

Requesting Organization :	Save the Children	
Allocation Type :	2018 – SHF 1st Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
WATER, SANITATION AND HYGIENE		70.00
HEALTH		30.00
		100
Project Title :	Strengthening Health and WASH interventions to prevent water borne diseases (Red Sea-Toukar,Sinkat).	
Allocation Type Category :		

OPS Details			
Project Code :		Fund Project Code :	SUD-18/HSD20/SA1/WASH-H/INGO/7718
Cluster :		Project Budget in US\$:	496,703.56
Planned project duration :	12 months	Priority:	
Planned Start Date :	06/03/2018	Planned End Date :	05/03/2019
Actual Start Date:	06/03/2018	Actual End Date:	05/03/2019

Project Summary :

This project is intending to Contribute to the prevention of water borne diseases outbreaks through integrated WASH and Health interventions in Tokar and Sinkat localities of Red Sea state. This project is designed to prevent future AWD outbreak which hit state between January 2017 and January 2018 and caused a total number of 1550 cases with 19 deaths in Port Sudan, Tokar and Sinkat localities. The project is aligned with strategic objectives of health and WASH sectors that feed in 2018 Humanitarian Response Plan (HRP), that address significant recent and critical emergency and prevention of new AWD outbreaks. The project will provide integrated WASH and Health interventions for vulnerable people in targeted locations of Arkawit, Sinkat, Gebiet, Halagat, Iria, Samat and Dyanit in Sinkat locality and 6 locations in Tokar including Ashet, Dwlabayay, Waram Alkhlowa, Odwan Hamishkorib Alhi Altamin and Tokar.

Thirteen targeted communities in Tokar and Sinkat localities will be supported with integrated WASH and Health interventions including improving hygiene practices, sanitation, provision of safe water, improving health care worker's knowledge, enhancing surveillance system and increasing knowledge of communities. The project is targeting 90698 (21332 boys, 23110 girls, 22203 men and 24053 women) individuals.

The proposed project activities will be implemented in close coordination with SMOH, WES and local authorities as well as beneficiaries. The role of SMOH, WES and local authorities will be participating in training activities, awareness activities and monitoring and evaluation while volunteers from beneficiaries will be trained and engaged in house to house visit for delivering hygiene messages, conducting water testing and mobilizing people as well for cleaning campaigns. WHO will provide training curriculum and participate in proposed trainings. Reports and lesson learned will be share with all partners including WHO and UNICEF. Accountability to affected populations is considered in which target groups will be engaged in planning, implementing and monitoring the project. The proposed interventions will avoid exposing targeted populations to threats or risk and essential protection principles will be applied throughout the project cycle and duration which will last for 12 months. The project will consider the government priority in geographical and services provision as well as promote the national ownership.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
22,203	24,053	21,332	23,110	90,698

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	590	639	567	614	2,410
Children under 18	0	0	20,765	22,496	43,261
Other	21,613	23,414	0	0	45,027

Indirect Beneficiaries :

The total indirect beneficiaries are 41019(10042 men,10878 women,9648 boys and 10451 girls) representing nomadic, temporarily agricultural labors in Tokar and families who come from Port Sudan to Sinkat during hot season

Catchment Population:

Catchment population are 131717 (34932 women, 32244 men, 33541 girls and 30980 boys) living in in Tokar and Sinkat localities

Link with allocation strategy :

This project designed in link with sector strategy aiming to provide basic needs and increasing self –reliance for communities of Tokar and Sinkat localities .The objective of this project is to contribute to the prevention of new outbreaks through integrated WASH and Health interventions in heavily affected localities, Red Sea .In the planning, implementation and monitoring , the project will engage beneficiaries to ensure sense of ownership and sustainability of actions. This project will build on already effort made by SMOH, WES, local authorities, WHO, UNICEF and communities during outbreak control and will work in close collaboration with State MoH / WES staff, local partner and communities to increase knowledge of affected people on water related diseases including AWD. The project will water and sanitation at health facility level and building capacity of health care workers to detect and handle outbreaks of water related diseases., at the project will ensure water safety at health facilities as well as household level. community structures created during outbreak control will be used to lead mobilization, the project will be strengthening early warning and alert system and have skilled rapid response teams to act immediately in case of outbreaks. The project will secure pre-positioning AWD kits in targeted localities

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
Talawiet organization for Development	National NGO	185,289.06
		185,289.06

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Ismail Hamid Saeed	Health and Nutrition Specialist	Ismail.Hamid@savethechildren.org	+249 912 144236
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Mohamed Anouar	Admin manager for Talawiet organization for Development	anwer671@hotmail.com	+249(0)992999093

BACKGROUND

1. Humanitarian context analysis

Red Sea State is one of three eastern Sudan states located in the eastern part of Sudan having international boundaries with Egypt in the north Eritrea in the south and Red Sea in the east. The state also has national borders with Kassala state in the south and River Nile state in the west. It occupies 212000 km divided to 10 localities. Total population of the state is estimated as 1.445.353 inhabitants including the children between 0 to 5 years numbering 150.104 (According to Sudan 5th census and EPI 2009). The State is divided in 10 localities. Red Sea state is characterized by its geographical position, which extends from latitude 22 to the latitude 17 north and longitude 34 to 38 degrees east, characterized by climate change by months of the year and in which the humidity very high at about 17-72% in the winter months, ranging from 40-50% in the summer with high temperature above 40 degrees. According to the state government the majority of the state population (42.5%) are living in rural areas depend on farming while 18% of population are nomadic rearing animals. State Ministry of health indicated lack of access to health and other basic services, overcrowding and poor hygiene and sanitation as among the main causes of health problems in the poorest rural communities, open defecation is practiced widely in wide rural areas. According to State profile for 2017 more than half of the population (58%) lives below the poverty line. The profile showed the need for humanitarian assistance in the area of Nutrition and WASH.

OCHA indicated that East Sudan hosts one of the world's most protracted refugee situations, with refugees from a number of countries arriving there since the 1960s. According to the UN High Commission for Refugees (UNHCR), the registered refugees across the eastern states are predominantly from Eritrea, with smaller numbers of people from Ethiopia, Somalia, and Chad. Government of State reported that the effects of climate change, strongly linked to the El Niño oscillation, have impacted some communities in Red Sea State as result of that Six villages in Tokar localities have been severely affected by floods at the end of the traditional rainy season.

Red Sea State has experienced number of outbreaks including engue hemorrhagic fever (DHF) and AWD. In 2016 an outbreak, of DHF resulted in 445 suspected cases with no death, compare to 2010 outbreak which had registered total 4008 cases with 12 deaths (CFR:0.3%) Between January 10th and December 29th 2017 an outbreak of acute watery diarrhea (AWD) reported from Red Sea State with total number of 1550 cases with 19 deaths, Port Sudan, Tokar and Sinkat localities respectively reported high cases compare to other areas in the State according to WHO.

2. Needs assessment

Overall project objective							
Contribute to the prevention of water borne diseases outbreaks through integrated WASH and Health interventions in Tokar and Sinkat localities of Red Sea.							
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 : The proposed interventions will contribute to sector strategic objective by improving WASH services including safe drinking water for targeted communities and ensure access to safe sanitation through CLTS approach, conduct regular water quality testing and monitoring. Improve hygiene Knowledge attitude and practices to reduce health hazards and prevent WASH related diseases.							
Outcome 1							
Vulnerable populations in targeted localities access and utilize safe drinking water sources and supply							
Output 1.1							
Description							
90698 individuals accessed safe drinking water, through provision of safe drinking water and conduct water quality monitoring at water sources							
Assumptions & Risks							
<ul style="list-style-type: none"> - Funding is available on time to implement the project - Access to the access to the project area is secured - Adequate sources of water available - project accepted by local authorities 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of people attended WASH-related training	70	80	0	0	150
Means of Verification : Monthly report							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of water quality testing and monitoring conducted					300
Means of Verification : Monthly report							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of water sources and/or system at institution and/or community level constructed, rehabilitated and/or upgraded					15
Means of Verification : Monthly reports							
Activities							
Activity 1.1.1							
Standard Activity : Conduct WASH-related training at community and/or institution level							
Training of 30 chlorinators , (2 per each water source) (Under this activity 30 (15male &15 female) volunteers will be trained on how to perform water chlorination, SC and local partner will organize training while WHO and SMOH will provide training)							
Activity 1.1.2							
Standard Activity : Conduct water quality testing and monitoring							
Perform daily chlorination at 15 water source in Tokar, Jebit and Sinkat (Under this activity 15 water sources will be chlorinated on daily basis by trained volunteers under supervision of MOH, WES and local partner + SC)							
Activity 1.1.3							
Standard Activity : Conduct water quality testing and monitoring							
Provide 15 pool tester (one for each source)with reagents (under this activity 15 pool tester with reagents will be procured by SC , then equipment will be used by trained volunteers to perform chemical water testing. SC, local partner, MOH and WES will monitor implementation)							
Activity 1.1.4							
Standard Activity : Conduct water quality testing and monitoring							
Provide 300 vials of H2S for water testing (Under this activity 300 vials of H2S will be procured by SC and used by trained volunteers to perform biological test for drinking water. SC, local partner, WES will monitor implementation)							
Activity 1.1.5							
Standard Activity : Construction, rehabilitation and/or upgrading of water sources and/or system (eg. handpump, water taps, hafir, solar panel, water tank etc.) at institution and/or community level							

Rehabilitation of one water yard, 2 hand pumps, 2 hand dug wells in Tokar and 3 hand wells in Sinkat and provide and fix 7 water tanks (5000l) in Arkawit ,Halagat, Iria, Samat, Dyamt ,Ashad and Dwlabyay (Under this activity rehabilitation of water sources including lining open hand dug wells, provision and fixing water tanks, fixing water tapes, construct drenches and fences for 2 hand pumps, one water yard and 5 hand wells will be conducted by contactor hired by SC with close supervision by WES, SC and local partner)

Activity 1.1.6

Standard Activity : Conduct water quality testing and monitoring

Conduct sanitary assessment to 15 water sources in targeted area (Under this activity water sanitary assessment will be conducted for 15 water sources to identify any potential contamination that may occur through poor drench, availability of other contamination sources (garbage dump area) and protection for water source (borehole). this activity will be carried out by SC, WES, SMOH and participation from water quality committees. finding from this assessment will be shared with stakeholders and corrective measures if any will be implemented by SC in collaboration with WES

Outcome 2

Improved Hygiene and sanitation related knowledge and practices among the target vulnerable populations in Tokar and Sinkat localities

Output 2.1

Description

vulnerable will reached with hygiene promotion through periodic home visits conducted by hygiene promotors volunteers, awareness sessions during cleaning campaigns and distribution of key hygiene messages through IEC materials including leaflets and posters in local languages with clear photos and pictures for easy understand by local communities

Assumptions & Risks

- Adequate fund for implementation of the activities.
- Security situation stable and access to the project area is secured.
- Participation of the target population in the project activities
- No social barriers by targeted community to hinder home visit

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Number of people reached with hygiene messages and sensitization activities without double counting and excluding mass media campaigns.	22,203	24,053	21,332	23,110	90,698
Means of Verification : Monthly report							
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	Number of community raising awareness activities					78
Means of Verification : Monthly report							
Indicator 2.1.3	WATER, SANITATION AND HYGIENE	Number of WASH committee members	65	65			130
Means of Verification : Monthly report							
Indicator 2.1.4	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					100

Means of Verification : Monthly report

Activities

Activity 2.1.1

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

Conduct (78 sessions) public campaign on water-borne diseases, including AWD; open defecation; handwashing etc by using electronic and print media; printing IEC material incld distribution strategy etc.targeting gathering areas including schools, markets and water points(Under this activity 78 awareness session (6 for each targeted communities) on hand washing, using latrines, hygiene practices while preparing food, cleaning .etc. will be conducted on monthly basis by trained volunteers with support from Health and WASH staff and community committees targeting boys, girls, men and women in gathering areas including schools, markets and water points. SC, local partner, MOH and WES will monitor implementation)

Activity 2.1.2

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

Conduct training on water-borne disease, including AWD, open defecation; hand washing etc for 75 community hygiene promotors and volunteers. (Under this activity training for 75(35 male & 40 female) on control of common waterborne disease including Diarrhea, Dysentery, Typhoid, Giardia,, E.coli, AWD etc. will be organized by SC and local partner and facilitate by SMOH)

Activity 2.1.3

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

Conduct monthly HH visit by community hygiene promotors and volunteers to provide hygiene messages using IEC materials (under this activity HH visits will be conducted by trained volunteers on weekly basis with support from health care workers with facilitation from community committees to provide hygiene messages on hand washing, hygienic practices during food preparation, using clean water for drinking and prepare food, open defecation, house cleaning etc. using IEC materials. SC ,local partner and MOH will monitor implementation)

Activity 2.1.4

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

Form and train 3 CLTS community committees to mobilize , follow up and monitor communities for construction of latrines.(Under this activity selection of 3 CLTS committee of 45(20 Male & 25female), 15 member for each committee will be conducted by locality authorities and community leaders under supervision of SMOH,SC,WES and local partner. Training of committee will be organized by SC and local partner and facilitated by WES and SMOH. CLTS committees will mobilize communities for WASH related interventions and involved in implementation and monitoring of this project with support from SC, local partner, SMOH and WES)

Activity 2.1.5

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

Form and train 13 health and hygiene committees (Under this activity 13 health and hygiene committees will be formed (10 members for each committee with 50% representative from each category male & female) and trained on water borne diseases including AWD to mobilize and monitor awareness activities, the training will be conducted by trained staff from SMOH)

Activity 2.1.6

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

Conduct monthly cleaning campaign by communities in 3 targeted areas.(Under this activity community committees with support from volunteers will mobilize communities to conduct cleaning campaigns to collect garbage within their houses, surrounding and in public places including markets and schools on monthly basis. SC and local partner will hire trucks to collect garbage and dispose it , SMOH will identify places where garbage will be dumped. Campaigns will be supervised by Local authorities, community committees, SC, Local partner and SMOH)

Activity 2.1.7

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

Rehabilitation of 6 latrines in targeted health facilities (under this activity 6 latrines in targeted facilities in Tokar, Iria,,Dwlabayay, Adwa Hamishkorib, Alhai Altamin, Gibbet and Sinkat will be rehabilitated by contractor hired by SC, rehabilitation will be supervised by SC SMOH, local partner and WES)

Activity 2.1.8

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

Construction of 100 HH latrines in Alhai Asabi (IDP area) in Tokar and provide digging tools (Under this activity 100 HH latrines(not emergency latrine) will be constructed in the targeted communities following standard specifications , contractor hired by SC will construct slabs under close monitoring by WES,SC and local partner, Community committee will mobilize HHs to dig holes and superstructures, SC will provide digging tools, ventilated pipes ,lining and fixing slabs)

Activity 2.1.9

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

Provide awareness message through local Radio (Red Sea Radio Mugtama) under this activity health and hygiene messages will be delivered to the target communities through radio Mugtama in Port Sudan, messages will be obtained from WHO and MoH and will be delivered twice a day (morning and evening for three months and interview with medical staff will be organized and delivered through the radio using local language.

Additional Targets : NA

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide and continue access to PHC services for vulnerable population affected by conflict and natural disasters	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	100

Contribution to Cluster/Sector Objectives : The project will contribute to the cluster objectives by strengthening early warning and alert system in targeted health facilities in Tokar and Sinkat localities of Red Sea.

Outcome 1

Strengthened early warning and alert system in targeted health facilities in Tokar and Sinkat localities of Red Sea.

Output 1.1

Description

13 health facilities in Tokar and Sinkat localities in Red Sea are supported and functioning to provide regular surveillance reports, detecting, investigating and handling water related outbreaks.

Assumptions & Risks

fund available and no insecurity issues

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)	27	20			47

Means of Verification : Monthly report

Indicator 1.1.2	HEALTH	Number of rapid response teams trained and responding in a timely manner (HRP 2018).					2
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Means of Verification : Training report

Indicator 1.1.3	HEALTH	% of health emergency events reported, investigated and response initiated within 72 hours after reporting (HRP 2018).						100
Means of Verification : monthly report								
Indicator 1.1.4	HEALTH	% completeness and timeliness of weekly surveillance reporting from sentinel sites (HRP 2018).						90
Means of Verification : Monthly reports								
Activities								
Activity 1.1.1								
Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).								
In corporation with WHO conduct training for 20 health care workers on surveillance of communicable diseases including AWD(Under this activity training will be organized by SC and local partner targeting 20(12 male & 8 female) health care workers on surveillance of communicable disease while WHO/MOH will provide curriculum and facilitate training.								
Activity 1.1.2								
Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).								
Provision of registration books and reporting format for weekly surveillance and monthly reports (Under this activity SC will print registration books and reporting format using samples from SMOH and SC with local partner joined by MOH will distribute books and format to the facilities)								
Activity 1.1.3								
Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).								
In corporation with WHO conduct training for 15 health care workers from Tokar, Sinkat and Gebiet hospitals on case management of waterborne diseases including AWD(Under this activity training will be organized by SC and local partner targeting 15 (7 male & 8 female) health care workers on case management of waterborne diseases including AWD while WHO/MOH will provide curriculum and facilitate training.								
Activity 1.1.4								
Standard Activity : Formation and training of multi-disciplinary Rapid Response teams.								
In cooperation with WHO/FMOH form and conduct training for 2 rapid response teams(6 persons for each) on investigation and response procedures for waterborne diseases and other outbreak prone diseases(Under this activity rapid response team training will be organized by SC and local partner targeting 2 teams of 12(8male & 4 female) members on outbreak investigation and response procedures while WHO/MOH will provide curriculum and facilitate training.								
Activity 1.1.5								
Standard Activity : Conduct awareness / orientation sessions at the health facility for the community								
Conduct daily awareness sessions on water borne diseases at health facility for the community.(under this activity daily awareness sessions on water borne disease prevention including Diarrhea, Malaria, Typhoid, Dysentery..etc. diseases will be conducted by health care workers at facility level for community members, care takers for children coming to the targeted facilities for immunization, nutrition services and antenatal care in addition to patients and co- patients).								
Activity 1.1.6								
Standard Activity : Support or conduct public health alert investigation, verification and response, including outbreaks.								
Pre-position cholera kits to Tokar and Sinkat localities (Under this activity 2 cholera kits will be procured through WHO and dispatched in Tokar and Sinkat, to be used in case of an outbreak while more supplies are coming from WHO and MOH.								
Activity 1.1.7								
Standard Activity : Strengthening Early Warning, Early detection and reporting of AWD(EWARS).								
Organize one day workshop for developing AWD response plan (under this activity one day workshop will be organized for key health staff at state and targeted localities to develop AWD response plan. Workshop will be conducted by WHO and FMOH in Port Sudan								
Additional Targets : NA								
M & R								
Monitoring & Reporting plan								

M & R

The monitoring of the project activities and reporting of achievements will be a joint responsibility of Save the Children Staff (both project staff and MEAL) and the National Implementing Partner; Talawiet Organization for Development . M&E plan will be developed jointly during the project kick-off meeting to guide the project progress tracking during the whole project implementation period. The M&E plan will include all indicators, data required, data sources and verification, frequency for data collection and state staff responsible of collection. To keep tracking of the project progress; Indicator Performance Tracking Table (IPTT) will be developed and updated on monthly basis by project and partner staff, verified by MEAL and shared with management to ensure implementation is on schedule and suggest actions for correction if required. SCI already has a monthly program implementation report system in place, in addition to the quarterly mid-year and annual reports. The SHF reporting system will be followed to report on the project progress on quarterly basis as well as the mid-term and final reports. Data will be collected to inform the progress towards the planned targets and indicators. The monitoring mechanisms will include field visits by SCI project staff, Talawiet staff, and the Health and nutrition technical advisor, this in addition to joint monitoring visits with WES and SMOH.

Reports will be analyzed on monthly basis and feedback is shared with the SCI field and area offices, Talawie as well as the country office for necessary corrective actions to ensure adherence to the implementation plan. SC MEAL team will monitor the quality of the activities implemented using the developed Quality Benchmarks (QBMs) for Health and WASH. Actions for improvement will be agreed, documented and tracked for implementation. SCI will regularly attend the Health and WASH sectors coordination meetings held at the state and national levels along with other implementing partners, i.e., local and international NGOs, UN agencies and donors. The sector coordination meetings will be used as a forum to share information on the implementation of the SHF Reserve for Emergencies project activities and report on issues and challenges.

Tools that will be used to collect data will include monthly reporting forms, observation checklist, structured and semi-structured interviews, questionnaires and focus group discussion with children, communities and other beneficiaries as appropriate. The results obtained through monitoring will be presented and discussed with stakeholders in the field, which includes beneficiaries, Talawiet, other partner agencies and locality, WES and state MOH authorities in a transparent manner. Through The monitoring system will ensure participation of beneficiaries (female & male), community leaders (female and male) WES and SMOH in M&E process.

Partner staff will receive induction on SC MEAL systems and will be trained to report using the available MEAL tools (IPTT, SC Health Database...etc), the Health and WASH quality benchmarks will be shared and explained to partner staff to plan and implement the activities accordingly. MEAL Officer based in Red Sea State will ensure activities implemented by partner are monitored using quality benchmarks, findings shared with partner staff, actions for improvement agreed and implemented. SC will conduct monthly review meetings at RS field office where partner will attend and there progress will be presented and reviewed

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: In corporation with WHO conduct training for 20 health care workers on surveillance of communicable diseases including AWD(Under this activity training will be organized by SC and local partner targeting 20(12 male & 8 female) health care workers on surveillance of communicable disease while WHO/MOH will provide curriculum and facilitate training.	2018				X								
	2019												
HEALTH: Activity 1.1.2: Provision of registration books and reporting format for weekly surveillance and monthly reports (Under this activity SC will print registration books and reporting format using samples from SMOH and SC with local partner joined by MOH will distribute books and format to the facilities)	2018				X								
	2019												
HEALTH: Activity 1.1.3: In corporation with WHO conduct training for 15 health care workers from Tokar, Sinkat and Gebiet hospitals on case management of waterborne diseases including AWD(Under this activity training will be organized by SC and local partner targeting15 (7 male & 8 female) health care workers on case management of waterborne diseases including AWD while WHO/MOH will provide curriculum and facilitate training.	2018				X								
	2019												
HEALTH: Activity 1.1.4: In cooperation with WHO/FMOH form and conduct training for 2 rapid response teams(6 persons for each) on investigation and response procedures for waterborne diseases and other outbreak prone diseases(Under this activity rapid response team training will be organized by SC and local partner targeting 2 teams of 12(8male & 4 female) members on outbreak investigation and response procedures while WHO/MOH will provide curriculum and facilitate training.	2018					X							
	2019												
HEALTH: Activity 1.1.5: Conduct daily awareness sessions on water borne diseases at health facility for the community.(under this activity daily awareness sessions on water borne disease pretension including Diarrhea, Malaria, Typhoid, Dysentery..etc. diseases will be conducted by health care workers at facility level for community members, care takers for children coming to the targeted facilities for immunization, nutrition services and antenatal care in addition to patients and co- patients).	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
HEALTH: Activity 1.1.6: Pre-position cholera kits to Tokar and Sinkat localities (Under this activity2 cholera kits will be procured through WHO and dispatched in Tokar and Sinkat, to be used in case of an outbreak while more supplies are coming from WHO and MOH.	2018				X	X	X						
	2019												
HEALTH: Activity 1.1.7: Organize one day workshop for developing AWD response plan (under this activity one day workshop will be organized for key health staff at state and targeted localities to develop AWD response plan. Workshop will be conducted by WHO and FMOH in Port Sudan	2018				X								
	2019												
WATER, SANITATION AND HYGIENE: Activity 1.1.1: Training of 30 chlorinators , (2 per each water source) (Under this activity 30 (15male & 15 female) volunteers will be trained on how to perform water chlorination, SC and local partner will organize training while WHO and SMOH will provide training)	2018				X								
	2019												

WATER, SANITATION AND HYGIENE: Activity 1.1.2: Perform daily chlorination at 15 water source in Tokar, Jebit and Sinkat (Under this activity 15 water sources will be chlorinated on daily basis by trained volunteers under supervision of MOH, WES and local partner + SC)	2018			X	X	X	X	X	X	X	X	X	X	X
	2019	X	X											
WATER, SANITATION AND HYGIENE: Activity 1.1.3: Provide 15 pool tester (one for each source)with reagents (under this activity 15 pool tester with reagents will be procured by SC , then equipment will be used by trained volunteers to perform chemical water testing. SC, local partner, MOH and WES will monitor implementation)	2018			X	X									
	2019													
WATER, SANITATION AND HYGIENE: Activity 1.1.4: Provide 300 vails of H2S for water testing (Under this activity 300 vails of H2S will be procured by SC and used by trained volunteers to perform biological test for drinking water. SC, local partner, WES will monitor implementation)	2018			X	X									
	2019													
WATER, SANITATION AND HYGIENE: Activity 1.1.5: Rehabilitation of one water yard, 2 hand pumps, 2 hand dug wells in Tokar and 3 hand wells in Sinkat and provide and fix 7 water tanks(5000l) in Arkawit ,Halagat, Iria, Samat, Dyamt ,Ashad and Dwlabayay (Under this activity rehabilitation of water sources including lining open hand dug wells, provision and fixing water tanks, fixing water tapes, construct drenches and fences for 2 hand pumps, one water yard and 5 hand wells will be conducted by contactor hired by SC with close supervision by WES, SC and local partner)	2018			X	X	X	X							
	2019													
WATER, SANITATION AND HYGIENE: Activity 1.1.6: Conduct sanitary assessment to 15 water sources in targeted area (Under this activity water sanitary assessment will be conducted for 15 water sources to identify any potential contamination that may occur through poor drench, availability of other contamination sources(garbage dump area) and protection for water source (borehole). this activity will be carried out by SC, WES, SMOH and participation from water quality committees. finding from this assessment will be shared with stakeholders and corrective measures if any will be implemented by SC in collaboration with WES	2018			X	X									
	2019													
WATER, SANITATION AND HYGIENE: Activity 2.1.1: Conduct (78 sessions) public campaign on water-borne diseases, including AWD; open defecation; handwashing etc by using electronic and print media; printing IEC material incld distribution strategy etc.targeting gathering areas including schools, markets and water points(Under this activity 78 awareness session (6 for each targeted communities) on hand washing, using latrines, hygiene practices while preparing food, cleaning .etc. will be conducted on monthly basis by trained volunteers with support from Health and WASH staff and community committees targeting boys, girls, men and women in gathering areas including schools, markets and water points. SC, local partner, MOH and WES will monitor implementation)	2018			X	X	X	X	X	X	X	X	X	X	X
	2019	X	X											
WATER, SANITATION AND HYGIENE: Activity 2.1.2: Conduct training on water-borne disease, including AWD, open defecation; hand washing etc for 75 community hygiene promoters and volunteers. (Under this activity training for 75 (35 male & 40 female) on control of common waterborne disease including Diarrhea, Dysentery, Typhoid, Giardia,, E.coli, AWD etc. will be organized by SC and local partner and facilitate by SMOH)	2018			X	X									
	2019													
WATER, SANITATION AND HYGIENE: Activity 2.1.3: Conduct monthly HH visit by community hygiene promoters and volunteers to provide hygiene messages using IEC materials (under this activity HH visits will be conducted by trained volunteers on weekly basis with support from health care workers with facilitation from community committees to provide hygiene messages on hand washing, hygienic practices during food preparation, using clean water for drinking and prepare food, open defecation, house cleaning etc. using IEC materials. SC ,local partner and MOH will monitor implementation)	2018			X	X	X	X	X	X	X	X	X	X	X
	2019	X	X	X										
WATER, SANITATION AND HYGIENE: Activity 2.1.4: Form and train 3 CLTS community committees to mobilize , follow up and monitor communities for construction of latrines.(Under this activity selection of 3 CLTS committee of 45(20 Male & 25female), 15 member for each committee will be conducted by locality authorities and community leaders under supervision of SMOH,SC,WES and local partner. Training of committee will be organized by SC and local partner and facilitated by WES and SMOH. CLTS committees will mobilize communities for WASH related interventions and involved in implementation and monitoring of this project with support from SC, local partner, SMOH and WES)	2018			X	X									
	2019													
WATER, SANITATION AND HYGIENE: Activity 2.1.5: Form and train13 health and hygiene committees (Under this activity 13 health and hygiene committees will be formed (10 members for each committee with 50% representative from each category male & female) and trained on water borne diseases including AWD to mobilize and monitor awareness activities, the training will be conducted by trained staff from SMOH)	2018			X	X									
	2019													
WATER, SANITATION AND HYGIENE: Activity 2.1.6: Conduct monthly cleaning campaign by communities in 3 targeted areas.(Under this activity community committees with support from volunteers will mobilize communities to conduct cleaning campaigns to collect garbage within their houses, surrounding and in public places including markets and schools on monthly basis. SC and local partner will hire trucks to collect garbage and dispose it , SMOH will identify places where garbage will be damped. Campaigns will be supervised by Local authorities, community committees, SC, Local partner and SMOH)	2018			X	X	X	X	X	X	X	X	X	X	X
	2019	X	X	X										

WATER, SANITATION AND HYGIENE: Activity 2.1.7: Rehabilitation of 6 latrines in targeted health facilities (under this activity 6 latrines in targeted facilities in Tokar, Iria,,Dwlabay, Adwa Hamishkorib, Alhai Altamin, Gibbet and Sinkat will be rehabilitated by contractor hired by SC, rehabilitation will be supervised by SC SMOH, local partner and WES)	2018				X	X	X											
	2019																	
WATER, SANITATION AND HYGIENE: Activity 2.1.8: Construction of 100 HH latrines in Alhai Asabi (IDP area) in Tokar and provide digging tools (Under this activity 100 HH latrines(not emergency latrine) will be constructed in the targeted communities following standard specifications , contractor hired by SC will construct slabs under close monitoring by WES,SC and local partner, Community committee will mobilize HHs to dig holes and superstructures, SC will provide digging tools, ventilated pipes ,lining and fixing slabs)	2018			X	X	X	X	X	X	X								
	2019																	
WATER, SANITATION AND HYGIENE: Activity 2.1.9: Provide awareness message through local Radio (Red Sea Radio Mugtama) under this activity health and hygiene messages will be delivered to the target communities through radio Mugtama in Port Sudan, messages will be obtained from WHO and MoH and will be delivered twice a day (morning and evening for three months and interview with medical staff will be organized and delivered through the radio using local language.	2018				X		X		X									
	2019																	

OTHER INFO

Accountability to Affected Populations

SCI through this project will increase self- reliance of affected people by informing beneficiaries about the project at the beginning of the action. during planning, implementation and monitoring beneficiaries will be involved to identify their own needs and best strategies that are suited to address their needs. beyond need identification participation will be continued throughout a project including monitoring and evaluation phase. This to ensure the beneficiaries' ownership to maintain the sustainability of the project. Beneficiary' surveys and interviews will be administered at the appropriate points of the project to measure participant satisfaction with progress towards the outcome. Activities may be modified, if monitoring results show that the methodology to achieve outputs is not working, and/or if the intended outcome is not occurring. SCI currently has a functional Complaints and Response Mechanism (CRM) based on an accountability assessment recently conducted to identify the means and ways in which communities were comfortable to provide feedback and complain about SCI program activities. The system collects feedback through FGDs, individual interviews and through a call in number. Complaints/feedback are captured on a CRM Feedback form and will be transferred to a CRM database. All complaints received will be logged into the Complaints and Response Database held by the MEAL Coordinator sent he respective field thematic departments for investigation and feedback for appropriate action. The MEAL Coordinator will follow up cases which require feedback and confirm if they have received their feedback by calling and verifying with the complainant in cases where call back numbers have been provided The project will ensure information sharing with the beneficiaries and affected populations through monthly community meetings and through the health facility staff and the community volunteers. All information related to the project interventions, time and location of the services provided, challenges face the project will be communicated with the community and will be mobilized to take action as appropriate.

Implementation Plan

The project will be implemented by SCI in coordination with Talawiet Organization, the target populations, SMOH, WES and the local health authorities in Tokar and Sinkat localities. Talawiet will organize training activities, facilitate awareness sessions and closely monitoring interventions, training participants will be selected by SMOH and training will be delivered by WHO jointly with SMOH . Awareness sessions will be provided by trained SMOH staff in the gathering areas including schools, market places, mosques, and water points SCI will lead the procurement and supply of the project inputs, monitoring the quality of services, participate in the training. Rehabilitation of the latrines and water points will be conducted by contractors hired by SCI and monitored by SMOH, WES and SCI. Water testing will be carried by trained volunteers under close supervision of health staff, Talawiet organization and SCI. Community volunteers will conduct house to house visits to deliver hygiene messages and advice people for best practices. Community committees will monitor volunteers work and mobilize communities for sanitation interventions. Reporting and health events investigation will be conducted by health care workers and training rapid response teams.

Implementation of this action will be directly supervised by the project health and WASH officers based in Port Sudan who will be supported by Red Sea field manager who will provided the management and financial support to the project to ensure successful implementation and adherence to SCI financial and management systems as well as the SHF guidelines. Technical support and supervision will be provided by the Health and Nutrition specialist at Khartoum and SCI HQ technical Health advisor. The Khartoum based operations, finance and PDQ teams will provide the necessary support including contracting, signing of required technical agreements, facilitating the procurement processes and monitoring the quality of the project interventions

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
SMoH & WES,Communittee committees,WHO	Training (training materials and facilitators will be provided by SMOH and WES) Monitoring,Mobilizing communities and monitoring implementation to ensure onership,To provide technical oversight

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

. The project will ensure gender equal opportunities for boys, girls, women and men with efforts to track specific gender utilization through case registration sex/age desegregation in the health facilities. It will also ensure the participation and empowerment of women and men by training and engaging them in all stages of project life including implementation, monitoring and evaluation. The community health volunteers, community committees and the health staff will be from both sexes. Data collected will be disaggregated by age and sex and analyzed to identify gaps and ensure appropriate response to both gender based needs. Engagement of men and women in assessment and design and their contribution and input on the project cycle process from starting of the project through the community committees where both men and women representing 50% each. In this sense the project is designed to involve all categories of the communities, men, women and boys and girls. Moreover, Gender related issues including balanced participation in formed committees and volunteers, separate latrines for female and privacy in the health facility will be considered during the delivery of the of health and WASH services.

Protection Mainstreaming

SCI demonstrates understanding of protection in operational context and incorporating protection principles and promoting meaningful access, safety and dignity. SCI is mandated to adhering to transparency, accountability, and 'do no harm' principles in our humanitarian action. Special attention will be given to mainstreaming the protection principles in all project interventions: prevent and minimize as much as possible exposing to harm; ensure access to impartial assistance and services; protect people from physical and psychological harm arising from violence and pressure and assisting people to claim their rights. While the main purpose of the project to the prevent water borne diseases outbreaks, it's also aims at safety, dignity, access and protection of beneficiary households and communities in the general project management. The project services will be accessible by all to avoid exposing the beneficiaries, particularly women, to any risks. Services will be provided at high quality standards and ensure dignity and rights, no discrimination against any groups of beneficiaries to health and WASH services. The health awareness will consider the culture of the beneficiaries and respect their values and any language barriers. The project will ensure that the provided interventions are acceptable to the community and they take part in it through involvement of community committees and community volunteers who are acceptable to the community.

The proposed health and WASH services will be provided to 2410 IDPs, and 88288 host communities, whom will all have access to the services without any discrimination. The project will ensure equal involvements of the IDPs and host communities in the committees, selected and trained volunteers, etc. The planned health and WASH interventions are designed to protect children and women from risks related to diseases and reduce morbidity and mortality rates. The volunteers will be from the same community and most of them women which eases the communication with HHs and are culturally acceptable. Home visits will be conducted in appropriate time to ensure privacy of the HHs. The volunteers will be trained to ensure that they have to ensure protection of the HHs, respect their privacy and do not expose them to any risk due to this intervention

Country Specific Information

Safety and Security

SCI is maintaining an up to date Security Management plan, in order to mitigate staff exposure to potential risks in all areas of operation in Red Sea, this includes but no limited to some security procedures use to travel to areas that are identified of very high risk; in fact all SCI staff have taken trainings relevant to risks associated with their jobs, existence of a dedicated security staff (Security Focal Points) to oversee issues connected to staff safety & security, reliable communication protocol, and continuous security assessment to determine the security threat level at any given time, and accordingly, the Security Management adjusts the security precaution measures to be applied, in addition to the existence of specific security contingency plan, led and supported by the UN security that responding to staff hibernation, staff relocation and staff evacuation. SCI will ensure that local partner staff are following the safety and security procedures and will coordinate closely with them on this

Access

Involvement of government from initial stages of the action design, facilitates approval of the agreement with GoS, ease access to targeted beneficiaries and timely startup of the project and implementation of the action interventions. There is a risk of security deteriorates, limiting access to project areas and hindering the free movement of humanitarian goods; SCI's risk mitigation plan includes maintaining high level of transparency and good relationship with different Government, involving the Humanitarian HAC commissioner and line ministries from the initial steps of the project design and selection of the targeted locations is key in smooth implementation. Involvement of communities and community structures and leaders promote the ownership of the interventions and support. Key to this is also getting the buy in and involvement of the local authorities and working with and building the capacity of local partners and CBOs at community level is an important aspect. Establishment of communication tree that includes MoH staff at health centers, volunteers, local partners, community leaders and officials are measures together could very much mitigate any the risk of inaccessibly that results from deterioration in security situation. SCI through its transparent approaches and quality of program delivery in addition to the early involvement of HAC and line ministries had overcome lots of unnecessary delays getting the technical agreements endorsed and approved.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Program Operations Director (KRT)	D	1	8,188.40	12	4.00	3,930.43
	<p><i>"Program Operations Director is an international position and will be responsible for overall work plans, reporting and project implementation in addition to programme compliance. The Programme Director will be based in Khartoum with regular field visits to the project sites. 4% of the salary (including all benefits) is charged to this staff for a period of 12 months</i></p>						

1.2	PDQ Director (KRT)	D	1	8,500 .00	12	4.00	4,080.00
	<p><i>"The Programme Development Quality Director is an international position based in Khartoum, responsible for strategic planning and program Development, MEAL and program quality management. 4% of his salary and benefits will be charged to this budget for 12 months.</i></p> <p>"</p>						
1.3	Finance Director (KRT)	D	1	10,20 6.67	12	4.00	4,899.20
	<p><i>"Finance Director is an international position and is responsible for controlling the finances of Save the Children, donor financial reporting and keeping a robust financial system. 4% of his salary and benefits will be charged to this budget for 12 months.</i></p> <p>""</p> <p>"</p> <p>"</p>						
1.4	MEAL Manager (KRT)	D	1	2,465 .63	12	10.00	2,958.76
	<p><i>""MEAL Manager ia a national position responsible for developing the logical framework, ensures operational data are systematically collected in the field and used for reporting on plans. 10% of his salary and benefits are charged to this project for 12 months.</i></p> <p>""</p> <p>"</p> <p>"</p>						
1.5	S.Awards Manager (KRT)	S	1	6,378 .68	12	5.00	3,827.21
	<p><i>""Awards Manager is an international position responsible for save the children awards management and ensures donor compliance including on time and quality reporting to donors. 5% of his salary and benefit is charged to this budget for 12 months.</i></p>						
1.6	Logistics Officers (KRT)	S	1	1,302 .20	12	5.00	781.32
	<p><i>"Logistics officer is a national position responsible for procurement of project supplies and vehicles fleet management. 5% of his salary and benefits is charged to this budget for 12 months.</i></p> <p>"</p>						
1.7	Finance & Planning Reporting Manager (KRT)	S	1	1,644 .86	12	5.00	986.92
	<p><i>""Finance Manager for Planning & reporting is a national position responsible for budget coordination and timely reporting to donors on the utilization of the funds they provided, as per donor agreement. 5% of her salary and benefits is charged for this budget for 12 months.</i></p> <p>"</p>						
1.8	Health & Nutrition Specialist (KRT)	D	1	4,100 .00	12	15.00	7,380.00
	<p><i>"The Health & Nutrition Specialist in Khartoum is a national position and provides technical support in planning and implementing the project activities in the field and reviews reports to the donor and keeps contact with the health authorities at Federal and State level. 15% of his salary and benefits is charged to this budget.</i></p> <p>"</p>						
1.9	WASH officer (RS)	D	1	745.0 0	12	100.00	8,940.00

	<p>WASH officer is a national position budgeted at \$745/Month at 100 % effort level. He is responsible of coordination of the WASH program . The salary includes benefits at 32% which includes social insurance 100%, medical 8.33%, 6.67% workman compensation insurance.</p> <p>""</p> <p>"</p>						
1.10	Field Manager (RS)	D	1	1,644 .86	12	20.00	3,947.66
	<p>""Field Manager is a national position, will dedicate 20% of his time to this project. He will be responsible for coordinating, managing , monitoring, and ensuring smooth implementation of program and operations' activities and adherence to logistic, human resource, administration and security procedures. The APCs will be responsible for representing save the children at the district level to relevant stakeholders. he is budgeted for at \$1644/month at 20% effort level. The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67%.workman compensation insurance.</p> <p>""</p> <p>"</p> <p>"</p> <p>"</p>						
1.11	Senior Finance officer (KRT)	S	1	1,647 .78	12	5.00	988.67
	<p>""Senior Finance Officer is a national staff position, keeps project financial records, posts project transactions on a gresso and helps produce the finance report for reporting to the donor. 5% of his salary and benefits will be charged to this budget for 12 months.</p> <p>""</p> <p>"</p> <p>"</p>						
1.12	Drivers(RS)	S	3	500.0 0	12	10.00	1,800.00
	<p>"Driver is a national staff position budgeted at \$500/Month at 10% effort level for 2 persons. He will be dedicated to the project for any transport /logistical support within the country office. National and expatriate staff will be transported for any official duties between partners/stakeholders. The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67% workman compensation insurance.</p> <p>"</p>						
1.13	Security Guards (RS)	S	3	500.0 0	12	10.00	1,800.00
	<p>""Security guards are national positions budgeted at \$500/Month at 10 % effort level for 3 persons. Security guards will be responsible for ensuring staff, office and equipment are safe at the field offices in RS.salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67% workman compensation insurance.</p> <p>"</p> <p>"</p>						
1.14	HR Assistant (KHT)	S	1	1,088 .28	12	5.00	652.97
	<p>HR Assistant is a national position based in KHT, has been budgeted at \$1,088.28 the HR Coordinator who will devote 5% of his time for this project. The HR Manager implements HR policies regarding staff recruitment, training, retention and discharge. This rate represents his current salary, which is consistent with the SCS personnel policies and the rate set for this position.</p>						
1.15	Country Director (KHT)	S	1	12,18 8.00	12	5.00	7,312.80
	<p>""Country Director is an international position budgeted at \$12188/month at3% effort level. He is in charge of the strategic direction of Save the Children. The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67% workman compensation insurance.</p>						
1.16	Health officer RS	D	1	806.5 3	12	100.00	9,678.36

	<i>"Health officer is a national position budgeted at \$806.53/month at 100% effort level. He is responsible of the health program . The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67% workman compensation insurance. "</i>						
1.17	Finance Officer (Red Sea)	S	1	1,647.77	12	10.00	1,977.32
	<i>"Finance officer is a national position budgeted at \$1,647/month at 10% effort level. staff are responsible for supporting all finance issues related to the implementation of the project . The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67%.workman compensation insurance.</i>						
1.18	Cleaners/Cook RS	S	2	500.00	12	10.00	1,200.00
	<i>the cleaners are national positions, they clean the office and cook the meal for the staff ,The personnel costs are based on SCI policies and his time on the project is estimated at 10 %% effort level.The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67%.workman compensation insurance.</i>						
1.19	Program Operations Manager (KHT)	D	1	3,500.00	12	5.00	2,100.00
	<i>The Program Operations Manager is a national position and provides support to the staff of the project in Khartoum and field in terms of procurement, fleet, security and other supports during the implementation phases of the project. The operation manager is a national position will be based in Khartoum with filed visits as required. 5% of the salary (including all benefits) is charged to this staff for a period of 12 months.The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67%.workman compensation insurance.</i>						
	Section Total						69,241.62
2. Supplies, Commodities, Materials							
2.1	Provide 15 pool tester with reagents (under this activity 15 pool tester with reagents will be procured by SC, then equipment will be used by trained volunteers to perform chemical water testing. SC, local partner, MOH and WES will monitor implementation)	D	15	200.00	1	100.00	3,000.00
	<i>15 pool tester devices with reagents for water testing budgeted @ \$200X 15 = \$3000</i>						
2.2	Provide 300 vials of H2S for water testing (Under this activity 300 vials of H2S will be procured by SC and used by trained volunteers to perform biological test for drinking water. SC, local partner, WES will monitor implementation)	D	300	20.00	1	100.00	6,000.00
	<i>Cost for provision of 300 H2S vials for water testing @ 300 X\$20 = \$6000</i>						
2.3	establishment of accountability system (Under this activity MEAL unit at SC will lead process of establishing accountability by which communities will be informed about project objectives, number of planned activities, targets and project duration, in addition to that MEAL will issue free call phone numbers and fix them in clear areas agreed by communities for calling in case of complains, suggestion boxes will be fixed also to facilitate for communities to communicate their concerns about project)	D	3	750.00	1	100.00	2,250.00
	<i>Cost of printing posters, free call numbers @ \$750 X 3 facilities = \$2250</i>						
2.4	Rehabilitation of one water yard, 2 hand pumps, 2 hand dug wells in Tokar and 3 hand wells in Sinkat and provide and fix 7 water tanks(500l) in Arkawit ,Halagat, Iria, Samat, Dyamt ,Ashad and Dwlabyay (Under this activity rehabilitation of water sources including lining open hand dug wells, provision and fixing water tanks, fixing water tapes, construct drenches and fences for 2 hand pumps, one water yard and 5 hand wells will be conducted by contractor hired by SC with close supervision by WES, SC and local partner)	D	15	2,350.00	1	100.00	35,250.00
	<i>Cost for lining, open hand dug wells provision and fixing water tank and fixing water taps construct drenches and fences @ \$ 10000 for water yard, \$5000 for hand pumps +\$10250 for provision and fixing water tanks & \$ 10000 for wells = \$35250</i>						
2.5	Rehabilitation of 6 latrines in targeted health facilities (under this activity 6 latrines will be rehabilitated by contractor hired by SC, rehabilitation will be supervised by SC SMoH, local partner and WES)	D	6	3,000.00	1	100.00	18,000.00
	<i>Rehabilitation and fencing of health facility latrines. estimated cost is 6 latrines @\$ 3000= \$ 18000</i>						

2.6	Construction of 100 HH latrines in Tokar (Under this activity 100 HH latrines(not emergency latrine) will be constructed in IDPs area in Tokar following standard specifications , contractor hired by SC will construct slabs under close monitoring by WES,SC and local partner, Community committee will mobile HHs to dig holes and superstructures, SC will provide digging tools, ventilated pipes ,lining and fixing slabs)	D	100	500.0 0	1	100.00	50,000.00
<i>Construction of 100 HH latrines @ \$500 per latrine to cover cost of slab120X120, superstructure (American zinc sheets, local materials and construction cost = \$ 50,000</i>							
2.7	Provide hand washing facilities to the 7 targeted health facilities (Under this activity hand washing facilities including small water tanks for storing water and use for hand washing and cleaning will be purchased by SC and install them at health facilities in cooperation with SMOH and locality authorities)	D	14	750.0 0	1	100.00	10,500.00
<i>Provision of hand washing facilities including water container handstands and space for hand washing. estimated cost is 14 systems @\$750(water tank 500l =\$250 +Stand cost = \$100+ pipes and 2 taps = 50+ construction of platform with drench =\$200+ labor cost +\$ 150)= \$10500</i>							
2.8	print and distribute IEC materials (Under this activity IEC material on water borne diseases including AWD will be printed, by SC and distributed to the individuals within targeted communities during hygiene campaigns and HH visit by trained volunteers under supervision of SC, local partner, locality authorities and SMOH	D	7400	0.85	1	100.00	6,290.00
<i>IEC materials include, leaflets and posters. 7400 PCs will be distributed to 7400 HHs. @ \$0.85= \$ 6290</i>							
2.9	Provide latrine digging tools (Under this activity latrine digging tools to be used by household for digging latrines will be provided by SC and distributed to the HHs by community committees under supervision of SC, local partner, WES and SMOH)	D	300	25.00	1	100.00	7,500.00
<i>300 sets of digging tools will be purchased at a total of \$25 per set(shovels, pick axes); hence a total of \$7500 has been budgeted</i>							
2.10	Provision of registration books and reporting format for weekly surveillance and monthly reports (Under this activity SC will print registration books and reporting format using samples from SMOH and SC with local partner joined by MOH will distribute books and format to the facilities)	D	3	500.0 0	1	100.00	1,500.00
<i>Sets of health information and reporting materials and supplies (cards, reporting forms, registration books, monthly report books). 3 sets @\$500= \$1,500</i>							
2.11	Pre-position cholera kits to Tokar and Sinkat localities (Under this activity2 cholera kits will be procured through WHO and dispatched in Tokar and Sinkat, to be used in case of an outbreak while more supplies are coming from WHO and MOH.	D	2	8,812 .50	1	100.00	17,625.00
<i>cost of 2 cholera kits @ 2 kits * 8812.5 =17625</i>							
Section Total							157,915.00
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	Domestic flights outside the state	S	5	300.0 0	4	100.00	6,000.00

	<i>"These are flights for Khartoum staff for monitoring visits by Country Leadership and technical Team. 5 staff each taking 4 trips a year @\$300 per trip makes a total of \$6,000.</i>						
	"						
5.2	Per diem	S	5	50.00	8	100.00	2,000.00
	<i>an average of two days will be spent by each of the 5 team members and on average each will travel 8 times a year @\$50 per diem. Thus a total of \$2,000 is budgeted.</i>						
5.3	Vehicle Rental	S	1	900.00	9	100.00	8,100.00
	<i>"\$Vehicle rental for program implementation. The vehicle will be rented and based at RS for implementation of the project activities. The cost of the vehicle is \$900 per month (9days @\$100). The total cost for the 9months is \$ 8,100</i>						
	"						
5.4	Conduct monthly monitoring visits to the targeted areas	D	1	775.00	12	100.00	9,300.00
	<i>Monitoring visits will cost on average \$775 per month, which includes per diems \$375/month, and vehicle expenses \$400/month total \$775/month @ 12 months= \$9,300</i>						
	Section Total						25,400.00
6. Transfers and Grants to Counterparts							
6.1	WASH officer (RS) PARTNER (Talaweit)	D	1	700.00	12	100.00	8,400.00
	<i>WASH officers are budgeted at \$700/Month at 100% effort level. He is responsible of coordination of WASH program . The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67% workman compensation insurance.</i>						
	""						
	"						
6.2	Health Officer PARTNER (Talaweit)	D	1	700.00	12	100.00	8,400.00
	<i>""Health officer is budgeted at 700 \$/month at 100% effort level. He is responsible of the health program . The salary includes benefits at 32% which includes social insurance 17%, medical 8.33%, 6.67% workman compensation insurance. ""</i>						
	"						
6.3	Per diem (Talaweit)	D	2	21.76	25	100.00	1,088.00
	<i>2 persons @25 days @ \$21.76 . Per diem for partner staff who will be travel with in RS .</i>						
6.4	Program Manager-Talaweit	D	1	1,000.00	12	40.00	4,800.00
	<i>Talaweit Program Manager is responsible for managing the program and managing the relation with SCI and the authorities. His salary is \$1,000/month and includes all benefits and is charged at 40% effort level.</i>						
6.5	Finance Officer- Talaweit	D	1	700.00	12	20.00	1,680.00
	<i>The Finance Officer records transactions on the financial system and clears partner advances with SCI. His salary is \$700/month including all benefits and is charged at 20% effort level.</i>						
6.6	Admin Assitant- Talaweit	D	1	500.00	12	20.00	1,200.00
	<i>The Admin Assistant performs administrative tasks managing vehicles and drivers, guards. His salary is \$500 including benefits and is charged at 20% effort level</i>						
	"						

6.7	Conduct training on water-borne disease, including AWD, open defecation; hand washing etc for 50 community hygiene promoters and volunteers. (Under this activity training for 50 (25 male & 25 female) on control of common waterborne disease including Diarrhea, Dysentery, Typhoid, Giardia, E. coli, AWD etc. will be organized by SC and local partner and facilitate by SMOH)	D	2	3,000.00	1	100.00	6,000.00
	<p>"50 community based hygiene promotors (50% female) will be trained on hygiene promotion and dissemination of key hygiene messages among affected communities, \$3000 cost per training, the total cost of 2 trainings is \$6000. Details of the training cost as below:</p> <ul style="list-style-type: none"> - Hall rental: 2 days* 2 trainings @ \$50 = \$ 300 - Facilitator fees/periderm: 4@6 days @50= \$1200 - Meals for participants: 50 persons @ 2 meals @ \$5 @ 3days= \$1500 						
6.8	Conduct monthly HH visit by community hygiene promoters and volunteers to provide hygiene messages using IEC materials (under this activity HH visits will be conducted by trained volunteers on weekly basis with support from health care workers with facilitation from community committees to provide hygiene messages on hand washing, hygienic practices during food preparation, using clean water for drinking and prepare food, open defecation, house cleaning etc. using IEC materials. SC, local partner and MOH will monitor implementation	D	8000	1.00	2	100.00	16,000.00
	<p>"Monthly HH visits and community sensitization will be conduct(8000 HHs at cost of \$ 1 per HH, twice a year, 8000X1X2=16,000. The cost is for the hygiene promoters to conduct the home visits on monthly basis and provide hygiene education.</p>						
6.9	Form and train 3 CLTS community committees to mobilize, follow up and monitor communities for construction of latrines. (Under this activity selection of 3 CLTS committee of 45(20 Male & 25female), 15 members for each committee will be conducted by locality authorities and community leaders under supervision of SMOH, SC, WES and local partner. Training of committee will be organized by SC and local partner and facilitated by WES and SMOH. CLTS committees will mobilize communities for WASH related interventions and involved in implementation and monitoring of this project with support from SC, local partner, SMOH and WES)	D	3	5,000.00	1	100.00	15,000.00
	<p>Training of 3 CATS community committees (15 members for each). The training will be for 5 days. The committees will be composed from local community volunteers and will be trained on CATS approach to help in community mobilization for construction of latrines and ensure ODF community. The training ad follow up cost is \$759. Breakdown of the budget is as below:</p> <ul style="list-style-type: none"> - Hall rental: 15days @ \$20 = \$ 300 - Stationeries/training materials: 45 sets @\$20 = \$900 - Facilitator fees/perdiem: 2facilitator@5 days @ 3 trainings @\$70 = \$2100 - Meals for participants: 45 persons @ 2 meals @ \$5 @5days= \$2250 - Incentives for participants: 45 @ \$50= \$2,250 - Construction of demonstration latrines = 6 @ \$300 = \$1800 - Follow up and monitoring by the facilitators for construction of latrines: 9 villages @ 8 visits @ \$75 = \$5400 						
6.10	Conduct sanitary assessment to 15 water sources in targeted area	D	1	3,600.00	1	100.00	3,600.00
	<p>Assessment is budgeted at \$ 3600 to cover cost of transport + perdim for Government staff and priming tools.</p>						
6.11	Conduct monthly cleaning campaign by communities in 3 targeted areas. (Under these activity community committees with support from volunteers will mobilize communities to conduct cleaning campaigns to collect garbage within their houses, surrounding and in public places including markets and schools on monthly basis. SC and local partner will hire trucks to collect garbage and dispose it SMOH will identify places where garbage will be damped. Campaigns will be supervised by Local authorities, community committees, SC, Local partner and SMOH)	D	3	500.00	12	100.00	18,000.00
	<p>"Renting monthly 3 trucks for garbage transportation at a cost for \$ 500, hence total \$18000 budgeted.</p>						
6.12	corporation with WHO conduct training for 20 health care workers on surveillance of communicable diseases including AWD (Under this activity training will be organized by SC and local partner targeting 20(12 male & 8 female) health care workers on surveillance of communicable disease while WHO/MOH will provide curriculum and facilitate training. cost for hiring drama team to attract people to come for monthly "Train 20 health staff on surveillance system will be done in coordination with MOH using approved training manual. Details of training budget:	D	1	3,000.00	1	100.00	3,000.00

	<i>Details of training budget:</i> - Hall rental: 5 days @ \$50 = \$ 250 - Stationeries/training materials: 20 sets @\$50 = \$1000 - Facilitator fees/periderm: 2 @5 days @75= \$750 - Meals for participants: 20 persons @ \$5 @5days= \$500 - Transport cost for participants: 20 @\$25= \$500""						
6.13	In corporation with WHO conduct training for 15 health care workers on case management of waterborne diseases including AWD (Under this activity training will be organized by SC and local partner targeting 15 (7 male & 8 female) health care workers on case management of waterborne diseases including AWD while WHO/MOH will provide curriculum and facilitate training. "Train 20 health staff on case management will be done in coordination with MOH using approved training manual. Details of training budget:	D	1	3,000.00	1	100.00	3,000.00
	<i>Details of training budget:</i> - Hall rental: 5 days @ \$50 = \$ 250 - Stationeries/training materials: 20 sets @\$50 = \$1000 - MoH Facilitator fees/periderm: 2 @5 days @75= \$750 - Meals for participants: 20 persons @ \$5 @5days= \$500 - Transport cost for participants: 20 @\$25= \$500"						
6.14	In cooperation with WHO/FMOH conduct training for 2 rapid response teams (6 persons for each) on investigation and response procedures for waterborne diseases and other outbreak prone diseases (Under this activity rapid response team training will be organized by SC and local partner targeting 2 teams of 12(8male &4 female) members on outbreak investigation and response procedures while WHO/MOH will provide curriculum and facilitate training.	D	1	2,200.00	1	100.00	2,200.00
	<i>Details of training budget:</i> - Hall rental: 5 days @ \$50 = \$ 250 - Stationeries/training materials: 12 sets @\$50 = \$600 - FMOH Facilitator fees/periderm: 2 @5 days @65= \$650 - Meals for participants: 30 persons @ \$4 @5days= \$600 - Transport cost for participants: 30 @\$20= \$600"						
6.15	Conduct daily awareness sessions on water borne diseases at health facility for the community.(under this activity daily awareness sessions on water borne disease pretension including Diarrhea, Malaria, Typhoid, Dysentery..etc. diseases will be conducted by health care workers at facility level for community members, care takers for children coming to the targeted facilities for immunization, nutrition services and antenatal care in addition to patients and co- patients).	D	30	30.00	12	100.00	10,800.00
	<i>Incentive for 30 health care workers at cost of \$ 30 per month for 12 months, 10800 was budgeted.</i>						
6.16	Office Rental	D	1	500.00	12	60.00	3,600.00
	<i>"Office rent is budgeted at 500 per monthpartner office for 12 months @60%, hence a total of \$3,600 has been budgeted.</i>						
	"						
6.17	Office Supplies	D	1	1,800.00	12	10.00	2,160.00
	<i>""Office supplies is budgeted at \$1800 per month for the partner for 12 months, hence a total of \$2,160 has been budgeted. ""</i>						
	"						
6.18	Vehicle Rental	D	1	900.00	9	100.00	8,100.00
	<i>"Vehicle rental for implementation. The vehicle will be rented and based at RS at \$900/month for 9 months.</i>						
	"						
6.19	Building and Equipment Maintenance	D	1	800.00	12	10.00	960.00
	<i>Building and equipment maintenance is budgeted at \$800/month at 10% contribution, hence a total of \$\$960 has been budgeted for 12 months.</i>						

6.20	Utilities (Electricity, Water and gas)	D	1	800.00	12	10.00	960.00
	<i>Utilities is budgeted at \$800 per month for partner office at 10% contribution, hence a total of \$960 has been budgeted for 12 months""</i>						
	""						
	"						
	"						
6.21	Communications	D	1	1,400.00	12	16.00	2,688.00
	<i>"Communication is budgeted at \$1,400 per month for partner , hence a total of \$2,688 has been budgeted for 12 months.</i>						
6.22	Indirect cost recovery @7%	D	1	12,303.06	1	100.00	12,303.06
6.23	Form and train13 health and hygiene committees	D	5	2,000.00	1	100.00	10,000.00
	<i>cost per training: 2 facilitatorsX\$100per/day X 2 days= \$400 refreshments 130 persons\$2.5/day X 2 days= \$1,300 hall rental 2 days X \$150/day= \$300 Total per training= 400+1300+300= \$2,000. Total per 5 trainings= \$2,000X5= \$10,000.</i>						
6.24	Provide awareness message through local Radio (Red Sea Radio Mugtama)	D	50	90.00	1	100.00	4,500.00
	<i>Deliver Health & hygiene messages times/day* 50 days *\$90= \$4,500.</i>						
6.25	Organize one day workshop for developing AWD response plan	D	1	550.00	1	100.00	550.00
	<i>Cost of renting hall \$50 + refreshment = \$200 + 2facilitators = \$ 300</i>						
6.26	Training of 30 chlorinators (Under this activity 30 (15male &15 female) volunteers will be trained on how to perform water chlorination, SC and local partner will organize training while WES and SMOH will facilitate) "Training of 30 chlorinators will be done in coordination with WES using approved training manual. Details of training budget:	D	2	3,000.00	1	100.00	6,000.00
	<i>Details of training budget: - Hall rental: 5 days @ \$50 = \$ 250 - Stationeries/training materials: 30 sets @\$30 = \$900 - Facilitator fees/periderm: 2 @5 days @65= \$650 - Meals for participants: 30 persons @ \$4 @5days= \$600 - Transport cost for participants: 30 @\$20= \$600 total for a 5-day training= \$3,000X 2 trainings= \$6,000.</i>						
6.27	Perform daily chlorination at 15 water source in Tokar, Jebit and Sinkat (Under this activity 15 water sources will be chlorinated on daily basis by trained volunteers under supervision of MOH, WES and local partner + SC)	D	30	30.00	12	100.00	10,800.00
	<i>"Incentive for 30 chlorinators at cost of \$ 30 per month for 12 months, 10800 was budgeted</i>						
6.28	Conduct (78 sessions) public campaign on water-borne diseases, including AWD; open defecation; handwashing etc by using electronic and print media; printing IEC material including distribution strategy etc targeting gathering areas including schools, markets and water points(Under this activity 78 awareness session (6 for each targeted communities) on hand washing, using latrines, hygiene practices while preparing food, cleaning .etc. will be conducted on monthly basis by trained volunteers with support from Health and WASH staff and community committees targeting boys, girls, men and women in gathering areas including schools, markets and water points. SC, local partner, MOH and WES will monitor implementation	D	13	250.00	6	100.00	19,500.00
	<i>campaign estimated at cost of \$ 200 per campaign for 78 sessions=, 15600 was budgeted. cost for hiring drama team, transportation and refreshment to attract people to come for monthly sessions on, hygiene awareness, hand washing and sanitation</i>						

	Section Total						185,289.06
7. General Operating and Other Direct Costs							
7.1	Office Rental	S	2	3,750 .00	12	10.00	9,000.00
	<i>""Office rent is budgeted at \$3,750 per month for Khartoum and RS at 10% contribution. (Khartoum \$5,000/month and Port Sudan \$2,500, average $7,500/2 = \\$3,750$</i> <i>""</i> <i>"</i> <i>"</i>						
7.2	Office Supplies	S	2	1,500 .00	12	10.00	3,600.00
	<i>""Office supplies is budgeted at \$1,375 per month for Khartoum and RS at 10% contribution. Khartoum \$2,000/month and Port Sudan 100,0/month average $3,000/2 = \\$1,500$</i> <i>""</i> <i>"</i>						
7.3	Communications	S	2	2,000 .00	12	10.00	4,800.00
	<i>""Communication is budgeted at \$3,000 per month for Khartoum and RS at 10% contribution. Khartoum \$3,000/month, Port Sudan \$1,500/month average $4,000/2 = \\$2,000$</i> <i>""</i> <i>"</i> <i>"</i>						
7.4	Building and Equipment Maintenance	S	2	1,350 .00	12	10.00	3,240.00
	<i>""Building and Equipment Maintenance: is budgeted at \$1,350 per month for Khartoum and RS at 10% contribution. Khartoum \$2,000/month, Port Sudan \$700/month average $2,700/2 = \\$1,350$</i> <i>""</i> <i>"</i> <i>"</i>						
7.5	Vehicles costs (Fuel and Maintenance)	S	2	3,500 .00	12	10.00	8,400.00
	<i>""Vehicles costs are budgeted at \$3,500 per month for Khartoum and RS at 10% contribution.</i> <i>""</i> <i>Khartoum \$4,000/month, Port Sudan \$3,000/month, average $7000/2 = \\$3,500.$</i>						
7.6	Staff House Rental	S	1	1,100 .00	12	10.00	1,320.00
	<i>"Staff House rent is budgeted at \$per \$1100 for RS at 10 % contribution.</i> <i>"</i>						
7.7	Utilities (Electricity, Water and gas)	S	2	2,500 .00	12	10.00	6,000.00
	<i>""Utilities is budgeted at \$2,500 per month for Khartoum and RS at 10 % contribution. Khartoum \$3,000/month, Port Sudan \$2,000/month, Average $5,000/2 = \\$2,500$</i> <i>""</i> <i>"</i>						
7.8	Office Furniture	S	2	500.0 0	1	100.00	1,000.00
	<i>"Office Furniture is budgeted at 2 chairs @ \$200= \$400, 2 desks X\$300= \$600 . total = \$1,000 RS office.</i> <i>"</i>						

7.9	Bank Charges	S	2	100.00	12	10.00	240.00
	<p>""Bank charges costs are budgeted at \$100 per month for Khartoum and RS at 10% contribution. Khartoum \$100/month, Port Sudan \$100/month, average \$250/month.</p> <p>""</p> <p>""</p>						
7.10	Documentation & Visibility	D	20	55.00	1	100.00	1,100.00
	<p>"Visibility is budgeted at \$1,100 for 20 signboards X \$25 = \$500 and 20 banners X \$30= \$600 for RS at 100% contribution.</p> <p>""</p>						
	Section Total						38,700.00
	SubTotal			16,388.00			476,545.68
	Direct						401,518.47
	Support						75,027.21
	PSC Cost						
	PSC Cost Percent						4.23
	PSC Amount						20,157.88
	Total Cost						496,703.56
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Red Sea -> Senkat	42	12,025	13,028	11,554	12,517	49,124	
Red Sea -> Toker	58	10,177	11,026	9,778	10,593	41,574	
Documents							
Category Name	Document Description						
Budget Documents	Budget Input SC RS.xls						
Budget Documents	SCS 7718.xls						
Budget Documents	SCS 7718 TRC.2.xls						
Technical Review	Logframe 2018 1st SA.xlsx						
Technical Review	AWD Project Proposal - RS 01032018 Final comments by SCI.doc						
Technical Review	Input SC (7718) - SHF SCI budget person inputs 01032018.doc						
Technical Review	SCS 7718 final budget 01032018.xls						
Technical Review	Input SC (7718) - SHF TE27022018.doc						