

Requesting Organization :	Plan International		
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 :	Improve the access to integrated health and WASH interventions to water borne disease in White Nile State _ SHF 1st SA_ Envelope 2		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SUD-18/HSD20/SA1/H-WASH/INGO/8327
Cluster :		Project Budget in US\$:	419,767.80
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>According to the report issued in May, 2017 by the SMOH and Epidemiological Department, White Nile has a history of acute watery diarrhea (AWD) where the state witnessed outbreak of AWD in 2005, 2006, 2010 2012 and 2014. There is concrete evident between the AWD and the drinking water and sanitation due to contamination of water sources with human excreta as a direct result of open defecation., 23% of population has access to improved water facilities and the rest 77% are using unimproved water facilities which include shallow wells, canals and river which is difficult to be controlled. The spread of AWD in all localities is a very strong evidence that all localities have very fragile WASH situation. According to State Ministry of Health (SMOH), there is correlation between AWD and unsafe drinking water and poor sanitation due to contamination of water sources with human excreta as a direct result of open defecation. According to SMOH, 43% of people in WNS practice open defecation; Also, the results of survey conducted by Plan International Sudan and FMOH in August 2017 revealed that 77.8% (1272) of the communities in White Nile State have open defecation.</p> <p>This project will focus on the integrated Health and WASH activities in the targeted locations of the project which has been identified in consultation with the SMoH and WES in White Nile State in close collaboration with SMoH / WES , INGOs, communities and UN agencies to increase the Health and WASH prevention measurers coverage at health facilities with consideration for people with disability and communities .</p> <p>The project is supporting the AWD preparedness and the project intervention focused basically on the preparedness, in addition; the project will consider the response intervention in case of any occurrence that might take place during the project lifespan. Therefore the project focus will be on strengthening the existing system of service provision for water borne diseases control with focus on AWD outbreaks in order to prevent and control the outbreaks. these interventions will concentrate in its details on coordination at different level, the surveillance, early warning system and reporting, interventions for improving access to adequate quality of safe water supply, Improving access to and use of safe excreta disposal, improving hand-washing and other hygiene practices, communication, improve health education towards behavior change and social mobilization, as well as provide the adequate support for SMoH and build the capacities of the health personnel and equip them to perform the case management and infection control at health facilities and treatment centers . These interventions has been has been agreed up on based on the discussion with the SMoH,WHO,UNICEF and WES at state level and will be implemented according to the FMOH and WHO guidelines, considering the importance of firm coordination with the project stakeholders.</p> <p>The philosophy of Community Led Total Sanitation (CLTS), is to help the communities change its sanitation habits and requirement through it is own efforts and desire, since this leads to long lasting and consistent change in behavior, therefore the project will focus on 90 communities in the two localities to apply CLTS approach. these communities were identified in collaboration with MOH based on the sanitation level and the magnitude of the AWD cases in the last outbreak. The further expectation that such behavior changes do care and lead overtime the individual house hold will upgrade the initial simple low cost toilet hardware to higher standards following sanitation ladder. Also the CLTS approach relies on energizing local community on the issue of open defecation by including a sense of shame, and then helping the community to tackle the sanitation issue without government or NGO funding or support (zero subsidy), which will strengthening the community based long lasting solution of the sanitation issue.</p>		
Direct beneficiaries :			

Men	Women	Boys	Girls	Total
109,493	124,125	118,463	110,879	462,960

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Other	0	0	0	0	0

Indirect Beneficiaries :

the direct beneficiaries are calculated as the people who will be reached by the CLTS or hygiene promotion activities while the indirect beneficiaries will not be directly reached through CLTS or hygiene and health education activities. therefore All the people in Rabak and Al Doaim locality who not directly benefit from this project are calculated as 207,066 (48,973 men, 55,517 women, 52,984 boys and 49,592 girls)

Catchment Population:

All the population in White Nile State (2,355,211) will be considered as catchment population as they will benefit from strengthening of diseases surveillance system by detecting early the outbreak and minimizing the probability of risk.

Link with allocation strategy :

The project directly contributes in strengthening the capacities of SMOH and building resilience of the target communities to saving lives of vulnerable people affected by water borne diseases in particular AWD. The proposed activities will cover the strengthening of the health system as well as community sanitation action towards reaching total sanitation which will contribute directly to improve health status and reduce the vulnerability to the water borne diseases and outbreaks. Based on the sanitation strategy and frame work this project will be done through the contribution and collaboration of different actors mainly MOH, UN agencies and I/NGOs working in health/WASH sector.

The proposed activities will use CLTS approach to build the capacity of the community and ignite them to stop open defecation, which mean in a way it will increase the hygiene coverage and automatically health and hygiene behavior will be increased. By supporting health surveillance and early warning system as well as sanitation infrastructure at the institution will improve the disaster risk reduction system and building the resilience of the community and local authority which will be reflected in the improvement of the individual and household level for disaster preparedness

It fulfills the sector objective of: sustaining and expanding access to WASH and health education services for most affected population by AWD. These objectives will be achieved through improved access to sanitation services at community and health facilities; health education and positive hygiene behavior change for communities in the rural areas who were the most affected localities by AWD in White Nile State.

Gender equality considerations will be incorporated throughout the detailed project design and implementation strategies, including emphasis placed on ensuring the equal participation of women and men, girls and boys. Consideration will also be given to appropriate activity design (e.g. gender-sensitive latrines).

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
CDF	National NGO	86,116.00
		86,116.00

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

Other Funding Source	Other Funding Amount
Plan International	12,800.00
	12,800.00

Organization focal point :

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Munier Mohammed	Country Director	munier.mohammed@plan-international.org	249 83 231905
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BACKGROUND

1. Humanitarian context analysis

The humanitarian situation in Sudan remains complex, with acute humanitarian needs across the country, these humanitarian needs are predominantly caused by conflict and inter-communal tensions, which, in turn, drive displacement and food insecurity. However, humanitarian needs are also driven by poverty, underdevelopment, and climatic factors. The country has been struggling with the problem of AWD, which started in Kassala state in Aug 2016 and spread to all 18 States of Sudan by Aug 2017. . All these different hazards continue to exacerbate humanitarian need and crises.

White Nile state witness high influx of refugees from South Sudan as of UNHCR update in January, 2018 the number of refugees in White Nile is 167,831 individuals, moreover the new arrivals is continue cross the border, the multi sectoral Country plan of the RRRP anticipated additional new arrivals in 2018 expected to reach 64,793 refugees in White Nile, nevertheless this will add extra burden on the existing poor health and sanitation facilities across the state, putting into consideration of immediate threat to public health is the uncontrolled population movement that remains a potential channel by which communicable diseases like AWD, and other water borne diseases can be imported and spread in the camps or the host communities. Providing very limited health care services - in the event of an outbreak, quick mobilization of the necessary resource to respond to and the capacity to rapidly respond and contain the crises would be a great challenge. As the result of funding gaps the health sector is inadequately equipped to manage outbreaks of certain communicable diseases.

According to FMOH and WHO update as of October 2017, that the current AWD outbreak wave in Sudan is unprecedented that has started from 25 August 2016 from Kassala state; spread to 10 states in May 2017, 12 states in June 2017, 16 states in July 2017 and 18 states in August 2017. It has caused a total 36,176 of cases (Attack Rate – 0.123%) in Sudan including 814 deaths (Crude Fatality Rate CFR - 2.24%) related to AWD. The outbreak was affecting all demographics, with females constituting 54% of the cases and children below five years of age accounting for 8.1 %.

The last outbreak started 13 of April 2017 and the total AWD cases reported 8724 with 138 deaths affecting all 9 localities in the state as of White Nile state MOH update on 8th of October 2017, revealed that the number of accumulated AWD case in White Nile state were 8,714 cases and 138 deaths, the attack rate was 36.8/10,000, while the case fatality rate reached 1.6 %.

2. Needs assessment

The report issued in May, 2017 by the SMOH and Epidemiological Department, White Nile has a history of acute watery diarrhea (AWD) where the state witnessed outbreak of AWD in 2005, 2006, 2010 2012 and 2014. There is concrete evident between the AWD and the drinking water and sanitation due to contamination of water sources with human excreta as a direct result of open defecation. 23% of population has access to improved water facilities and the rest 77% are using unimproved water facilities which include shallow wells, canals and river which is difficult to be controlled.

The spread of AWD in all localities is a very strong evidence that all localities have very fragile Health and WASH situation. According to SMOH, there is correlation between AWD and unsafe drinking water and poor sanitation due to contamination of water sources with human excreta as a direct result of open defecation. According to SMOH, 43% of people in WNS practice open defecation; only 23% have access to improved water facilities. Also, the results of survey conducted by Plan International Sudan and FMOH in August 2017 revealed that 77.8% (1272) of the communities in WNS have open defecation.

The distribution of the cases during the last outbreak is as follows

Rabak Locality: 1755 cases – 23 deaths – attack rate = 61.3 – CFR = 1.3 - # of villages affected = 50 – population = 286,183
Elgitaina Locality: 1242 cases – 21 deaths – attack rate = 47.3 – CFR = 1.7 - # of villages affected = 14 – population = 262,476
Al Doaim locality: 1496 cases – 16 deaths – attack rate = 39 – CFR = 1.1 - # of villages affected = 30 – population = 383,843
Guli Locality: 1045 cases – 22 deaths – attack rate = 37.1 – CFR = 2.1 - # of villages affected = 41 – population = 281,916
Elgabaleen Locality: 844 cases – 11 deaths – attack rate = 41.3 – CFR = 1.3 - # of villages affected = 19 – population = 204,157
Kosti Locality: 676 cases – 14 deaths – attack rate = 14.3 – CFR = 2.1 - # of villages affected = 56 – population = 472,892
Elsalam Locality: 305 cases – 8 deaths – attack rate = 19.4 – CFR = 2.6 - # of villages affected = 26 – population = 157,423
Tandalty Locality: 722 cases – 16 deaths – attack rate = 40.3 – CFR = 2.2 - # of villages affected = 11 – population = 179,119
Um rimta Locality: 536 cases – 2 deaths – attack rate = 42.1 – CFR = 0.4 - # of villages affected = 52 – population = 127,202
Immigrant: 103 cases – 5 deaths – attack rate --- – CFR = 4.9 - # of villages affected = - - population =
State : 8724 cases – 138 deaths – attack rate = 36.8/10,000 – CFR = 1.6 - # of villages affected = 299 – population = 2,355,211

The last AWD outbreak showed that there was need to create temporary isolation center and treatment centers (75 treatment centers were opened) some of them were schools (43 school) to manage the reported cases; that shows insufficient capacity of the health facilities and cadres in the state to manage the cases.

SMOH stated that in many treatment center there were no sanitation facilities. This figure confirmed by the results of survey conducted by Plan International Sudan and FMOH in August 2017 where 35.3% of schools and 52% of health facilities have no latrines and hand washing facilities.

There are weaknesses in surveillance system mainly in equipment, materials and staff capacity. During 2017 outbreak, the cases investigation forms were not analyzed at any level although The state has 108 health facilities selected as sentinel sites to collect continuously and reported data regarding surveillance diseases.

Based on that there was a need to support the SMOH in strengthening the existing system of preparedness, early warning system, health and WASH services and building the capacity of the community as well as health cadre. The strengthening of the existing system will be based on the collaboration with the actors who are working in the field of health and WASH including UN agencies, INGOs and local NGOs.

3. Description Of Beneficiaries

This project will target all the population in WN State of 2,355,211 individuals as outreach beneficiaries. Since 2013 White Nile State witness high numbers of South Sudanese Refugees, according to the UNHCR 2018 update the number is 169,268 refugees as well as the – of returnees in the 2 localities mainly Alga baleen and Alsalam. About 70% of the population is rural and agriculture is the main source of livelihood for residents and IDPs who offer their labor, particularly in mechanized agricultural schemes and sugar plantations. Transport connections to other parts of the country are reasonable accessibility is enabled year-round with road and railway means as well as river links to South Sudan. Industry is largely agro-based dominated by sugar factories and a number of small food processing industries producing vegetable oils and sweets. While 462,960 (male 109,493 female 124,125 boys 118,463 and girls 110,879) will be benefited directly from HH visits where 115,601 (male 26,819 female 30,403 boys 29,016 and girls 29,363) of them in 90 villages (49 villages in Rabak and 41 villages in Al Doaim Localities) are the main target of CLTS intervention. These targeted communities by the CLTS has been identified in collaboration and discussion with the SMOH based on the situation and the criteria of the CLTS

4. Grant Request Justification

According to the October, 2017 update from the State Ministry of Health\ Epidymological Department, show that the 9 localities of White Nile State has been affected by the AWD outbreak ,although the number of cases is varied among the state localities, Rabak and Al Doaim Localities were most affected localities by taking the absolute number of cases, as reflected in the below table:

In the White Nile state and during the period of the AWD outbreak (April-September, 2017), number of 75 treatment centers were opened that 43 of them were schools. The main problem as stated by SMOH that in many treatment center there were no sanitation facilities. This figure confirmed by the results of survey conducted by Plan International Sudan and FMOH in August 2017 (attached document) that 35.3% of schools and 52% of health facilities in State have no latrines. For hand washing facilities Plan International Sudan provided 37 hand washing facilities for 37 treatment centers in June/July, 2017.

According to the statement of Emergency Department Manager in SMOH, there are weaknesses in surveillance system mainly in equipment, materials and data analysis skills. During all over the period of 2017 outbreak, the cases investigation forms were not analyzed at any level (treatment center, locality, and state), in addition of shortage in AWD manuals. The state has 405 health facilities as stated in FMOH report 2017 (30 hospitals, 139 health centers and 236 health units). About 108 of these health facilities were selected as sentinel sites to collect continuously and reported data regarding surveillance diseases. The SMOH recently distributed 50 mobile phones for 50 health personnel in sentinel sites, where the remains in addition of 10 supervisors in need of communication devices as stated by Emergency Department Manager in SMOH.

Health and Hygiene promotion activities has to be continuing as the State is prone to further outbreak. Health/Hygiene sessions and durable IEC materials instead of posters and leaflets (distributed during last outbreak) are crucial.

As shown in the table above Rabak and Al Doaim Localities were most affected localities by taking the absolute number of cases. So, this project will focus on these two localities concerning sanitation, but will cover all the state for surveillance system and some activities of hygiene promotion and health education. According to the results of survey made by Plan International Sudan and FMOH in Rabak Locality there are 156 villages or Hai (71 rural & 85 urban) 69.2% of them have open defecation, 70 communities have basic schools that 46% of them with no latrines. Also, 44% of communities have health facilities (20 hospitals, 48 health centers and 1 health unit) in which 46% of them without latrines.

In Eddiwem Locality there are 225 villages or Hai (186 rural & 39 urban) 78.7% of them have open defecation, where 72 communities have basic schools that 37% of them with no latrines. Only 23.5% of communities have health facilities (6 hospitals, 18 health centers and 29 health units) in which 49% of them without latrines.

CLTS is the new approach adopted by Federal Ministry of Health as an option of sanitation in Sudan. The approach focus on behavior change and community action rather than latrine construction. So, hygiene promotion is inclusive and many developmental issues coming in post triggering phase.

5. Complementarity

Plan Sudan has been taking the leading role in implementing Community Led Total Sanitation since 2009 as the first organization that adopt and adapt the CLTS methodology/approach to Sudan. In addition to providing technical capacity for partners including CLTS master training of number of 206 cadets from 18 states from relevant NGOs, INGOS, MoH and UN agencies with an engagement of the international foundation of CLTS. Since then, Plan International Sudan is continuing implementation of this approach at different levels national, state and local. On the other hand Plan International Sudan has been working in White Nile since 1999 in other three locality namely Guli, Eddiwem and Umrimta. Plan was engage in responding to AWD and resilience measure through apply CLTS aiming to get the three locality ODF by 2019, the cases studies shows that the ODF villages was not attacked by AWD, so this project is aiming to support expansion of CLTS in White Nile to complement what Plan International Sudan is currently doing. In addition the state level operational Plan International Sudan to expand the CLTS in coordination with SMOH, WES, UNICEF, INGOS, NNGOs and localities' commissioners. In addition to that this proposed activities will complement what has been done during the last outbreak control measures which has been supported by UNICEF, WHO and INGOS as well as government in terms of supporting CTC and the water purification systems which provided in the most affected areas to eliminate the spread of the disease.

LOGICAL FRAMEWORK

Overall project objective

Reduce vulnerability of people, especially women and children, to diarrheal disease and outbreak of AWD in White Nile state.

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 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 : Populations affected by natural or man-made disaster receive timely assistance during and in the aftermath of a shock.

Outcome 1

Enhanced the capacity of AWD surveillance at the level of state, localities and health facilities in White Nile State

Output 1.1

Description

Surveillance system enhanced at facilities, localities and state level

Assumptions & Risks

- The trained health personnel are stable in their position (no turnover).
- Adequate supervision and feedback is maintaining by the SMoH.

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of health workers trained (disaggregated by gender)	144	144			288

Means of Verification : Number of health workers trained (disaggregated by gender)

Activities

Activity 1.1.1

Standard Activity : Support or conduct public health alert investigation, verification and response, including outbreaks.

Conduction of training for rapid response team in collaboration with WHO and UNICEF, Training of 60 health personnel at state and localities level on data analysis. 60 health cadres will be trained based on WHO manual on Surveillance and data analysis in 7 days training in 2 batches (each batch cover 30 participants), from Emergency Response team in the 9 localities) and those will be responsible of submitting regular report including zero reporting to the higher level

Activity 1.1.2

Standard Activity : Conduct health education training for health staff

Incorporation with WHO and UNICEF to conduct training for rapid response team Training of 120 medical personnel on the protocol of AWD. 120 medical personnel will be selected in coordination with the health sector and SMoH and receive the 3 days training on applying the standard of AWD protocols of Federal Ministry of Health and WHO. Participants will be will be divided into 4 batches (30 participants in each batch). the training will be facilitated by the cadre from MOH, WHO, UNICEF and Plan International Sudan

Activity 1.1.3

Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).

Training of 108 health personnel from 108 assigned sentinel sites in State on early warning and reporting of AWD cases. According to the FMOH and WHO guidelines ,3 days training will be provided to 108 SMoH personnel representing 108 sentinel sites(the whole sentinel sites over White Nile state) this training will be provided in 4 batches and those people will be responsible to work in close collaboration with the people who are responsible of the surveillance system

Output 1.2

Description

The health facilities in the state received manual and others supporting formats of AWD surveillance

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	% completeness and timeliness of weekly surveillance reporting from sentinel sites (HRP 2018).					100

Means of Verification : Report

Activities

Activity 1.2.1

Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).

Printing and distribution of 405 AWD manual and package of format to 405 health facilities in the State. Here SMoH will just print the manual adopted by FMOH. the distribution will be by the MOH for the trained staff

Activity 1.2.2

Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).

Procurement and distribution of 68 mobile phones for health personnel in 68 sentinel sites . Plan International will procure these mobile phone and then to be received by Emergency Department in SMoH so as to be distributed and monitored. Where the monitoring and the management will be through regular supervision of the SMOH to ensure the sustainability of the reporting and the good practice and use for the assets

Output 1.3

Description

sanitation facilities in health centers were established

Assumptions & Risks

security situation remains calm
Health Facilities adopt a mechanism to run the facilities

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	Number of health workers trained (disaggregated by gender)	90	90			180
Means of Verification : Report from health center							
Indicator 1.3.2	HEALTH	# of Sanitation Facilities at health center level					29
Means of Verification : Report from Health facilities							
Activities							
Activity 1.3.1							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Construction of gender sensitive VIP latrine in Health facilities (block of pits in each health facility) in the 2 localities Rabak and Al doiem The health facility VIP latrines will be constructed according to the standard design developed in Feb 2018 and recommended by the Health sector in White Nile State, consists of block of 2 pits using presented building materials, dimension of 2.5 m x 2.45 mx 2.8 m depth) according to the BoQ. the design will consider the accessibility for people with disability							
Activity 1.3.2							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Technical Supervision for latrine construction, by contracting the civil Engineer. The technical supervision of health facility latrines is essential to ensure the application of the standard design of construction is well maintained, the competent civil engineer will be contracted at the binging of the project to supervise and monitor the whole process of latrine construction including ,site planningidentification, prepare all the bill of quantities ,coordinate with Plan's operation department to ensure all the quotations and bid analysis is processed in accordance of Plan procedures and the value of money is well considered, also the civil engineer will conduct regular site visits of to the health facilities to monitor the latrines construction and provide regular technical support and feedback. moreover he will ensure that the construction of the facilities is considering the people with disability in terms of accessibility and usage							
Activity 1.3.3							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Provision of gender sensitive hand washing facilities for the 29 health facilities The installation of hand washing facilities is important to enhance the practice of hand washing, 58 hand washing facilities will be manufactured and installed within the new constructed latrines (2 hand washing per each block of latrine),the description of the hand washing is plastic barrel 50 liter							
Activity 1.3.4							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Provision of drinking water storage facilities in 29 health facilities The targeted health facilities in the 2 localities (Rabak and Al doiem) are lacking an adequate drinking water facilities , installation of drinking water facility will complement the sanitation facilities ,each water facility consists of water tank (1000 Liters),with metal stand and tap							
Activity 1.3.5							
Standard Activity : Conduct health education training for health staff							
Training of 180 health staff from 180 health facilities on health education to enable them to provide health education session for patients and the community member. this training will be facilitated by the MOH, WHO, UNICEF and Plan International Sudan.							
Additional Targets : M & R							
WATER, SANITATION AND HYGIENE							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Response the needs of approximately 115,000 emergency-affected people, whose access to WASH is below the standard 7,5 liters of water per day per person, 50 persons per latrine, and increase their hygiene awareness.		Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	100				
Contribution to Cluster/Sector Objectives : Reduce vulnerability of people, especially women and children, to diarrheal disease and outbreak of AWD in White Nile state.							
Outcome 1							
Improved sanitation and hygiene in 90 villages from Rabak and Aldoiem Localities – White Nile State.							
Output 1.1							
Description							
Villages from Rabak and Aldoiem Localities – White Nile State declared ODF							

Assumptions & Risks

Security remain calm

Rainy season may interrupt the latrine constructions, so the mitigation measures is to schedule the implementation before and after the rainy season.

Accelerate the implementation process.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of sanitation facilities at institution and/or community level constructed and/or rehabilitated by using CATS and/or CLTS approach					17,340

Means of Verification : monitoring report who indicate # of latrines constructed by HH in communities verification visit reports

Indicator 1.1.2	WATER, SANITATION AND HYGIENE	# of communities who declare ODF status					90
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Means of Verification : declaration report Verification and certification report

Activities

Activity 1.1.1

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

Formation and training of 60 CLTS team members and develop ToR.

In order to facilitate the CLTS approach, the training of CLTS facilitators will be conducted in accordance to the standard manual, 5 days training will targeting 60 participants in 2 batches (30 participants for each batch), the trained people will be responsible about handling the CLTS processes starting from the pre triggering until reached the declaration of ODF stage. Facilitators from Plan International will conduct the training co-facilitated by CLTS focal point in SMOH. Then CLTS team will be form as the result of training representing all stakeholders especially the communities them self to be responsible for CLTS at locality level.

Activity 1.1.2

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

Conduction of 90 pre-triggering sessions in Rabak and Al Doaim Localities.

According to the CLTS tools, the pre-triggering to identify the community profile and assess the sanitation situation in the target communities in consultation with community members and through which the agreement will be reached on the appropriate triggering session schedule. Locality CLTS teams will conduct the pre-triggering visits to verify the selected villages and arrange for triggering. the pre-triggering normally done by the CLTC facilitator who has been trained as CLTS facilitator prior to the triggering session

Activity 1.1.3

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

Conduction of 90 triggering sessions.

Applying the standard CLTS tools, the triggering sessions will be conducted in each target community through the focus group discussion and dividing the community segments in to two groups (children and adult groups), then move to defecation and social mapping, shit calculation, medical expenses calculations, walk of shame, water/food contamination and formulation of sanitation action group and agree with the community in 24 hour check. Locality CLTS teams with support of Plan International CLTS facilitator will conduct the triggering sessions and form SAG (Sanitation Action Group) in each triggered village. Then the SAGs will set their working plans and be responsible monitoring of the work in the villages.

Activity 1.1.4

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

Monitoring and follow-up of triggered communities.

Following the triggering sessions the minorng mechanisms of the triggered communities is very essential to reach the ODF ,and as indicated in the CLTS standard manual, the Locality CLTS teams will prepare the detailed monitoring action plan and time table for the triggered communities, using six monitoring visit format as well as sanitation action group form, through which the latrine demonstration is monito ,this followed by the ODF claim from the community, after then 3 verification visits and certification ,which means each triggered community requires 9 monitoring visits within the 3 months.

Activity 1.1.5

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

Supporting ODF celebration by communities.

After the conduction of monitoring visits and (Open Deification Free (ODF) verifications, the triggered community will declare and celebrate the ODF. SAGs with support of Locality CLTS teams coordinate and prepare for celebration through heavy communications with different governmental, non-governmental, or private bodies at locality and state level.

Activity 1.1.6

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

Organization of World Day of hand washing celebration in 90 communities.

As the fact that the hardware should be parallels with software, celebration sessions by Hand Washing World Day will be conducted in all ODF villages to raise the awareness of people and encouraging the hand washing practices through, demonstration sessions, mobile drama, distribution of IEC materials, soaps distribution competition, messages from influential leaders, this celebration will cover the 90 target communities one celebration session per each community in the 2 localities (Rabak and Al doiem). SAGs with support of Locality CLTS teams coordinate and prepare for celebration sessions.

Activity 1.1.7

Standard Activity : Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.)

Conduction of 90 spraying campaigns for flies control in the attractive areas of high density in Rabak and Eddiwem Localities. Vector control department at State and Locality level will be responsible for implementation of these campaigns with support of Plan International so as to be adjusted with SMOH and Locality plans and to be under full technical supervision.

Activity 1.1.8

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

General supervision, monitoring and documentation

field visits to be conducted to the project sites, mainly to ensure the standardization of project deliverables is in line with SMOH specification.). In addition baseline and end line surveys will be conducted to support follow-up progress and final evaluation. meals and transportation for supervisors from State Ministry of Health to ensure all technical aspects of the project is applied .(SMoH technical personnel to conduct regular supervision visits,40 visits at locality at locality level (weekly visit within 10 months for each of the 2 localities and 40 visits at state level (weekly visit for the 10 months . For surveys, designed questionnaire, pretest of questionnaire, data collection, data analysis and report writing are the core activities.

Activity 1.1.9

Standard Activity : Hygiene education and awareness campaign

This activity is baseline and end line survey: this is mainly is to assess the situation of the communities targeted by the sanitation and health activities before the interventions and then the project will measure the impact of the interventions at the end of the project. the activity will be led by the ministry of health in collaboration with the university of Alimam Almahadi as one of the Academia existing in White Nile. Plan will support the SMOH and participate in the conduction of the two surveys

Output 1.2

Description

public awareness by AWD was increased

Assumptions & Risks

Miss-interpretation of health messages, so the design and pre testing of the clear and culturally accepted health education messages will be considered.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	Number of people reached by community raising awareness activities	109,493	124,125	118,493	110,879	462,990

Means of Verification : Reports

Activities

Activity 1.2.1

Standard Activity : Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.)

Conduction of 220 awareness sessions on prevention measures of AWD in 9 localities

In order to disseminate the health education messages of AWD emphasize in the mode of transmission, prevention measures, symptoms and case management through community sessions in defined common places and time in 220 communities of 9 localities. Health promotion personnel in Health Promotion Department at Locality level will conduct these sessions with close monitoring by project officer and SMOH. Plan will work closely with ministry of health and building the capacity of SMOH personnel through the technical trainings, also the training for community volunteers is going to support the awareness raising sessions in close coordination and supervision of SMOH

Activity 1.2.2

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

Training of 270 community volunteers on hygiene promotion and water chlorination

Community volunteers from 270 communities will be selected to attend one day training on hygiene education and water chlorination as the parts of AWD prevention and control. Plan International has a module of this training developed in last outbreak of AWD in White Nile State.it will be one day training for 9 batches. Health Promotion Department at Locality level will conduct these sessions with close monitoring by project officer and the SMOH.

Activity 1.2.3

Standard Activity : Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.)

Conduction of 78,300 HH visits.
 After completion of volunteers training each volunteer of 270 should conduct at least 290 HH visits over one month in his/her communities. The purpose of household visits is to educate the household's members on AWD prevention and uses of the chlorine tabs as well as other appropriate options of water treatment at HH level, the volunteers performance will be monitor and supervise by SMOH supervisors.

Activity 1.2.4

Standard Activity : Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.)

Production and installation of 50 durable IEC materials (made of metal) in public water distribution points. The messages and design will be prepared by SMOH.

Activity 1.2.5

Standard Activity : Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.)

Production and distribution of 405 hard posters to 405 health facilities
 To enhance the awareness and knowledge dissemination of AWD at the health facilities, well designed health education messages in accordance to WHO guidelines to be printed in high quality poster and post it in visible place of waiting rooms among 405 health facilities

Additional Targets : NA

M & R

Monitoring & Reporting plan

Plan International Sudan will monitor the project applying participatory monitoring mechanism. Plan has an M&E system in place including 2 M&E specialist at Country Office based in Khartoum and an M&E coordinator at White Nile state. An output tracker will be developed on key WASH indicators, when to be monitored, how often and how to be recorded. Plan will utilize a smart phone app based automated monitoring tool for the purpose. The IT coordinator and monitoring and evaluation officer will orient project staff and partners on how to use the tracker. The project manager will ensure the project work plan and detailed implementation plan include a baseline survey , monitoring activities, and assign appropriate tasks and roles for each project staff. A reporting template will be developed for weekly and monthly reporting. The project officer will be responsible for weekly collection of relevant data on indicators in collaboration with the hygiene promoters, monthly household visits conducted by project manager and monitoring officer will ensure verification of recorded data and assess progress towards results. The WASH Technical Advisor along with M&E specialist will provide technical support to the field in analyzing data collected. Focus group discussions will be used to assess adoption of positive hygienic practices whenever appropriate. Weekly updates will be shared with project manager, monthly project progress will be submitted to the Emergency team manager responsible for South Sudanese Refugee response programs in White Nile for decision making and sharing with other stakeholders. The local partner will assist in project monitoring and follow up through continuous and regular field visits and reports using well designed forms. The project will generate quarterly narrative progress report and financial report to be shared with OCHA.

Child development fund (CDF)
 will monitor the activities implementation and submit regular reporting to MOH and copy Plan International Sudan
 Facilitate and support the monitoring of the sanitation action group (SAG)
 Follow up with the community hygiene promoters the daily work on HH visits support the monitoring of the performance of the health facilities

State MOH
 Supervise and monitor the overall project implementation along with Plan International Sudan
 Monitor the health facilities and their performance
 Monitor the hygiene promoters and provide technical support when needed
 Follow up the performance of early warning system and provide feedback
 Monitor the surveillance system and analyze the data and provide support to the workers and health facilities

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: Conduction of training for rapid response team in collaboration with WHO and UNICEF, Training of 60 health personnel at state and localities level on data analysis. 60 health cadres will be trained based on WHO manual on Surveillance and data analysis in 7 days training in 2 batches (each batch cover 30 participants), from Emergency Response team in the 9 localities) and those will be responsible of submitting regular report including zero reporting to the higher level	2018				X	X							
	2019												
HEALTH: Activity 1.1.2: Incorporation with WHO and UNICEF to conduct training for rapid response team Training of 120 medical personnel on the protocol of AWD. 120 medical personnel will be selected in coordination with the health sector and SMOH and receive the 3 days training on applying the standard of AWD protocols of Federal Ministry of Health and WHO. Participants will be will be divided into 4 batches (30 participants in each batch). the training will be facilitated by the cadre from MOH, WHO, UNICEF and Plan International Sudan	2018				X	X	X						
	2019												
HEALTH: Activity 1.1.3: Training of 108 health personnel from 108 assigned sentinel sites in State on early warning and reporting of AWD cases. According to the FMOH and WHO guidelines ,3 days training will be provided to 108 SMOH personnel representing 108 sentinel sites(the whole sentinel sites over White Nile state) this training will be provided in 4 batches and those people will be responsible to work in close collaboration with the people who are responsible of the surveillance system	2018					X	X	X					
	2019												

HEALTH: Activity 1.2.1: Printing and distribution of 405 AWD manual and package of format to 405 health facilities in the State. Here SMOH will just print the manual adopted by FMOH. the distribution will be by the MOH for the trained staff	2018																					
	2019																					
HEALTH: Activity 1.2.2: Procurement and distribution of 68 mobile phones for health personnel in 68 sentinel sites . Plan International will procure these mobile phone and then to be received by Emergency Department in SMOH so as to be distributed and monitored. Where the monitoring and the management will be through regular supervision of the SMOH to ensure the sustainability of the reporting and the good practice and use for the assets	2018																					
	2019																					
HEALTH: Activity 1.3.1: Construction of gender sensitive VIP latrine in Health facilities (block of pits in each health facility) in the 2 localities Rabak and Al doiem The health facility VIP latrines will be constructed according to the standard design developed in Feb 2018 and recommended by the Health sector in White Nile State, consists of block of 2 pits using presented building materials, dimension of 2.5 m x 2.45 mx 2.8 m depth) according to the BoQ. the design will consider the accessibility for people with disability	2018																					
	2019																					
HEALTH: Activity 1.3.2: Technical Supervision for latrine construction, by contracting the civil Engineer. The technical supervision of health facility latrines is essential to ensure the application of the standard design of construction is well maintained, the competent civil engineer will be contracted at the binging of the project to supervise and monitor the whole process of latrine construction including ,site planning\identification, prepare all the bill of quantities ,coordinate with Plan's operation department to ensure all the quotations and bid analysis is processed in accordance of Plan procedures and the value of money is well considered, also the civil engineer will conduct regular site visits of to the health facilities to monitor the latrines construction and provide regular technical support and feedback. moreover he will ensure that the construction of the facilities is considering the people with disability in terms of accessibility and usage	2018																					
	2019																					
HEALTH: Activity 1.3.3: Provision of gender sensitive hand washing facilities for the 29 health facilities The installation of hand washing facilities is important to enhance the practice of hand washing, 58 hand washing facilities will be manufactured and installed within the new constructed latrines (2 hand washing per each block of latrine),the description of the hand washing is plastic barrel 50 liter	2018																					
	2019																					
HEALTH: Activity 1.3.4: Provision of drinking water storage facilities in 29 health facilities The targeted health facilities in the 2 localities (Rabak and Al doiem) are lacking an adequate drinking water facilities , installation of drinking water facility will complement the sanitation facilities ,each water facility consists of water tank (1000 Liters),with metal stand and tap	2018																					
	2019																					
HEALTH: Activity 1.3.5: Training of 180 health staff from 180 health facilities on health education to enable them to provide health education session for patients and the community member. this training will be facilitated by the MOH, WHO, UNICEF and Plan International Sudan.	2018																					
	2019																					
WATER, SANITATION AND HYGIENE: Activity 1.1.1: Formation and training of 60 CLTS team members and develop ToR. In order to facilitate the CLTS approach, the training of CLTS facilitators will be conducted in accordance to the standard manual,5 days training will targeting 60 participants in 2 batches (30 participants for each batch), the trained people will be responsible about handling the CLTS processes starting from the pre triggering until reached the declaration of ODF stage. Facilitators from Plan International will conduct the training co-facilitated by CLTS focal point in SMOH. Then CLTS team will be form as the result of training representing all stakeholders especially the communities them self to be responsible for CLTS at locality level.	2018							X	X													
	2019																					
WATER, SANITATION AND HYGIENE: Activity 1.1.2: Conduction of 90 pre-triggering sessions in Rabak and Al Doaim Localities. According to the CLTS tools, the pre-triggering to identify the community profile and assess the sanitation situation in the target communities in consultation with community members and through which the agreement will be reached on the appropriate triggering session schedule. Locality CLTS teams will conduct the pre-triggering visits to verify the selected villages and arrange for triggering. the pre-triggering normally done by the CLTC facilitator who has been trained as CLTS facilitator prior to the triggering session	2018																					
	2019	X	X	X																		

<p>WATER, SANITATION AND HYGIENE: Activity 1.1.3: Conduction of 90 triggering sessions.</p> <p>Applying the standard CLTS tools, the triggering sessions will be conducted in each target community through the focus group discussion and dividing the community segments in to two groups (children and adult groups),then move to defecation and social mapping, shit calculation, medical expenses calculations, walk of shame, water/food contamination and formulation of sanitation action group and agree with the community in 24 hour check. Locality CLTS teams with support of Plan International CLTS facilitator will conduct the triggering sessions and form SAG (Sanitation Action Group) in each triggered village. Then the SAGs will set their working plans and be responsible monitoring of the work in the villages.</p>	2018							X	X	X	X	X	X
	2019												
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.4: Monitoring and follow-up of triggered communities.</p> <p>Following the triggering sessions the minoring mechanisms of the triggered communities is very essential to reach the ODF ,and as indicated in the CLTS standard manual, the Locality CLTS teams will prepare the detailed monitoring action plan and time table for the triggered communities, using six monitoring visit format as well as sanitation action group form, through which the latrine demonstration is monito ,this followed by the ODF claim from the community, after then 3 verification visits and certification ,which means each triggered community requires 9 monitoring visits within the 3 months.</p>	2018			X	X	X							
	2019												
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.5: Supporting ODF celebration by communities.</p> <p>After the conduction of monitoring visits and (Open Deification Free (ODF) verifications, the triggered community will declare and celebrate the ODF. SAGs with support of Locality CLTS teams coordinate and prepare for celebration through heavy communications with different governmental, non-governmental, or private bodies at locality and state level.</p>	2018									X	X		
	2019												
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.6: Organization of World Day of hand washing celebration in 90 communities.</p> <p>As the fact that the hardware should be parallels with software, celebration sessions by Hand Washing World Day will be conducted in all ODF villages to raise the awareness of people and encouraging the hand washing practices through, demonstration sessions, mobile drama, distribution of IEC materials, soaps distribution competition, messages from influential leaders, this celebration will cover the 90 target communities one celebration session per each community in the 2 localities (Rabak and Al doiem). SAGs with support of Locality CLTS teams coordinate and prepare for celebration sessions.</p>	2018					X	X	X	X				
	2019												
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.7: Conduction of 90 spraying campaigns for flies control in the attractive areas of high density in Rabak and Eddiwem Localities. Vector control department at State and Locality level will be responsible for implementation of these campaigns with support of Plan International so as to be adjusted with SMoH and Locality plans and to be under full technical supervision.</p>	2018			X	X	X							
	2019												
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.8: General supervision, monitoring and documentation</p> <p>field visits to be conducted to the project sites, mainly to ensure the standardization of project deliverables is in line with SMoH specification.). In addition baseline and end line surveys will be conducted to support follow-up progress and final evaluation. meals and transportation for supervisors from State Ministry of Health to ensure all technical aspects of the project is applied .(SMoH technical personnel to conduct regular supervision visits,40 visits at locality at locality level (weekly visit within 10 months for each of the 2 localities and 40 visits at state level (weekly visit for the 10 months . For surveys, designed questionnaire, pretest of questionnaire, data collection, data analysis and report writing are the core activities.</p>	2018			X	X	X	X	X	X	X	X	X	X
	2019												
<p>WATER, SANITATION AND HYGIENE: Activity 1.2.1: Conduction of 220 awareness sessions on prevention measures of AWD in 9 localities</p> <p>In order to disseminate the health education messages of AWD emphasize in the mode of transmission, prevention measures, symptoms and case management through community sessions in defined common places and time in 220 communities of 9 localities. Health promotion personnel in Health Promotion Department at Locality level will conduct these sessions with close monitoring by project officer and SMOH. Plan will work closely with ministry of health and building the capacity of SMoH personnel through the technical trainings, also the training for community volunteers is going to support the awareness raising sessions in close coordination and supervision of SMoH</p>	2018					X	X	X	X	X	X	X	
	2019	X	X										

WATER, SANITATION AND HYGIENE: Activity 1.2.2: Training of 270 community volunteers on hygiene promotion and water chlorination Community volunteers from 270 communities will be selected to attend one day training on hygiene education and water chlorination as the parts of AWD prevention and control. Plan International has a module of this training developed in last outbreak of AWD in White Nile State.it will be one day training for 9 batches. Health Promotion Department at Locality level will conduct these sessions with close monitoring by project officer and the SMOH.	2018								X	X	X	X	X
	2019												
WATER, SANITATION AND HYGIENE: Activity 1.2.3: Conduction of 78,300 HH visits. After completion of volunteers training each volunteer of 270 should conduct at least 290 HH visits over one month in his/her communities. The purpose of household visits is to educate the household's members on AWD prevention and uses of the chlorine tabs as well as other appropriate options of water treatment at HH level, the volunteers performance will be monitor and supervise by SMOH supervisors.	2018								X	X			
	2019												
WATER, SANITATION AND HYGIENE: Activity 1.2.4: Production and installation of 50 durable IEC materials (made of metal) in public water distribution points. The messages and design will be prepared by SMOH.	2018									X	X		
	2019												
WATER, SANITATION AND HYGIENE: Activity 1.2.5: Production and distribution of 405 hard posters to 405 health facilities To enhance the awareness and knowledge dissemination of AWD at the health facilities, well designed health education messages in accordance to WHO guidelines to be printed in high quality poster and post it in visible place of waiting rooms among 405 health facilities	2018								X	X	X	X	
	2019												

OTHER INFO

Accountability to Affected Populations

One of the core values of Plan International is, "We are open and accountable". This is a guide principle for all our works. Plan will engage relevant stakeholders and project beneficiaries from the initial phases of the project such as introductory meetings, start-up workshop during monitoring activities. The Community Led Total Sanitation (CLTS) approach involves the community's members in the whole processes including the formulation of Sanitation Action Group from each community to manage and follow up the progress of house hold latrine construction 100% by the communities, this will promote the self-reliance and ownership of target beneficiaries The higher committee & WASH CO will be fully involved in monitoring of activities related to this project . Plan will also conduct weekly meetings with high committee and WASH CO to track progress and identify good practices and challenges. In addition, the project will establish community feedback mechanism through installation of complaints/suggestion box on service provision points. Plan has also put in place a Safe call mechanism dedicated to external hotline which provides multilingual support for complaints. Accordingly, Plan will post the safe call numbers in our offices at visible places. Plan has an international mechanism to respond to complaint from beneficiaries and tracks progress on such cases which involves the regional director, country director, the global assurance team at Head Quarters that report to the International Board of directors.

Implementation Plan

Plan International Sudan will use the participatory approach and according to its program quality policy (PQP) to implement the activities in this project where Plan International Sudan will be

- Facilitating the processes and providing technical support along with MoH.
- Plan International Sudan will ensure the implementation of the project is in partnership with CDF as local NGO, communities and in collaboration with the SMOH- Sanitation and emergency departments.
- Plan will support the MOH to ensure that the existing system of surveillance and early warning is strengthened
- Pan will implement the facilitation of the CLTS implementation along with the sanitation department in white Nile state and build the capacity of community sanitation groups
- Plan will ensure that the design of health facilities is considering people with disability

Local NGO

Local NGO will be part of this project had already have the considerable experience to deal with the emergencies and developmental work. In this project they will focus on

- Facilitate the implementation of the activities which will be implemented by the SMOH
- Mobilize the community for the activities implemented by them, MoH and the one facilitated by Plan International Sudan
- Participate in the monitoring processes for the health and sanitation activities
- Implement some of the project activities under the technical guide and supervision of the SMOH as per the activities mention in the project In general The local NGOs child development fund (CDF) will deal directly with the SMOH and communities through the community based organization (CBOs) or any existing body recognized by the community. CDF will

the MoH is the primary stakeholder of this project as they are the main duty bearer for health and sanitation services. SMOH will implement and provide the technical support and supervision for the activities implementation of the project which implemented by local partner that will be based on the agreed upon plan of action and timeframe.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2a- The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

This specific project will address gender equity in two major ways. Firstly, specific and special efforts will be made to ensure the effective participation of women in the whole processes of Community Led Total Sanitation (CLTS) project activities starting from the per-triggering, triggering sessions, formulation of Sanitation Action Group (SAG) at community level ,through which women will be fully engaged in community sensitization and monitoring to reach the open defecation free and maintaining the sanitation situation at their communities This includes supporting both women and girls to be involved and participate in the community and WASH committees. Women will also be encouraged to participate in health and hygiene promotion interventions. In addition the project will provide gender dis- aggregated latrines, and sanitation facilities that ensure safety, privacy.

Deliberate action will also be taken to ensure high number of girls and women participants starting from targeting. Plan has strong gender equality strategy and practices in Human resource and office environment which will be further strengthened at the area office level and down to partners and stakeholders. Time gender advisor post will be recruited soon to ensure adequate technical support to staff, projects and partners.

Plan will also work with relevant partners and stakeholders to maintain the highest number of women in the project activities and enhance strong leadership through capacity building.

Plan will make sure the participation of a proportion of women and girls in monitoring and evaluation of projects. All reports will be prepared in sex-disaggregated data to monitor progress in achieving the set targets and ensure girls and women are able to access gender sensitive services through household latrines and menstrual hygiene activities planned in the project. Plan runs annual training and capacity building sessions for staff and partners on Gender equality a specific module called Planting Equality tailored to address gender inequalities among children to prepare staff and partners to have a gender lenses in their work. All staff and partners involved in this project will take part in these in-house training programs.

Protection Mainstreaming

The project has considered protection of vulnerable groups especially children, women and people with disabilities in all its intervention, activities. And since the open defecation practice expose women and girls to risk of physical attack and sexual violence, thus project is targeting 90 communities to reach the open defecation free through the participatory implementation of the CLTS approach, Plan will closely work with relevant government and community based organizations that represent the target beneficiaries. Adequate consultations will take place during the planning phase with consideration to representation of most marginalized section including families with disabled children and female headed households. This project will consider putting in place strong protection of project beneficiaries through preventive role to potential sanitation related diseases through targeting high risk communities. Women and community members will be supported to participate in the awareness sessions and will take part in dissemination of messages

Country Specific Information

Safety and Security

Plan International Sudan has a security and safety policy which is included in Plan global wide Audit and Assurance. It develops security and safety plans guided by the Standard Operating Procedures which cover staff, offices, programs and projects implementation. It is reviewed by the security officer, senior management and Disaster manager on quarterly basis, relying on information obtained from relevant sources. The security plan describes measures to reduce personal and team vulnerability to a range of threats, including cultural awareness and sensitivity, team and interpersonal communication. Plan staff and associates have to follow the SOPs during program activities.

Implementation is through local organization and coordinated with community leaders, and movement of Plan staff, associates or visitors is always cleared with the government (Humanitarian Aid Commission). The target areas in this project have less security concerns. However to reduce any potential risk, Plan International will be working in line with the partners in the sectors and in close coordination with local NGOs and communities. In addition to this, Plan has a security system that is monitored at national level and locally by highly trained staff who update on security situation on regular basis.

Access

Plan International Sudan has been operating in White Nile State since 1995 Being one of the organizations with long presence in White Nile and working in development as well as emergency in White Nile state, Plan is a community rooted organization that has a solid reputation among the government, stakeholders, sister organizations, communities as well as refugees camps. In addition to this, Plan has field offices and sub offices will highly qualified teams and sustainable operation that guarantees safe and sustainable access to all target areas by this project.

The Technical Agreement of this project will be developed and share with line Ministry and HAC at state level for their approval and forward to HAC at Federal level for endorsement, this step is essential in facilitating the access to the project target areas.

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	Project Coordinator (National)	D	1	2,498.00	12	100.00	29,976.00
	<i>A full time project coordinator will be hired for the project to lead the overall project management in all stages - Planning, coordination, implementation, communications with relevant authority, partners, communities and other NGOs working in the same locations, also will be close monitoring for project implementation, reporting, progress and project challenges. Salaries calculated as gross salary + social insurance medical insurance + bonus. This post will be fully dedicated to the project</i>						
1.2	Health Officer - National	D	1	1,145.00	12	80.00	10,992.00

	<i>This full time post with the Public health background will be based in the White Nile state (Kosti office) and responsible for on-site execution of integrated health and WASH activities in close coordination with the LNGO, and authorities in target locations, overall responsible for data collection, monitoring, reporting on weekly updates etc. the cost includes salaries calculated s gross salary + social insurance +medical insurance + bonus</i>							
1.3	CLTS officer - National	D	1	1,142.00	12	50.00	6,852.00	
	<i>A full time national position based in White Nile program Area (Kosti office),will be responsible for planning, implementation and monitoring of Community Led Total Sanitation (CLTS) among 90 communities in the 2 Localities namely Rabak and Al doim, also she or he will be responsible to train the community volunteers in the full package of the CLTS approach, ensure the CLTS operation room is well activated and play it is role in implementation and scaling up the approach, in addition to the overall supervision of triggering sessions, ensure the formulation of Sanitation Action Group (SAG) within all triggered communities including field monitoring visits, and to follow up with CLTS operation room in target localities are properly using the designed monitoring format.</i>							
1.4	WASH advisor - National	D	1	2,703.00	12	5.00	1,621.80	
	<i>The WASH adviser will provide technical support in the project from his/her background field, provide frequent monitoring visit to ensure of the implementation of the activities are in place, review Narrative and progress to ensure of reporting quality before sharing with the donor.as well as Participating in the national sectoral meeting and provide progress update and ensure firm coordination among the project stakeholder is in place 5% of monthly salaries will be charged against this project calculated as gross salary + social insurance medical insurance + bonus</i>							
1.5	Senior finance accountant-Field	D	1	2,201.00	12	5.00	1,320.60	
	<i>This is a national position based in Kosti budgeted 5 % to the project at the rate of 2,201 USD per month including all benefits. It provides support to the project in terms of managing the financial resources, ensuring documentation of financial record of the project, reporting of budget flow and ensuring donor compliance at field level. for project budget monitoring, ensuring expenditures and financial accuracy, based on financial policies, providing donor financial reports, overall budget monitoring, the cost including salary, taxes, zakat, medical and social insurance.</i>							
1.6	Account assistant -field	D	1	713.00	12	10.00	855.60	
	<i>A national position based in Kosti charged 10% to the project at the rate for 713 USD per month including all benefits. The post is directly responsible for the project accounting, treasury, financial and internal control practices/systems, maintain financial records, and financial reports, peform monthly bank reconciliation, process accounting transactions vouchers and maintain and update reports. As well, he/she maintains a good filling system of accounting records (Safe keep-Files all transaction vouchers-stamp paid with check and voucher number indicated).</i>							
1.7	HR officer CO	D	1	1,445.00	12	10.00	1,734.00	
	<i>This is a national position based in Khartoum, charged 5% to the project at the rate of 1,445 USD per month including all benefits. The HRO is responsible for ensuring recruitment is done in a timely manner, staff contract management in line with the labour law provisions, ensure timesheets are completed by managing the HR Information management system, and facilitate performance review of staff. The post provides direct support to the field HR and admin officer in the above processes.</i>							
1.8	Operation coordinator-field	D	1	2,292.00	12	5.00	1,375.20	
	<i>A national staff based in Kosti budgeted 5 % to the project at the rate of 2,290 USD per month including all benefits. The operations coordinator is responsible for project operation' related tasks, security and safety management liaise with HAC on technical agreement signing and HAC reporting processes</i>							
1.9	Emergency response manager	D	1	2,901.00	12	5.00	1,740.60	
	<i>A national staff based in Kosti charged 5 % to the project at the rate of 2,901 USD per month including benefits. The Emergency Response Team manager is responsible to oversee all project managers in the SSR and emergencies interventions across Plan's operational area of White Nile State., is primary person to identify the humanitarian gaps, liase with white Nile level UN agencies and government, build business case to appeal for support to the SSR humanitarian situation, lead the development of project to fulfill the humanitarian gaps. The post is also responsible to follow up development of work plans, detailed implementation plans, with each project manager/coordinator, financial advances, liquidations, financial nd narrative reporting to the satisfaction of Plan and donor compliance requirements.</i>							
1.10	Program Area manager	D	1	3,417.00	12	5.00	2,050.20	
	<i>A National staff based in Kosti charged 5 % to the project for 12 months at the rate of 3,417 USD. She/he is responsible for management for all white Nile program covering all localities where Plan is operating. The post is responsible for close coordination with government, conduct advocacy with government on operational barriers, as well as program advocacy on thematic areas, and management of partners. The post is responsible for f human resources management, finance and program delivery in all sub offices in White Nile state.</i>							
1.11	Driver	S	1	682.00	12	20.00	1,636.80	
	<i>Part time driver to the project, national staff based in Kosti, his key roles is to transport of project team during implementation plan with the vehicle that the project partially available (car rental can be rented with driver); Support in logistics tasks the cost including salary, taxes, zakat, medical and social insurance</i>							
	Section Total						60,154.80	
2. Supplies, Commodities, Materials								
2.1	Formation and training of 60 individual C LTS groups and partner and develop ToR.	D	60	77.76	1	100.00	4,665.60	

	<i>In order to facilitate the CLTS approach, the training of CLTS facilitators will be conducted in accordance to the standard manual,5 days training will targeting 60 participants in 2 batches (30 participants for each batch),the cost includes Meals for participant (60 participants x 4.83 x5days) + refreshment (60x \$1.61 x5 days)+ the training will be facilitated by CLTS officer from Plan supported by the co-facilitator(1 co-facilitator x \$ 16.11 x 10 days) transportation of participants (60 participants x \$4.83 x days), stationary (60 participants x \$ 0.45 x 5 days), banner (2x \$ 32.22), vehicle renting for field work (2 vehicle x38,67 x4 trip (2 trip for each batch) Hall renting (2x \$ 48.33 x5 days), + transportation and meals for the natural leaders (20 leaders x \$ 6.44 x 1 day)</i>							
2.2	Conduction of 90 pre-triggering sessions in Rabak and Al Doaim Localities.	D	90	43.43		1	100.00	3,908.70
	<i>According to the CLTS tools, the pre-triggering to identify the community profile and assess the sanitation situation in the target communities in consultation with community members and through which the agreement will be reached on the appropriate triggering session schedule ,the cost includes vehicle rental and meals (cost of one trip 43.43 \$ for 90 retriggering session)</i>							
2.3	Conduction of 90 triggering sessions in 90 communities in Rabak and Eddiwem Localities	D	90	142.14		1	100.00	12,792.60
	<i>Applying the standard CLTS tools, the triggering sessions will be conducted in each target community through the focus group discussion and dividing the community segments in to two groups (children and adult groups),then move to defecation and social mapping, shit calculation, medical expenses calculations, walk of shame, water/food contamination and formulation of sanitation action group and agree with the community in 24 hour check, the cost includes vehicle rental for 90 trips x \$ 38.6.)+ meal allowance for 8 CLTS facilitators x 90 communities x \$ 4.83)+ mapping materials and stationaries (90 communities x \$ 64.44)+ banners with approximate cost of \$ 32.22</i>							
2.4	Monitoring and follow-up of triggered 90 communities.	D	90	156.15		1	100.00	14,053.50
	<i>Following the triggering sessions the minoring mechanisms of the triggered communities is very essential to reach the ODF ,and as indicated in the CLTS standard manual, the CLTS operation room at locality level prepare the detailed monitoring action plan and time table for the triggered communities, using six week monitoring format as well as sanitation action group form,throughout which the latrine demonstration is monito ,this followed by the ODF claim from the community, after then 3 verification visits and certification ,which means each triggered community requires 9 monitoring visits within the 3 months, the cost includes meal allowance (3 participants x 90 communities x 9 visits x \$ 4.83 = 11,736.90) + vehicle rental (\$ 38.6 x 45 trip (one trip for 2 communities = 1,737) + stationaries for 9 monitoring vests for 90 communities (note books ,box file ,paper A4,pencils and pens = 580</i>							
2.5	Supporting ODF celebration by communities in 90 communities.	D	90	354.66		1	100.00	31,919.40
	<i>After the conduction of monitoring visits and (Open Deification Free (ODF) verifications, the triggered community will declare and celebrate the ODF, the cost includes manufacturing of metal board: metal galvanized pipe 3 inch (1pipex90 boards \$83.70 =7,533),sheet plate 1x2 m (2 sheets \$ 12.78 x90 board = 2,300.40),iron angle 2 inches (1 angle \$ 28.98 x90 board = 2,608.20),manufacturing work (90 boards \$ 11.16 = 1004.40 =), 1.5 x 1m (90 boardx), posting of health messages on the board (90x \$ 16.02 = 1441.80), transportation of bill boards (4 trips x\$ 112.86 = 451.44) and installation of board (90 billboards \$ 24.12 = 2,170.80), refreshment for people attended the session (90 sessions\$ 64.44 = 2,799.60), cost of singers and musical insurgents (90 sessions x \$ 129 = 11,610)</i>							
2.6	Organization of World Day of hand washing celebration in 90 communities.	D	90	346.40		1	100.00	31,176.00
	<i>The celebration of Hand Washing World Day, usually organize in October mainly emphasize on raising the awareness of refugees and encouraging the hand washing practices through, demonstration sessions ,mobile drama, distribution of IEC materials, soaps distribution ,competition, messages from influential leaders, this celebration will cover the 90 target communities one celebration session per each community in the 2 localities (Rabak and Al doiem),the cost includes purchasing of soaps ((10 carton (carton of 27 piecs) x 9.08 x 90 communities) loud speakers (1x \$ 25.78x90 sessions), tents and chairs renting(1setx\$ 38.67x90 session), incentive for drama group(90 sessions, documentation \$ 64.44), refreshment(90 sessions \$ 64.44) and vehicle renting (1x38.67 x90 trips)and meals for community mobilizers (3 mobilizers x 4.83 x90 communities). Documentation of the 90 sessions (90 x \$ 32.22</i>							
2.7	Construction of gender sensitive VIP latrine in Health facilities (block of pits in each health facility) in the 2 localities Rabak and Al doiem	D	29	2,613.00		1	100.00	75,777.00
	<i>The health facility VIP latrines will be constructed according to the standard design developed in Feb,2018 and recommended by the Health sector in White Nile State, consists of block of 2 pits using presented building materials, dimension of 2.5 m x 2.45 mx 2.8 m depth) according to the attached Bill of Quantities (BoQ)</i>							
2.8	Technical Supervision for latrine construction, by contracting the civil Engineer.	D	1	1,868.76		1	100.00	1,868.76
	<i>The technical supervision of health facility latrines is essential to ensure the application of the standard design of construction is well maintained, the competent civil engineer will be contracted at the binging of the project to supervise and monitor the whole process of latrine construction including ,site planning/identification, prepare all the bill of quantities ,coordinate with Plan's operation department to ensure all the quotations and bid analysis is processed in accordance of Plan procedures and the value of money is well considered, also the civil engineer will conduct regular site visits of to the health facilities to monitor the latrines construction and provide regular progress reports of various stages of masonry work. the TS will be as overall contract for supervision and payment will be based on the competed work in installment</i>							
2.9	Provision of gender sensitive hand washing facilities for the 29 health facilities	D	58	27.89		1	100.00	1,617.62
	<i>The installation of hand washing facilities is important to enhance the practice of hand washing, 58 hand washing facilities will be manufactured and installed within the new constructed latrines (2 hand washing per each block of latrine),the description of the hand washing is plastic barrel 50 liter (58 x \$ 4.19) tap (58x1.61)iron angle 1.5 inches (1.25x \$ 1.16 x 58 hand washing facilities) iron sheet (khoosa) (1x \$.81 x58)screws (2x.48x58)manufacturing work (58x\$ 3.54) transportation (2 tripx\$ 112.78) and installation (58x 6.44)</i>							
2.10	Provision of drinking water storage facilities in 29 health facilities	D	29	392.83		1	100.00	11,392.07

	<i>The targeted health facilities in the 2 localities (Rabak and Al doiem) are lacking an adequate drinking water facilities , installation of drinking water facility will complement the sanitation facilities ,each water facility consists of water tank (1000 Liters),with metal stand and tap, the cost including (29 water tank x \$290 + (2 iron angle 2.5 inc x 41.89)+ manufacturing work (29x \$11.28)+ transportation cost (2 trip x 112.78)</i>						
2.11	Support of community-based general cleaning campaigns in 257 communities in Rabak and Eddiwem Localities	D	257	19.30	1	100.00	4,960.10
	<i>As part of waste management mechanisms, the cleaning campaign is recommended by WASH sector to contribute in flies control , this activity will cover 257 communities in Rabak and Aldoiem localities and supervise by the SMOH personnel , 10 cleaning campaign per each community, the cost includes Procurement of cleaning tools: cracks (2570x \$ 1.93)</i>						
2.12	Support of 90 spraying campaigns for flies control in the attractive areas of high density in Rabak and Aldoiem Localities.	D	90	74.43	1	100.00	6,698.70
	<i>The spraying campaign aiming to minimize the risk of flies outbreak in the 2 localities (Rabak and Al doiem), the cost includes incentives for spraying workers (20 workers \$ 2.58 x90 campaigns), meal allowance for daily+ supervisors (4 supervisor x4.83 x90 campaigns) and fuel for spraying machine operation (20 litersx0.18 x 90 campaigns).</i>						
2.13	Project visibility	D	1	2,434.46	1	100.00	2,434.46
	<i>n this project; the visibility is not considered as one of the IEC materials in particular the T shirts, it is mainly for the volunteers whoe will do the hygiene promotion. with this T-shirts the volunteers will be recognized and the different monitoring team will recognized them immediatly at the moment of entering the villages. The project visibility will be considered in project implementation describing the activity ,location ,date and source of fund along, including 29 signboard for newly constructed latrines in the health facilities (for one signboard metal sheet 100 cm x 50 cm with painted logos rate per one estimated at \$ 13.21(29 x 13.12 =383 + painting the 2 logos in 58 hand washing facilities and 29 water tank (\$ 2.58 x 87), the T-Shirt for 270 volunteers as hygiene promotors (\$6.77 x 270 =1827</i>						
2.14	Support SMOH for technical supervision, monitoring and follow-up	D	120	48.33	1	100.00	5,799.60
	<i>MoH staff is going to be part of the monitoring and support visit, based on that Plan will avail the cost of meals and transportation as well as accommodation for the individual staff who will participate in this supervision. the payment will be directly to the staff and no money will be transferred to MOH account. Field visits to be conducted to the project sites, mainly to ensure the standardization of project deliverables is in line with SMOH specification meals and transportation for supervisors from State Ministry of Health to ensure all technical aspects of the project is applied .(SMoH technical personnel to conduct regular supervision visits,40 visits at locality at locality level (weekly visit within 10 months for each of the 2 localities and 40 vists at state level (weekly visit for the 10 months) . the cost of one visit includes vehicle renting \$ 38.67 x 120 vests and 4.83 as meal allowance for 2 SMOH personnel</i>						
2.15	Baseline and endline survey	D	2	3,500.00	1	100.00	7,000.00
	<i>Cost of the data collection, vehicle rent, stationeries, analysis and report writing. this surveys will be conducted through the MOH in collaboration with university of Alimam Almahadi</i>						
	Section Total						216,064.11
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	Perdium and accommodation for project monitoring	S	2	172.27	6	100.00	2,067.24
	<i>The technical team will provide technical support to the field to ensure of the implementation of the activities are in place, and to work closely with field team to ensure the quality of project deliverables, the visit of 1 staff from Plan Country Office will take place every quarter, which means 3 trips during the project timeframe</i>						
	Section Total						2,067.24
6. Transfers and Grants to Counterparts							
6.1	Training of 60 health personnel facilitated by Child development fund (CDF) at state and localities level on surveillance data analysis.	D	60	106.17	1	100.00	6,370.20
	<i>According to the WHO manual the Surveillance and data analysis 7 days training in 2 batches (each batch cover 30 participants), will target 60 SMOH personnel (Emergency Response team in the 9 localities) the cost including , Meals for participant (30 participants x 2 batches x\$ 4.83 x7days), refreshment (30 participants x2 batches 1.61x7days), facilitators (4x12.89 x7 days 2 batches), transportation of participants (30 x 2 batches x \$ 4.83 x 7 days), stationary (60x \$ 0.48 x7 days), banner (1x \$32.22), Hall renting (1x\$ 48.33),</i>						

6.2	Training of 120 medical personnel implemented by Child development fund (CDF) on the protocol of AWD.	D	120	42.96	1	100.00	5,155.20
	<i>Applying the standard of AWD protocols of Federal Ministry of Health and WHO, 120 medical personnel will be selected in coordination with the health sector and SMOH and receive the 3 days training will be divided into 4 batches (30 participants in each batch), the cost including Meals for participant (120x \$ 4.83x3days), refreshment (120x1.61 x 3days), facilitators (2x12.89 x12 days), transportation of participants (120x 4.83 x3 days), stationary (120x0.48 x3 days), banner (1x32.22), Hall renting (1x48.33),</i>						
6.3	Training of 108 health personnel from 108 assigned sentinel sites in State on early warning and reporting of AWD cases implemented by Child development fund (CDF)	D	108	43.82	1	100.00	4,732.56
	<i>According to the FMOH and WHO guidelines ,3 days training will be provided to 108 SMOH personnel representing 108 sentinel sites(the whole sentinel sites over White Nile state), in 4 batches the cost including Meals for participant (108x4.83x3days), refreshment (108x1.61 x3days), facilitators (2x12.89 x12 days), transportation of participants (108x4.83 x 3 days), stationary (108x0.48 x3 days), banner (1x32.22), Hall renting (1x48.33),</i>						
6.4	Printing and distribution of 405 AWD protocol and package of surveillance format to 405 health facilities in the State.	D	405	6.44	1	100.00	2,608.20
	<i>The FMOH developed the standard AWD protocol to be applied in all health facilities mainly to strengthen the surveillance system and case management protocols, the cost including printing of (405 handbook x \$ 6.44)</i>						
6.5	Procurement and distribution of 68 mobile phones for health personnel of sentinel sites within the 9 localities and at state level	D	68	32.25	1	100.00	2,193.00
	<i>To strengthen the diseases surveillance system and timely reporting from the different sentinel sites and to ensure smooth flow of the information to the SMOH emergency department, the cost including purchasing of mobile phone sets (TECNO) to be handed over to 68 sentinel sites focal person (68x\$ 32.25)</i>						
6.6	Conduction of 220 awareness sessions on AWD in 9 localities implemented by Child development fund (CDF)	D	220	61.22	1	100.00	13,468.40
	<i>In order to disseminate the health education messages of AWD emphasize in the mode of transmission, prevention measures, symptoms and case management through community sessions in defined common places and time in 220 communities of the 9 localities, (30 session in each locality) the cost including refreshment (220 sessionsx12.89), facilitator fees (220 sessions x 9.67) and vehicle renting (220 days x38.67)</i>						
6.7	Training of 270 volunteers implemented by Child development fund (CDF) on hygiene promotion and water chlorination	D	270	13.81	1	100.00	3,728.70
	<i>Community volunteers from 270 communities will be selected to attend one day training on hygiene education and water chlorination as the parts of AWD prevention and control. Plan International has a module of this training developed in last outbreak of AWD in White Nile State.it will be one day training for 9 batches, the cost including Meals for participant (270x4.43 x1days), refreshment (270x1.61x1days), facilitators (2x9.67x9 days), transportation of participants (270x4.83), stationary (270x0.48x1 days), banner (1x32.22), vehicle renting (1x38.67 x16 days).</i>						
6.8	Conduction of 00 HH visits implemented by Child development fund (CDF)	D	270	56.76	1	100.00	15,325.20
	<i>After completion of volunteers training each volunteer of should conduct at least 200 HH visits over one month in his/her communities. The purpose of household visits is to educate the household's members on AWD prevention and uses of the chlorine tabs as well as other appropriate options of water treatment at HH level, the volunteers performance will be monitor and supervise by SMOH supervisor , the cost including meal allowance for volunteers for 20 working days, the rate per one day is 2,58</i>						
6.9	Production and installation of 50 durable IEC materials (made of metal) in public water distribution points.	D	50	210.41	1	100.00	10,520.50
	<i>Manufacturing of metal board: metal galvanized pipe 3 inch (1pipex50 boardsx83.78),sheet plate 1x2 m (2 sheetsx12.89 x50 board),iron angle 2 inches (1 anglx29 x50 board),manufacturing work (50 boardsx11.28), 1.5 x 1m (50 boardx), posting of health messages on the board (50x27.39), transportation of bill boards (4 tripsx12.78) and installation of board (50 billboardx24.17)</i>						
6.10	Production and distribution of 405 posters containing well designed health education messages on AWD and post them in visible place in the waiting room among 405 health facilities in the 9 localities.	D	405	10.33	1	100.00	4,183.65
	<i>To enhance the awareness and knowledge dissemination of AWD at the health facilities, well designed health education messages in accordance to WHO guidelines to be printed in high quality poster and post it in visible place of waiting rooms among 405 health facilities The cost including the producing of quality poster (60x100 cm) with estimated price of \$ 10.33 for one poster including material and design.</i>						
6.11	Training of 180 health staff from 180 health facilities on health education implemented by Child development fund (CDF)	D	180	42.87	1	100.00	7,716.60
	<i>Health staff in health facilities have crucial role in educating the patients, co-patients and visitors from patient's relatives on prevention of AWD. So, 180 health staff from 180 health facilities will be selected and divided into 6 baches (30 per one batch) this training focus on the communication skills and health education ,the cost including Meals for participant (180x4.83 x3days), refreshment (180x1.61 3days), facilitators (2x212.89 x18 days), transportation of participants (180x 4.83), stationary (180x0.48 x3 days), banner (1x32.22), Hall renting (48.33 X 18 day)</i>						
6.12	Local Partner's supportive cost	D	1	5,254.00	1	100.00	5,254.00
	<i>The cost for program support of implementing partner including 25% Head of office \$ 48x 12 months = 576+ project officer \$ 145 x 12 = 1740+ 25% finance accountant \$32x2 =384 + 15% office rent 10x12 month =120 + office supplies 19x 12 = 228 + vehicle rent ,4 trip per month 194x12 =2328</i>						
6.13	PSC Rate for local partners	D	1	81,256.21	1	7.00	5,687.93

	Section Total						86,944.14
7. General Operating and Other Direct Costs							
7.1	Office utilities\field	S	1	392.00	12	10.00	470.40
	<i>Electricity supply for the office from the monthly rate charging 10% (\$ 13)+ water supply for the office charging 10 % (\$ 9.8),gas calendar charging \$ 16.4 per month</i>						
7.2	Fuel & Oil	S	1	50.00	12	70.00	420.00
	<i>Engine oil -Gallon (2 vehicle 3 Gallon per month * 12 month), 24 Gasoline filter,24 oil filter, 200 liter of fuel per each month for 12 months</i>						
7.3	Vehicle maintenance	S	1	2,055.00	1	100.00	2,055.00
	<i>Cost of vehicle parts maintenance, vehicle tyres, spare parts for vehicle assigned for the project.</i>						
7.4	Office rent\CO	S	1	10,500.00	12	10.00	12,600.00
	<i>10% of office rent costs as contribution to office premises</i>						
7.5	Vehicle rent	S	4	160.00	12	100.00	7,680.00
	<i>Cost of additional vehicle as well as trucks for supplies.</i>						
7.6	Internet and communication PU	S	1	2,000.00	12	20.00	4,800.00
	<i>cost of telephone, internet services as contribution to office communication costs 20%.communication costs 20%.</i>						
7.7	Office general supplies	S	20	185.00	12	10.00	4,440.00
	<i>Paper A4 (carton) with 12 basket, Envelopes, Pen 12 box, Sticker paper, Stapler (Small size), Stapler (Big size), Bencher (Big size), pin Stapler (11 box) = 11*10 = 110 small box, Toner HP laserjet and 12 Box files</i>						
	Section Total						32,465.40
SubTotal				3,297.00			397,695.69
Direct							361,526.25
Support							36,169.44
PSC Cost							
PSC Cost Percent							5.55
PSC Amount							22,072.11
Total Cost							419,767.80

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
White Nile -> El Dwaem	50	54,050	68,902	58,258	79,911	261,121	<p>HEALTH: Activity 1.1.1: Conduction of training for rapid response team in collaboration with WHO and UNICEF, Training of 60 health personnel at state and localities level...</p> <p>HEALTH: Activity 1.1.2: Incorporation with WHO and UNICEF to conduct training for rapid response team Training of 120 medical personnel on the protocol of AWD. 120 medic...</p> <p>HEALTH: Activity 1.1.3: Training of 108 health personnel from 108 assigned sentinel sites in State on early warning and reporting of AWD cases. According to the FMOH and W...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.1: Formation and training of 60 CLTS team members and develop ToR. In order to facilitate the CLTS approach, the training of CLTS facilitators will be...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.2: Conduction of 90 pre-triggering sessions in Rabak and Al Doaim Localities. According to the CLTS tools, the pre-triggering to identify the communit...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.3: Conduction of 90 triggering sessions. Applying the standard CLTS tools, the triggering sessions will be conducted in each target community through ...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.4: Monitoring and follow-up of triggered communities. Following the triggering sessions the minoring mechanisms of the triggered communities is very e...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.5: Supporting ODF celebration by communities. After the conduction of monitoring visits and (Open Deification Free (ODF) verifications, the triggered ...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.6: Organization of World Day of hand washing celebration in 90 communities. As the fact that the hardware should be parallels with software, celebrati...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.7: Conduction of 90 spraying campaigns for flies control in the attractive areas of high density in Rabak and Eddiwem Localities. Vector control departm...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.8: General supervision, monitoring and documentation field visits to be conducted to the project sites, mainly to ensure the standardization of projec...</p>

White Nile -> Rabak	50	26,819	30,403	29,016	115,601	201,839	<p>HEALTH: Activity 1.1.1: Conduction of training for rapid response team in collaboration with WHO and UNICEF, Training of 60 health personnel at state and localities level...</p> <p>HEALTH: Activity 1.1.2: Incorporation with WHO and UNICEF to conduct training for rapid response team Training of 120 medical personnel on the protocol of AWD. 120 medic...</p> <p>HEALTH: Activity 1.1.3: Training of 108 health personnel from 108 assigned sentinel sites in State on early warning and reporting of AWD cases. According to the FMOH and W...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.1: Formation and training of 60 CLTS team members and develop ToR. In order to facilitate the CLTS approach, the training of CLTS facilitators will be...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.2: Conduction of 90 pre-triggering sessions in Rabak and Al Doaim Localities. According to the CLTS tools, the pre-triggering to identify the communit...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.3: Conduction of 90 triggering sessions. Applying the standard CLTS tools, the triggering sessions will be conducted in each target community through ...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.4: Monitoring and follow-up of triggered communities. Following the triggering sessions the minorng mechanisms of the triggered communities is very e...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.5: Supporting ODF celebration by communities. After the conduction of monitoring visits and (Open Deification Free (ODF) verifications, the triggered ...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.6: Organization of World Day of hand washing celebration in 90 communities. As the fact that the hardware should be parallels with software, celebrati...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.7: Conduction of 90 spraying campaigns for flies control in the attractive areas of high density in Rabak and Eddiwem Localities. Vector control departm...</p> <p>WATER, SANITATION AND HYGIENE: Activity 1.1.8: General supervision, monitoring and documentation field visits to be conducted to the project sites, mainly to ensure the standardization of projec...</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	2nd round MER Plan-AWD-SHF.XLSX
Project Supporting Documents	Plan International Project Proposal WBD- AWD 19-03-2018.doc
Project Supporting Documents	2017 تقرير النيل الابيض(المسح) Draft.docx
Project Supporting Documents	2017(-Draft.docx) تقرير النيل الابيض(المسح)
Budget Documents	Plan 8237 - TRC.1.xls.xlsx
Budget Documents	Plan International Budget Report-WBD-AWD 19-03-2018.xls
Technical Review	Plan_8327_SHF and WASH sector inputs 12032018.doc