			Girls	Target																						
Indicator 1.2.1	HEALTH	Number of health workers trained (disaggregated by gender)	20	20			40																						
Indicator 1.2.2	HEALTH	Number of rapid response teams trained and responding in a timely manner (HRP 2018).					4																						

Indicator 1.2.3	HEALTH	Training of community Health Committees on the community mobilization and health promotion.						18
Means of Verification : Training plans, reports, photos								
Indicator 1.2.4	HEALTH	Number of community health and hygiene promoters trained						80
Means of Verification : surveillance reports, training reports, participant list								
Indicator 1.2.5	HEALTH	Preparedness plan developed and ready for use by the actors and stakeholders at local and state level.						1
Means of Verification : Meeting minutes, workshop photos.								
Activities								
Activity 1.2.1								
Standard Activity : Conduct health education training for health staff								
Training for Health Workers in Health facilities on water born disease and prevention.								
<p>This activity will be implemented by GAH.</p> <p>In collaboration with WHO and UNICEF, and Concern, GAH will conduct training for health workers on water-borne diseases, including AWD and preparedness. GAH will support the training for the facility level staff (20 male and 20 female) on health early detection and diseases surveillance of waterborne diseases Using IMCI modules and other WHO guidelines and health education/counseling techniques using appropriate tools. The training will encompasses clinical detection, reporting mechanisms and appropriate actions to be taken regarding waterborne diseases linking to early warning system strengthening. The training facilitators will come from SMOH and the WHO health expats.</p>								
Activity 1.2.2								
Standard Activity : Formation and training of multi-disciplinary Rapid Response teams.								
Formation and Training of the Rapid Response Teams								
<p>In order to strengthen the rapid response mechanism at the locality and state levels, in collaboration with WHO and UNICEF, Concern will support the formation and training of a multi-disciplinary rapid response teams(2 teams of 10 people in each locality) to be deployed immediately to study the occurrence in case of outbreaks. The team will consist of a team lead (either separate or a member of the technical team), an epidemiologist from local ministry of health, a microbiologist from SMOH (locality)to collect lab samples, a clinician, a WASH/ environmental health specialist from WES, a social mobilization/communication expert, a representative from the local community and four members.</p> <p>The teams will trained in collaboration with SMOH and using SMOH emergency preparedness and response guidelines. The team will directly managed by the Emergency Department in the state ministry of health and will supported by Concern and WHO.</p>								
Activity 1.2.3								
Standard Activity : Conduct awareness / orientation sessions at the health facility for the community								
In collaboration with the SMOH, WHO and UNICEF CW will support the formation and training of 18 community health committees on community mobilization and health promotion services on waterborne diseases including AWD. The training will conducted separately at village levels for each CHCs and therefore 18 training sessions will be conducted. This activity will be implemented by the local partner in all the targeted villages. This activity will be implemented by GAH the national partner.								
Activity 1.2.4								
Standard Activity : Conduct health education training for health staff								
Select and Training of Community Volunteers/Health and Hygiene Promoters								
<p>This activity will be implemented by GAH.</p> <p>In collaboration with the SMOH, WHO, UNICEF and Concern, Global Aid Hand will support the formation and training of community health promoters(40 male and 40 female) on community mobilization and health and hygiene promotion, early detection and reporting of AWD cases including referral services. The community volunteers/health and hygiene promoters will provide support during the implementation of all community mobilization activities (awareness raising in the community, health facility, home visits, community campaigns and marking international days).</p>								
Activity 1.2.5								
Standard Activity : Support or conduct public health alert investigation, verification and response, including outbreaks.								
Develop emergency preparedness and response plan. Concern and SMOH will coordinate with other stakeholders such as HAC, MOE, WHO,UNICEF, Office of the State governor and other national and international NGOs working the state and the targeted localities to develop a preparedness and response plan for water born disease including AWD in case of any gaps in the prevention mechanisms. A comprehensive roll out plan will be formulated with all actors about their roles and responsibilities to avoid delays in case of responses needed.								
Additional Targets :								

WATER, SANITATION AND HYGIENE							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Address 90 per cent of the protracted IDPs, and continue to improve the level of WASH services to 1,89 million targeted people, who live both in and outside IDP camps.		Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	100				
Contribution to Cluster/Sector Objectives : The WASH component of the project is mainly designed to contribute to the second objectives of WASH cluster. The project will provide WASH services to 165,391 individuals including; IDPs, refugees and vulnerable host communities in the undeserved localities of Lagawa and Abu Zabad by providing essential water and sanitation needs that will support them in the process of improving their resilience against water born disease. The sector intervention will increase the access to water sources, will support the continuation of water quality testing to detect any deviation from the quality standard and timely respond by treatment. In line with the WASH objectives, the project will also renovate/construct sanitation facilities in the targeted health facilities and schools to improve the level of resilience through service provision.							
Outcome 1							
Increased quality and quantity of safe water supplies for 20,000 households (men, women, girls and boys) (including health facilities), and improved community sanitation status and solid waste disposal in the targeted localities to prevent outbreak of water born disease.							
Output 1.1							
Description							
Improve the quality and quantity of water supplies for the communities(men, women, girls and boys) in the targeted localities.							
Assumptions & Risks							
Funding available, TA approved on time and access guaranteed, WES in the state has adequate technical expertise to provide technical support, security allows access to local communities, ground water table adequate for rehabilitation of existing water sources.No outbreaks before the inception of the project.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of affected populations with access to drinking water (7.5 lcd).	5,500	6,500	3,500	4,500	20,000
Means of Verification : PDM data, technical report after renovation, WES technical monitoring data, interview with beneficiaries at water point and HHs							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of water quality testing and monitoring conducted					80
Means of Verification : PDM, monitoring test result data records, baseline/endline assessment, direct observation and interview with beneficiaries at water point and HH,							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	# of water system technicians trained					10
Means of Verification : list of participants, training evaluation document and training records							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of water points/hand pumps maintained and operated.					10
Means of Verification : WES maintenance records (spare parts bought, and fixed), Direct observation, photos at the targeted water points, focus group discussion with the Water Source Committee and water system mechanics							
Activities							
Activity 1.1.1							
Standard Activity : Construction, rehabilitation and/or upgrading of water sources and/or system (eg. handpump, water taps, hafir, solar panel, water tank etc.) at institution and/or community level							
Rehabilitate four (4) community water sources(boreholes) to increase the yield and quality of water supplies for the community							
As much as possible water sources will be selected near to the HF sites/ geographical locations, where possible and feasible, to ensure larger impact. Also bases on the epidemiological reports from the 2016/7 AWD response as reflection of potential epidemic for 2018/9 will be considered in order to reduce the risk of outbreak. A technical assessment shall be conducted prior renovation and the selection of sites has to consider the impact of HFs and schools near by. The assessment will include sanitary inspection information which shall also continue beyond the repairs to match the frequency of bacteriological tests. The rehabilitation of water sources will be selected based on technical assessment in coordination and collaboration with WES in State and locality level. The renovation work will be closely monitored and supervised by WES technical team and Concern WASH officer to ensure that the renovation meets WES/UNICEF technical standards. CWW has previous experiences in rehabilitation of water yards and hand pumps. These good practices will be applied for the rehabilitation work that will be carried out by experienced contractor/s after tender procedure. Tender applicants will be requested to submit a technical rehabilitation plan with a budget as part of the competitive procurement process. The selection of the contractor will be based on set requirements (technical and managerial) that CWW will set up with WES technical team. After rehabilitation, the BH shall be disinfected and water tests will be carried out based on WES standards to ensure that the water source fits to human consumption. Local community will be involved in the design of the rehabilitation (including women) to ensure their most important needs e.g. fetching platform are user friendly, water waste is limited. The renovation also considers environment protection through designing improved water fetching technical options that would reduce the water waste at the water fetching point. This activity shall be done by CWW through WES.							
Activity 1.1.2							
Standard Activity : Conduct water quality testing and monitoring							

Water quality monitoring at water points and household level

Water test for water source:

- There will be water tests taken from the rehabilitated water sources prior and after rehabilitation to ensure that the renovated water source is fit for human consumption.

- Additionally, CWW shall conduct periodic tests of two kinds:

(1) monthly samples of bacteriological and Free Residual Chlorine (FRC) test during rainy season. This will be conducted at each water point.

(2) during rain off-peak season, quarterly samples will be taken for water sources in the project area for similar parameters. Sites sampling shall be based on past AWD epidemiological records for West Kordofan, population density/overcrowding, and any reports for diarrhea or AWD as revealed from HF and through contact tracing through the CWW CHV networks (EWRS).

There will be will another kind of testing: random sampling of HH level water quality .

If a water source found to be positive for bacteria we will use the Aqua tab for treatment. This exercise will also contribute to the WES MOH required early warning system and ground water monitoring. If the water quality changes chlorination will be applied - based on WES MOH standards. There will be initial training and drawing of a detailed work plan – for which CWW shall help monitor.

As much as possible this activity will use the local markets and procure locally available disinfectants . Local communities will be involved in the development of this activity and they will be oriented about the need of monitoring testing and the possible disinfecting/chlorination if needed. This activity will be closely link with the established EWRS to ensure that all information about water quality will be reported to the designated departments and focal persons and any sign of deviation from the standard requirements will be immediately controlled by adequate water treatment. This activity shall be done by CWW through WES.

Activity 1.1.3

Standard Activity : Conduct WASH-related training at community and/or institution level

Capacity building of local communities on water source management.

This activity shall be implemented by GAH.

10 water technicians will be trained on maintenance of community water sources (water yards). The selection of these technicians will be from the local communities, where water source (either hand pumps or/and water yards exist), to be able to response to the breakage as quickly as possible. One technician will cover at least 1 water yard and 5 hand pumps. The project aims at a min of 10 water source routine maintenance as a result of the capacity building training. This will be linked with the establishment of the WASH Committees in 10 targeted locations.

As much as possible women will be also encouraged to attend on the training (at least 30% of the technicians). The facilitation of the technical training will be conducted by WES technical team to ensure that the learned subjects meet the needs on the ground. The targeted participants will develop a water resource maintenance plan for each water source as part of the preparedness plan. WES and CWW will ensure that the plan will be rolled out properly during the implementation. Before the workshop community key people will be involved in the preparation of the workshop and they will be also asked to contribute to the preparation (design and carry out of objectives) to ensure that the workshop will be successful and reach its objectives. During the workshop, environment protection around the water sources will be discussed and tree planing will be recommended as part of this mechanisms. The water technician's work will be linked with the existing water source management system and the established EWRS to ensure that broken water sources would be quickly fixed, particularly during the dry season. Technicians will receive tools to carry out their work adequately.

Activity 1.1.4

Standard Activity : Establih WASH committee at community and/or institution level

Establish/reinforce community water management systems (10)

The 4 renovated water yards will establish/revitalize one-one WASH Committee, and another 6 WASH committees will be established/revitalized by other, nearby community where the water sources e.g. water yards, hand-pumps maintained by the water system technicians. The selection of these sites will consider the availability of schools and HFs to ensure that these institutions receive sustainable water as well.

There will be two workshops organized: (1) for the communities and (2) for the HFs and schools in the targeted locations where water sources provided. Women will be encouraged to participate on the workshops. (at least 40% of participants planned to be females). The workshops aim to establish/revitalize one water source management master plan, including preparedness and response for disaster outbreak. Participants use the master plan and adjust based on their local settings in their home communities and institutions. CWW and WES will mentor the communities and institutions to ensure that their prepared plan would be properly rolled out during the implementation period, including adequate maintenance, availability of spare parts as part of the preparedness, and availability of financial resources (through the community water fee system, school fees, HF budget) and the adequate response - in case of any outbreak. Targeted population (including HF management, school management) will be involved in the preparation of the training to ensure that the training curriculum meets their needs and prepare them for the AWD risk reduction.

The water source management plan will consider environment protection issues e.g. reducing waste water while fetching water at the water yards, tree planing, and establish kitchen garden using water waste. The WASH committee work will be linked to the EWRS through regular reporting and information sharing to increase the level of preparedness particularly during the rainy season when the risk is higher for a possible outbreak.

Outcome 2

Improved access to sanitation services in the health facilities (6,000 men, women, girls and boys) and schools (1,400 girls and boys) through community engagement .

Output 2.1

Description

Increased sanitation services for health facilities (4) and school facility latrines (4) improved sanitation practices among men, women, girls and boys.

Assumptions & Risks

Funding available, TA approved on time, access unlimited and community willing to participate, security allows to access targeted communities.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Number of latrines rehabilitated.					8

Means of Verification : rehabilitation reports and photos from the HFs, monthly and quarterly project report.

Activities

Activity 2.1.1

Standard Activity : Construction and/or rehabilitation of sanitation facilities (eg. latrines, bath shelter, etc) at institution and/or community level by using CATS and/or CLTS approach

Rehabilitate/improve 4 institution latrines and 4 school latrines.

This activity will be closely link to the existing HF and schools in the targeted geographical locations where water source has been provided to bring an integrated impact.

Similar to the water yard renovation, this work will be implemented with the technical support of MoH and WES. This activity will begin with a technical assessment of facilities in consultation with HF management for HF latrines, and with School Management for School latrines. Elements from CATS approach (e.g. discussion on cultural practices, negative behaviors, and behavior changes) will be used during the roll out of this activity although since they are institution latrines, the project will fund the resources required for the intervention.

During the selection, design and roll out of the program, community members (children, parents, school management, health facility management, patients) will be closely involved and this activity will be very closely linked with the hygiene and health awareness raising (under Health component).

- As much as possible, the opinion of women and girls shall be taken into consideration to take care of their unique needs, as well as privacy. Other design factors like privacy spatial separation of the different gender, and distance from boreholes shall also be taken into consideration.

- In HF with maternity or in patient wings, proximity to these wings shall also be a major consideration so as to avoid any potential GBV cases when women go out to help themselves at night.

-CWW shall do drawings of the VIP type of latrine – which has the following main germs preventing features: Self closing doors, self-draining floors, black vent pipes with screens to prevent flies. For School latrines, CWW shall also follow the GoS standard guideline for latrine construction. During the design, physical disability will be considered by practical solutions e.g. segregating/allocate one latrine unit for disabled person and rampart will be established, and inside a hand railing.

CWW will select a contractor to carry out the rehabilitation/improvement through a competitive tender procedure. Technical assessment, technical plan and budget plan will be part of the tender competition.

Gender based segregated latrines will be provided in each institution with hand washing facilities. Previous experiences and lesson learnt will be applied for the activity e.g. ensuring that latrines are constructed based on SPHERE standard, men-women ratio in the HFs and schools will determine the latrine unit distribution between the sexes. The in both HF and School latrines, there shall be a clear labelling in Arabic and in pictorials the different gender. Apon completion of the latrines, CWW shall work through respective management on operation and maintenance to ensure that they are clean and aren't in turn reservoir of diseases. The training shall go on to describe O & M work in cases of AWD epidemics e.g. maintaining a hole cover and sprinkling of 2% chlorine solution strength on the floors twice a day, and having a footbath/wet rug mop soaked in 2% chlorine at the doorsteps e.t.c. The school latrine shall be handed over to school management and school health clubs mentioned earlier in this proposal.

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring Plans: Concern has field based M&E Coordinator and Area Manager who oversee and provide technical support to the field team to effectively undertake M&E functions. The institutional level project activities are directly implemented by CWW in collaboration with government line ministries and departments, while community level activities are implemented by national NGOs. Concern's planning processes, program designs and targets support a commitment to equality of outcomes for male and female program beneficiaries, that is supported by gender analyses, sex dis-aggregated targeting, budgeting, monitoring and evaluation and reporting. All data will be dis-aggregated by gender, age & persons living with disability.

In the beginning of the intervention a detailed MEAL plan will be developed in line with the project outputs and indicators. These plans will be monitored weekly by the MEAL Coordinator. MoH and WES will be involved in the development of this plan to ensure technical requirements are met. CWW will also involve the M&E technical support (M&E tools) in Dublin in this process.

CWW will apply its CRM (Concern Accountability Framework) toward beneficiaries that includes: involving the beneficiaries in all planning, decision makings and implementation, encourage them to participate in improving project by feedback through various channels. There will be various tools used (focus group discussions, feedback box, one-to-one discussion, community meetings) to ensure that all segments of the population hear their voices. Gender sensitive (culturally sensitive) monitoring will also be addressed e.g. segregated focus group discussions, one-to-one discussions as per the needs and the sensitivity of the subject.

CWW will carry out joint monitoring missions with the MoH, HAC, UN, local partner (GAH) and WES and key indicators will be monitored e.g. no of water sources functional and provide clean water, no of health facilities are equipped for AWD preparedness, no of AWD related WASH/Health plan developed and revised. During these missions local community representatives will also join to the monitoring and contribute to the shaping of the outcome.

Activities related to health protocols e.g. EWRS, function of the Rapid Response Team, prepositioning medical stock will be monitored against the required quality standards. This includes collection of FRC and bacteriological samples on a quarterly basis on rain off-peak season, monthly on rainy season and more frequently during outbreak or report of diarrhea incidence by HF and CHV network in the community. The EWRS shall link with State MOH HIS which eventually feed into the WHO epidemiological reports for Sudan.

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

Evaluation Plans: Although movement of the humanitarian actors in West Kordofan has relatively eased over the last nearly one year, carrying out activities such assessments and evaluation exercises are often restricted and limited. The project aims to carry out an internal evaluation with the support of TAs in country together with WES, MoH and HAC State level. Concern will organize periodic monitoring and reviews through its program team and in collaboration with partners to prepare them for the final evaluation. Considering the ever-changing developments in Kordofan, the coverage and scope of the evaluation will be decided based on security and access provisions at the time of organizing the evaluation

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>HEALTH: Activity 1.1.1: community health, hygiene and sanitation education sessions at community level.</p> <p>This activity will be implemented by GAH sub-grant partner. GAH in coordination and collaboration with Concern, and with SMOH, CHCs will Conduct weekly community/household level health and hygiene/sanitation sessions on the causes, signs and symptoms, prevention and actions required at community and household levels in case of water diseases such as AWD outbreaks. The education will also include the risky behaviors that can cause AWD such as community eating, improper handling of dead bodies and animal carcasses, not washing hands with water and soap before handling foods and after visiting latrines. This activities is aimed to improve knowledge and practices on waterborne diseases among men, women, girls and boys and will be conducted in the public gathering places such markets; during market days and households. GAH will conduct this activity in collaboration with SMOH public health department and working with community volunteers/promoters, community health committees and local implementing partner. There will be 18 communities in the to localities targeted through community awareness raising, GAH will will use community volunteers and CHCs to implement the program and will actively involve the SMOH, community leaders, sheikhs/Imams and local administration throughout the process. Both Concern and GAH will use the SMOH and WHO guidelines for the community health education and awareness for the prevention of waterborne diseases. GAH and Concern together will develop roll out plan in coordination with SMOH, WES, WHO, UNICEF and community resource persons.</p>	2018					X	X	X	X	X	X	X	X
	2019	X	X										

<p>HEALTH: Activity 1.1.2: Community Health, hygiene and sanitation education sessions (routine health talks) at health facilities.</p> <p>This activity will be implemented by the sub-grant partner Global Aid Hand (GAH) in coordination Concern, will support the SMOH in carrying out routine weekly health and hygiene education sessions in 4 main health facilities with highest number of public attendance. The health and hygiene education sessions will be carried out by the public health officers from SMOH and health promotion officers and supervisors from Concern. The sessions will be guided by the lesson plans and will be based on the SMOH health education strategies and WHO guidelines.</p> <p>The topics will include: causes, signs and symptoms, prevention and actions required at community and household levels in case of water diseases such as AWD outbreaks. The topics will also include the risky behaviours that can cause AWD such as community eating, improper handling of dead bodies and animal carcasses, not washing hands with water and soap before handling foods and after visiting latrines. Appropriate IEC materials will be used to enhance the understanding the audiences.</p> <p>The organization of these campaigns will be in close coordination and collaboration with the community volunteers around the health facilities who will not only mobilize the community but will also participate in the facilitation of health sessions.</p>	2018					X	X	X	X	X	X	X	X
	2019	X	X										
<p>HEALTH: Activity 1.1.3: Local media awareness campaigns on waterborne diseases(health and hygiene)</p> <p>This activity will be implemented by GAH. In addition to the weekly community awareness sessions conducted by GAH in the 18 villages in Lagawa and Abu Zabad Localities, GAH with the coordination SMOH will contract the local media (Radio Fula) to conduct weekly awareness sessions on waterborne diseases with focus on AWD to reach those who were not reached through regular weekly health talks. The topics will be designed in collaboration with SMOH and in line with WHO guidelines, and expats on the topics from SMOH will be invited to discuss short messages related to waterborne diseases which will aired and repeated on weekly basis. Influential members of the community such as Imams and tribal leaders will also be invited to the radio stations to encourage the communities to adopt good behaviours and practices to prevent occurrence of waterborne diseases. CW has previous experiences working with media awareness in South Kordofan. Good practices will be brought in the project success</p>	2018					X	X	X	X	X	X	X	X
	2019	X	X										
<p>HEALTH: Activity 1.2.1: Training for Health Workers in Health facilities on water born disease and prevention.</p> <p>This activity will be implemented by GAH. In collaboration with WHO and UNICEF, and Concern, GAH will conduct training for health workers on water-borne diseases, including AWD and preparedness. GAH will support the training for the facility level staff (20 male and 20 female) on health early detection and diseases surveillance of waterborne diseases Using IMCI modules and other WHO guidelines and health education/counseling techniques using appropriate tools. The training will encompasses clinical detection, reporting mechanisms and appropriate actions to be taken regarding waterborne diseases linking to early warning system strengthening. The training facilitators will come from SMOH and the WHO health expats.</p>	2018					X	X						
	2019												
<p>HEALTH: Activity 1.2.2: Formation and Training of the Rapid Response Teams</p> <p>In order to strengthen the rapid response mechanism at the locality and state levels, in collaboration with WHO and UNICEF, Concern will support the formation and training of a multi-disciplinary rapid response teams(2 teams of 10 people in each locality) to be deployed immediately to study the occurrence in case of outbreaks. The team will consist of a team lead (either separate or a member of the technical team), an epidemiologist from local ministry of health, a microbiologist from SMOH (locality)to collect lab samples, a clinician, a WASH/ environmental health specialist from WES, a social mobilization/communication expert, a representative from the local community and four members. The teams will trained in collaboration with SMOH and using SMOH emergency preparedness and response guidelines. The team will directly managed by the Emergency Department in the state ministry of health and will supported by Concern and WHO.</p>	2018					X	X						
	2019												
<p>HEALTH: Activity 1.2.3: In collaboration with the SMOH, WHO and UNICEF CW will support the formation and training of 18 community health committees on community mobilization and health promotion services on waterborne diseases including AWD. The training will conducted separately at village levels for each CHCs and therefore 18 training sessions will be conducted. This activity will be implemented by the local partner in all the targeted villages. This activity will be implemented by GAH the national partner.</p>	2018					X	X						
	2019												

<p>HEALTH: Activity 1.2.4: Select and Training of Community Volunteers/Health and Hygiene Promoters</p> <p>This activity will be implemented by GAH. In collaboration with the SMOH, WHO, UNICEF and Concern, Global Aid Hand will support the formation and training of community health promoters(40 male and 40 female) on community mobilization and health and hygiene promotion, early detection and reporting of AWD cases including referral services. The community volunteers/health and hygiene promoters will provide support during the implementation of all community mobilization activities (awareness raising in the community, health facility, home visits, community campaigns and marking international days).</p>	2018					X	X							
	2019													
<p>HEALTH: Activity 1.2.5: Develop emergency preparedness and response plan. Concern and SMOH will coordinate with other stakeholders such as HAC, MOE, WHO, UNICEF, Office of the State governor and other national and international NGOs working the state and the targeted localities to develop a preparedness and response plan for water born disease including AWD in case of any gaps in the prevention mechanisms. A comprehensive roll out plan will be formulated with all actors about their roles and responsibilities to avoid delays in case of responses needed.</p>	2018					X	X	X						
	2019													
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.1: Rehabilitate four (4) community water sources(boreholes) to increase the yield and quality of water supplies for the community</p> <p>As much as possible water sources will be selected near to the HF sites/ geographical locations, where possible and feasible, to ensure larger impact. Also bases on the epidemiological reports from the 2016/7 AWD response as reflection of potential epidemic for 2018/9 will be considered in order to reduce the risk of outbreak. A technical assessment shall be conducted prior renovation and the selection of sites has to consider the impact of HFs and schools near by. The assessment will include sanitary inspection information which shall also continue beyond the repairs to match the frequency of bacteriological tests. The rehabilitation of water sources will be selected based on technical assessment in coordination and collaboration with WES in State and locality level. The renovation work will be closely monitored and supervised by WES technical team and Concern WASH officer to ensure that the renovation meets WES/UNICEF technical standards.</p> <p>CWW has previous experiences in rehabilitation of water yards and hand pumps. These good practices will be applied for the rehabilitation work that will be carried out by experienced contractor/s after tender procedure. Tender applicants will be requested to submit a technical rehabilitation plan with a budget as part of the competitive procurement process. The selection of the contractor will be based on set requirements (technical and managerial) that CWW will set up with WES technical team. After rehabilitation, the BH shall be disinfected and water tests will be carried out based on WES standards to ensure that the water source fits to human consumption. Local community will be involved in the design of the rehabilitation (including women) to ensure their most important needs e.g. fetching platform are user friendly, water waste is limited. The renovation also considers environment protection through designing improved water fetching technical options that would reduce the water waste at the water fetching point. This activity shall be done by CWW through WES.</p>	2018					X					X			
	2019													

<p>WATER, SANITATION AND HYGIENE: Activity 1.1.2: Water quality monitoring at water points and household level</p> <p>Water test for water source:</p> <p>- There will be water tests taken from the rehabilitated water sources prior and after rehabilitation to ensure that the renovated water source is fit for human consumption.</p> <p>- Additionally, CWW shall conduct periodic tests of two kinds:</p> <p>(1) monthly samples of bacteriological and Free Residual Chlorine (FRC) test during rainy season. This will be conducted at each water point.</p> <p>(2) during rain off-peak season, quarterly samples will be taken for water sources in the project area for similar parameters. Sites sampling shall be based on past AWD epidemiological records for West Kordofan, population density/overcrowding, and any reports for diarrhea or AWD as revealed from HF and through contact tracing through the CWW CHV networks (EWRS).</p> <p>There will be will another kind of testing: random sampling of HH level water quality .</p> <p>If a water source found to be positive for bacteria we will use the Aqua tab for treatment. This exercise will also contribute to the WES MOH required early warning system and ground water monitoring. If the water quality changes chlorination will be applied - based on WES MOH standards. There will be initial training and drawing of a detailed work plan – for which CWW shall help monitor. As much as possible this activity will use the local markets and procure locally available disinfectants . Local communities will be involved in the development of this activity and they will be oriented about the need of monitoring testing and the possible disinfecting/chlorination if needed. This activity will be closely link with the established EWRS to ensure that all information about water quality will be reported to the designated departments and focal persons and any sign of deviation from the standard requirements will be immediately controlled by adequate water treatment. This activity shall be done by CWW through WES.</p>	2018						X	X	X	X	X	X	X
	2019	X	X	X									
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.3: Capacity building of local communities on water source management.</p> <p>This activity shall be implemented by GAH.</p> <p>10 water technicians will be trained on maintenance of community water sources (water yards). The selection of these technicians will be from the local communities, where water source (either hand pumps or/and water yards exist), to be able to response to the breakage as quickly as possible. One technician will cover at least 1 water yard and 5 hand pumps. The project aims at a min of 10 water source routine maintenance as a result of the capacity building training. This will be linked with the establishment of the WASH Committees in 10 targeted locations.</p> <p>As much as possible women will be also encouraged to attend on the training (at least 30% of the technicians). The facilitation of the technical training will be conducted by WES technical team to ensure that the learned subjects meet the needs on the ground. The targeted participants will develop a water resource maintenance plan for each water source as part of the preparedness plan. WES and CWW will ensure that the plan will be rolled out properly during the implementation. Before the workshop community key people will be involved in the preparation of the workshop and they will be also asked to contribute to the preparation (design and carry out of objectives) to ensure that the workshop will be successful and reach its objectives. During the workshop, environment protection around the water sources will be discussed and tree planing will be recommended as part of this mechanisms. The water technician's work will be linked with the existing water source management system and the established EWRS to ensure that broken water sources would be quickly fixed, particularly during the dry season. Technicians will receive tools to carry out their work adequately.</p>	2018						X					X	
	2019												

<p>WATER, SANITATION AND HYGIENE: Activity 1.1.4: Establish/reinforce community water management systems (10)</p> <p>The 4 renovated water yards will establish/revitalize one-one WASH Committee, and another 6 WASH committees will be established/revitalized by other, nearby community where the water sources e.g. water yards, hand-pumps maintained by the water system technicians. The selection of these sites will consider the availability of schools and HFs to ensure that these institutions receive sustainable water as well.</p> <p>There will be two workshops organized: (1) for the communities and (2) for the HFs and schools in the targeted locations where water sources provided. Women will be encouraged to participate on the workshops. (at least 40% of participants planned to be females). The workshops aim to establish/revitalize one water source management master plan, including preparedness and response for disaster outbreak. Participants use the master plan and adjust based on their local settings in their home communities and institutions. CWW and WES will mentor the communities and institutions to ensure that their prepared plan would be properly rolled out during the implementation period, including adequate maintenance, availability of spare parts as part of the preparedness, and availability of financial resources (through the community water fee system, school fees, HF budget) and the adequate response - in case of any outbreak. Targeted population (including HF management, school management) will be involved in the preparation of the training to ensure that the training curriculum meets their needs and prepare them for the AWD risk reduction.</p> <p>The water source management plan will consider environment protection issues e.g. reducing waste water while fetching water at the water yards, tree planing, and establish kitchen garden using water waste. The WASH committee work will be linked to the EWRS through regular reporting and information sharing to increase the level of preparedness particularly during the rainy season when the risk is higher for a possible outbreak.</p>	2018								X					
	2019													
<p>WATER, SANITATION AND HYGIENE: Activity 2.1.1: Rehabilitate/improve 4 institution latrines and 4 school latrines.</p> <p>This activity will be closely link to the existing HF and schools in the targeted geographical locations where water source has been provided to bring an integrated impact.</p> <p>Similar to the water yard renovation, this work will be implemented with the technical support of MoH and WES. This activity will begin with a technical assessment of facilities in consultation with HF management for HF latrines, and with School Management for School latrines.</p> <p>Elements from CATS approach (e.g. discussion on cultural practices, negative behaviors, and behavior changes) will be used during the roll out of this activity although since they are institution latrines, the project will fund the resources required for the intervention.</p> <p>During the selection, design and roll out of the program, community members (children, parents, school management, health facility management, patients) will be closely involved and this activity will be very closely linked with the hygiene and health awareness raising (under Health component).</p> <ul style="list-style-type: none"> - As much as possible, the opinion of women and girls shall be taken into consideration to take care of their unique needs, as well as privacy. Other design factors like privacy spatial separation of the different gender, and distance from boreholes shall also be taken into consideration. - In HF with maternity or in patient wings, proximity to these wings shall also be a major consideration so as to avoid any potential GBV cases when women go out to help themselves at night. -CWW shall do drawings of the VIP type of latrine – which has the following main germs preventing features: Self closing doors, self-draining floors, black vent pipes with screens to prevent flies. For School latrines, CWW shall also follow the GoS standard guideline for latrine construction. During the design, physical disability will be considered by practical solutions e.g. segregating/allocate one latrine unit for disabled person and rampart will be established, and inside a hand railing. <p>CWW will select a contractor to carry out the rehabilitation/improvement through a competitive tender procedure. Technical assessment, technical plan and budget plan will be part of the tender competition.</p> <p>Gender based segregated latrines will be provided in each institution with hand washing facilities. Previous experiences and lesson learnt will be applied for the activity e.g. ensuring that latrines are constructed based on SPHERE standard, men-women ratio in the HFs and schools will determine the latrine unit distribution between the sexes. The in both HF and School latrines, there shall be a clear labelling in Arabic and in pictorials the different gender. Upon completion of the latrines, CWW shall work through respective management on operation and maintenance to ensure that they are clean and aren't in turn reservoir of diseases. The training shall go on to describe O & M work in cases of AWD epidemics e.g. maintaining a hole cover and sprinkling of 2% chlorine solution strength on the floors twice a day, and having a footbath/wet rug mop soaked in 2% chlorine at the doorsteps e.t.c. The school latrine shall be handed over to school management and school health clubs mentioned earlier in this proposal.</p>	2018							X	X					
	2019													

OTHER INFO

Accountability to Affected Populations

This project is built on Concern's long term experience and partnership with MoH and WES in West Kordofan since 2004. As a result of strong collaboration and partnership, Concern has managed to access all the remote and relatively insecure areas to contribute to addressing the humanitarian needs, including the health and nutrition and WASH needs, of boys, girls, adolescents, pregnant and lactating mothers, elderly and men and women in West Kordofan. Selection of beneficiaries is based on health and WASH criteria, which will be clearly explained to the affected population in Lagawa and Abu Zabad Localities at the start of the start-up and follow up workshops on this project.

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

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

The selection of the beneficiaries for particular activity e.g. HH latrines, will be carried out by the community management committee based on set criteria that will be mentored by CWW. The selection of the beneficiaries will be also carried out by the extended community management team to ensure accountability and transparency. Applying the "Do No Harm" concept, services between the different kind of groups e.g. IDPs, hosts communities, will be carefully distributed as per their population proportion in the community and level of vulnerability.

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

Implementation Plan

CW will implement this intervention in close partnership with MoH, Health/WASH Clusters, WES and Global Aid Hand local organization. CW is overtaking the 'hard components' of the implementation e.g. renovation of water yards, improving health facilities. GAH will provide support in mass mobilization of the targeted communities and prepare them for awareness campaigns, training and monitoring activities. Their role is explained in the 'logframe' session, under each relevant activity. The MoH with the health sector will take the lead to provide technical support for the health component, WES/UNICEF will provide technical support for the WASH intervention. HAC in Federal and State level will provide support in TAs signing, monitoring and evaluation of project activities.

CW has a well-structured organization set up in WK state and this project will be bedded in the existing programming/administrative system. The project will be supervised by a team of experts (technical and managerial) in the field and Khartoum supporting office will provide administrative and programming support for the field team. The Area Manager of WK will take the overall responsibility to deliver the project. He will supervise the technical team (health and WASH officers and the managerial team e.g. finance officer, procurement officer). The AM will be responsible to coordinate field activities with other partners (UN offices, line ministries). The project will also overseen by an expatriate health adviser to ensure that international standards are met, coordination in Khartoum level with key technical people are continuous. The expatriate Kordofan program director will be responsible for reporting and compliance. In the WASH component of the program, the soft components shall be done by GHA, a national NGO which has a long standing experience working with CWW on health and WASH in West Kordofan.

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

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

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

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
,Ministry of Health (SMOH) / WHO	,technical coordination in federal, state and locality level
,WES/UNICEF	,technical coordination in federal, state and locality level
Global Aid Hand (GAH) national organization	implementing partner and providing mass community mobilization
,HAC	,initiate the signing of TAs, participate in the monitoring of field activities, coordination regarding general humanitarian issues and access

<u>Environment Marker Of The Project</u>	
B+: Medium environmental impact with mitigation(sector guidance)	
<u>Gender Marker Of The Project</u>	
2a- The project is designed to contribute significantly to gender equality	
<u>Justify Chosen Gender Marker Code</u>	
<p>The project will be linked to CWW gender sensitive programming through the following steps:</p> <p>This project will benefit from advanced gender equality platform provided by Concern and will link up with the findings of gender equality assessment to monitor the progress. These interventions will target men, women, boys, girls, and pregnant and lactating women people living with disability and HIV and AIDS in all planned activities that will be led by gender sensitive and balanced field teams. Women, female-headed households will be engaged in taking more leadership roles at community level, such as in health and WASH committees and mother support groups. Concern approach will encourage the recruitment of female volunteers and involving women in review and analysis of community feedback that was established in early 2017 in West Kordofan.</p> <p>CWW previous field experiences will be adopted for the proposed intervention as follows:</p> <ul style="list-style-type: none"> - The health activities will equally target men and women although based on previous interventions women will be more active participants for activities e.g. visiting health facilities for awareness raising, health sessions. Therefore the project will ensure that men are also part of such activities bringing equal gender mainstreaming. - WASH activities will be focused on women because they are the most often the water fetchers, transporters and final users for various domestic use (cleaning, cooking) and often left behind. As much as possible, women will be invited to participate on the water yard maintenance training and water source management workshop to bring their practical experiences, aspects and concerns in the implementation plan. - Latrine constructions in the institutions will be gender segregated - based on the proportion of males and females visiting the HFs and schools - During general community meetings, focus group discussions the participation of women will be at least 40-50% this will be continuously communicated to the communities. -The mass hygiene promotion campaigns tents to focus on women, based on previous experiences. CWW will ensure that men are also actively participate on such events. This will be communicated with both sexes prior activity. - Community leaders and key community people will be educated about the importance of women participation in joint monitoring exercises. - Health messages related to AWD risk reduction will be distributed equally for men and women although previous experiences indicates that women are more interested about such messages. - During the preparation of water yard renovation, women will be consultant on improved water fetching designs that will reduce waste water at the water point as a way to AWD risk reduction. <p>As part of Concern's internal gender strategy, staff training on mainstreaming and advancing gender in programming is targeted, with a particular focus on male participation in maternal and child health care via applying a comprehensive barrier analysis tools and workshops. Concern will also focus on the identification, prevention and mitigation of all forms of gender based violence. Its entire staff, particularly those who are providing the proposed interventions will have refresher sessions on gender issues.</p> <p>The project will also focus on training male and female health workers and will contribute to increase attendance rate (for both men and women) in health facilities due to availability of staff (male and female) and privacy for mothers in health centres.</p>	
<u>Protection Mainstreaming</u>	

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

The following gender mainstreaming will be applied for the project:

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

Country Specific Information

Safety and Security

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

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

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

Access

Concern Worldwide has been present in West Kordofan and has worked in Lagawa implementing health and nutrition program in the year 2016 and currently planning to work in Abu Zabad locality with OFDA funding as from May 2018. Currently Concern has 13 national staff based in the area including 4 community outreach workers who are based in the four locations outside Muglad town. Frequently support visits from Khartoum staff are in place using UNHAS flights and other commercial flights via El-Obaid. To ensure continued community access to services, Concern also works closely with the State Ministry of Health, WES and the local partner to continue having access to the community through these networks.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Country Director	S	1	7,079.00	12	5.00	4,247.40
	<i>The Country Director will support this project through country program level representation and donor liaison. Five percent (5%) of his time will be allocated for contributing the success of this intervention. Costs are made up of salary plus fringe benefits, including housing costs, insurance and allowances as per contract.</i>						
1.2	Program Director (Kordofan)	D	1	7,332.00	12	5.00	4,399.20

	<i>The Program Director will provide overall leadership and technical support in implementation of this program. Five percent (5%) of her time is allocated for the project through monitoring visit, managerial support and communication. Costs are made up of salary plus fringe benefits, including housing costs, insurance and allowances as per contract.</i>						
1.3	Country Finance Controller	S	1	7,177.00	12	5.00	4,306.20
	<i>The Country finance controller will manage the overall finances related to the project and provide necessary technical support to the finance team in Khartoum and in the field finance team. She/he also will communicate to SHF finance team during reporting and will be responsible for the overall deliveries based on SHF compliance. Five percent (5%) of her/his time will be charged to the project. Costs are made up of salary plus fringe benefits, including housing costs, insurance and allowances as per contract.</i>						
1.4	Health Advisor(International)	D	1	5,916.00	12	15.00	10,648.80
	<i>The expatriate Health Advisor will provide technical support to the National Health Advisor and the program implementation team during the entire project cycle. He/she will also ensure that coordination with the MoH in Federal and state level is constant, and the CW applies the required policies, protocols and standards. He/she will also build the capacity of Concern staff in the delivery of health services to ensure health interventions meet international standards. 15% of his/her time will be allocated for the project. Costs are made up of salary plus fringe benefits, including housing costs, insurance and allowances as per contract.</i>						
1.5	Programme and Partnership Accountant	S	1	6,184.00	12	5.00	3,710.40
	<i>The Programme and Partnership Accountant will support the managing of the project accounting and will lead the budget holders, and also provide necessary technical support to the field finance teams. He also will monitor and technically support the partner's financial records and reporting. 5% of his time will be charged to the project. Costs are made up of salary plus fringe benefits, including housing costs, insurance and allowances as per contract.</i>						
1.6	WASH Advisor(International)	D	1	6,531.00	12	15.00	11,755.80
	<i>Similar to the expatriate health adviser, the WASH adviser will provide a technical lead during the service delivery, monitoring and technical reporting. He also will coordinate with the WASH cluster in federal and state level to ensure that the project applies all sector specific requirements for quality services. 15% of his time will be dedicated to the project's technical implementation. Costs are made up of salary plus fringe benefits, including housing costs, insurance and allowances as per contract.</i>						
1.7	Meal Advisor (International)	D	1	6,531.00	12	5.00	3,918.60
	<i>This person will provide support for the project in the development of reports, monitoring field activities, collect case studies and ensure that the CW quality assurance and accountability framework is properly implemented in the field. He also will work with the Technical Advisers in cross cutting issues to ensure that linkages are met as planned. 5% of his time will be allocated for the project. Costs are made up of salary plus fringe benefits, including housing costs, insurance and allowances as per contract.</i>						
1.8	Health Promotion Coordinator(National)(West Korodofan)	D	1	1,556.69	12	50.00	9,340.14
	<i>He/she will assist the field team and coordinate the implementation of the health component of project activities. He will also be mentoring the national health staff that are working in the localities and will play an active role in project implementation plans, support supervision and reporting. He/she will have primary oversight responsibility for this project. The costs include Basic Salary and Medical Allowance which are calculated and paid on a monthly basis. 50% of his/her time will be allocated for twelve months under this project.</i>						
1.9	Health Promotion Officer(West Korodofan)	D	1	835.34	12	50.00	5,012.04
	<i>He/she will assist the field team and coordinate the implementation of the health component of project activities. He will mentor the operation in the project sites. He/she also will work coordinate and monitor the work in the Health Facilities as per the project's aims and objectives. He/she will also coordinate and monitor the activities with GAH. The costs include Basic Salary and Medical Allowance which are calculated and paid on a monthly basis. 50% of his/her time will be allocated for the project implementation.</i>						
1.10	WASH Officer(West Korodofan)	D	1	835.34	12	50.00	5,012.04
	<i>He/she will assist the field team and coordinate the implementation of the WASH component of project activities. He/she will also be mentoring the field activities including the renovation of facilities, training. He/she also will coordinate with the national partner (GAH) on implementation. The costs include Basic Salary and Medical Allowance which are calculated and paid on a monthly basis. 50% of his/her time will be dedicated to the project implementation in the field.</i>						
1.11	Field Health and WASH Supervisors (Lagawa-1; Abu Zabad-1)	D	2	629.01	12	100.00	15,096.24
	<i>They will be responsible for direct, day-to-day implementation of the health and WASH project activities. They will lead the health and WASH teams on the ground in the implementation e.g. renovation work, training, and campaigns. 100% of their time will be allocated for the project implementation. The costs include Basic Salary and Medical Allowance which are calculated and paid on a monthly basis.</i>						
1.12	Area Manger (West Korodofan-1)	S	1	1,556.69	12	15.00	2,802.04
	<i>He will look after the overall administrative and program operation in the targeted state. The Area Manger will be the heads of office in West Korodofan States, coordinate with the partners and other stakeholders, particularly with HAC in field level. He will also provide managerial support to the project activities. 15% of his time will be allocated for the project. The costs includes basic salary and medical allowance which are calculated and paid on a monthly basis.</i>						

1.13	Emergency Response Coordinator	D	1	1,556.69	12	15.00	2,802.04
	<i>He will be involved in the emergency preparedness and response program in federal and field level. His also will coordinate with the partners and other stakeholders regarding emergency preparedness and will share information with the project's technical team. 15% of his time will be allocated for the benefit of the project. r salaries will be charged to the project. The costs include basic salary and medical allowance which are calculated and paid on a monthly basis.</i>						
1.14	Khartoum Admin Staff	S	12	948.47	12	5.00	6,828.98
	<i>The country office based staff will support the program in administrative, logistics and financial systems. These includes day-to-day admin, finance, HR and procurement support. 5% of their salaries will be charged to the project. The costs include basic salary and medical allowance which are calculated and paid on a monthly basis.</i>						
1.15	West Kordofan Admin Staff	S	5	439.87	12	15.00	3,958.83
	<i>The field based staff will support the program in the day-to-day administrative, logistical and financial deliveries, including e.g. bookkeeping, logistics, fleet management employment and administrative issues. 15% of their times will be charged under the project. The costs include basic salary and medical allowance which are calculated and paid on a monthly basis.</i>						
1.16	WASH Coordinator (national)	D	1	1,224.42	12	50.00	7,346.52
	<i>Similar to the Health and Hygiene Coordinator, the WASH activities will be leaded by the WASH Coordinator in WK. He/she will also be mentoring the national WASH staff that are working in the localities and will play an active role in project implementation plans, support supervision and reporting. He also will be linked to other WASH partners and cluster lead in field level. 50% of his time will be allocated for the implementation of this project. The costs include Basic Salary and Medical Allowance which are calculated and paid on a monthly basis.</i>						
	Section Total						101,185.27
2. Supplies, Commodities, Materials							
2.1	Formation and training of rapid response teams and roll out plan support cost	D	4	2,250.00	1	100.00	9,000.00
	<i>Training of 1 Team/\$2250 includes: learning/teaching materials, demonstration materials, refreshment, travel allowance (3 days training) x 4 teams (2/locality) = \$6,000 Roll out plan support cost: \$2,000 travel allowances to/from health facilities and community sites, \$500 meeting refreshment with MoH, \$500 stationary and other supplies for tracking and recording data)</i>						
2.2	Workshop on EWAR System and Support for public health alert, investigation, verification, and response (EWR system roll out)	D	1	750.00	12	100.00	9,000.00
	<i>3 Days workshop on EWARS for State and Locality Health Managers at average of \$2,000 per day.It will cover transport reimbursement, accommodation,venue rental, per diem and meals. In addition, an average of \$250/month is planned for transportation support, per Diem for monitoring, investigation and verification teams for stake health managers.</i>						
2.3	IEC Materials for prevention of water born disease (AWD)	D	2	2,500.00	1	100.00	5,000.00
	<i>IEC materials will include, posters, banners, placates printing - using WHO/MOH and UNICEF standard materials and CW developed education materials. An average of \$2,500/locality will be allocated.</i>						
2.4	Incentive for health facility staff	D	4	500.00	12	100.00	24,000.00
	<i>An average of \$500/health facility/month incentive support will be provided for the staff to carry out project activities.The SMOH staff will do facility level health education, hygiene awareness and participate in the emergency preparedness activities; including been part of emergency response teams. The positions include; Medical assistants, Nurses, Midwives, Lab technicians, EPI officers and Health promoters. Unfortunately the MoH has not yet harmonized the intensives for its health workers, therefore the average of \$500/health facility is based on previous experiences. The detailed breakdown for each health worker will be finalize during the project quick-off month.</i>						
2.5	Incentive for the Rapid Response Team members	D	20	55.00	12	100.00	13,200.00
	<i>An average of \$55/person/month x 20 people = 13,200 will be allocated to support the capacity of the RRT. These include volunteers from the community and local level health authorities such as PHC, public health and HMIS managers</i>						
2.6	Rehabilitation of water yards	D	4	27,000.00	1	100.00	108,000.00
	<i>The cost of renovation (\$27,000/water yard) is based on the WASH Cluster recommendation including materials, labor cost, technical design and implementation, and transportation cost. It is planned that CW will select the most critical water points, as much as possible, near to the health facilities. There will be a technical assessment carried out before the renovation work with the support of WES. CW will invite constructors through a tender procedure to select the most appropriate contractor to carry out the renovation work.</i>						
2.7	Conduct water quality test monitoring (at water points and HH)	D	1	500.00	4	100.00	2,000.00
	<i>This budget line is a personnel related cost to carry out water quality testing: an average of \$500/quarter will be spent on per diem for WASH technical personnel, transportation cost and related small items and tools (bracket, rope) to carry out the monitoring exercise/collect water samples.</i>						
2.8	Water Testing Kits (at water points for bacteriological test)	D	1	8,000.00	1	100.00	8,000.00

	<i>1 set of Del Aqua water test kit will be purchases for an average of \$8000/unit to carry out biological water tests all throughout the project cycle. This activity will follow CW procurement policy in line with SHF's compliance.</i>						
2.9	Pool Tester (FRC Tester) for chlorinated water sources and detergents for disinfection	D	1	250.00	12	100.00	3,000.00
	<i>FRC testers will be used for an average of \$80/FRC unit. The total of 10 units = \$800 will be used. Additional \$170/month will be purchased for detergent to clean in/around the water sources and health facilities as needed. As much as possible these water treatment items will be procured in larger quantities in the beginning of the the project and will be used as the project proceeding.</i>						
2.10	Aqua Tabs for HH water treatment	D	50	200.00	1	100.00	10,000.00
	<i>An average of 50 Aqua Tab boxes will be purchased for an average of \$200/box in the beginning of the project and will be used continuously as the project proceeds.</i>						
2.11	Water source management workshop and roll out plan implementation	D	4	4,000.00	1	100.00	16,000.00
	<i>It is anticipated that 4 training will be conducted. Each training with a min. of 40 participants/training will attend for a three days course. An average of \$30/participant/day including food, transportation allowance and learning materials x 3 days = \$3,600, An additional of \$400 will be spent for mobilization, preparation, rental of space, and other organization related expenses.</i>						
2.12	Safety and security measures for facility level old latrines	D	1	4,150.18	1	100.00	4,150.18
	<i>To back-fill the old, non-functional latrines: \$ 1000/rental of tracks at each facility @ average of 4 facilities = \$4000, Additional \$ 150.18 for other cost e.g. extra needs for chlorination, purchasing protecting gears, casual labors, fencing for protection</i>						
2.13	Project inception and closure/evaluation meetings	D	2	3,000.00	1	100.00	6,000.00
	<i>This includes costs for two consultative workshops and meetings with relevant stakeholders during the development of preparedness plans. 1 training/\$3,000. It includes; fees for the consultants, venue hire, meals, transpiration allowance for local partners and state authorities.</i>						
2.14	Construction/renovation of school latrines	D	3	16,000.00	1	100.00	48,000.00
	<i>\$16,000/school =This cost includes: raw materials for construction (cement, bricks, iron bars, slab etc.), casual labors, skilled labors and technicians. Plus \$ 1000/school for improvement for disabled people (rampart, hand railing)</i>						
2.15	Renovation/construction latrines in health facilities	D	3	8,000.00	1	100.00	24,000.00
	<i>\$8,000/HF latrine - this cost includes: raw materials for construction/renovation (cement, bricks, iron bars, slab etc.), casual labors, skilled labors and technicians. Plus \$ 1,000/site for improvement for disabled people (rampart, hand railing)</i>						
2.16	Transport and storage for Wash Supplies	D	2	1,500.00	1	100.00	3,000.00
	<i>This will cater for transport and storage costs for WASH supplies such pool testers, chlorine and chlorination equipment, water testing kits and Aquatabs for HH water treatment.</i>						
	Section Total						292,350.18
3. Equipment							
3.1	Satellite phone (Thuraya)	D	2	1,000.00	1	100.00	2,000.00
	<i>In some remote areas in West Kordofan using telephone line is very weak. CW would like to use this satellite phone in case of emergency during the field work.</i>						
	Section Total						2,000.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	International Travels	S	2	2,000.00	1	100.00	4,000.00
	<i>Air tickets for WASH Adviser and Health Adviser (expat.) for international travel for one trip each. This is a contribution to R&R costs for the two staff.</i>						
5.2	In Country Air Travel and Perdiem	D	3	200.00	12	100.00	7,200.00
	<i>Air tickets, ground travel, accommodations and per diems for program staff (WASH Adviser, Program Director, Program Accountant and Health Adviser)</i>						
5.3	Moitoring and Evaluation Costs (including baseline/endline survey)	D	1	5,000.00	4	100.00	20,000.00

	<p>Costs for joint monitoring, routine supervision, baseline and end-line: The cost breakdown are: Monitoring/supervision: Per Diem for staff+ SMOH-4 persons *30 days*\$10=\$1,200; accommodation-4 persons*30 days*\$10=1,200; Fuel for the car-9 liters*30 days *\$7*4=2,000; Total=5,000. Consultant-Consultant-2 persons*14 days*\$100=2,800; Stationeries-520: incentives for inumerators-6 persons*14 days*\$20=\$1,680; Total=\$5,000</p>						
	Section Total						31,200.00
6. Transfers and Grants to Counterparts							
6.1	Office rent in Al Fula (WK)	s	1	500.00	12	30.00	1,800.00
	<p>The rental of office in EL Fula is required for coordination and administrative implementation of the project. Global Aid Hand (GAH) will charge 30% of the overall office cost in Al Fula @ \$500/month over 12 months period = \$1,800</p>						
6.2	Office operation cost	s	1	720.00	12	50.00	4,320.00
	<p>Al Fula office requires administrative support: 50% of the general office operation costs: cleaning \$200, water and electricity \$300, security \$270 = \$720/month x 12 months = \$4,320 will be charged under this project.</p>						
6.3	Field Office Stationery and materials	s	1	430.00	12	50.00	2,580.00
	<p>Al Fula and Khartoum office requires administrative support: 50% of the field office stationary and materials e.g. \$ 200 office papers and folders, \$230 cartage/month x 12 months = \$2,580 will be charged under this project.</p>						
6.4	Communication costs	s	1	235.00	12	30.00	846.00
	<p>Communication cost in both field and Khartoum office required for delivering project objectives. e.g. internet charges, mobile telephone air time will be charged under this budget line: \$235/month x 12 months @ 30% = \$ 846.</p>						
6.5	Program Development & Quality Assurance Manager (expatriate)	D	1	4,800.00	12	7.00	4,032.00
	<p>This person will be responsible for the overall quality project deliveries. \$ 4,800/month cost includes gross salary, allowances, annual leave travel and related costs as per GAH's HR policy. This person is an expatriate, therefore h/her cost is higher compare to other national staff. S/he will allocate a min. of 7% of h/her time for the project=\$4,032 for the project period.</p>						
6.6	Programme Implementation Manager	D	1	1,100.00	12	10.00	1,320.00
	<p>This person will manage the project @ 10% of h/her time. H/her gross salary is \$1,100/month including allowances, social insurance and other benefits. The total amount will be charged for the project = \$ 1,320</p>						
6.7	Programme Assistant	D	1	472.00	12	100.00	5,664.00
	<p>This person will be responsible for the day-to-day program delivery. GAH will allocate 100% of h/her time for the project. \$472/month x 12 months gross salary will be allocated including allowances and benefits. The total of \$5,664 will be charged for the project.</p>						
6.8	Finance Assistant	s	1	363.00	12	50.00	2,178.00
	<p>This person will be responsible for compiling financial documentation as per UN compliance and GAH procedures. GAH will allocate 50% of h/her time for the project @ \$363/month of gross salary including allowances, benefits x 12 months = \$2,178 will be charged for the project.</p>						
6.9	M&E Assistant	D	1	363.00	12	50.00	2,178.00
	<p>This person will monitor the work in the field and evaluate the results against set indicators and objectives. 50% of h/her time will be allocated for the project @\$363/month x 12 months = \$2,178 including allowances, benefits.</p>						
6.10	Water Officer and Hygiene Officer (2 people)	D	2	650.00	12	100.00	15,600.00
	<p>There will be two staff employed, each 100% for the project. One with focusing on the water system aspects, the other one the hygiene promotion aspects of the project. Each will cost \$650/month x 12 months = \$7,800 x two employees = \$15,600 will be charged for the project.</p>						
6.11	Conduct health and hygiene sessions in the health facilities (4)	D	4	2,500.00	1	100.00	10,000.00
	<p>An average of \$2,500/health facility will be allocated during the implementation. This expense includes an approx. \$ 500 sign boards, visibility materials, \$1,000 refreshment for participants, \$1,000 demonstration materials (soap, cleaning supplies, towels etc.) The total of 4 HFs will be targeted = \$10,000</p>						
6.12	Conduct community health education sessions in strategic community places	D	17	500.00	1	100.00	8,500.00
	<p>Conduct community health education sessions in strategic community places: e.g. water yards, hand pumps, latrines, markets, homes visits. It is targeted that 7 communities in Abu Zabad, 10 communities in Lagawa Locality will be targeted = 17 communities total. An average of \$500/community will be allocated for e.g. demonstration materials (jerry cans, gravel, brushes) and refreshment for participants e.g. clean water in places where it is not available.</p>						
6.13	Conduct health and hygiene education sessions in schools (4 schools)	D	4	2,500.00	1	100.00	10,000.00

	<i>One health education session will includes the following expenses: demonstration materials e.g soap, cleaning supplies for children (\$1,500), banners and sign boards (\$300), refreshment (\$200), other e.g. presents for children on health and hygiene quizzes and competitions (\$500)</i>						
6.14	Organize one media awareness campaign (radio program) on waterborne diseases	D	1	3,500.00	1	100.00	3,500.00
	<i>One media awareness campaign through a radio program will be organized about waterborne diseases and related health/hygiene issues in two localities. \$3,500 is the expected contract agreement cost with the El Fula radio who will be able to deliver the awareness raising services - based on MoH/UNICEF standard program (developed for SK previously).</i>						
6.15	Mark international Water Day, Sanitation Day in institutions and communities	D	2	3,500.00	1	100.00	7,000.00
	<i>One big campaign will be organized in each locality. The total of two campaigns will be organized. The following expenses are planned for this activity: \$ 500 mobilization and organization cost including banners, \$1,000 refreshment, tent and microphone rental, \$1,000 transportation cost and allowances for VIPs and key community actors, \$1,000 demonstration materials, present for children related to hygiene promotion.</i>						
6.16	Conduct training for health workers on water-borne diseases	D	40	30.00	5	100.00	6,000.00
	<i>Conduct training for health workers on water-borne diseases, including AWD (facilitated by MoH/WHO) and EWRS in 4 health facilities. 40 people (10/facility) will participate on a 5- day training @ \$30/person/day x 5 days = \$6,000 including transportation allowance, food, education supplies and attestations and facilitation cost.</i>						
6.17	Formation and training of community health and hygiene promoters	D	135	27.00	2	100.00	7,290.00
	<i>Formation and training of community health and hygiene promoters will be trained on water born disease: 80 promoters and 55 community health committee members will be invited for a two days training @ \$27/person/day x 2 days = \$7,290 including transportation allowances, refreshment, education materials and facilitation fee.</i>						
6.18	Allowances for Community Change Agents - Team Leaders	D	4	100.00	12	100.00	4,800.00
	<i>GAH is planning to engaged with community promoters and volunteers in/around each health facility. An average of \$100/facility/month x 4 HF x 12 months = \$4,800 will be allocated for the Team Leaders in each area as allowances that they will receive in-kind.</i>						
6.19	Training of water system technicians	D	10	50.00	5	100.00	2,500.00
	<i>Training of water system technicians on successful water source technical management. There will be 10 people selected / targeted water yards and nearby water sources. The total of 10 people @ \$50/day (transportation allowances, refreshment, facilitator fees, education materials) x 5 days = \$2,500 total training.</i>						
6.20	Purchase of Tools for Technicians	D	10	500.00	1	100.00	5,000.00
	<i>An average cost of \$500/tools x 10 water system technicians = \$5,000 will be provided for each water system technician e.g. hammer, screw drivers, tool box and keys</i>						
6.21	Community Change Agents Allowance and support (in two localities)	D	4	100.00	12	100.00	4,800.00
	<i>Similar to the Team Leaders, the community change agents (2/locality) for the hygiene and sanitation activities will be provided in-kind intensives an average of \$100/month x 4 x 12 months = \$4,800</i>						
6.22	Facilitation fees for CHC's monthly meetings	D	10	30.00	8	100.00	2,400.00
	<i>MoH will be involved in the facilitation of the Community health committee monthly meetings. The facilitator's fee will be budgets under this budget line @ \$30/10 facilitators/8 months = \$2,400</i>						
6.23	Vehicle operational cost and transportation	D	1	967.00	12	100.00	11,604.00
	<i>An average of \$967/month will be budgeted for one rented vehicle to implement the project activities over a 12 month period. An average of 14/month @ \$67/day = \$938 will be charged plus an additional \$29/month for public transport e.g. bus, taxi = \$967</i>						
6.24	7% overhead	s	1	123,912.00	1	7.00	8,673.84
	<i>The total PSC for the project is \$32,545.22 . GAH is taking the proportion of the total amount = \$ 8,673.84 additional to their total program and support cost = \$123,912</i>						
	Section Total						132,585.84
7. General Operating and Other Direct Costs							
7.1	Khartoum Office Transport & Admin costs	S	1	15,011.79	12	5.00	9,007.07
	<i>Admin and office support support costs for 1 country office: e.g. electricity fees (\$500), water fees (\$5), garbage collection fee (\$6.79), guarding services (\$3000), back up generator cost (\$2000), rental of building(\$6000), and communication fees (\$3,500). The average of \$15,011/month is planed and the project will share 5% of this overall cost.</i>						
7.2	Field Offices Admin Costs	D	1	4,875.70	12	15.00	8,776.26
	<i>Admin and office running costs for one field office: e.g. electricity fee (\$200) and generator maintenance (\$500), water (\$300), cleaning cost (\$300), fuel for back up generator (\$500), rental of building (\$1,500), guarding (\$1,000) and communication fee (\$575.7). The average of \$4,875/month is planned for all expenses. The project will share 15% of this expense.</i>						
7.3	Field Vehicles Running Costs	D	1	1,578.43	12	15.00	2,841.17

	<i>Running cost for field vehicles used for the implementation of the project, carry out administrative support in Lagawa, meanwhile two field cars will be rented in deep field locations in the two localities. This budget line includes: fuel, maintenance expenses (the vehicle belongs to CW)</i>						
7.4	Vehicle Running Costs Khartoum	D	1	630.13	12	15.00	1,134.23
	<i>Support cost for the maintenance and running costs for country office vehicles. This budget line includes: fuel, maintenance expenses (the vehicle belongs to CW)</i>						
7.5	Vehicle rental in the field (Lagawa, Abu Zabad localities)	D	2	67.00	120	100.00	16,080.00
	<i>The project will be implemented in two geographical locations, therefore CW plans to hire two vehicles besides of CW vehicle (7.3) to be able to work simultaneously. This vehicle will be 100% dedicated to the project \$67/day x an average of 120 days.</i>						
	Section Total						37,838.73
SubTotal			403.00				597,160.02
Direct							537,901.26
Support							59,258.76
PSC Cost							
PSC Cost Percent							5.45
PSC Amount							32,545.22
Total Cost							629,705.24
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
West Kordofan -> Abu Zabad	50	34,986	42,762	8,747	10,690	97,185	
West Kordofan -> Lagawa	50	24,555	30,010	6,138	7,503	68,206	
Documents							
Category Name		Document Description					
Project Supporting Documents		Sudan AWD Risk Assessment Report - 2017DraftFinal.docx					
Project Supporting Documents		Catchment Population per Village..docx					
Project Supporting Documents		Rapid Assessment Report_West Kordofan_DRAFT_12 Nov 2017..docx					
Budget Documents		Concern 7734.xls					
Budget Documents		Concern 7734 TRC.2.xls					
Technical Review		Input CW (7734) - SHF TE26022018 (002)+IAH+ES.doc					
Technical Review		Output Logframe CW (7734) - SHF TE26022018+IAH+ES.xlsx					