

Requesting Organization :	GOAL		
Allocation Type :	2018 – SHF 2nd Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
WATER, SANITATION AND HYGIENE		100.00	
		100	
Project Title :	Provision of access to improved essential WASH services for the conflict affected populations of Kutum and Al waha localities, North Darfur. This application is for envelope two.		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SUD-18/HSD20/SA2/WASH/INGO/7856
Cluster :		Project Budget in US\$:	256,470.86
Planned project duration :	12 months	Priority:	
Planned Start Date :	01/06/2018	Planned End Date :	31/05/2019
Actual Start Date:	01/06/2018	Actual End Date:	31/05/2019
Project Summary :	<p>GOAL proposes to deliver integrated WASH services targeting the most vulnerable populations affected by the conflict in Kutum and Al Waha localities, North Darfur, who are not receiving other comparable assistance, with an emphasis placed on the needs of Internally Displaced people (IDPs), women and children. The proposed programming will support 74,166 direct beneficiaries (168,671 indirect beneficiaries) comprising of IDPs, rural underserved communities, nomadic pastoralists and host communities experiencing protracted crisis.</p> <p>In Kassab and Fata borno IDP camps, building on its success in transitioning the water systems to communities, GOAL will continue to provide technical support to the water committees to ensure access to improved safe drinking water to 30,226 IDPs. GOAL's continued support to the water committee will ensure that the water committees in the two IDP camps will not fail from delivering sustained access to safe drinking water. A lot has been accomplished in 2017 and with focused technical support (in 2018) on operation and maintenance, linkage with local technicians and supply chain and strengthen cost recovery scheme - the water supply systems managed by the IDP's water committees will have strong success rate. As part of promoting learnings and scaling up similar intervention elsewhere, GOAL Plans to produce one thorough case study on the two-community managed water supply systems from the two IDP camps and share with the sector/cluster and partners.</p> <p>In line with the humanitarian-Peace-development nexus, GOAL will construct a solar pumping water supply system (mini water yard) for communities in Salmal village (West of Kassab IDP camp) benefiting 3,500 peoples. Salmal village hosts Kassab IDP camp. Communities in Salmal village are currently depending on 2 open/unprotected hand dug wells. This intervention will solidify the collaboration between the 25,510 IDP and the host communities. This could even be the best entry point to facilitate further integration between the two communities and open new opportunities for the IDPs to access other natural resources such as farming land, pasture land etc.</p> <p>As part of integrated WASH response, GOAL will undertake ground water monitoring, water quality testing and water committees training in all targeted areas in Kutum.</p> <p>In 2018, building on its previous successful pilot project, GOAL proposes to partner with local NGO (FPDO) to implement Community Led Total Sanitation programming in 10 communities in the conflict affected rural areas surrounding GOAL supported health facilities to address the high levels of open defecation in this area, reaching 6000 individuals. In addition, GOAL will construct a sanitation facility/latrine in Abdushikur health facility creating access to latrine and handwashing facilities for a total catchment population of 6,304 people. GOAL also plans to construct 3 garbage disposal areas and equip the locality environmental health department with basic tools to improve solid waste management benefiting a total catchment population of 22,517. Considering massive disease outbreak potential in Kutum, this intervention could significantly contribute to prevent any potential outbreaks such as AWD.</p> <p>Although this application is for WASH intervention, it is important to note that GOAL currently has a Health and Nutrition intervention in Kutum and Al waha localities of North Darfur. And Hence, the proposed WASH interventions under this action will complement the ongoing Health and Nutrition interventions and therefore, holistically address the ongoing critical situation in Kutum and Al Waha localities, where high levels of morbidity, the inability of the government to provide adequate Health and WASH services, and limited safe water sources and sanitation remain a challenge.</p>		
Direct beneficiaries :			

Men	Women	Boys	Girls	Total	
31,394	30,163	6,178	6,430	74,165	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	12,293	12,794	2,518	2,620	30,225
Children under 5	0	0	3,660	3,810	7,470
Pregnant and Lactating Women	0	6,747	0	0	6,747
Indirect Beneficiaries :					
<p>The overall number of indirect beneficiaries for this program is 168,671 individuals. Although this is an application for WASH programming, the proposed WASH intervention will complement the ongoing Health and Nutrition interventions that GOAL is currently running in Kutum with a funding support from OFDA, ECHO, SHF and Irish Aid. GOAL considers the indirect beneficiaries to be equivalent to the catchment population where GOAL-supported health facilities are located, as that population benefits from GOAL's health activities and there is a utilization rate in the facilities of close to 1.</p>					
Catchment Population:					
168,671 individuals. This is equivalent to the population that live in the areas where GOAL-supported health facilities are located. The Proposed WASH intervention under this action complements this ongoing Health intervention.					
Link with allocation strategy :					
<p>Proposed activities are in line with the Strategic Objectives (SO) of the 2017 HRP (used as the basis for the SHF 2nd allocation) and SO for the sector (Outcome 2): to provide improved and sustained WASH services to long-term displaced people (more than 2 years, in and out of camp). The project links to the 2018 SHF guiding principles of area-based approaches (North Darfur/Kutum as a priority locality), complementarity with the ongoing interventions and ensuring value for money. From a programmatic perspective it links to strategic priorities of the 2018 2nd allocation targeting displaced and newly displaced communities in North Darfur, Kutum locality. Proposed activities will contribute towards WASH priorities by helping to provide and sustain access to WASH services for vulnerable populations in conflict and protracted IDP settings. In 2017, GOAL worked with the Water Committees in Kassab and Fata borno camps and WES and finalized the handing over process of the operation and daily management of water systems in the two camps. Cost recovery schemes (water user fees) are in place and working smoothly so far. In 2018, GOAL will further strengthen the capacity of the water committees to ensure that the gains from the previous year will not be lost and access to safe drinking water for 30,022 IDPs won't be affected. Furthermore, WASH activities under this grant include construction of solar pumping water supply infrastructure, sanitation facility construction in health facilities, garbage disposal areas construction, as well as capacity building of water committees, water quality testing, and hygiene promotion. GOAL will implement the CLTS model in Kutum through local partner FPDO to mobilize rural communities to eliminate open defecation. GOAL will ensure involvement of Department of Environmental Health and WES, in Open Defecation Free verification and share CLTS experiences with the WASH sector. CLTS is in line with the national policy for community-based and demand-responsive approaches for rural environmental sanitation. Hygiene promotion and education, aiming to promote positive behavior change are integrated across all associated community-based groups (REFLECT, Care Groups, NIPP, school health clubs etc.).</p> <p>The proposed activities will take place in Kutum and Al waha Localities - priority areas for humanitarian support according to the 2018 humanitarian requirements. GOAL is the only INGO providing WASH, Nutrition and Health services in the target area.</p>					
Sub-Grants to Implementing Partners :					
Partner Name	Partner Type	Budget in US\$			
Friends of peace and Development Organization (FPDO) National NGO	National NGO	28,789.00			
		28,789.00			
Other funding secured for the same project (to date) :					
Other Funding Source		Other Funding Amount			
ECHO		920,000.00			
OFDA		1,000,000.00			
		1,920,000.00			
Organization focal point :					
Name	Title	Email	Phone		
Jeniffer Williams	Country Director	jwilliams@sd.goal.ie	+249 912163531		
Dawit Beyene	Assistant Country director	dbeyene@sd.goal.ie	+249 12178109		
BACKGROUND					
1. Humanitarian context analysis					

While the unilateral ceasefires have enabled a general improvement in the security situation across Darfur and the Two Areas, humanitarian needs continue. Humanitarian partners have identified an estimated 5.8 million people in need of humanitarian assistance across Sudan. Humanitarian needs in 2018 have increased by one million people due to the South Sudanese refugee influx, diseases outbreaks, food insecurity and malnutrition. The conflicts in Darfur, South Kordofan, and Blue Nile have resulted in widespread displacement. In 2018, 1.8 million IDPs in Darfur need humanitarian assistance. (SHF allocation strategy paper - Sudan, 2nd Allocation, 2018,). According to the January 2018 FEWS NET Key Message Update, North Darfur where Kutum and Al Waha localities are located may begin to face Crisis (IPC Phase 3) levels of food security.

In 2017, despite some gains on attaining relative peace and increased humanitarian access, Darfur continues to face a complex humanitarian emergency caused by two main factors: conflict – leading to wide-scale population displacement, and poor governance, insufficient basic services as well as weak rule of law; and adverse climatic and socio-cultural conditions – leading to crisis levels of food insecurity, critical malnutrition, and fragile social cohesion. The large scale and long-term nature of displacement with unmatched economic opportunities, has exposed people to major hardship and uncertainty. Therefore, the humanitarian and security situation in Kutum remains fragile and unpredictable.

GOAL has been responding to the emergency in North Darfur since 2003, and the context under which GOAL operates in North Darfur remains the same. The localities are characterized by insignificant to zero investment in infrastructure development; low presence/deployment of qualified civil servants in WASH, Health and Nutrition sectors; continued conflict and tension between agriculturalist (mainly Arab) and pastoralist (mainly non-Arab) communities, and between rebel and government forces; and disconnect or low levels of collaboration between locality and state line ministries. GOAL continues to provide essential lifesaving services in both areas.

Vulnerable populations around Kutum continue to live in over-crowded settings with poor access to services and a high risk of communicable disease outbreak. Areas adjacent to wadis are prone to flash flooding, which further places these vulnerable families at risk and exacerbates the likelihood of morbidity and outbreaks. Non-Government controlled rural areas experience periodic delays in accessing supplies for health and WASH due to movement restrictions, disruption in supply chains at times of insecurity, and a lack of access for MoH or WES to fully engage in service delivery. GOAL has recruited staff to make sure that the health facilities in these areas continue providing integrated health, nutrition and WASH services until a sustainable solution is found for this protracted crisis context.

GOAL clinics coverage now reaches 16 units serving a catchment population of 168,671 in two localities. And in all these areas Nutrition and WASH services are appropriately integrated. The weak institutional capacity of WES and SWC in the targeted area call for continued WASH programming to ensure access to safe water for the vulnerable communities in Kutum and Al Waha. Addressing water and sanitation needs of affected communities in emergency settings is one of the most important steps to prevent disease outbreak. In addition, behavior changes are needed both at household and community level to reduce the spread of disease and contamination of water sources.

2. Needs assessment

Needs assessments are conducted periodically, using a variety of methods, including Lot Quality Assurance Sampling (LQAS), Knowledge, Attitude, Practice and Behavior (KABP) survey and Multi-Indicator Cluster Survey (MICS). GOAL – as part of its health intervention – also maintains Health Information System (HIS) in the form of an excel database.

Health Resources Availability Mapping System provided by WHO/MoH on a quarterly basis highlights that Kutum locality had just 23 functional facilities of a possible 39 with GOAL directly supporting 13 of these (i.e. 57% of the operational service in Kutum locality is directly supported by GOAL). This shows as a proxy indicator the huge gap that GOAL covers in WASH, Health and Nutrition in the localities. There is a high risk of disease outbreaks in Darfur, as a result of population displacement, high population density in camp settlements, and poor access to clean water sources. 2017 HIS data showed that > 80% of morbidities seen in the supported clinics are communicable diseases. Of which diarrheal diseases represent 14.1%, eye infections 10%, and skin infections 8%. Diarrheal diseases are among the most common causes of morbidity and mortality and are preventable through appropriate measures such as access to clean water, good sanitation, vector control, health and hygiene promotion. GOAL's 2016 MICS found over 70% of households are not storing water appropriately, only 30% reported hand washing at 3 critical times. 70% of households are using less than 10 liters per person per day (below recommended Sphere standard of 15 l/p/p per day). 80% of communities in rural Kutum are practicing open defecation. The Mass MUAC screening conducted in November 2017 in Kutum also revealed a GAM rate of 12.2% and SAM rate of 1.4%. Furthermore, as per HIS 2017, EPI coverage in the area remained far below the acceptable threshold and poses a high risk of outbreak. Measles coverage stands as 66.4% while Pentavalent 3 is 67.1% (below countrywide target of 90%).

GOAL's internal participatory assessment in Kassab and Fata Borno IDP camps indicated that the water supply systems in the two camps are functioning well - and thus, a total population of 30,226 IDPs are accessing safe drinking water at the moment. However, the assessment also revealed that the two water committees needs further capacity building support in key areas such as Operation and Maintenance, linkage with local technicians and supply chain; and strengthening cost recovery system. In 2018, GOAL will work with WES and the water committees to build the capacity of the committees in these areas as well as providing assistance in water quality testing and ground water monitoring.

In 2018, GOAL plans to construct Solar pumping water supply system for the host communities in Salmal village. Communities in Salmal village are host communities for the Kassab IDP camps. Currently the villagers are accessing water from 2 unprotected open hand dug wells. This situation hasn't been viewed as fair by the communities and key opinion leaders in the area. GOAL proposed intervention in the area will have multi-faced purpose: to address the issue of the much-needed access to safe drinking water; enhance peaceful coexistence between the IDP and host communities; and could also be used as an entry point to facilitate more integration where by it opens more opportunity for the IDPs to access some key natural resources such as access to farm land, pasture land etc.

All these key WASH, Health and Nutrition indicators indicate that the communities in Kutum and Al Waha localities are vulnerable, and the situation calls for Integrated WASH, Health and Nutrition interventions. Therefore, the proposed WASH interventions for SHF funding under this action will significantly contribute to address these humanitarian gaps while laying a foundation to early recover by contributing towards Humanitarian-Peace-Development nexus initiative.

3. Description Of Beneficiaries

The proposed project targets the most vulnerable men, women, children and people with special needs, along with IDPs who are living in crowded settings with poor health services where the likelihood of disease outbreak is therefore high. Various stakeholders (community health committees, government officials, IDPs, and partners), identified through the GOAL Community Processes Team, are consulted & engaged with in the design and implementation of all intervention aspects, before and during the annual planning process and are targeted to increase their awareness, and ensure sustainability and management of WASH in interventions.

Direct Beneficiaries 74,166 beneficiaries. This is calculated as:

- Total to be reached through 60 Care groups (CG): (52 Female CG X 165 participants) + (8 Male CG X 10 participants) = 8,660 CG facilitators and mother in neighborhood (through a cascade approach) X 5 average family size = 43,300.
- Total to be reached through 57 School health Clubs (SHC): 57 SHC X 542 (average number of student per school) = 30,866.
- Total Direct beneficiaries: 43,300 + 30,866 = 74,166

This is the total number of beneficiaries to be reached through hygiene promotion/education without double counting. The rest of the target for the remaining WASH intervention are just a subset of this overall target. For example:

- The solar pumping water system construction in Salmi will serve a total population of 3,500.
- The technical support for the water management committee, ground water monitoring and periodical water quality testing and monitoring in Kassab and fata borno IDP camps will benefit a total of 30,226 IDP.
- The construction of 3 garbage disposal areas, and training of the solid waste management committee will benefit a total population of 22,517;
- Construction of a latrine (with two drop holes and handwashing facilities in Abdushikur health facilities will serve a total catchment population of 6,304.

Indirect Beneficiaries: A total catchment population of 168,671. IDPs make up approximately 18% (30,226) of the total indirect beneficiaries. So as not to double count, 74,166 beneficiaries will remain the total number of direct beneficiaries, however a breakdown per intervention is provided above.

4. Grant Request Justification

This intervention is a WASH response in Kutum locality. With SHF funding and using alternative funding sources from ECHO, and OFDA GOAL remains wholly committed to maintaining its long-established presence in North Darfur and providing health, nutrition and WASH activities through an integrated approach.

GOAL, will assist in the provision of primary health care services where these would not otherwise exist by continuing to support 17 health facilities (Kutum, Garbia, Kassab, Fata Borno, Damarat Alsheik, Guba, Amo, Umlyeona, Mulagat, Abdulshakour, Frok, Furnong, Einsero, Aldour, Birmaza, Anka) to provide the basic package of PHC, including treatment of common diseases, referral of complicated cases, immunization, reproductive health and provision of all necessary drugs and medical supplies. Improving screening and diagnosis, building the capacity of clinicians and identifying and responding to communicable disease outbreaks will be a crucial element of programming. This intervention will be carried out by using alternative funding from SHF (different proposal from this one), ECHO and OFDA.

GOAL will implement life-saving treatment of malnutrition through OTPs integrated within PHC programming and activities, in line with the first priority of the nutrition sector. The proposed activities in Kutum have a strong preventive component that target mothers of malnourished children, PLW, and fathers from the same households, as well as other influential groups/people in the community, who influence many of the decisions related to the family care practices. Although a nutrition specific project, NIPP also addresses livelihood, WASH and health issues, in attempts to holistically address key causes of malnutrition. Combined with ongoing screening and surveillance and close collaboration with the relevant referral mechanisms to curative programmes (OTPs and Stabilization Centers) this will ensure the provision of a complete package of services for both severe and moderate malnutrition cases in line with nutrition sector priorities. Building on successes in Kassab camp in 2017, the proposed GOAL WASH programming in 2018 will contribute to early recovery processes in the locality as well as sustainable access to improved safe drinking water in the two IDP camps. GOAL will increase access to safe water through the drilling of one borehole and installation of solar water pumping supply system; ground water monitoring and water quality testing, and capacity building. GOAL will also construct a sanitation facility/latrine/ in Abdushikur health facility as well as garbage disposal areas for improved solid waste management in Kutum and implement CLTS in 10 communities in Kutum localities through experienced local partner FPDO.

It is largely recognized by all stakeholders that GOAL remains the only international NGO health care and WASH services provider in Kutum and Al Waha localities. Local NGOs such as FPDO in Kutum are also working in the area, and it should be noted that GOAL has previously partnered with FPDO and has a positive relationship with them. GOAL has funding from other donors such as ECHO and OFDA to support activities in Kutum. – However, there are still major funding gaps to cover the essential lifesaving services as outlined above and below. Therefore continued SHF funding is critical to support essential basic interventions provided by GOAL in this high priority area starting from June 2018. GOAL has a long-established presence in this area, is currently delivering key health, nutrition and WASH services, has built up key relationships with local communities, local authorities, State line ministries and other relevant stakeholders and is therefore ideally placed to continue the provision of these services.

5. Complementarity

GOAL follows a multi-sectorial approach that relies on complimentary multi-donor funding to ensure comprehensive coverage, addressing a broad range of critical humanitarian needs that exist in North Darfur, including health, nutrition, WASH, and informal education. In 2017, GOAL is supporting 16 health facilities which complement government efforts in providing curative health services (GOAL run 57% of functioning Health Facilities /HFs/ in Kutum). SHF funding will allow continued availability of essential basic WASH services to health facilities including for children and pregnant women among host communities. Coordination with WES, State MoH and Locality Health Departments includes joint supervision, Locality annual review meetings with WES, SMOH and Kutum partners. GOAL works in partnership with WES to coordinate borehole drillings, UNICEF for the supply of Ready to Use Therapeutic Food and with WHO for essential drugs. The GOAL intervention supported by SHF will complement WASH interventions across the health facilities and among the host communities. GOAL will continue to liaise with WES to carry out water quality testing in the 2 camps, complementing government efforts. GOAL works closely with local Authorities (WES/SWC), and communities, aiming to guarantee long-term sustainability of water facilities by improving water systems' design and adapting its methodology to government strategies. Community contributions will be solicited through cost-recovery systems, to allow for local actors to play their natural role and takeover services from NGOs in the future.

Effective Behavior Change Communication strategies are essential for the effectiveness of PHC interventions in improving the health status of the community. GOAL will continue to implement Care Groups (CGs) targeting women and men, and School Health Club health promotion activities, targeting students from the same areas as the CGs. These activities will complement Community Health and WASH activities from alternative funding to holistically address health issues. OTPs are integrated within Health Facilities (HF) and WASH activities are linked by ensuring clean water supply to these HFs and OTPs. CGs are also linked to each HF and the CG facilitators based in HFs deliver weekly Hygiene promotion and health education messages according to health issues reported at clinics. CG facilitators are trained to do community MUAC screening and refer accordingly. Community Health Promoters screen for malnutrition and refer, trace defaulters and coordinate with Community Nutrition Volunteers and Community Health Committees.

In order to address the high rates of MAM, GOAL has been implementing the NIPP approach, directly tackling the underlying behavioural causes of undernutrition in children under 5 and PLWs. In the North Darfur NIPP was implemented to improve nutritional outcomes of moderately malnourished children and malnourished PLW in geographical areas not supported by WFP Therapeutic Supplementary Feeding programmes. It takes a household-level sustainable approach to malnutrition and morbidity reduction through behaviour change including hygiene promotion and WASH activities (availing tippy taps, constructing household latrines etc.).

With alternative funding GOAL plans to install water meters in Kassab camp to further enhance the capacity of water committees to effectively manage the water systems and the cost recovery schemes, further complementing SHF-funded activities. GOAL will continue working with the established water user committees and local technicians to promote community ownership & sustainability of the water sources.

LOGICAL FRAMEWORK

Overall project objective

To provide and sustain essential WASH services to the vulnerable conflict-affected populations in Kutum and Al waha localities of North Darfur;

WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Address 90 per cent of the protracted IDPs, and continue to improve the level of WASH services to 1,89 million targeted people, who live both in and outside IDP camps.	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	100

Contribution to Cluster/Sector Objectives : This project will contribute towards the WASH Sector priorities by providing and or sustaining access to WASH services for vulnerable populations in conflict and protracted IDP settings. The proposed project will maintain access to safe drinking water through drilling of borehole and installation of solar water pump in Salmal Village (a village that hosts Kassab IDP camp, provide continued support to the Water Committees in Kassab and Fata borno IDP camp to sustain access to safe drinking water in the two camps; Construction of 2 garbage disposal areas in kutum town where the significant percentage of the population is assumed to be IDPs; construction of latrines in Abdu shukur Health facilities; and training of water committees and garbage disposal management committees; and roll out CLTS through a local partner in 10 communities in Kutum locality.

Outcome 1

Access to safe water supply sustained for underserved and vulnerable population

Output 1.1

Description

Continued provision of safe drinking water in Kassab and Fata Borno IDP camps and in Salmal village (hosts Kassab IDP camp), affected by conflict

Assumptions & Risks

- 1. Continued safe humanitarian access by GOAL staff to areas of operation is essential to ensure quality monitoring and supervision and therefore to carry out the activities.
- 2. Continued cooperation and support of authorities for humanitarian interventions.
 - a) Relevant authorities(WES/SWC) will continue supporting GOAL and approving surveys and assessments.
- 3. Continued support of UN agencies
 - a) UNOCHA support for overall coordination and liaising with other humanitarian actors.
 - b) UNDSS support on security monitoring and analysis.
 - c) UNAMID support to joint travel and logistics arrangements for monitoring visits by international staff.
 - d) Support from UN cluster in WASH.
 - e) Coordination meetings with WES, UNICEF and other key stakeholders.
 - h) Provision of twice weekly UNHAS helicopter service to access Kutum town.
- 4. Continued availability of staff as GOAL programmes depend on the availability of quality national and international staff.
- 5. Continued donor support as GOAL's integrated, multi-sector program is dependent on the continuing support of international donors.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of long term displaced people in and out of camp have access to 10 liters of drinking water through water system managed at community or local level (HRP 2018).	13,716	14,276	2,809	2,924	33,725
Means of Verification : WASH Monthly Report							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of water sources and/or system at institution and/or community level constructed, rehabilitated and/or upgraded					1
Means of Verification : Monthly WASH report (1 borehole drilling and installed with solar pumping water system in Salmal village)							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of water quality testing, and monitoring conducted					71
Means of Verification : Water Quality Tests							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of people who attended WASH related Training					20
Means of Verification : Training database, WASH report (the indicator will measure those water committee members trained on Operations, Maintenance and Cost recovery schemes)							
Activities							
Activity 1.1.1							
Standard Activity : Construction, rehabilitation and/or upgrading of water sources and/or system (eg. handpump, water taps, hafir, solar panel, water tank etc.) at institution and/or community level							
<p>Drill one borehole in Salmal Village to improve access to and supply of clean water for the host communities. The borehole will be connected to a solar-powered water pump. The water supply system will serve host community of 3,500 people. Despite hosting Kassab IDP camp, the community felt that they were not being served by humanitarian interventions for a long time. The communities in Salmal are currently using two unprotected open hand dug wells to supply their water needs. Therefore, this intervention will provide much-needed access to safe drinking water as well as promote peace full co-existence between the IDPs and the host communities.</p> <p>GOAL will also install Solar pumping Water Supply Technology for one borehole In Salmal village (host communities for Kassab IDP camp – located west of Kassab IDP camp) to ensure that access to safe drinking water is sustained and cost effective. As mentioned above, the water supply system will serve a community of 3,500 people. . This intervention will provide much-needed access to safe drinking water as well as promote peaceful co-existence between the IDPs and the host communities. It currently seems that there is no long-term solution for the IDPs in Kassab camp – and thus, having them integrated with the host communities through various investments in basic and essential social services such as this one would open new partnership and collaboration opportunities between IDPs and host communities – which will in turn provide various opportunities for the IDPS to access land and other natural resources. This intervention is also in line with the strategy of linking Humanitarian interventions with recovery/development interventions that lay the foundation for long term/durable solutions for protracted IDP crisis.</p> <p>The construction of solar pumping water supply system (mini water yard) include drilling of borehole, construction of tap stands and drainage system, installation of solar powered pumping system and elevated water tank (25m3), and fencing. The Water Users Committee will be responsible for guarding and protecting the water supply system. GOAL in collaboration with WES will train and support the water committees to introduce users fee/cost recovery schemes from the beginning. Throughout the project period, GOAL will work with WES to continuously improve the technical capacity of the water committee on the operation and maintenance of the Solar pumping water supply system in order to establish a sustainable water management system.</p>							
Activity 1.1.2							
Standard Activity : Conduct water quality testing and monitoring							
<p>GOAL will conduct regular water quality testing with a focus on bacteriological contamination of water points in the camps and rehabilitated/constructed water points in coordination with the Water, Environment and Sanitation (WES) to ensure chlorination of contaminated water points, in order to ensure that the camps and GOAL-supported health facilities have access to safe water at 0 coliforms / 100ml.</p> <p>GOAL will also Conduct Ground Water Monitoring in Kutum urban area including IDP camps in collaboration with WES/SWC and Directorate for Ground Water Monitoring aiming to monitor water depletion levels and ground water availability in order to improve resource management and evaluate the impact of constructing new water points on the local environment.</p>							
Activity 1.1.3							
Standard Activity : Conduct WASH-related training at community and/or institution level							
<p>Build the capacity of the water committees in Kassab IDP camp, in Fata borno IDP camp and in Salmal village host communities to run the water systems effectively. GOAL will further work with WES and local technicians to continuously improve the technical capacity of the water committee on the operation and maintenance of the Solar pumping water supply system to establish a sustainable water management system. The capacity building/training will also include creating linkage with local technicians, supply chains and strengthening the cost recovery scheme. GOAL will also work with WES and the water committees to ensure fair gender representation within the committee members composition as well as raise awareness and skills among the members of the water committee to ensure that the particular need of the vulnerable segments of the community are addressed in terms of access to safe drinking water.</p>							
Outcome 2							
Improved Hygiene practices in targeted communities							
Output 2.1							
Description							
Continued Provision of Hygiene Awareness raising/education through community-based behavior change communication approaches: Care Groups; School Hygiene Clubs (SHC); NIPP; REFLECT. Considering the AWD outbreak that affected all the states in Sudan in 2017 - and strong potential threat of outbreak in Kutum – this intervention is very much needed in Kutum and Al waha.							

Assumptions & Risks							
See output 1							
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 by community raising awareness activities	30,163	31,394	6,178	6,430	74,165
<p>Means of Verification : This is an estimated number of beneficiaries to be reached through Care group, School Hygiene Club, NIPP, WASH. Direct beneficiaries of hygiene messaging will be gathered from individual data bases of Care group, REFLECT, School health clubs and NIPP to identify numbers reached in total catchment population</p>							
Activities							
Activity 2.1.1							
Standard Activity : Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.)							
<p>Promote positive hygiene behavior change as an integrated activity across all associated community-based groups (REFLECT, Care Groups, NIPP etc.) through promoting hand washing. In addition, women in Care Groups receive health messages from a module (basic hygiene practices) which focus on personal hygiene, handwashing and storing drinking water. GOAL has global experience in designing and implementing Social and Behavior change approaches. GOAL also has experienced staff on the subject matter here in country and at its regional and head office. The success of the implementation of this community-based approach is evident in preventing disease outbreaks in Kutum and Al waha even though most localities were affected by AWD outbreaks in 2017. GOAL wants to build on this achievement and work hand in hand with the target communities to institutionalize the gains.</p> <p>GOAL will also continue supporting 57 basic & secondary School Health Clubs (SHCs) by providing cleaning materials, hand-washing facilities, drinking water facilities and health education materials. GOAL also provides training to school teachers to run and supervise clubs' activities. The SHC is using participatory teaching methods; the club will facilitate learning and encourage the children to think through the problems and issues surrounding health and hygiene promotion topics. The different participatory methods encourage the children to learn from each other, not only from their facilitator</p>							
Outcome 3							
Improved Access to Sanitation Facilities and solid waste management through implementation of Community Lead Total Sanitation (CLTs) in the targeted communities, construction of latrines in primary health care facility and construction of garbage disposal areas.							
Output 3.1							
Description							
Implement CLTS through a national partner in 10 communities reaching a total number of 6,000 beneficiaries in Kutum conflict affected rural areas surrounding GOAL supported health facilities and an additional 6,304 beneficiaries to benefit from the latrines construction in Abdushikur health facilities							
Assumptions & Risks							
see output 1.1							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	WATER, SANITATION AND HYGIENE	% of villages verified Open Defecation Free					80
<p>Means of Verification : WASH monthly report/CLTs/ODF verification report from communities and WES. Based on current experience and trends at least 80% of the target communities will be declared ODF.</p>							
Indicator 3.1.2	WATER, SANITATION AND HYGIENE	Number of garbage disposal areas constructed and functioning					2
<p>Means of Verification : WASH monthly report/construction completion/handover report</p>							
Indicator 3.1.3	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					6,000
<p>Means of Verification : WASH Monthly report Estimated population in the 10 communities that GOAL will target through FPDO is calculated as 6000: 10 communities X 120 Households X 6 (family size).</p>							
Activities							
Activity 3.1.1							
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							
<p>Triggering communities in 10 villages to become Open Defecation Free (ODF) using Community Led Total Sanitation (CLTS) approach which helps rural communities to understand and realize the negative effects of poor sanitation and empowers them to collectively find solutions to their inadequate sanitation situation. Communities will be facilitated to conduct their own appraisal and analysis of open defecation and action to become ODF.</p> <p>GOAL will support the celebrations of Open Defecation Free (ODF) status in targeted communities in Kutum rural areas in coordination with MoH, locality and WES representatives</p>							

Activity 3.1.2

Standard Activity : Provision of sanitation facility in institutions

Construction of sanitation facilities(latrine) including hand-washing station in GOAL supported health facility in Abdushikur. The construction of sanitation facilities includes a latrine with two drop holes, one shower and hand-washing station. The day to day maintenance of the clinics' latrines will fall under the responsibility of the clinics' staff. The cleanliness of the clinic and the latrine will also be included in the responsibilities of GOAL and MOH clinic supervisors (medical assistants). GOAL will provide cleaning agents on a monthly basis to clean the clinic and the latrines, as well as soap for the hand-washing stations.

Activity 3.1.3

Standard Activity : Provision of solid/liquid waste management facilities

Construction of two garbage disposal areas in Kutum town. The intervention includes the construction of 2 garbage disposal areas located in strategic location, provision of a trailer (to be attached to the Tractor) to transport the solid waste from public place to garbage disposal areas (trailer to be funded by a different funding source), and equipping the environmental health department in Kutum with basic tools (shovels, bags, wheelbarrows) and technical skills to maintain the garbage collection system. The environmental health department in Kutum has already committed itself to be responsible for the running and maintenance of this system. The environmental health department in Kutum funds its activities through the collection of fees from local communities with support from Kutum locality administration. Kutum town hosts Kassab IDP camps and fata borno IDP camps., the town is also the seat of both Kutum and Al waha localities. It is overcrowded and it is estimated that a significant percentage of the communities in the town are IDPs. Disease outbreak particularly AWD is a major concern in the town. In 2017, with alternative funding, GOAL has already rehabilitated the water supply system in the town – and this intervention on solid waste management will strengthen the ongoing initiative to ensure access to integrated improved WASH services and ultimately prevent disease outbreaks and improve the health status of extremely vulnerable conflict affected communities in Kutum.

Additional Targets :

M & R

Monitoring & Reporting plan

The Technical Coordinators in Khartoum monitor progress of activities against objectives in the logframe, while Managers located in Kutum conduct regular visits to the field (WASH services supervision visits in health facilities for example in conjunction with the Locality Health Department and WES).

Field program teams are responsible for collection and data entry onto respective databases. This data is submitted to the MEAL and respective Technical Coordinators at Khartoum level for analysis, reporting, identification of needs, ensuring that all interventions are up to acceptable standards through regular monitoring visits to facilities and intervention groups. Sector coordination meetings for staff from the project sites are held on a regular basis in El Fasher and Kutum. The forum is used for technical discussions to ensure consistency in terms of guidelines and protocols followed across all projects, and to review project progress.

Because international staff access to the field is frequently restricted due to security, key field staff will rotate through El Fasher for capacity building sessions around project management, quality and M&E. Most senior Programme Coordinators are national and travel to the field on a quarterly basis at a minimum with oversight and scrutiny from international staff who also travel to the field when feasible. Quarterly workshops are held regionally to build skills, review programs and plan / re-design activities. Program coordinators are responsible for ensuring regular day-to-day monitoring is conducted and teams are supported. With the existing improved access to the field, in 2018 GOAL will increase the frequency of supportive monitoring field visits to the field by senior international staff. GOAL will undertake internal and external monitoring including:

- Quarterly & monthly monitoring visits of on-going activities to collect data and report on progress of all key activities, indicators, targets
- Weekly Sector update meeting/report on activities
- Monthly program team meetings at Khartoum coordination level
- Monthly Sector progress reports on activities including analysis and explanations for results and trends
- Senior Management Meetings held on a bi-monthly basis in Kutum.
- Quarterly review meeting for evaluations/assessments recommendations where action plan agreed and followed.
- Quarterly and final reports submitted to SHF
- Regular grant management meetings to ensure periodic review of both programmatic and financial progress.
- Regular site visits and reports by the program coordination team, detailed trip reports produced which include action points and outline responsibilities for action.
- Conduct MICS every 2 years
- LQAS will be conducted in the areas where GOAL will continue supporting Care Group module to evaluate behavior change

Monitoring responsibilities lie with the project office in North Darfur, country office in Khartoum, and global HQ in Dublin. Specific responsibilities are assigned to different individuals across GOAL Sudan and GOAL HQ (project-specific, management, technical etc.). Evaluation, Accountability and Learning

GOAL's team will seek ongoing feedback regarding its own intervention from local organizations and other coordinating agencies and fully cooperate with any further independent evaluation of its activities. Needs assessments and interventions will be carried out to international standards and these may be verified through assessment and programme reports and site visits.

GOAL's international roving technical advisors visit GOAL Sudan programmes on a periodic basis to assess and review the program activities and ensure global standards

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1: Drill one borehole in Salmal Village to improve access to and supply of clean water for the host communities. The borehole will be connected to a solar-powered water pump. The water supply system will serve host community of 3,500 people. Despite hosting Kassab IDP camp, the community felt that they were not being served by humanitarian interventions for a long time. The communities in Salmal are currently using two unprotected open hand dug wells to supply their water needs. Therefore, this intervention will provide much-needed access to safe drinking water as well as promote peace full co-existence between the IDPs and the host communities.</p> <p>GOAL will also install Solar pumping Water Supply Technology for one borehole In Salmal village (host communities for Kassab IDP camp – located west of Kassab IDP camp) to ensure that access to safe drinking water is sustained and cost effective. As mentioned above, the water supply system will serve a community of 3,500 people. . This intervention will provide much-needed access to safe drinking water as well as promote peaceful co-existence between the IDPs and the host communities. It currently seems that there is no long-term solution for the IDPs in Kassab camp – and thus, having them integrated with the host communities through various investments in basic and essential social services such as this one would open new partnership and collaboration opportunities between IDPs and host communities – which will in turn provide various opportunities for the IDPs to access land and other natural resources. This intervention is also in line with the strategy of linking Humanitarian interventions with recovery/development interventions that lay the foundation for long term/durable solutions for protracted IDP crisis.</p> <p>The construction of solar pumping water supply system (mini water yard) include drilling of borehole, construction of tap stands and drainage system, installation of solar powered pumping system and elevated water tank (25m³), and fencing. The Water Users Committee will be responsible for guarding and protecting the water supply system. GOAL in collaboration with WES will train and support the water committees to introduce users fee/cost recovery schemes from the beginning. Throughout the project period, GOAL will work with WES to continuously improve the technical capacity of the water committee on the operation and maintenance of the Solar pumping water supply system in order to establish a sustainable water management system.</p>	2018								X	X			
	2019												
<p>Activity 1.1.2: GOAL will conduct regular water quality testing with a focus on bacteriological contamination of water points in the camps and rehabilitated/constructed water points in coordination with the Water, Environment and Sanitation (WES) to ensure chlorination of contaminated water points, in order to ensure that the camps and GOAL-supported health facilities have access to safe water at 0 coliforms / 100ml.</p> <p>GOAL will also Conduct Ground Water Monitoring in Kutum urban area including IDP camps in collaboration with WES/SWC and Directorate for Ground Water Monitoring aiming to monitor water depletion levels and ground water availability in order to improve resource management and evaluate the impact of constructing new water points on the local environment.</p>	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
<p>Activity 1.1.3: Build the capacity of the water committees in Kassab IDP camp, in Fata borno IDP camp and in Salmal village host communities to run the water systems effectively. GOAL will further work with WES and local technicians to continuously improve the technical capacity of the water committee on the operation and maintenance of the Solar pumping water supply system to establish a sustainable water management system. The capacity building/training will also include creating linkage with local technicians, supply chains and strengthening the cost recovery scheme. GOAL will also work with WES and the water committees to ensure fair gender representation within the committee members composition as well as raise awareness and skills among the members of the water committee to ensure that the particular need of the vulnerable segments of the community are addressed in terms of access to safe drinking water.</p>	2018								X			X	
	2019		X			X							

<p>Activity 2.1.1: Promote positive hygiene behavior change as an integrated activity across all associated community-based groups (REFLECT, Care Groups, NIPP etc.) through promoting hand washing. In addition, women in Care Groups receive health messages from a module (basic hygiene practices) which focus on personal hygiene, handwashing and storing drinking water. GOAL has global experience in designing and implementing Social and Behavior change approaches. GOAL also has experienced staff on the subject matter here in country and at its regional and head office. The success of the implementation of this community-based approach is evident in preventing disease outbreaks in Kutum and Al waha even though most localities were affected by AWD outbreaks in 2017. GOAL wants to build on this achievement and work hand in hand with the target communities to institutionalize the gains.</p> <p>GOAL will also continue supporting 57 basic & secondary School Health Clubs (SHCs) by providing cleaning materials, hand-washing facilities, drinking water facilities and health education materials. GOAL also provides training to school teachers to run and supervise clubs' activities. The SHC is using participatory teaching methods; the club will facilitate learning and encourage the children to think through the problems and issues surrounding health and hygiene promotion topics. The different participatory methods encourage the children to learn from each other, not only from their facilitator</p>	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
<p>Activity 3.1.1: Triggering communities in 10 villages to become Open Defection Free (ODF) using Community Led Total Sanitation (CLTS) approach which helps rural communities to understand and realize the negative effects of poor sanitation and empowers them to collectively find solutions to their inadequate sanitation situation. Communities will be facilitated to conduct their own appraisal and analysis of open defecation and action to become ODF.</p> <p>GOAL will support the celebrations of Open Defection Free (ODF) status in targeted communities in Kutum rural areas in coordination with MoH, locality and WES representatives</p>	2018						X	X	X	X	X	X	X
	2019	X	X	X									
<p>Activity 3.1.2: Construction of sanitation facilities(latrine) including hand-washing station in GOAL supported health facility in Abdushikur. The construction of sanitation facilities includes a latrine with two drop holes, one shower and hand-washing station. The day to day maintenance of the clinics' latrines will fall under the responsibility of the clinics' staff. The cleanliness of the clinic and the latrine will also be included in the responsibilities of GOAL and MOH clinic supervisors (medical assistants). GOAL will provide cleaning agents on a monthly basis to clean the clinic and the latrines, as well as soap for the hand-washing stations.</p>	2018												
	2019												
<p>Activity 3.1.3: Construction of two garbage disposal areas in Kutum town. The intervention includes the construction of 2 garbage disposal areas located in strategic location, provision of a trailer (to be attached to the Tractor) to transport the solid waste from public place to garbage disposal areas (trailer to be funded by a different funding source), and equipping the environmental health department in Kutum with basic tools (shovels, bags, wheelbarrows) and technical skills to maintain the garbage collection system. The environmental health department in Kutum has already committed itself to be responsible for the running and maintenance of this system. The environmental health department in Kutum funds its activities through the collection of fees from local communities with support from Kutum locality administration. Kutum town hosts Kassab IDP camps and fata borno IDP camps., the town is also the seat of both Kutum and Al waha localities. It is overcrowded and it is estimated that a significant percentage of the communities in the town are IDPs. Disease outbreak particularly AWD is a major concern in the town. In 2017, with alternative funding, GOAL has already rehabilitated the water supply system in the town – and this intervention on solid waste management will strengthen the ongoing imitative to ensure access to integrated improved WASH services and ultimately prevent disease outbreaks and improve the health status of extremely vulnerable conflict affected communities in Kutum.</p>	2018							X	X	X			
	2019		X	X	X								
OTHER INFO													
<u>Accountability to Affected Populations</u>													

GOAL recognizes engagement with local communities is crucial to a successful program. GOAL ensures that affected populations are engaged at all levels of the project cycle and that consultation is an ongoing process. GOAL considers it of paramount importance that beneficiaries have access to information about their entitlements, have access to GOAL's Code of Conduct and are able to provide feedback on programs. GOAL is a member of the Core Humanitarian Standards Alliance. In 2015, GOAL elaborated and disseminated an Accountability Framework, a Complaint Response Mechanism, and Information Sharing Guidelines; staff at all levels received training on the guidelines and the process. A complaint response mechanism is operational in Sudan and established for all locations in order for beneficiaries to be able to provide complaints or feedback. Beneficiaries are informed of this mechanism, and entitlement posters will be printed and displayed at health facilities, and GOAL's Code of Conduct will be provided and explained. The CRM includes contact numbers in each location where beneficiaries can make complaints or provide feedback. As standard sign is installed in health facilities, OTPs and at WASH facilities. Signs will be installed at any new infrastructure. A refresher training on community complaint and response mechanism (CRM) was conducted for GOAL field and head office staffs as well as its partners. This will be repeated in 2018.

GOAL has a Community Processes team which focuses on interacting with communities and discussing in detail the services that GOAL provides. In turn, the CP team also relays community comments and complaints about GOAL services to GOAL team. The CP team works jointly with technical teams, local authorities and community members to raise community awareness and collect views to ensure that services are provided in an equal and fair manner. Routine collection of beneficiary feedback is done through periodic focus group discussions and participatory rural appraisals, in which community members are separated by age and gender and take into consideration other factors that might inhibit free flow of communication. This process has been a central feature of the monitoring system, as it has increased emphasis on closing the 'feedback loop', for example through trend analysis and the review of lessons learned that feed into the program planning process .

GOAL has also initiated comment boxes at all clinics and have re-established monthly Head of Clinics meetings where community feedback is garnered. In addition, the Community Processes team receives a monthly report from established health and WASH committees and will help them in developing their sustainability plans to strengthen community ownership. The CP team will also carry out bi-annual stakeholder consultation meetings to document communities' feedback and views on current programs, share new ideas and address any changes needed. These stakeholder consultation meetings are an open platform that allow women and men to have their voice take into future proposals. Gauging beneficiary satisfaction is ongoing via corroboration of sources with routine consultation of key community stakeholders, involving LHD and UN agencies as external barometers of acceptability to beneficiaries.

By using these methods, GOAL considers the principles of "Do No Harm," in order to avoid or minimize any adverse effects of the intervention on communities. A visit from GOAL Accountability Advisor is also planned for 2016

Implementation Plan

The WASH programming include both hardware (water systems, latrines etc) and software (behavior change promotion). GOAL will continue working with the established water user committees and local technicians to promote community ownership and sustainability of the water sources. Continued training will be provided to the committee on the fundamentals of WASH, and in the management of the water source, including cost recovery schemes. In line with this, GOAL will continue working water committee and WES to build capacity and successfully transition the operation and maintenance role of the water supply systems to the community. FPDO, a local implementing partner, will implement the WASH component of Community Led Total Sanitation (CLTS) whereby they will engage community leaders' youth groups, and women's groups to share the outlines of CLTS to generate buy-ins from communities and establish core groups that will assist the implementation and monitoring of activities. GOAL will implement the construction/rehabilitation of the proposed water points and the latrines. In addition, GOAL will conduct the hygiene raising awareness campaigns through the community hygiene promotes and the school health clubs.

GOAL has a head office in Khartoum, and a coordination office in El fasher as well as in Kutum. A Field/Area Coordinator oversee the day to day operations in the field and monitor the overall humanitarian situation in the area, Program coordinators along with MEAL team ensure timely program implementation and quality assurance. Program coordinators and Finance/grants monitor project expenditure against approved budget, as well as compliance with GOAL logistic and financial policies and procedures. Monthly sector coordination meetings allow staff to discuss technical issues, ensure consistency in terms of guidelines and protocols and review progress.

At HQ level in Dublin Ireland, the technical advisor for WASH, and M&E, Sudan Desk officer, Programme Quality Advisor, and Operations Manager will monitor the country level progress as well as make in-country visit to provide technical support and monitor the programs. GOAL attends WASH coordination meetings at Locality Level, State level and Federal level and through this meeting, GOAL shares updates and receives guidance from sector leads and the relevant ministries. Through this forum, GOAL learns from and coordinates with other humanitarian partners within the implementation area. GOAL will attend weekly coordination meetings at SMOH level in Kutum. GOAL has a Programme Liaison Officer, based in El Fasher who facilitates dialogue with all sectors' representatives.

Based on its previous successful CLTS pilot project in 2017, GOAL will work with FPDO to design and implement Community Led Total Sanitation in rural areas of Kutum. Currently, open defecation in assessed villages in rural Kutum is practiced by approximately 80% of the population. In partnership with FPDO GOAL will implement CLTS in 10 communities in Kutum locality, reaching an estimated total number of 2,880 beneficiaries.

GOAL has a strong Monitoring and Evaluation systems and process in place. The MEAL team and sector coordinators along with the rest of the team hold a grant opening meeting where work plan, procurement plan, spending plan, partnership plans will be reviewed as a team before actual implementation starts. The team also hold Grant closing meeting 2 months in advance to ensure that all compliance issues are followed through and the deliverable are met within the agreed time frame. Program management and implementation tools such as detailed costed work plan, indicators performance tracking sheet; Monitoring, Assessment and evaluation plans are in place and followed through during the project period.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
FPDO	GOAL will implement CLTS through a National NGO partners called FPDO in 10 communities in Kutum locality

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

In addition to the proposed WASH interventions under this action, GOAL is also implementing a Health and Nutrition intervention (with alternative funding from other sources) in Kutum. Promoting gender-equitable access to and utilization of WASH, Health, and Nutrition services remains a key aim for GOAL Sudan. GOAL has long worked to mainstream gender throughout its programmes, and gender issues are considered at all levels of planning and implementation. GOAL has a Country Gender Focal Person, supported by a Field Gender Focal Person in each field site who is responsible to ensure gender is mainstreamed in all GOAL's interventions in Sudan through:

- Collecting and using gender-disaggregated data in all GOAL interventions
- Ensuring the involvement of all groups of the community at all stages of project planning, implementation and monitoring
- Conducting training on gender analysis as part of systematic gender mainstreaming both for GOAL staff as well as for Partners with whom GOAL Sudan is working
- Promoting GOAL's gender policy with periodic review
- Promoting female staff progression and development
- Ensuring that the community-based activities consider the cultural difference in the roles of men and women, and use different approaches to equitably reach both genders.
- Creating gender awareness with both women and men in the communities where GOAL is working via community processes teams and mainstreaming of gender in all activities
- Consulting women and men about location and/or appropriateness of all services in the community planned and review of current acceptability undertaken on periodic basis
- Ensuring all activities are accessible through identification and tackling barriers of access to the different groups of the community.

GOAL consistently ensure the collection and use of gender-disaggregated data in all GOAL interventions keeping in mind the involvement of all groups of the community at all stages of project planning, implementation and monitoring.

Protection Mainstreaming

GOAL Sudan incorporates protection in every aspect of programming. For GOAL Sudan, mainstreaming in protection is crucial both internally and externally to ensure that extremely vulnerable groups including children, women, people with disabilities and the elderly are able to access services and are protected from both intentional and unintentional harm. GOAL has ensured that all staff and partners have been made aware of protection issues through training, and protection mainstreaming tools have been used in programming and internally to ensure the safety of the extremely vulnerable groups. Protection focal points have been identified in Kutum and Khartoum Country Office, and there have been visits and on-going remote support from the Global Protection Advisor. Through the mainstreaming tools, GOAL has been able to look closely at its programs and identify any elements that could potentially cause harm to extremely vulnerable groups and eliminate these risks (risks can include dangerous equipment and program environment).

GOAL has trained staff on GOAL Protection Policy and tools and conducted Risk Assessment and Protection Audits in GOAL Sudan programs annually. Protection mainstreaming actions recommended by GOAL's Risk Self-Assessment Tool have been integrated into, reported against and budgeted. For example, under health sector in kutum, all midwives and medical assistants with whom GOAL works with, have signed up to GOAL's policy of not participating/carrying out Female Genital Mutilation/Cutting and ensure all beneficiaries have access to treatment and support in the clinical management of rape, in liaison with UNFPA. The same is true for all water committee. GOAL works with WES and water committees to ensure that members composition represent fair gender balance and all members of the water committees are trained on protection and awareness are raised about how to identify the needs of vulnerable groups of the community and address them

Country Specific Information

Safety and Security

Darfur presents one of the most hostile environments within which GOAL operates. For the majority of 2016 and 2017, GOAL's operational areas in Kutum and Al waha have seen relative peace and in general, the overall security situation has improved in Kutum and Al waha locality. In Kutum, overall there were 4 abductions in 2015, and none recorded in 2016 and 2017. Linked to the above security incidents and in line with GOAL's strategy of strengthening community acceptance, GOAL conducted a stakeholder-wide consultation meeting with Al waha and Kutum locality community leaders and decision makers. Both sides committed to increasing coordination and building communities' sense of ownership with the representatives of the two localities committing to providing greater protection to GOAL staff and facilitating their work.

Since 2015, GOAL has resumed expatriate visits to Kutum. Arrangements are undertaken with UNDSS/UNAMID to provide security support, and field visits are arranged with armed escort. GOAL has initiated discussion with OCHA and UNAMID regarding the possibility of increasing the frequency and average length of stay for expats in Kutum for supportive monitoring visits to all PHCs in 2018. GOAL has a Security Analysis Register (including risk and threat analysis) which is updated regularly and informs GOAL's Darfur-specific Safety, Security and Evacuation Plan (SSEP), which is made available upon request. SSEP includes crisis response procedures, expatriate and local staff pre-deployment security briefing, standard operating procedures, field vehicle movement and use of local transportation, communications protocols, incident reporting and contingency plans. Policies are made available for all staff and are overseen by the Country Director. In-country staff will, be made aware of the prevailing security situation, perceived changes to that situation, and any decisions taken as a consequence. GOAL is committed to upholding its duty of care and in the event of any security incidence that could result in putting staff at risk, GOAL will evacuate field staff and relocate them to a safe area. GOAL is committed to maintaining open and transparent communications with SHF at all times, particularly during any security incidence and/or staff evacuation that could result in a change in management or operational approach.

Access

GOAL has been able to operate in Kutum since 2004 with the same field team who are proficient in implementation of activities due to years of intensive skills building. Whilst Kutum remains a remote and often insecure part of North Darfur, GOAL teams on the ground have been able to keep all essential and lifesaving activities running throughout.

Remote management plans are in place that allow support from senior staff and regular monitoring and support visits are undertaken by the strong team of national project managers and coordinators that routinely assess quality and performance utilizing robust project management tools.

International staff senior management positions are counter parted where feasible and visits are made into field whenever possible. For example, during 2016/17, GOAL initiated expatriate visits to Kutum in March and December. An ECHO, DFID and SHF representative and several expatriate Senior staff from GOAL Head Office (GOAL HQ Programme Quality Advisor, GOAL Global Security Advisor and GOAL Regional Director) and GOAL Sudan (Country Director, Head of Programme and Health Coordinator) participated in various visits. Khartoum based staff regularly travel to ELF for liaison and support visits and it is anticipated with a more stable situation the number of these visits will be enhanced. Furthermore, with the ongoing disarmament and some security measures taken by government, security conditions have improved evidently. For instance no major security incidents occurred in in El Fasher and there have been less incidents in Kutum. GOAL plans to increase the frequency of international staffs monitoring visit to Kutum in 2018.

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	Expat - Country Director	D	1	8,230.00	12	3.00	2,962.80
	<i>This is all costs relating to the Country Director including salary, housing, medical insurance, R&R, and VISA with 3% allocation to SHF grant</i>						
1.2	Expat - ACD Programs	D	1	6,196.00	12	4.00	2,974.08
	<i>This is all costs relating to the Assistant Country Director Programmes including salary, housing, medical insurance, R&R, and VISA with 4% allocation to SHF grant for 12 months.</i>						
1.3	Expat - Financial controller	D	1	6,462.00	12	3.00	2,326.32
	<i>This is all costs relating to the Financial controller , housing, medical insurance, R&R, and VISA with 3% allocation to SHF grant</i>						
1.4	Expat - Health Coordinator	D	1	5,027.00	12	4.00	2,412.96
	<i>This is all costs relating to the Health Coordinator including salary, housing, medical insurance, R&R, and VISA with 4% allocation to SHF grant</i>						
1.5	Expat - MEAL & Reporting Co	D	1	5,208.00	12	4.00	2,499.84
	<i>This is all costs relating to the MEAL & Reporting Co including salary, housing, medical insurance, R&R, and VISA with 4% allocation to SHF grant</i>						
1.6	National Staff - Programs - WASH	D	6	811.67	12	18.00	10,519.24
	<i>We have 6 Fully Dedicated WASH staffs, 1 WASH coordinator, 2 WASH officer, 1 WASH Manager and 2 WASH HP team leaders allocated 17-18% of their time to the SHF grant fro 12 months. The wage cost includes salaries, social insurance, bonus and transport.</i>						
1.7	National Staff - Programs - MEAL	D	2	428.50	12	8.00	822.72
	<i>We have two MEAL staff , will charge 8% of their cost under SHF . The wage cost includes salaries, social insurance, bonus and transport.</i>						
1.8	National Staff - Programs - Programs	D	2	1,381.50	12	4.00	1,326.24
	<i>We have Two General program staff , Field coordinator and Partner officer, 3% and 9% of their cost will charge under SHF . The wage cost includes salaries, social insurance, bonus and transport.</i>						
1.9	National Staff - Support	D	36	516.47	12	4.00	8,924.60
	<i>There are 36 support staff. (17 in Khartoum, 3 in El Fasher and 16 in Kutum),Admin & Logs Coordinator (1),Assistant Financial Controller(1),Cleaner(6),Cleaner/Cook (1),Donor Compliance Coordinator (1),Driver(2),Finance assistant(1),Finance Officer (2),HR & Admin officer(1),HR Manager (1),IT Manager(1),IT-Officer(1),Liaison Assistant(1),Log officer (3),Logistics Manager (1),Maintenance Logistics Support(1),Medical Storekeeper(1),NFI Storekeeper(1),Procurement & Logistics Assistant (1),Procurement Assistant(1),Procurement Manager(1),Program Liaison Manager(1),Radio Operator(1),Radio Operator & Transport Assistant(1),Safety & Community Liaison Manager(1),Senior Logs Manager (1), and Store keeper (1). We have charged an average of between 2-4% of their time to the SHF grant. The wage cost includes salaries, social insurance, bonus and transport.</i>						
	Section Total						34,768.80
2. Supplies, Commodities, Materials							
2.1	Construction of Mini water yard installed with solar power	D	1	82,654.00	1	100.00	82,654.00
	<i>GOAL will Cost includes drilling borehole with solar water technology and supplying materials and installation of complete Solar water Supply system and elevated tank in Salmal village (West of Kassab camp) . The total cost of the Upgrading HDW works will be \$82654 - SHF will cover 100% of this cost. BoQ which will show full breakdown has been uploaded to document section in GMS</i>						
2.2	Construction of 3 garbage disposal	D	3	11,846.00	1	100.00	35,538.00
	<i>GOAL will Construct three garbage disposal areas estimated at \$11,846 in Kutum town with the total cost of \$35538. SHF will cover 100% of the total cost . BoQ which will show full breakdown has been uploaded to document section in GMS</i>						
2.3	Construct / Rehabilitate Sanitation Facilities	D	1	6,394.00	1	100.00	6,394.00
	<i>GOAL will Construct sanitation facilities including shower and hand-washing station in GOAL supported health facility Abdul Shakour. SHF will cover the total cost of the Facilities. BoQ which will show full breakdown has been uploaded to document section in GMS</i>						

2.4	Garbage collection tools	D	1	1,150.00	1	100.00	1,150.00
<i>GOAL will procure Garbage collection tools for Kutum town the total estimated cost will be \$1150. SHF will cover the total cost.</i>							
2.5	Clean Up Campaigns & Celebration Days	D	1	2,588.00	1	100.00	2,588.00
<i>GOAL will Support the celebration of Global Hand Washing Day in IDP camps. The cost covers rental of chairs, tents, public announcements, musicians & drama groups, refreshments for volunteers, soap and IEC materials with relevant messaging including banners. SHF will cover the total cost of the activity</i>							
2.6	Water Quality Test Materials	D	1	6,155.00	1	100.00	6,155.00
<i>Cost include martials for DELAGUA water testing kit, as GOAL will do regular water quality testing and liaise with WES to ensure chlorination of contaminated points. SHF will covet the total cost .</i>							
2.7	WASH Training	D	56	14.11	3	100.00	2,370.48
<i>GOAL will conduct 3 WASH training 56 Participant at average cost of \$14.11 SHF will cover the total cost of the activity. 1) Train the WASH committee on the operation and maintenance of the Solar system for 10 participants for three days. the estimated cost is \$53.48 per participant per day including includes stationery, fatur & refreshments, transport, accommodation, hall rental, facilitator fees SHF will cover the total cost of the Training. 2) GOAL will hold Training on management of water systems, awareness on over-pumping and the importance of ground water recharge, and disaster risk reduction for three days, ten participants. The estimated cost of the training \$53.48 per participant per day including includes stationery, fatur & refreshments, transport, accommodation, hall rental, facilitator fees SHF will cover the total cost of the Training. 3) GOAL will hold Training on management of water systems, awareness on over-pumping and the importance of ground water recharge, and disaster risk reduction for three days, 36 participants. The estimated cost is \$36.1 per participant per day includes stationery, fatur & refreshments, transport, accommodation, hall rental, facilitator fees SHF will cover the total cost of the Training.</i>							
Section Total							136,849.48
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 Air Travel	D	17	418.70	1	100.00	7,117.90
<i>Due to the security conditions and the distance between Khartoum and Kutum it is necessary for conducting close monitoring and supervision visits that necessitates travelling by air. The flight cost \$600 from Khartoum to Kutum return and \$200 from El Fasher to Kutum. During the year staff will be taking flights to enable them to monitor and supervise the projects. We are budgeting to make a total of 17 flight flights between Khartoum and Kutum, between Khartoum and El Fasher & flights between Kutum and El Fasher during the year. SHF have been charged to this grant the estimated average cost at \$418.70.</i>							
5.2	Supervision and Monitoring	D	6	118.16	12	44.96	3,824.98
<i>Technical staff visiting WASH project sites to monitor progress on activities and regular supervision visits for quality. In Kutum and Alwaha GOAL have 12 rural health clinics and when visiting rural clinics for security reasons, hire a convoy of 2 vehicles and pay a daily rate. In the urban areas, GOAL rent a fixed term vehcile and the budget line is included under Other Direct Costs since it is for operations and programs. Visits to rural areas is direct program expenditure. GOAL anticipate that visits to areas where there are ongoing WASH activities in rural areas will be conducted monthly and there could be up to 3 different locations visited each month (3 locations x 2 cars = 6). SHF will contribute 45% to the total cost.</i>							
5.3	Local Travel & Per Diems	D	10	50.00	12	10.15	609.00
<i>Staff are paid a perdiem when they are away from the office. The daily rate is approximately \$50 for food, accommodation and taxi costs from home to airport in Khartoum - it does not cover transport costs in field as this is provided by GOAL and budgeted under separate lines. The per diem budget estimates that on average 3 staff will travel 5 days each month for 12 months and 10.15% is charged to SHF</i>							
Section Total							11,551.88
6. Transfers and Grants to Counterparts							
6.1	Direct Staff	D	4	148.91	8	100.00	4,765.12
<i>FPDO will employ 1 Programme Officer, 1 Project Manager and 2 Community mobiliser for 8 months at 100% allocation to the project.</i>							

6.2	Support Staff	D	2	152.18	8	10.00	243.49
<i>FPDO will employ 1 Finance Officer, 1 Guard for 8 months at 10% allocation to the project</i>							
6.3	Pre Triggering Activities - Materials	D	10	388.91	1	100.00	3,889.10
<i>FPDO will procure Pre Triggering Materials (A4 paper, Photocopies, Report printing, Refreshments, Breakfast, Posters, Flip Charts and marks) for 10 communities. The average cost per community is \$388.91. 100% charged to project</i>							
6.4	Triggering Activities - Materials	D	10	243.48	1	100.00	2,434.80
<i>FPDO will procure triggering materials for each of 10 communities (Flip Charts, Color powders for community mapping, posters in different colors, markers in different colors, note books, A4 paper, Masking tape). The average cost per community is \$243.48. 100% of cost is charged to this project.</i>							
6.5	Hygiene Promotion Training	D	30	8.77	6	100.00	1,578.60
<i>FPDO will hold a 3 day hygiene promotion training for 20 participants. The average cost is estimated at \$8.77. Training costs include facilitator fees, transport, refreshments and fatur, stationary, hall rental, certificates and banner</i>							
6.6	ODF Celebration	D	500	0.56	10	100.00	2,800.00
<i>ODF celebration will be hosted for 500 participants from each of 10 communities. Average cost per participant / community is \$.56. 100% of cost will be charged to project</i>							
6.7	ODF Free Signboards	D	10	174.78	1	100.00	1,747.80
<i>FPDO will procure ODF free signboards for each community declared ODF free. Average cost per signboard is estimated at \$174.78. 100% of cost is charged to this project</i>							
6.8	Environmental Sanitation Campaign	D	10	119.57	2	100.00	2,391.40
<i>FPDO will conduct environmental campaigns which will include 2 campaigns per community. Estimated unit price 119.57. 100% of the cost charged to this project .</i>							
6.9	Neem Seedlings	D	10	1.09	200	100.00	2,180.00
<i>procuring 200 NEEM seedlings for each of the 10 Communities. Average cost is \$1.09. 100% of the cost is charged to this project.</i>							
6.10	Admin Costs	D	1	527.83	8	30.00	1,266.79
<i>FPDO will charge 30% of admin costs for 8 months to this grant. Costs include office supplies (stationary, fuel for generator, electricity), office internet costs and office rent costs</i>							
6.11	ODF Celebration Documentation	D	10	134.78	1	100.00	1,347.80
<i>ODF celebration will be hosted for 500 participants from each of 10 communities. Average cost per participant / community is \$134.78 100% of cost will be charged to project</i>							
6.12	Vehicle Rental	D	130	65.22	1	100.00	8,478.60
<i>FPDO will rent a vehicle to travel to the 10 different communities. Each community will be visited for pre-triggering, triggering, ODF verification, ODF celebrations x 2 days and each month for regular supervision. In total 130 days of vehicle rental are required and the average cost is \$65.22. 100% charged to this project</i>							
6.13	Admin cost	D	1	145.63	8	100.00	1,165.04
<i>Admin cost 7%</i>							
Section Total							34,288.54
7. General Operating and Other Direct Costs							
7.1	Office Running Costs - Head Office	S	1	10,460.00	12	5.79	7,267.61
<i>There is a head office in Khartoum. The total estimated running cost of this office for one month is \$10,460. This includes rent, utilities and repair, communications and IT, Consumables, Security professional Fees and Insurance and other costs. 5.79% of these costs have been charged to this grant.</i>							
7.2	Office Running Costs - Field	S	2	8,497.20	12	3.25	6,627.82
<i>There are two field sites in North Darfur. The total estimated running cost of this office is \$ 8,497.20 for 12 months. The major costs are rent and storage, communications and supplies, stationery and consumable items, security and bank charges. Professional fees, insurance etc. are all charged to Khartoum. 3.25% of the costs have been charged to this project</i>							
7.3	Vehicle Running Costs - Head Office	S	4	287.33	12	8.00	1,103.35
<i>There are 4 cars in use in Khartoum to facilitate office movement. Total vehicle running costs for 12 months is estimated at \$287.33. Costs include fuel, insurance , repairs & maintenance. 8% of the costs have been charged to this project.</i>							
7.4	Vehicle Rental - Field	S	3	543.48	12	8.82	1,725.66

	<i>Due to the security situation in Kutum & El Fasher all vehicles are locally hired to prevent carjacking when doing field work. 1 minibus is rented in El Fasher and 2 Land cruisers are rented for use in Kutum town (these vehicles can access urban clinics and Kutum town). Additionally GOAL will hire occasionally for monitoring field visits to the rural areas. 8.82% Of the total cost has been charged to this grant.</i>						
7.5	M&E	S	1	13,838.41	1	48.27	6,679.80
	GOAL will conduct one Mix survey total estimated cost is \$13,838 including Cost of facilitator per diem, training, stationary and survey incentive for MOH staff. SHF WASH will cover \$6679.80 from the total cost which is 48.27%						
	Section Total						23,404.24
SubTotal			887.00				240,862.94
Direct							217,458.70
Support							23,404.24
PSC Cost							
PSC Cost Percent							6.48
PSC Amount							15,607.92
Total Cost							256,470.86

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
North Darfur -> Kutum	100	31,394	30,163	6,178	6,430	74,165	Activity 1.1.1: Drill one borehole in Salmal Village to improve access to and supply of clean water for the host communities. The borehole will be connected to a sol... Activity 1.1.2: GOAL will conduct regular water quality testing with a focus on bacteriological contamination of water points in the camps and rehabilitated/construc... Activity 1.1.3: Build the capacity of the water committees in Kassab IDP camp, in Fata borno IDP camp and in Salmal village host communities to run the water systems... Activity 2.1.1: Promote positive hygiene behavior change as an integrated activity across all associated community-based groups (REFLECT, Care Groups, NIPP etc.) thr... Activity 3.1.1: Triggering communities in 10 villages to become Open Defecation Free (ODF) using Community Led Total Sanitation (CLTS) approach which helps rural comm... Activity 3.1.2: Construction of sanitation facilities (latrine) including hand-washing station in GOAL supported health facility in Abdushikur. The construction of... Activity 3.1.3: Construction of two garbage disposal areas in Kutum town. The intervention includes the construction of 2 garbage disposal areas located in strate...

Documents

Category Name	Document Description
Project Supporting Documents	BOQ Clinic latrine in Abdul Shakour HF.xls
Project Supporting Documents	BOQ_ Construction of Mini water yard in Salmal & West Kassab camp1.xls
Project Supporting Documents	BOQ_Construction of three garbage disposal areas in Kutum town.xls
Project Supporting Documents	clinic latrines.pdf
Project Supporting Documents	clinic latrines2.pdf
Project Supporting Documents	clinic latrines4.pdf

Budget Documents	GOAL 7856 TRC.1.xlsx
Budget Documents	GOAL 7856 TRC.2.xlsx
Technical Review	Project Proposal GOAL (7856) SHF TU Input.doc