





Responsible Party Agreement
Face Sheet

1. Country: Sudan	
2. Name of Country Based Pooled Fund: Sudan Humanitarian Fund ('SHF')	
3. Name of Non-Governmental Organization (NGO): [CARE International Switzerland in Sudan] incorporated under the laws of [Switzerland] with address at [9 Chemin de Balexert, 1219 Geneva Switzerland]	
4. UNDP Country Office and its Address: UNDP Sudan, House 7, Block 5 Gama'a Avenue, Khartoum, Sudan	
5. Project Number and Title: [SUD-19/HSD20/SA2/WASH-H-N/INGO/14166] [Integrated Humanitarian Assistance Project for South Kordofan (IHAP)]	
6. Implementation Period: [15-November-2019] [14-November-2020]	
7. Budget: Up to the amount of USD [1,974,307.85] [One million nine hundred seventy-four thousand, three hundred seven with 85/100 United States Dollars]	
8. Information for NGO Bank Account into Which Funds Will Be Disbursed: Account Name: CARE Inc. Account Title: USD Account Number: 8801492946 Bank Name: SunTrust Bank Bank Address: 25 Park Place, NE Atlanta, GA 30303, United States of America Bank SWIFT Code: SNTRUS3A Bank Code: 61000104	
9. Notices to NGO: Name: En Fateh Osman Address: Country Director Tel: +249923333363 Fax: Email: Enfateh.osman@care.org	10. Notices to UNDP: Name: Selva Ramachandran Address: UNDP Sudan, House 7, Block 5 Gama'a Avenue, Khartoum, Sudan Tel: Fax: Email:
11. Signed for CARE International Switzerland in Sudan by its Authorized Representative Job Title: Country Director Date: 01-Dec-2019 Signature: 	
12. Signed for the United Nations Development Programme by its Authorized Representative Name/Job Title: Mr. Selva Ramachandran , Resident Representative Date: 12/11/19 Signature: 	

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STANDARD TERMS AND CONDITIONS

This **Responsible Party Agreement** (hereinafter referred to as the "Agreement") is made between the United Nations Development Programme, a subsidiary organ of the United Nations established by the General Assembly of the United Nations (hereinafter "UNDP"), and the Non-Governmental Organization named in block 3 of the Face Sheet (the "NGO," and together with UNDP, the "Parties").

WHEREAS UNDP and the NGO have, on the basis of their respective mandates, a common aim in the furtherance of needs based humanitarian action leading to early recovery, human security and sustainable human development;

WHEREAS pursuant to the Terms of Reference of the CBPF named in block 2 of the Face Sheet, UNDP has agreed to serve as a Managing Agent (hereinafter "MA") under projects financed by the CBPF, under the terms hereof, at the request of the Humanitarian Coordinator (hereinafter the "HC");

WHEREAS the project named in block 5 of the Face Sheet (the "Project") is financed by the CBPF;

WHEREAS UNDP may be entrusted with certain resources through the Fund for allocation to certain projects, and responsible for the proper management of these funds;

WHEREAS further to the foregoing, UNDP in its capacity as MA wishes to engage with the NGO, to implement activities (hereinafter the "Activities") and achieve deliverables (hereinafter the "Deliverables") within the time frames and pursuant to the budget set forth in the Work Plan which forms part of the Project Document (hereinafter the "Work Plan") for the Project;

WHEREAS the NGO, its status being in accordance with national regulations, is committed to the principles of participatory sustainable human development and development cooperation, has demonstrated the capacity needed for the activities involved, in accordance with the UNDP requirements for management, is apolitical and non-profit making;

WHEREAS the NGO understands and agrees that the overall goal of this Agreement is to contribute to producing the outputs and achieving the outcomes of the Project as set forth in the Project Document and in line with the CBPF's Country Specific Operational Manual for the Country indicated in block 1 of the Face Sheet (the "Country"), (hereinafter the "Operational Manual").

NOW, THEREFORE, on the basis of mutual trust and in the spirit of cooperation, the Parties have entered into this Agreement under the terms and conditions set forth herein.

1.0 Objectives and General Responsibilities of the Parties

1.1 The NGO agrees to carry out its responsibilities in accordance with the provisions of the present Agreement, and to undertake the Activities in accordance with UNDP rules and regulations as well as the Operational Manual and which form an integral part of the present Agreement.

1.2 Consistent with this objective, the NGO shall commence and implement the Activities and achieve the Deliverables with due diligence and efficiency, pursuant to the schedule set forth in the Work Plan, and in accordance with the terms and conditions of this Agreement. The Activities must be consistent with the regulations, rules, policies and procedures of UNDP.

1.3 All deadlines and time limits contained in this Agreement shall be deemed to be of the essence in respect of the implementation of the Activities and achievement of the Deliverables under this Agreement.

1.4 Any information or data provided by the NGO to UNDP for the purpose of entering into this Agreement, as well as the quality of the Activities, Deliverables and reports foreseen under this Agreement, will conform to the highest professional standards. The NGO will work under the overall coordination of the Humanitarian Coordinator (HC) of the United Nations in the Country.

3.7 Unless otherwise agreed in writing by UNDP, the NGO shall return all unspent funds and income (including interest) to UNDP within one (1) month of completion of the Activities or termination of this Agreement, whichever is earlier.

3.8 Disbursement of funds by UNDP to the NGO is contingent upon the former's receipt and availability of donor contributions to the CBPF. The NGO agrees that UNDP shall have no responsibility therefor, or for payment of activities of the NGO in the absence of such funding.

4.0 Refund

4.1 The NGO shall disburse the funds made available to it by UNDP and incur expenditures in connection with the Activities on the terms and conditions set forth in this Agreement and the Work Plan. In the event that the NGO disburses the funds or incurs expenditures in violation of this Agreement and/or the Work Plan, notwithstanding the availability or exercise of any other remedies under this Agreement, the NGO shall refund the amounts to UNDP not later than thirty (30) days after the NGO receives a written request for such refund from UNDP. Failing that, UNDP may deduct the amount of the requested refund from any payments due to the NGO under this Agreement.

5.0 The NGO Personnel

5.1 The NGO shall be fully responsible and liable for all persons engaged by it in connection with the Activities, including employees, consultants, agents, accountants, advisers, and contractors (hereinafter the "NGO Personnel"). The NGO shall ensure that the NGO Personnel meet the highest standards of professional qualifications and competence necessary for the implementation of the Activities and achievement of the Deliverables under this Agreement, are free from any conflicts of interest related to the Activities, respect the local laws and customs, and conform to the highest standards of moral and ethical conduct.

5.2 The NGO Personnel shall not be considered in any respect as being the officials, personnel, employees, staff or agents of UNDP or the United Nations.

5.3 The NGO agrees and shall ensure that the NGO Personnel performing the Activities under this Agreement:

- a) Shall not seek nor accept instructions regarding the Project from any Government or other authority external to the NGO or UNDP;
- b) Shall refrain from any conduct that would adversely reflect on UNDP or the United Nations, and shall not engage in any activity that is incompatible with the aims, objectives or mandate of UNDP or the United Nations; and
- c) Shall not use information that is considered confidential without the prior written authorization of UNDP, as required by Article 13.0 below.

5.4 The NGO's decisions related to the NGO Personnel, including employment or dismissal, shall be free of discrimination on the basis of race, religion or creed, ethnicity or national origin, gender, sexual orientation, handicapped status, or other similar factors.

6.0 Assignment

6.1 The NGO shall not assign, transfer, pledge or make other disposition of this Agreement or any part thereof, or any of the NGO's rights, claims or obligations under this Agreement except with the prior written consent of UNDP.

11.2 The NGO shall provide UNDP with narrative reports on the progress, activities, achievements and results of the Project, as agreed between the Parties and in line with the provisions of the Operational Manual and must, *inter alia*, contain information on:

- a) Activities carried out under the Agreement during the reported period;
- b) Progress towards achieving the Deliverables during the reported period;
- c) Corresponding indicators, baselines, sources of data, and data collection methods; and
- d) Any new issues, risks, challenges and opportunities that should be considered in implementing the Activities.

11.3. The NGO shall prepare a financial report in line with HACT Framework as implemented by UNDP.

11.4 The NGO shall provide such additional reports related to the Activities as may be reasonably required by UNDP under its regulations, rules, policies and procedures.

12.0 Maintenance of Records

12.1 The NGO shall keep accurate and up-to-date records and documents, including original invoices, bills, and receipts pertinent to each transaction related to the Activities under this Agreement.

12.2 The NGO shall promptly disclose to UNDP any income, including interest, arising from the Activities. Such income shall be reflected in a revised Work Plan and recorded as accrued income to UNDP, unless otherwise agreed by the Parties.

12.3 Upon completion of the Activities, or the termination of this Agreement, the NGO shall maintain the records for a period of at least five (5) years, unless otherwise agreed by the Parties.

13.0 Confidentiality

13.1 Information and data that is considered proprietary by either Party and that is delivered or disclosed by one Party to the other Party during the term of this Agreement shall be considered confidential and shall be handled pursuant to the UNDP Information Disclosure Policy, not attached hereto but known to and in the possession of the Parties.

13.2 The NGO may disclose information to the extent required by law, provided that and without any waiver of the privileges and immunities of the United Nations, the NGO will give UNDP sufficient prior notice of a request for the disclosure of information in order to allow UNDP to have a reasonable opportunity to take protective measures or such other action as may be appropriate before any such disclosure is made.

13.3 UNDP may disclose information to the extent required pursuant to the Charter of the United Nations, resolutions or regulations of the General Assembly, or rules promulgated by the Secretary-General of the United Nations.

13.4 These obligations shall not lapse upon completion of the Activities or termination of this Agreement, whichever is earlier.

14.0 Insurance and Liabilities to Third Parties

14.1 The NGO shall provide and thereafter maintain insurance against all risks in respect of its property and any equipment used in connection with the Activities under this Agreement.

18.2 All payments made by UNDP under this Agreement shall be subject to a post-payment audit by auditors, whether internal or external, of UNDP or by other authorized and qualified agents of UNDP at any time during the term of this Agreement and for a period of five (5) years following the completion of the Activities or the termination of this Agreement.

18.3 The NGO acknowledges and agrees that, from time to time, UNDP may conduct investigations relating to any aspect of this Agreement or the selection of the NGO as a responsible party, the obligations performed under this Agreement, and the operations of the NGO generally relating to the performance of this Agreement. The right of UNDP to conduct an investigation and the NGO's obligation to comply with such an investigation shall not lapse upon completion of the Activities or the termination of this Agreement, whichever is earlier.

18.4 The NGO shall provide its full and timely cooperation with any post-payment audits or investigations. Such cooperation shall include, but shall not be limited to, the NGO's obligation to make available the NGO Personnel and any relevant documentation for such purposes at reasonable times and on reasonable conditions, and to grant to UNDP access to the NGO's premises at reasonable times and on reasonable conditions. The NGO shall cause the NGO Personnel to reasonably cooperate with any post-payment audits or investigations carried out by UNDP hereunder.

18.5 UNDP shall be entitled to a refund from the NGO for any amounts shown by audits and investigations to have been paid by UNDP other than in accordance with the terms and conditions of this Agreement.

19.0 Force Majeure

19.1 In the event of, and as soon as possible after, the occurrence of any cause constituting *force majeure*, the Party affected by it shall give the other Party notice and full particulars in writing of such occurrence. If the affected Party is thereby rendered unable, in whole or in part, to perform its obligations or meet its responsibilities under this Agreement, the Parties shall consult on the appropriate action to be taken, which may include termination of this Agreement by UNDP pursuant to Article 29.0, or termination of this Agreement by the NGO with at least seven (7) days written notice of such termination.

19.2 In the event that this Agreement is terminated owing to causes constituting *force majeure*, the provisions of Article 29.0 below, shall apply.

19.3 *Force majeure* as used herein means any unforeseeable and irresistible act of nature, any act of war (whether declared or not), invasion, revolution, insurrection, terrorism, or any other acts of a similar nature or force, provided that such acts arise from causes beyond the control and without the fault or negligence of the Party invoking *force majeure*. The NGO acknowledges and agrees that, with respect to any obligations under this Agreement that the NGO must perform in areas in which the United Nations is engaged in, preparing to engage in, or disengaging from any peacekeeping, humanitarian or similar operations, any delays or failure to perform such obligations arising from or relating to harsh conditions within such areas, or to any incidents of civil unrest occurring in such areas, shall not, in and of itself, constitute *force majeure* under this Agreement.

20.0 Use of the Name, Emblem and Official Seal of UNDP

20.1 The NGO shall only use the name (including abbreviations), emblem or official seal of the United Nations or UNDP in direct connection with the Activities under this Agreement and upon receiving prior written consent of UNDP. Under no circumstances shall such consent be provided in connection with the use of the name (including abbreviations), emblem or official seal of the United Nations or UNDP for commercial purposes or goodwill.

20.2 The Parties shall cooperate in any public relations or publicity exercises when UNDP deems these appropriate or useful.

27.0 Conflicts of Interest; Anti-Corruption

27.1 The Parties agree that it is important that all necessary precautions are taken to avoid conflicts of interest and corrupt practices. To this end, the NGO shall maintain standards of conflict that govern the performance of the NGO Personnel, including the prohibition of conflicts of interest and corrupt practices in connection with the award and administration of contracts, grants, or other benefits.

27.2 The NGO and persons affiliated with it, including the NGO Personnel, shall not engage in the following practices:

- a) participating in the selection, award, or administration of a contract, grant or other benefit or transaction funded by UNDP, in which the person, members of the person's immediate family or his or her business partners, or organizations controlled by or substantially involving such person, has or have a financial interest;
- b) participating in such transactions involving organizations or entities with which or whom that person is negotiating or has any arrangement concerning prospective employment;
- c) offering, giving, soliciting or receiving gratuities, favors, gifts or anything else of value to influence the action of any person involvement in a procurement process or contract execution;
- d) misrepresenting or omitting facts in order to influence the procurement process or the execution of a contract;
- e) engaging in a scheme or arrangement between two or more bidders, with or without the knowledge of the CSP, designed to establish bid prices at artificial, non-competitive levels; or
- f) participating in any other practice that is or could be construed as an illegal or corrupt practice under domestic law.

27.3 If the NGO has knowledge or becomes aware of any of the practices outlined in paragraph 2 of this Article 27 undertaken by anyone affiliated with the NGO, the NGO shall immediately disclose the existence of such practices to UNDP.

27.4 The NGO acknowledges and agrees that each of the provisions in Articles 22 to 27 hereof constitutes an essential term of the Agreement and that any breach of any of these provisions shall entitle UNDP to terminate the Agreement or any other contract with UNDP immediately upon notice to the NGO, without any liability for termination charges or any other liability of any kind. In addition, nothing herein shall limit the right of UNDP to refer any alleged breach of the said essential terms to the relevant national authorities for appropriate legal action.

28.0 Dispute Settlement

28.1 The Parties shall use their best efforts to settle amicably any dispute, controversy or claim arising out of this Agreement, or the breach, termination or invalidity thereof. Where the Parties wish to seek such an amicable settlement through conciliation, the conciliation shall take place in accordance with the Conciliation Rules then obtaining of the United Nations Commission on International Trade Law ("UNCITRAL"), or according to such other procedure as may be agreed between the Parties in writing.

28.2 If such dispute, controversy or claim between the Parties is not settled amicably under the preceding paragraph within sixty (60) days after receipt by one Party of the other Party's request for such amicable settlement, it shall be referred by either Party to arbitration in accordance with the UNCITRAL Arbitration Rules then obtaining. The decisions of the arbitral tribunal shall be based on general principles of international commercial law. The arbitral tribunal shall be empowered to order the return or destruction of goods or any property, whether tangible or intangible, or of any confidential information provided under the Agreement, order the termination of the Agreement, or order that any other protective measures be taken with respect to the goods, services or any other property, whether tangible or intangible, or of any confidential information provided under the Agreement, as appropriate, all in accordance with the authority of the arbitral tribunal pursuant to Article 26 ("Interim measures") and Article 34 ("Form and effect of the award") of the UNCITRAL Arbitration Rules. The arbitral tribunal shall have

Investigations), Article 21.0 (Privileges and Immunities), and Article 28.0 (Dispute Settlement) shall survive and remain in full force and effect regardless of the expiry of the Project term or the termination of this Agreement.

32.0 Other NGO Representations and Warranties

32.1 The NGO represents and warrants that: (a) it is a legal entity validly existing under the laws of the jurisdiction in which it was formed and it has all the necessary powers, authority and legal capacity to: (i) own its assets, (ii) conduct Project activities, and (iii) enter into this Agreement; and (b) this Agreement has been duly executed and delivered by the NGO and is enforceable against it in accordance with its terms.

33.0 Entry into Force, Duration, Extension and Modification of this Agreement

33.1 This Agreement shall enter into force on the date of its signature by both the NGO and UNDP, acting through their duly Authorized Representatives identified in blocks 11 and 12 of the Face Sheet, and terminate on the Implementation Period end date indicated in block 6 of the Face Sheet.

33.2 Should it become evident to the NGO during the implementation of the Activities that an extension beyond the Implementation Period end date set forth in block 6 of the Face Sheet will be necessary to achieve the Deliverables, the NGO will provide UNDP with a copy of the HC's approval of the NGO's request for a no-cost extension two weeks before the Implementation Period end date. The approval of any extensions beyond the Implementation Period end date are contingent on the foregoing.

33.3 This Agreement, including its Annexes, may be modified or amended only by written agreement between the Parties.

33.4 Failure by either Party to exercise any rights available to it, whether under this Agreement or otherwise, shall not be deemed for any purposes to constitute a waiver by the other Party of any such right or any remedy associated therewith, and shall not relieve the Parties of any of their obligations under the Agreement.

PROJECT DOCUMENT/ ANNEX 1

June 2019

Responsible Party Agreement

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1. PROJECT INFORMATION

Organization :	CARE International Switzerland in Sudan
Allocation Type :	2019 – SHF 2nd Round Standard Allocation
Project Title :	Integrated Humanitarian Assistance Project for South Kordofan (IHAP)
Fund Code	SUD-19/HSD20/SA2/WASH-H-N/INGO/14166

Cluster :

Primary Cluster	Sub Cluster	Percentage
WATER, SANITATION AND HYGIENE		50.00
HEALTH		31.00
NUTRITION		19.00
		100

Project Allocation :	8 + 3 Allocation	Allocation Type Category :	
Project Budget in US\$:	1,974,307.85	Planned project duration :	12 Months
Planned Start Date :	01/11/2019	Planned End Date :	31/10/2020
Actual Start Date:	15/11/2019	Actual End Date:	14/11/2020

Project Summary :

In 2019, the total number of people in need of humanitarian assistance in Sudan is still standing at 5.7 million individuals (HNO, 2019). The proposed intervention aims to alleviate human suffering and enhance nutritional status of conflict affected communities in South Kordofan through a comprehensive and integrated Nutrition, Health and WASH intervention. The proposed project is comprehensive in that it seeks to address key risk factors such as intra-household food distribution, existing norms and practices related to family nutrition while it also aims at ensuring the engagement of women, men, girls and boys in preventing and managing nutrition risks. Food insecurity remains a complex issue and a major challenge in the proposed targeted localities.

This project will increase the access to safe water supply, through the rehabilitation and drilling of new water points, covering not only basic drinking and domestic needs. The root causes of malnutrition will be tackled from both a curative and preventive aspects whilst attempting to mitigate future risks with nutrition outreach activities. Furthermore, health activities will be implemented through the rehabilitation of basic health care facilities and further capacity building of staff.

CARE and its local implementing partner - Mubadiroon Organization for prevention Disaster & War Impact - will work in close collaboration with all relevant stakeholders - the State Ministry of Health, WES, International and National NGOs working in South Kordofan, UN Agencies and local actors - to ensure complementarity and synergy of activities. The project partners are already present across the proposed project locations and this project will also contribute to increase the impact of their ongoing programs. It is expected that a total of 108,584 individuals will benefit from this intervention in the following communities:

- In Abu Jubaiha locality: Hay-Almadaris Um-naeim and Algalaa areas in Abujubaiha town, Gabal-Omda Alsaisaban, Alsurajia and Alrahmania,
- In El Liri I locality: Eleri Town, Darbatti, Um-Goga,
- In Rashad locality: Tashad town, Saraf-Falata, Tindimin, Taroba, Tandik.

Under the proposed set up, CARE will lead on WASH, Health and Nutrition programming in partnership with Mobadiroon. This project will build on each partner's strengths and existing programming in the target localities. For instance, the project will complement the ongoing WASH activities implemented by CARE in Eleri and Abu Jubajha.

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

Other Funding Source	Other Funding Amount
UNHCR	65,000.00
	65,000.00

Organization focal point contact details :

Name	Title	Email	Phone
Eatizaz Mohamed Yousif (Ms.)	Director of Programmes	Eatizaz.MohamedYousif@care.org	+249912887766

Logical Framework details for WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Respond to the needs of 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: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access essential basic services while increasing their self-reliance	100

Contribution to Cluster/Sector Objectives : CARE's WASH strategy is fully in line with the Cluster's objective of responding to WASH needs of emergency affected people and the HRP's objective of meeting basic needs and/or access to essential services while increasing self-reliance. CARE's strategy has two overarching goals: providing lifesaving WASH services to the disaster-affected population in a timely and equitable manner ensuring their dignity and protection and contribute to the improvement of health outcomes through the provision of sustainable WASH services by building communities and government's capacities and creating enabling environments. Under this project, CARE will provide safe drinking water through the rehabilitation of existing water facilities and construction of new facilities when there are no facilities to be rehabilitated and by supporting ongoing operation and maintenance works. Community-led sanitation and hygiene activities including CLTS will be implemented to improve the targeted people's health integrated with health and nutrition outreach activities. CARE will also work with communities and government to establish cost recovery systems to enhance the sustainability of services beyond the project period.

Outcome 1

Increased equitable access to sustainable safe water supply, sanitation and hygiene services for 108,584 individuals (34,585 men, 36,000 women, 18,997 boys, and 19,002 girls) that include 17,484 refugees, 51,482 IDPs and returnees and 39,619 host community members in Abu Jubeiha, El Liri and Rashad localities integrated with Health and Nutrition activities.

Output 1.1

Description

At least, 62,500 individuals (19,907 men, 20,721 women, 10,935 boys, and 10,937 girls) that include 9,500 refugees, 29,000 IDPs and returnees and 24,000 host community members in Abu Jubaiha, El Liri and Rashad localities have access to a safe and sustainable water supply.

Assumptions & Risks

Assumptions:

- 1) There is no sustained, major deterioration of the security situation in operational areas and access is not restricted.
- 2) Sudanese authorities (The Humanitarian Aid Commission, Ministry of Health, Water and Environmental Sanitation Department, Ministry of Welfare, Commissioner for Refugees) remain supportive at the federal, state, and locality level.
- 3) Delays in signing Technical Agreements will not negatively impact on providing assistance to beneficiaries in a timely manner
- 4) Communities will remain engaged and involved in the implementation of the Action.
- 5) The economy stabilizes

Risks:

- 1) Appointment of new line ministers in the States might take longer and delay the technical agreements and other approvals.
- 2) There is a risk that renewed conflict could break out in operational areas (tribal and government with rebel forces).
- 3) There is a risk that tension might arise between host communities and refugees over sharing their limited resources including land for constructing facilities and water
- 4) There is a risk that additional conflict could break out in South Sudan leading to an increased influx of refugees influx and outpace the capacity of humanitarian actors to provide a comprehensive range of services as per Sphere standard and could hinder the timely implementation
- 5) There is a risk that fuel becomes unavailable thus affecting the timely implementation of the project activities as well as monitoring visits by CARE staff to project sites.
- 6) There is a risk that further inflation could occur causing an inability to procure the quantities of materials for project activities as planned. Moreover, the risk of a shortage of cash in the banks is also high.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of water sources and/or system at institution and/or community level constructed, rehabilitated and/or upgraded.					48
Means of Verification : Completion certificates Activity reports Monitoring visits Photos							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of existing water sources/system operation and management supported.					5

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To ensure the water sources are free from contamination and safe for usage, CARE will carry out regular water quality monitoring in all of the targeted sources. CARE will work with WES/SWC and community members to raise their awareness on the importance of regular chlorination and water quality monitoring. CARE will work with SMOH to collect and analyze water samples for bacteriological tests from households, and secondary sources (donkey carts) as needed to ensure water safety. Whenever contamination is observed, specific measures will be taken to address the gap. The measures will include awareness-raising about safe water chain, disinfection of sources using chlorine, conduct jerry can cleaning campaigns, etc.

To prevent groundwater over-extraction, CARE will monitor the groundwater level of the boreholes regularly, mainly during the dry season, and sensitize communities on the importance of protecting the groundwater by applying efficient water collection and use and reducing gray water. If out of normal dropdown is observed in any borehole, CARE will organize a meeting with communities and set out mitigation measures.

Activity 1.1.5

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

CARE will form and train 11 Water User Committees in collaboration with SWC composed of equally selected 121 community members (60 men and 61 women including in leadership positions) to help in the management and maintenance of the water facilities. Each committee will have 11 members. The areas are where CARE drills the 4 hand pumps (Algala, Umanaem, & Umgoja – 2), construct the 2 mini water yards (Abu Jubeha town and Lono), and rehabilitate and support the O&M of the 5 water yards (Abu Jubeha town, Umkadada, Taroba, Rashad town, and El Liri's refugee's school).

WUC members will be selected based on their reputation and willingness and capacity to serve the community voluntarily. CARE will conduct conversations with communities to determine whether there are any barriers to the participation of women. If such are identified, CARE will work to create community buy-in for greater participation of women in the WUCs. Additional effort will be made to ensure participation from youth and people with disabilities. In areas where the refugees or IDPs share the water source with the host communities, the committees will be comprised of both, host community and IDP/refugee members to ensure that the principle of Do No Harm is upheld and that the project contributes to building social cohesion.

Training for WUCs will be facilitated in collaboration with SWC/WES. Training topics will be informed by existing WES and SMOH guidelines, will comply with existing local structures and contexts, and will include elements of good governance; community mobilization; water users' fee collection and management; budgeting and accountability; conflict resolution; protection and gender considerations; operation and maintenance of the facilities and groundwater management.

CARE will coach WUCs throughout the project. CARE will also regularly monitor progress on individual WUC action plans, designed during the training. The main purpose of these action plans will be to ensure the eventual sustainability of the water points.

In addition to training WUCs themselves, CARE will also work to build the capacity of the communities to hold their duty bearers to account. This will be done during regular community sensitization and mobilization sessions.

Activity 1.1.6

Standard Activity : Support the operation and management of existing water sources/system

To enhance the sustainability of the water yards and the hand pumps, CARE will organize circuit riders at the 3 localities level (Abu Jubeha, El Liri, and Rashad) in collaboration with SWC/WES based on its experience in East Darfur. The Circuit Rider model is a small group of qualified WASH technicians that rotate through a circuit of communities in each locality carrying out preventative maintenances, providing advice and training to local operators on issues of sustainability, governance, operations, and maintenances. The Circuit Rider Program focuses on building the institutional capabilities of locality SWC and WASH committees to run their own systems by providing on-site support and training in three key areas: 1) technical (repairing, water quality monitoring, etc.); 2) administration (governance, tariff setting, and collection, basic accounting, and bookkeeping, accountability to users, etc.) and 3) community (safe water handling, sanitation and hygiene practices).

The circuit riders will be comprised from the locality level SWC and community members that are responsible to go around all the water facilities within each locality and carry out the aforementioned tasks. They will be provided with the necessary tools, start-up spare parts and transportation means (tuk-tuk). The circuit riders will be paid by the water user committees that are responsible to collect and administer water tariffs. CARE will pay their operation cost for the first three months until the communities see their added values and establish the tariff system as well. Circuit rider is a very cost-effective and sustainable way of addressing the significant challenge both communities and partners are facing in terms of ensuring sustaining expensive water infrastructures.

Output 1.2

Description

108,584 individuals (34,585 men, 36,000 women, 18,997 boys, and 19,002 girls) that include 17,484 refugees, 51,482 IDPs and returnees and 39,619 host community members in Abu Jubeha, El Liri and Rashad localities will increase their knowledge on the importance of environmental health and sanitation facilities and are encouraged to construct their own latrines from local materials or receive assistance to construct household latrines (for refugees only).

Assumptions & Risks

CARE will replace 150 existing household latrines for refugees El Liri locality (Darabati refugee settlement area). The rehabilitation work will include replacing/reinforcing worn out superstructure materials (grass mats, wooden poles and bamboo stick), providing latrine covers, decommissioning existing latrines when they are filled and/or digging replacement pits. When latrines are decommissioned and replaced, most of the existing construction material will be used for the replacement latrine, including the slab and the latrine cover. CARE will employ a community-based approach and will work with the camp/settlement coordinators, community leaders, hygiene promoters and other existing partners to enhance communities' participation and sense of ownership. CARE will provide the needed materials and the refugees will contribute labor with minimum casual payment.

Activity 1.2.3

Standard Activity : Provision of solid/liquid waste management facilities

CARE will conduct 75 environmental cleaning campaigns together with the hygiene promotion campaigns by working with community leaders, CLTS facilitators and existing community hygiene promoters to ensure appropriate waste management in all the targeted areas; special attention will be given to refugee settlement areas both in Abu Jubeha and El Liri because their areas are densely populated compared with the host communities. Among host communities where CLTS is being implemented, the cleaning campaign will be an extension of the CLTS work. In all the areas, the community will be involved in the design and implementation of the solid-waste-management program and debris clean up. The program shall target equal participation of men and women. Communal waste disposal sites will be designated in all the targeted areas at appropriate locations as needed, where it will not cause health or environmental risks and far from any location where children would be present. The community will determine the locations and number of burial sites, although the pits will be located away from water points and household dwellings to minimize contamination and infection. The pits will be fenced off to protect children and keep animals away. This activity will be conducted in conjunction with hygiene promotion campaigns. As part of the cleaning activity, CARE will distribute 300 cleaning tools in the targeted areas. The tools include local brooms, wastebaskets, rakes (weeders), spades and hoes.

As part of the cleaning campaign, environmental management activities such as creating proper drainage at water points, draining or backfilling standing waters, properly disposing of discarded containers that collect water and become vector habitats, covering latrines, etc.

Output 1.3

Description

108,584 individuals (34,585 men, 36,000 women, 18,997 boys, and 19,002 girls) that include 17,484 refugees, 51,482 IDPs and returnees and 39,619 host community members in Abu Jubeha, El Liri and Rashad localities will increase their hygiene knowledge and skills, especially those that help reduce the risk of disease transmissions and outbreaks and improve their practices.

Assumptions & Risks

Assumptions:

- 1) There is no sustained, major deterioration of the security situation in operational areas and access is not restricted.
- 2) Sudanese authorities (The Humanitarian Aid Commission, Ministry of Health, Water and Environmental Sanitation Department, Ministry of Welfare, Commissioner for Refugees) remain supportive at the federal, state, and locality level.
- 3) Delays in signing Technical Agreements will not negatively impact on providing assistance to beneficiaries in a timely manner
- 4) Communities will remain engaged and involved in the implementation of the Action.
- 5) The economy stabilizes

Risks:

- 1) Appointment of new line ministers in the States might take longer and delay the technical agreements and other approvals.
- 2) There is a risk that renewed conflict could break out in operational areas (tribal and government with rebel forces).
- 3) There is a risk that tension might arise between host communities and refugees over sharing their limited resources including land for constructing facilities and water
- 4) There is a risk that additional conflict could break out in South Sudan leading to an increased influx of refugees influx and outpace the capacity of humanitarian actors to provide a comprehensive range of services as per Sphere standard and could hinder the timely implementation
- 5) There is a risk that fuel becomes unavailable thus affecting the timely implementation of the project activities as well as monitoring visits by CARE staff to project sites.
- 6) There is a risk that further inflation could occur causing an inability to procure the quantities of materials for project activities as planned. Moreover, the risk of a shortage of cash in the banks is also high.

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	Number of people reached with hygiene messages and sensitization activities without double counting and excluding mass media campaigns.	34,585	36,000	18,997	19,002	108,584
Means of Verification : Hygiene campaign reports FGD							
Indicator 1.3.2	WATER, SANITATION AND HYGIENE	Number of community raising awareness activities					75
Means of Verification : Hygiene campaign reports FGD KII							
Indicator 1.3.3	WATER, SANITATION AND HYGIENE	Number of school hygiene promotions campaigns conducted					49

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Number of emergency affected people living in and out of camps have access to 7.5 liters of drinking water per day-- only for emergency response	4,303	4,479	2,364	2,364	13,510
Means of Verification : Monitoring report , Community consultations							
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	Number of emergency affected people living in and out of camp have access to temporary sanitation facilities to a ratio of 50 persons per latrine – only for emergency response	4,303	4,479	2,364	2,364	13,510
Means of Verification : Completion reports , Photos , Monitoring visits (FGD, KII, and observation)							
Indicator 2.1.3	WATER, SANITATION AND HYGIENE	Number of emergency affected people living in and out of camps have increased hygiene awareness through hygiene sensitisation campaign.	4,303	4,479	2,364	2,364	13,510
Means of Verification : Hygiene campaign reports							
Indicator 2.1.4	WATER, SANITATION AND HYGIENE	% of emergency affected people living in and out of camps received emergency hygiene kits					2,700
Means of Verification : Distrubation and monitoring , community consultation							
Activities							
Activity 2.1.1							
Standard Activity : Provision of emergency clean water through water trucking services							
Provide water services to the rate of 7.5 liters per day to emergency affected people living in and out of camps							
Activity 2.1.2							
Standard Activity : Construction of new latrines (only for emergency)							
Provide access to improved sanitation facilities to emergency affected people living in and out of camps to a ratio of 50 persons per latrine							
Activity 2.1.3							
Standard Activity : Hygiene education and awareness campaign							
Conduct hygiene awareness and sensitization campaign to emergency affected people living in and out of camps							
Activity 2.1.4							
Standard Activity : Not Selected							
Distribution of emergency hygiene kits							
Activity 2.1.5							
Standard Activity : Not Selected							
Distribution of emergency shelter and NFIs							
Additional Targets :							

Indicator 1.1.1	HEALTH	Number of health facilities providing minimum basic package of primary health care services including reproductive and mental health and psycho-social support.							5
Means of Verification : Health statics and clinic records FGD KII									
Indicator 1.1.2	HEALTH	Number of people using the health care facilities (by age and sex).	17,292	18,000	9,499	9,501			54,292
Means of Verification : Health statics and clinic records									
Indicator 1.1.3	HEALTH	Number of health workers trained (disaggregated by gender)	20	10					30
Means of Verification : Training report Photos									
Indicator 1.1.4	HEALTH	Number of days of stock out per year for essential medicines.							0
Means of Verification : Clinic report 3 essential medicines for monitoring- 1. Paracetamol. 2. Amoxicillin 3. And anti-Malaria, Coartem (artemether/lumefantrine)									
Indicator 1.1.5	HEALTH	Number of children below one year of age (by sex) covered by measles vaccine.			700	700			1,400

Means of Verification : Clinic reports

Activities

Activity 1.1.1

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

CARE will rehabilitate the targeted 5 PHC facilities and improve the infrastructure. The rehabilitation works include painting walls, plastering cracked walls and floors, replacing plastic carpets, fixing cracked windows and leaky roofs, constructing/improving different wards and construction of incinerators. The incinerators construction will improve the medical waste management which is a big issue in all the targeted facilities. In addition, furniture and medical equipment will be provided as part of the rehabilitation work. In addition, CARE will construct an isolation room and repair the medical store in Darabaiti PHC facility. Also, CARE will construct three-room with veranda, latrine, and fencing in Saraf Falata/ Tendimin area. CARE will also construct an additional room in Hay Elmadriss health facilities.

Activity 1.1.2

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

Through the targeted health facilities, CARE will provide minimum basic service package, including but not limited to outpatient consultation services for diagnosis and treatment for common illnesses, basic laboratory investigations, immunization, Integrated Management of Childhood illness (IMCI), sexually transmitted infection (STI) management, antenatal care, clean and safe deliveries, postpartum care, mother and child health, GBV, and emergency referrals for complicated cases to secondary health facilities. It will also provide health education, both at clinic and community levels, to prevent diseases, improve good practices and enhance health-seeking behaviors in the targeted clinic catchment area. CARE will support emergency referral to hospitals for selected cases to secondary health facilities.

CARE will sign a memorandum of understanding (MOU) with the state ministry of health (SMOH) for the overall operation and management of the health facilities. As part of the MOU, SMOH will second 30 staffs (medical assistances, nurses, midwives, vaccinators, etc.) who will be trained by CARE and receive monthly incentives. CARE will receive essential drugs and other medical supplies from UN agencies as per the allocation paper, to support the smooth running of the health services. Essential Drugs, Laboratory tests, RH supplies, and drugs for common medical problems will be prioritized and the stock will be monitored by CARE. Pharmaceutical waste will be managed as per national drug disposal guidelines. CARE will ensure that drugs are available for child health, reproductive health, and routine medicines by requesting timely. Furthermore, CARE will provide all the required non-medical consumables, water, detergents, stationaries, etc. As part of its service delivery, CARE will train all the seconded 30 health care staffs on primary health care service provisions including mother and child health, SGBV, and early warning systems based on the national health protocol.

Activity 1.1.3

Standard Activity : Conduct health education training for health staff

As mentioned under activity 1.1.2, CARE will train all the seconded 30 health care staffs on primary health care service provisions including mother and child health, SGBV, and early warning systems based on the national health protocol.

Activity 1.1.4

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

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CARE will conduct community health awareness/education campaigns at the communities' level (on weekly basis) and at the targeted Health facilities' level (on daily basis) using the facilities staff and the trained community health workers. The campaigns will focus on quick wins that reduce health risks, like, Cholera/AWD preventions, malaria prevention and treatment; self-referral; STI/HIV prevention; pregnancy and childbirth danger signs and where/when to seek help; breastfeeding and child home care; environmental health (sanitation and hygiene) and case management guidelines including IMCI and communicable diseases. The campaigns will include mass health education sessions including markets, house-to-house visits and focus group discussions targeting the supported facilities catchment areas. Necessary preparedness action will be taken at facility and community levels for any outbreak and if a threat occurs, CARE will initiate response actions among health partners. Quick care management protocol refresher training will be conducted. The campaigns disseminate integrated WASH and Nutrition messaging. CARE will print and distribute IEC/BCC materials for regular health education at the facility level and for health promotion campaigns. To manage and follow up these activities at the community level, CARE will establish 3 community-based Public Health Committees, 10 members per each that includes community leaders and women and youth representatives, WASH committees and Nutrition volunteers.

Outcome 2

Increased the capacity to provide emergency response and lifesaving basic primary health care services including access to reproductive health services and SGBV services and outreach activities including curative services to malnourished children under the age of five and pregnant lactating women (PLW).

Output 2.1

Description

Provide lifesaving basic primary health care services including access to reproductive health services and SGBV services and outreach activities through strengthen service delivery through static and mobile health team (mobile clinic)

Assumptions & Risks

- Coordination with Sudanese authorities (The Humanitarian Aid Commission (HAC), Ministry of Health, Ministry of Welfare, Commissioner for Refugees) may lead to delays in project implementation
- Agencies are unable to safely access operational areas –
- Communities will remain engaged and involved in the implementation of the Action.
- The economy stabilizes
- Required Healthcare Providers are seconded from SMOH
- All nutrition supplies are provided by UN agencies timely.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Number of affected communities receive health services					0
Means of Verification : emergency health report, monitoring report							
Indicator 2.1.2	HEALTH	Number of affected localities had RRTs					0
Means of Verification : RRT locality report,							
Indicator 2.1.3	HEALTH	% of health emergency events reported, investigated and response initiated within 72 hours after reporting.					0
Means of Verification : emergency response report, community consultation							

Activities

Activity 2.1.1

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

Establish/strengthen service delivery through static and mobile health team (mobile clinic)

Activity 2.1.2

Standard Activity : Formation and training of multi-disciplinary Rapid Response teams.

Establish/strengthen Rapid Response Team (RRT) mechanism in affected localities

Activity 2.1.3

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

Strengthen/establish Early Warning and Response System (EWARS) and community based focal points to detect and respond to epidemic alerts in time

Activity 2.1.4

Standard Activity : Not Selected

Distribution of emergency shelter and NFIs

Additional Targets :

Means of Verification : Nutrition facilities (OTP/TSFP/SC) report

Indicator 1.1.2	NUTRITION	Number of at risk malnourished girls, boys (6-23 months) admitted to acute malnutrition prevention program.	1,235	1,265	2,500
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Means of Verification : Nutrition facilities (OTP/TSFP/SC) data

Indicator 1.1.3	NUTRITION	Number of outpatient therapeutic feeding centers (OTP) supported by partner.			5
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Means of Verification : Observation

Activity reports
Nutrition facilities reports
Photos

Indicator 1.1.4	NUTRITION	Number of targeted acute undernourished PLWs admitted to acute malnutrition treatment programs.	500		500
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Means of Verification : Nutrition facilities reports

Indicator 1.1.5	NUTRITION	Number of targeted PLWs provided with micro-nutrient supplementation.	3,000		3,000
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Means of Verification : Distribution reports

Indicator 1.1.6	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NIE)	20	30	50
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Means of Verification : Training reports

Photos

Activities

Activity 1.1.1

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case; micronutrients etc.)

CARE will provide Community-based Management of Acute Malnutrition (CMAM) services for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases of children under 5 and PLW. This will be done by supporting the operation and maintenance of 5 OTP/TSFP sites in El Liri (Umgoja and Darabati), Abu Jubeha (Hay Elmadriss in Abu Jubeha town) and Rashad (Saraf Falata and Alshargeia/ Khor ramlla) localities. The identification of children with SAM will be done through MUAC assessment and any child of 6-59 months with a MUAC of less than 11.5 cm and/or weight for height zscore= \leq 3 or Oedema +++ will be assessed for medical complications. MAM cases will be identified with a MUAC of 11.5 to 12.4 cm and/or weight for height z-scores = - 2 and - 3 and pregnant and lactating women from the 2nd trimester up to 6 months of lactation whose MUAC is less than 21 cm.

OTP will be implemented for the management of children 6-59 months with SAM cases without medical complications. OTP sessions will be conducted on a weekly basis and children will receive Ready to Use Therapeutic Food (RUTF)/PlumpyNut for their rehabilitation. The PlumpyNut is provided by UNICEF through SMOH, is made from groundnuts and is the nutritional equivalent of F-100 but is produced in a paste form that can be eaten directly from the packet. This reduces health complications associated with the use of unsafe water. The SAM cases admitted to the OTP will be treated for a period of 6 to 8 weeks and will be discharged after full rehabilitation and after attaining the discharge criteria based on Sudan's CMAM guideline. SAM cases with medical complications will be referred to the nearby stabilization centers, supported by other implementing partners. CARE will support this referral system by arranging transportation or paying for transportation if the families are vulnerable and unable to pay. All children discharged from the OTP will be referred to the TSFP, where they will be enrolled for a minimum of 2 months or longer if they do not attain the TSFP discharge criteria by then. CNV home monitoring and training visits will continue after a child's OTP discharge as well. If a child develops medical complications while in the OTP, he/she will be referred to the stabilization centers and once the medical complication is treated, he/she will continue nutritional rehabilitation as outpatients. CARE will implement TSFP activities according to the Sudan CMAM guidelines for the treatment of moderately malnourished children 6 to 59 months and PLW. TSFP sessions will be conducted every two weeks and enrolled MAM cases receive a medical and nutritional check-up, routine medication and a biweekly ration of PlumpySup which is provided by WFP.

Mothers/caregivers will be asked to bring their children for screening and subsequent referrals. The CNVs and mother support groups (MSG) will conduct active case finding and home visits and will identify any children who are malnourished. They will be referred to the nutrition centers for admission. In case malnourished children present at the OTP or TSFP have conditions requiring medical attention, but still have an appetite and thus able to eat the therapeutic food, caretakers will be advised to go to the nearest health center to have the child's health checked and treated.

To ensure quality of CMAM services, CARE will train 50 seconded staffs from SMOH on CMAM, NIPP IYCF services, and social behavior change communication (SBCC) and provide them with monthly incentives to ensure quality service provision according to SMOH's rate. CARE will also closely monitor their performance and provide ongoing coaching.

Activity 1.1.2

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case; micronutrients etc.)

CARE will rehabilitate 5 OTP/TSFP sites in El Liri (Umgoja and Darabati), Abu Jubeha (Hay Elmadriss in Abugibiha town) and Rashad (Saraf Falata and Alshargeia/ Khor ramlla) localities. The rehabilitation works include painting walls, plastering cracked walls and floors, replacing plastic carpets, fixing cracked windows and leaky roofs, constructing/improving waste management. As part of the rehabilitation work, CARE will construct shelters (waiting areas) at each of the targeted facilities and provide the necessary furniture and equipment to the facilities to ensure that the sites are adequately equipped for the planned service provision.

Activity 1.1.3

CARE will form and train 25 Mother-to-Mother Support Groups (MSG) in the targeted areas of Abu Jubeha (5), El Liri (10 and Rashad (10) localities. Each group will have 10 members. The groups will be trained on a gender-sensitive nutrition program to ensure mothers receive key messages related to nutrition. These messages include:

- Initiation of breastfeeding (within the first hour after birth);
- exclusive breastfeeding in the first 6 months of the baby age.
- Complementary feeding for 6-9 months, 9-12 months, 12-24 months old children;
- Food variety and other IYCF messages;
- Key hygiene messages to improve linkages between WASH and nutrition for better health outcomes.

Each member of the mother support groups will be responsible to train other 10 mothers and the cycle goes on until the end of the project and by the end of it, hundreds of mothers will be trained.

In addition to the MSG, CARE will train 60 men and form 6 father support groups in the targeted areas of Abu Jubeha (2), El Liri (2) and Rashad (2) localities to lead the discussion on men and boys engagement in IYCF, child-rearing and sharing domestic chores.

Activity 1.2.3

Standard Activity : Conduct community awareness campaign on CMAM, IYCF etc.

CARE will conduct weekly nutrition outreach activities by working with community nutrition volunteers (CNVs) and Mother Support Groups (MSGs) and reach 108,584 individuals (34,585 men, 36,000 women, 18,997 boys, and 19,002 girls) that include 17,484 refugees, 51,482 IDPs and returnees and 39,619 host community members in Abu Jubeha, El Liri and Rashad localities. The outreach activities will focus on emphasizing the link between WASH, health, and nutrition.

They will also carry out ongoing identification of acute malnutrition within the target communities using MUAC tapes and referral forms. They will further conduct home follow up for those in the program to include defaulter tracing and to gather information on reasons for absenteeism and defaulting. Through these visits, the volunteers will also educate households on minimum WASH in nutrition practices to improve linkages between WASH and nutrition for better health outcomes. The CNVs, in close coordination with CARE, will develop a schedule to carry out their activities. They will come to the OTP/TSPF facilities once per week to submit their reports and discuss the week's progress, challenges and adjust the approach as needed.

The trained 25 mother-to-mother support groups (MSG) will carry out regular outreach activities based on the training they receive and customized to the need of each family they visit. The messages will be gender-sensitive to ensure mothers receive key messages related to nutrition including:

- Initiation of breastfeeding (within the first hour after birth),
- Complementary feedings for 6-9 months; 9-12 months; 12-24 months old children;
- Food variety;
- Other IYCF messages;
- Demonstration of food preparation using low cost, locally available and highly nutritious foods;
- Minimum WASH in nutrition practices to improve linkages between WASH and nutrition for better health outcomes.

In addition, the trained fathers' group will lead the discussion in IYCF with other men and boys. CARE will work with sheiks and community structures (water user committees, community nutrition workers, mother support group members, etc.) to get the necessary buy-in for changing the current practices on IYCF. CARE will use different mediums to convey its messages including drama groups and mass campaigns. Acceptance will be first sought from community leaders so that this notion could be further discussed with communities at the households. CARE will look to identify male champions and opinion leaders, who will take on the role of ambassadors for change. This activity will also ensure that men become more engaged with issues that are of relevance to women and girls in the communities and help them understand and support female family members to make positive changes for their families because they are the forefront of decision making in the family. One key strategy for involving men will be to invite them to participate in the final sessions of the mother's groups. This will create greater engagement and participation on the part of fathers while creating a facilitated space for dialogue between men and women.

Additional Targets :

4. WORK PLAN

Activitydescription	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
												1	2
		3	4	5	6	7	8	9	10	11	12	13	

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<p>WATER, SANITATION AND HYGIENE: Activity 1.1.4: To ensure the water sources are free from contamination and safe for usage, CARE will carry out regular water quality monitoring in all of the targeted sources. CARE will work with WES/SWC and community members to raise their awareness on the importance of regular chlorination and water quality monitoring. CARE will work with SMOH to collect and analyze water samples for bacteriological tests from households, and secondary sources (donkey carts) as needed to ensure water safety. Whenever contamination is observed, specific measures will be taken to address the gap. The measures will include awareness-raising about safe water chain, disinfection of sources using chlorine, conduct jerry can cleaning campaigns, etc.</p>	<p>2019</p> <p>2020</p>	<p>X X X X X X</p>
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To prevent groundwater over-extraction, CARE will monitor the groundwater level of the boreholes regularly, mainly during the dry season, and sensitize communities on the importance of protecting the groundwater by applying efficient water collection and use and reducing gray water. If out of normal dropdown is observed in any borehole, CARE will organize a meeting with communities and set out mitigation measures.

<p>WATER, SANITATION AND HYGIENE: Activity 1.1.5: CARE will form and train 11 Water User Committees in collaboration with SWC composed of equally selected 121 community members (60 men and 61 women including in leadership positions) to help in the management and maintenance of the water facilities. Each committee will have 11 members. The areas are where CARE drills the 4 hand pumps (Algalaa, Umanaem, & Umgoja – 2), construct the 2 mini water yards (Abu Jubeha town and Lono), and rehabilitate and support the O&M of the 5 water yards (Abu Jubeha town, Umkadada, Taroba, Rashad town, and El Liri's refugee's school.</p>	<p>2019</p> <p>2020</p>	<p>X X X X X</p>
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WUC members will be selected based on their reputation and willingness and capacity to serve the community voluntarily. CARE will conduct conversations with communities to determine whether there are any barriers to the participation of women. If such are identified, CARE will work to create community buy-in for greater participation of women in the WUCs. Additional effort will be made to ensure participation from youth and people with disabilities. In areas where the refugees or IDPs share the water source with the host communities, the committees will be comprised of both, host community and IDP/refugee members to ensure that the principle of Do No Harm is upheld and that the project contributes to building social cohesion.

Training for WUCs will be facilitated in collaboration with SWC/WES. Training topics will be informed by existing WES and SMOH guidelines, will comply with existing local structures and contexts, and will include elements of good governance; community mobilization; water users' fee collection and management; budgeting and accountability; conflict resolution; protection and gender considerations; operation and maintenance of the facilities and groundwater management.

CARE will coach WUCs throughout the project. CARE will also regularly monitor progress on individual WUC action plans, designed during the training. The main purpose of these action plans will be to ensure the eventual sustainability of the water points.

In addition to training WUCs themselves, CARE will also work to build the capacity of the communities to hold their duty bearers to account. This will be done during regular community sensitization and mobilization sessions.

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WATER, SANITATION AND HYGIENE: Activity 1.2.3: CARE 2019
 will conduct 75 environmental cleaning campaigns together with the hygiene promotion campaigns by working with community leaders, CLTS facilitators and existing community hygiene promoters to ensure appropriate waste management in all the targeted areas; special attention will be given to refugee settlement areas both in Abu Jubeha and El Liri because their areas are densely populated compared with the host communities. Among host communities where CLTS is being implemented, the cleaning campaign will be an extension of the CLTS work. In all the areas, the community will be involved in the design and implementation of the solid-waste-management program and debris clean up. The program shall target equal participation of men and women. Communal waste disposal sites will be designated in all the targeted areas at appropriate locations as needed, where it will not cause health or environmental risks and far from any location where children would be present. The community will determine the locations and number of burial sites, although the pits will be located away from water points and household dwellings to minimize contamination and infection. The pits will be fenced off to protect children and keep animals away. This activity will be conducted in conjunction with hygiene promotion campaigns. As part of the cleaning activity, CARE will distribute 300 cleaning tools in the targeted areas. The tools include local brooms, wastebaskets, rakes (weeders), spades and hoes.

2020 X X X X X X X X X X X

As part of the cleaning campaign, environmental management activities such as creating proper drainage at water points, draining or backfilling standing waters, properly disposing of discarded containers that collect water and become vector habitats, covering latrines, etc.

WATER, SANITATION AND HYGIENE: Activity 1.3 1: For a sustainable impact and change to occur, continuous education is key. WASH club is an educational program that results in learners being well-informed on a range of environmental, sanitation and health issues, with the outcome that learners take care of their schools' WASH situation. CARE and partners will organize and train 9 students including 4 girls and 2 teachers per each school in the targeted 7 schools in Abu Jubeha (Abu Jubeha town where the refugees are – 3) Rashad (Rashad town - 2, Saraf Falata - 1, and Tendimin – 1). CARE has other projects to support the El Liri School WASH activities.

2019 X

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<p>HEALTH: Activity 1.1.1: CARE will rehabilitate the targeted 5 PHC facilities and improve the infrastructure. The rehabilitation works include painting walls, plastering cracked walls and floors, replacing plastic carpets, fixing cracked windows and leaky roofs, constructing/improving different wards and construction of incinerators. The incinerators construction will improve the medical waste management which is a big issue in all the targeted facilities. In addition, furniture and medical equipment will be provided as part of the rehabilitation work. In addition, CARE will construct an isolation room and repair the medical store in Darabaiti PHC facility. Also, CARE will construct three-room with veranda, latrine, and fencing in Saraf Falata/ Tendimin area., CARE will also construct an additional room in Hay Elmadriss health facilities.</p>	2019																					
	2020	X	X	X	X																	
<p>HEALTH: Activity 1.1.2: Through the targeted health facilities, CARE will provide minimum basic service package, including but not limited to outpatient consultation services for diagnosis and treatment for common illnesses, basic laboratory investigations, Immunization, Integrated Management of Childhood Illness (IMCI), sexually transmitted infection (STI) management, antenatal care, clean and safe deliveries, postpartum care, mother and child health, GBV, and emergency referrals for complicated cases to secondary health facilities. It will also provide health education, both at clinic and community levels, to prevent diseases, improve good practices and enhance health-seeking behaviors in the targeted clinic catchment area. CARE will support emergency referral to hospitals for selected cases to secondary health facilities.</p>	2019																					X
	2020	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<p>CARE will sign a memorandum of understanding (MOU) with the state ministry of health (SMOH) for the overall operation and management of the health facilities. As part of the MOU, SMOH will second 30 staffs (medical assistances, nurses, midwives, vaccinators, etc.) who will be trained by CARE and receive monthly incentives. CARE will receive essential drugs and other medical supplies from UN agencies as per the allocation paper, to support the smooth running of the health services. Essential Drugs, Laboratory tests, RH supplies, and drugs for common medical problems will be prioritized and the stock will be monitored by CARE. Pharmaceutical waste will be managed as per national drug disposal guidelines. CARE will ensure that drugs are available for child health, reproductive health, and routine medicines by requesting timely. Furthermore, CARE will provide all the required non-medical consumables, water, detergents, stationaries, etc. As part of its service delivery, CARE will train all the seconded 30 health care staffs on primary health care service provisions including mother and child health, SGBV, and early warning systems based on the national health protocol.</p>																						
<p>HEALTH: Activity 1.1.3: As mentioned under activity 1.1.2, CARE will train all the seconded 30 health care staffs on primary health care service provisions including mother and child health, SGBV, and early warning systems based on the national health protocol.</p>	2019																					
	2020	X																				
<p>HEALTH: Activity 1.1.4: CARE will train 40 village midwives and birth attendants in the targeted areas on infection control, emergency obstetric and newborn care (EmONC) and early referral mechanisms for 15 days. The trained village midwives will provide skilled birth attendant support to pregnant women who are not able to make it to the health facilities. Post-delivery, village midwives, will provide follow up with the mother and the newborn for at least the first 45 days. Mothers will be referred to the nearest health facility for a postnatal check-up at 6 weeks, and VMs will conduct a follow-up. It also provides referral services to secondary level care centers for obstetric and newborn emergencies. To improve the low ANC attendance, the midwives, community health workers and mother support groups will conduct awareness-raising campaigns for the need for regular ANC and on critical danger signs during pregnancy, highlighting when mothers should go to the clinic (outside of regular ANC) or seek help from the midwives if a clinic is not accessible. CARE will provide clean delivery kits for pregnant women in their third trimester, in case they don't make it to the clinic in time. Through mainly the rehabilitated clinics but also the mobile clinics, CARE will provide access to family planning education messages and commodities (pills, condoms and injectable IUDs) to the target population (men and women).</p>	2019																					
	2020		X																			

EFO

K-M

NUTRITION: Activity 1.1.1: CARE will provide Community-based Management of Acute Malnutrition (CMAM) services for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases of children under 5 and PLW. This will be done by supporting the operation and maintenance of 5 OTP/TSFP sites in El Liri (Umgoja and Darabali), Abu Jubeha (Hay Elmadris in Abu Jubeha town) and Rashad (Saraf Falata and Aishargeia/ Khor ramlla) localities. The identification of children with SAM will be done through MUAC assessment and any child of 6-59 months with a MUAC of less than 11.5 cm and/or weight for height zscore= \leq 3 or Oedema +/+ will be assessed for medical complications. MAM cases will be identified with a MUAC of 11.5 to 12.4 cm and/or weight for height z-scores = - 2 and - 3 and pregnant and lactating women from the 2nd trimester up to 6 months of lactation whose MUAC is less than 21 cm.

2019

X

2020 X X X X X X X X X X

OTP will be implemented for the management of children 6-59 months with SAM cases without medical complications. OTP sessions will be conducted on a weekly basis and children will receive Ready to Use Therapeutic Food (RUTF)/PlumpyNut for their rehabilitation. The PlumpyNut is provided by UNICEF through SMOH, is made from groundnuts and is the nutritional equivalent of F-100 but is produced in a paste form that can be eaten directly from the packet. This reduces health complications associated with the use of unsafe water. The SAM cases admitted to the OTP will be treated for a period of 6 to 8 weeks and will be discharged after full rehabilitation and after attaining the discharge criteria based on Sudan's CMAM guideline. SAM cases with medical complications will be referred to the nearby stabilization centers, supported by other implementing partners. CARE will support this referral system by arranging transportation or paying for transportation if the families are vulnerable and unable to pay. All children discharged from the OTP will be referred to the TSFP, where they will be enrolled for a minimum of 2 months or longer if they do not attain the TSFP discharge criteria by then. CNV home monitoring and training visits will continue after a child's OTP discharge as well. If a child develops medical complications while in the OTP, he/she will be referred to the stabilization centers and once the medical complication is treated, he/she will continue nutritional rehabilitation as outpatients. CARE will implement TSFP activities according to the Sudan CMAM guidelines for the treatment of moderately malnourished children 6 to 59 months and PLW. TSFP sessions will be conducted every two weeks and enrolled MAM cases receive a medical and nutritional check-up, routine medication and a biweekly ration of PlumpySup which is provided by WFP.

Mothers/caregivers will be asked to bring their children for screening and subsequent referrals. The CNVs and mother support groups (MSG) will conduct active case finding and home visits and will identify any children who are malnourished. They will be referred to the nutrition centers for admission. In case malnourished children present at the OTP or TSFP have conditions requiring medical attention, but still have an appetite and thus able to eat the therapeutic food, caretakers will be advised to go to the nearest health center to have the child's health checked and treated.

To ensure quality of CMAM services, CARE will train 50 seconded staffs from SMOH on CMAM, NIPP IYCF services, and social behavior change communication (SBCC) and provide them with monthly incentives to ensure quality service provision according to SMOH's rate. CARE will also closely monitor their performance and provide ongoing coaching.

EFO

R-M

NUTRITION: Activity 1.2.3: CARE will conduct weekly nutrition outreach activities by working with community nutrition volunteers (CNVs) and Mother Support Groups (MSGs) and reach 108,584 individuals (34,585 men, 36,000 women, 18,997 boys, and 19,002 girls) that include 17,484 refugees, 51,482 IDPs and returnees and 39,619 host community members in Abu Jubeha, El Liri and Rashad localities. The outreach activities will focus on emphasizing the link between WASH, health, and nutrition.

2019											
2020	X	X	X	X	X	X	X	X	X	X	X

They will also carry out ongoing identification of acute malnutrition within the target communities using MUAC tapes and referral forms. They will further conduct home follow up for those in the program to include defaulter tracing and to gather information on reasons for absenteeism and defaulting. Through these visits, the volunteers will also educate households on minimum WASH in nutrition practices to improve linkages between WASH and nutrition for better health outcomes. The CNVs, in close coordination with CARE, will develop a schedule to carry out their activities. They will come to the OTP/TSPF facilities once per week to submit their reports and discuss the week's progress, challenges and adjust the approach as needed.

The trained 25 mother-to-mother support groups (MSG) will carry out regular outreach activities based on the training they receive and customized to the need of each family they visit. The messages will be gender-sensitive to ensure mothers receive key messages related to nutrition including:

- Initiation of breastfeeding (within the first hour after birth),
- Complementary feedings for 6-9 months; 9-12 months; 12-24 months old children;
- Food variety;
- Other IYCF messages;
- Demonstration of food preparation using low cost, locally available and highly nutritious foods;
- Minimum WASH in nutrition practices to improve linkages between WASH and nutrition for better health outcomes.

In addition, the trained fathers' group will lead the discussion in IYCF with other men and boys. CARE will work with sheiks and community structures (water user committees, community nutrition workers, mother support group members, etc.) to get the necessary buy-in for changing the current practices on IYCF. CARE will use different mediums to convey its messages including drama groups and mass campaigns. Acceptance will be first sought from community leaders so that this notion could be further discussed with communities at the households. CARE will look to identify male champions and opinion leaders, who will take on the role of ambassadors for change. This activity will also ensure that men become more engaged with issues that are of relevance to women and girls in the communities and help them understand and support female family members to make positive changes for their families because they are the forefront of decision making in the family. One key strategy for involving men will be to invite them to participate in the final sessions of the mother's groups. This will create greater engagement and participation on the part of fathers while creating a facilitated space for dialogue between men and women.

WATER, SANITATION AND HYGIENE: Activity 2.1.1: Provide water services to the rate of 7.5 liters per day to emergency affected people living in and out of camps

2019												X
2020	X	X	X	X	X	X	X	X	X	X	X	X

WATER, SANITATION AND HYGIENE: Activity 2.1.2: Provide access to improved sanitation facilities to emergency affected people living in and out of camps to a ratio of 50 persons per latrine

2019												X	X
2020	X	X	X	X	X	X	X	X	X	X	X	X	X

WATER, SANITATION AND HYGIENE: Activity 2.1.3: Conduct hygiene awareness and sensitization campaign to emergency affected people living in and out of camps

2019													X
2020	X	X	X	X	X	X	X	X	X	X	X	X	X

EFO

K-M

CARE, Mubadiroon and Turath have taken into consideration the feedback of beneficiaries in the design of the activities and make deliberate efforts to incorporate their views and concerns throughout the programming cycle.

To ensure accountability within this project, the staff and local government experts working under each sector will be trained on accountability to program participants and to community leaders. CARE's recent efforts to employ different accountability mechanisms such as a toll free number, community review and reflection, and the Community Feedback and Response Mechanism (CFRM) represent important steps towards the project's success as the beneficiaries will be able to provide direct feedback to CARE and Mubadiroon staff. The communities will receive orientation and familiarization sessions on CFRM in general, and on community meetings and forums such as women's groups, men's groups, Water User Committees, Village Development Committees and nutrition workers' meetings. The VDC in each village will have two CFRM focal points (a woman and a man) to lead the initiative. This will enable beneficiaries in the targeted areas to safely report any concerns or provide feedback on the project.

The participation of affected populations is fundamental in the programmatic approach. CARE has worked closely with Mubadiroon on more than four projects, which has provided the opportunity for two to learn from each other's experiences, as well as to strengthen systems and policies enhancing accountability to the communities. Focus Group Discussions will be conducted and results used to monitor the participation of women and men and to gather feedback on the overall project implementation.

In order to prevent sexual exploitation and abuse of those seeking access to services, all staff, partner, contractors and volunteers will be required to complete a dedicated training on PSEA as a commitment to core values and Core Humanitarian Standards. Communities will also receive information on PSEA policies, as well as on their rights and on available reporting mechanisms. This will be done during the project launch event and via regular reminders thereafter. Complaint response mechanisms shall have adequate scope to address the protection concerns.

Protection Mainstreaming and GBV

CARE will take extra caution in analyzing the protection of at risk groups, including children and girls. Efforts will include: no creation of new risk, address discrimination, analysis of the most vulnerable, safety and dignity in service delivery, orientation and familiarization on humanitarian principles and rights, and promoting empowerment. Furthermore, CARE and partners exercise principles of protection mainstreaming: meaningful access through consultation with the communities about the best way to deliver the services and considerations for vulnerable groups, accountability mechanisms and field visits. CARE And partners will empower communities by consulting them in decision making process, identifying volunteers and establishing community committees. Strengthening community protection mechanisms and improving access to services through information dissemination on available services and identification of the most vulnerable and referrals will be prioritized. Do no harm analysis will be carried for each sector and the activities will be screened not to enhance risks for women, girls and children. Facilities such as latrines and water points, income generating activities and trainings will be analyzed and discussed with at risk groups to ensure that the beneficiaries are protected and that the services are easily accessible. Protection risks faced by women and girls, and in particular S/GBV risks, will be the specific focus of capacity building for staff to ensure that they are able to detect cases of abuse. Staff will also be oriented in order to make sure that programming does no harm and that they are able to respond safely and appropriately to protection cases when they are reported, using a confidential and survivor centered approach to disclosures of violence. An internal mechanism for reporting complaints and ensuring that required measure are in place will be promoted throughout the implementation period.

GAM Reference Number

G862842330

Gender with Age Marker Code

Code	Genders Mainstreaming Targets Everyone	Target Action Targets a defined group
4	4- Likely to contribute to gender equality, including across age groups	Main programme purpose is increasing gender equality, including across age groups

7.RISK MANAGMENT

Risk Management

CARE will make sure that potential or looming risks are detected in advance and managed or mitigated on time to avoid further human suffering mainly amongst women, girls and youth. These risks could be project induced or external to the project and will be monitored in monthly and quarterly review meetings. Furthermore, the context in Sudan presents several recurring operational, security and financial challenges to project implementation.

- Economic: Sudan is currently experiencing a severe economic crisis which is characterized by rapid inflation, chronic fuel shortages and a shortage of hard currency.

- Operational risk management: Project partners have been operational in Sudan for several years and have learned to employ an adaptive management program approach. Early procurement, negotiations with financial service providers to increase access to hard currency, and regular price monitoring are just some of the activities CARE and partners will engage in to mitigate the economic risks.

- Physical security: To ensure the staff and programme participants' safety, the project partners will coordinate with the UN Department of Safety and Security (UNDSS). CARE also has comprehensive security plans in place and will continue to monitor the security situation and coordinate with the relevant local authorities.

Access

EFO

K-M

CARE is committed to identify the areas of complementarity of the project between the three agencies' ongoing projects and avoid duplication of efforts, ensuring responsible use of resources and maximizing impact. The local partner will add value to the project with regards to community engagement and mobilization, leading on the majority of activities. CARE will be able to complement this technical expertise based on its global experience in economic empowerment especially for women. The activities proposed in this project will complement those ongoing interventions and beneficiaries that are targeted by this intervention and will be linked with other organizations' ongoing , WASH, Health and nutrition interventions. CARE and Mubadiroon Organization are already partnering under different projects in South Kordofan and will ensure that the proposed activities will complement others.

Complementarity and synergy of interventions at geographic, community, family and individual levels will then be encouraged and monitored for increased impact. With regards to logistics, Mubadiroon as national NGO have easier access and mobility which is especially valuable within the context of South Kordofan. CARE has been able to identify and build strong relationships with a number of pre-qualified vendors in South Kordofan which has enabled over the past few years to significantly reduce any delays relating to procurement.

This intervention will be conducted in close cooperation with beneficiaries, state and federal authorities (including MoH, WES etc) as well as the Nutrition, Health and WASH clusters in which CARE actively participates. CARE and Mubadiroon will work closely with others INGOs and NNGOs delivering activities in the same areas - World Vision and CARE have already closely coordinated so that gaps are filled in the areas where both organisations are working. (for instance in Alrhamania where WV will implement FSL activities, and CARE will cover the WASH gaps). In addition, CARE, Mubadiroon and Turath will ensure that implementation plans are shared and presented in meetings with key stakeholders to avoid duplication of efforts and contribute to complementary of response for better result.

10.SUB-IMPLEMENTING PARTNER(S)

Partner Name	Partner Type	Budget in US\$	Activities towards Implementation
Total			

11.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	Director of Programmes	S	1	8,500.00	12	10.00	10,200.00
	<i>(National staff) Strategic project management, coordination with key stakeholders and responsible for the overall programs. 10% charged to SHF and unit cost includes salary and all benefits.</i>						
1.2	WASH and Public Health Country Coordinator	S	1	8,841.00	12	15.00	15,913.80
	<i>(International staff) Responsible for the overall management of WASH, Health and Nutrition components of the project and charged 15 % to this grant.</i>						
1.3	Health & Nutrition Adviser	S	1	3,176.00	12	15.00	5,716.80
	<i>National position - The Health and Nutrition Adviser provides strategic leadership and technical oversight to CARE health project staff. He ensures health quality and accountability. 15% charged to SHF and unit cost includes salary and all benefits.</i>						
1.4	WASH Program Manager	S	1	2,732.00	12	25.00	8,196.00
	<i>(National staff) Direct implementation and management of all WASH project activities and staffs and responsible for day-to-day coordination with other partners and communities.25% charged to SHF and unit cost includes salary and all benefits.</i>						
1.5	WASH Engineer	S	1	1,250.00	12	45.00	6,750.00
	<i>National staff Conducts direct implementation and supervision of the water supply component of the project activities at field level. 45% charged to SHF and unit cost includes salary and medical allowance.</i>						
1.6	Environmental hygiene officer	S	1	1,200.00	12	45.00	6,480.00
	<i>National staff will have direct implementation and supervision of all the sanitation and hygiene component of the project activities at field level. Each will be responsible for one location. They will lead community mobilization, organization, capacity building of local committees and community health promoters, provide technical support to WASH manager and project partners. 45% charged to SHF and unit cost includes salary and medical allowance.</i>						
1.7	CLTS Officer	S	2	1,200.00	12	100.00	28,800.00
	<i>National staff will be responsible to implement the CLTS component of the project and both of them will spent 100% of thier time on this. 100% charged to SHF and unit cost includes salary and medical allowance.</i>						
1.8	Health and Nutrition Program Manager	S	1	2,732.00	12	43.00	14,097.12
	<i>(National staff) Direct implementation and management of all health and nutrition activities and staffs and responsible for day-to-day coordination with other partners and communities.43 % charged to SHF and unit cost includes salary and all benefits.</i>						
1.9	Senior Health and Nutrition Office	S	1	1,259.00	12	36.00	5,438.88

"The 38,000 unit cost includes drilling of a complete borehole and fit it with solar power driven hybrid system to provide clean water supplies adhering to CARE's standard designs and construction methods The cost includes:

1. geophysical survey and mobilization/demobilization of drilling equipment & crew @ \$1,000
2. Drilling up to 60 meters through any existing soil type until sufficient water is found @ 2,300
3. Installation of casings @ 1,200
4. Pump testing @ 500
5. Well construction including development, packing, grouting, sealing & testing @ \$2,500
6. Installation of submersible pump @ \$2,000
7. Sizing and installation of solar system @ \$6,500
8. Installation of 18 KVA generator @ \$12,000
9. Installation of 20 m3 metal water tank @ \$10,000

2.3	Rehabilitation of 45 hand pumps	D	45	1,500 .00	1	100.00	67,500.00
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"The 1,500 rehabilitation unit cost in average includes:

1. Providing fast moving kits @ \$300
2. Rise pipes and rods @ \$250
3. Cylinder @ \$200
4. Pump head @ \$250
5. Repairing the headwork and improving the drainage system and all other labor works @ \$500

2.4	Rehabilitation of 3 water yards	D	3	34,000 0.00	1	100.00	102,000.00
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"The 34,000 water yard rehabilitation unit cost includes repairing generators, pumps, pipe networks, water tanks and physical works (building fences, distribution points, head-work, drainage, etc.) and installation of solar panels and converting it hybrid system to provide clean water supplies adhering to CARE's standard designs and construction methods The cost includes:

1. Replacing submersible pump @ \$3,000
2. Sizing and installation of solar system @ \$12,000
3. Repairing/construction of water distribution network and points @ \$4,000
4. Repairing/providing 21 KVA generator @ \$15,000

2.5	Support the operation and maintenance of 5 water yards	D	5	6,800 .00	1	100.00	34,000.00
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"The 6,800 O&M 3 months cost per water yard includes the provision of fuel, lubricants and paying incentives to guards and operators as follows:

1. Provision of fuel (40 liters per day X 30 days X 3 months = 3,600 liter (20 barrels) = @ \$5,500
2. Lubricants for 3 months @ \$300
3. Provision of chlorine for 3 months @ \$400
4. 2 operators and 2 guards monthly incentive for 3 months (4 people *\$50*3 months) = \$600

2.6	Conduct water quality and quantity monitoring	D	1	2,700 .00	1	100.00	2,700.00
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"The \$2,700 water quality monitoring cost includes:

1. 2 deep meters @ \$1,600
2. Reagents for E.coli for SMOH @ \$500
3. DSA for SMOH staffs to collect water samples (2 people X 3 days per month X 10 months X \$10) @\$600

2.7	Train 11 water user committee members	D	11	1,145 .00	1	100.00	12,595.00
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"The \$1,145 water user committee training unit cost includes:

1. 11 trainees X 5 days X \$10 DSA = \$550
2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$100
3. Refreshment (dates, water, tea and soda) in average @ \$120
4. Transport = 11*\$10 = \$110
5. Venue for 5 days = \$125
6. WES trainers DSA for 7 days (1X7X@20) = \$140

2.8	Organize 3 circuit riders	D	3	25,000 0.00	1	100.00	75,000.00
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EFO

K-M

"The general rehabilitations work include painting walls, plastering cracked walls and floors, replacing plastic carpets, fixing cracked windows and leaky roofs, improving different wards and fences. These activities are estimated to cost \$3,000 per facility in average. (5X\$3,000) = \$15,000

CARE will construct 5 incinerators in all the targeted health facilities. Each incinerator is expected to cost \$2,500 and the total will be \$12,500.

In Saraf Falata, additional ward with 3 rooms and gender-segregated VIP latrines will be constructed. The ward will cost \$12,500 and the latrine will cost \$7,000. The total will be \$19,500.

Finally, the necessary furniture and medical equipment will be provided as part of the rehabilitation work to all the facilities. Each facility's furniture and medical equipment which include chairs, tables, cub board, plastic mat, benches, beds, bed covering, measuring tapes, scales and other related items is estimated to cost \$4,000 and the total will be \$20,000.

The average cost will be $(\$15,000 + \$12,500 + \$19,500 + \$20,000) / 5 = \$13,400$

2.13	Supporting operation and maintenance of health facilities	D	5 400.0 0	12	100.00	24,000.00
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" This \$400 unit cost per facility per month includes

1. cleaning items @\$75
2. toiletries @50
3. water @\$200
4. dishes @\$25
5. sugar @50

2.14	Stationary for PHC facilities	D	5 100.0 0	12	100.00	6,000.00
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Provide support for 5 facilities with stationary. This includes medical and non-medical stationery (register, books, papers, pen, art liner, health education materials etc.). Estimated at \$100 per month for each clinic; with 100% of the total requirements requested from SHF.

2.15	IEC /BCC materials for health education / promotion	D	1 5,100 .00	1	100.00	5,100.00
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"This \$5,100 IEC/BCC materials printing cost includes the following:

1. 1,500 pieces Malaria and self-referral health messages
 2. 1,000 pieces STI/HIV prevention messages
 3. 2,000 pieces Pregnancy and childbirth danger signs and where/when to seek help messages
 4. 2,000 pieces Breast feeding messages
 5. 1,000 pieces Child home care messages
 6. 1,000 pieces Hygiene messages
- A total of 8,500 prints each at \$0.60 (8,500*\$0.6) = \$5,100.

2.16	Incentives for 60 SMOH Seconded Staffs	D	12 7,200 .00	1	100.00	86,400.00
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"The incentive rate is based on SMOH's rate and the average monthly rate will be \$120 per each. 120x 60 =7200
The list of the 60 staffs include:

1. 5 medical doctors
2. 10 nurses
3. 5 lab technicians,
4. 5 midwives
5. 5 pharmacist
6. 5 medical assistants
7. 5 vaccinators
8. 5 health officers/supervisors
9. 5 cleaners
10. 10 guards

2.17	Health service providers' trainings	D	1 25,77 5.00	1	100.00	25,775.00
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ETO

K-M

"CARE will hold one grant startup workshop at the beginning of the project to finalize work plans, assign roles and responsibilities, and discuss program strategy and monitoring. There will be also meetings with SMOH and community leaders to discuss the project. Half way through the project, there will be a program review workshop with all key stakeholder including community representatives, SMOH and the local partner to review the progress and the plan as needed. Similarly, toward the end of the grant, a grant closeout meeting will be held to further develop strategies for handover and priorities for coming projects with all the stakeholders. This line will cover costs related to meals, stationery/related materials, DSA, transportation and accommodation of the participants. The total cost is estimated to per each meeting is estimated to be \$1,500 and the total will be \$4,500.

2.22	Set up community feedback and complaint mechanisms	D	3	1,000.00	1	100.00	3,000.00
	Community awareness sessions, setting up boxes and hotline expenses. The cost will be \$1,000 per locality.						
2.23	Rehabilitation of 5 OTP/TSFP facilities	D	5	8,000.00	1	100.00	40,000.00
	"CARE will rehabilitate 5 OTP/TSFP sites in El Liri (Umgoja and Darabati), Abu Jubeha (Hay Elmadris in Abugibiha town) and Rashad (Saraf Falata and Alshargeia/ Khor ramlla) localities. The rehabilitation works include painting walls, plastering cracked walls and floors, replacing plastic carpets, fixing cracked windows and leaky roofs, constructing/improving waste management. As part of the rehabilitation work, CARE will construct shelters (waiting areas) at each of the targeted facilities to ensure that the sites are adequate for the planned service provision. In average, the rehabilitation cost \$6,000 and per facility and the total will be \$30,000.						
	CARE will also provide the necessary furniture and equipment as part of the rehabilitation work to all the facilities. Each facility's furniture and equipment which include chairs, tables, cub board, plastic mat, benches, beds, bed covering, measuring tapes, scales and other related items is estimated to cost \$2,000 and the total will be \$10,000.						
	The average cost per facility will be \$8,000.						
2.24	Support the operation and maintenance of 5 OTP/TSFP sites	D	5	200.00	12	100.00	12,000.00
	"This \$200 unit cost per facility per month includes: 1. cleaning items @\$30 2. toiletries @25 3. water @\$90 4. dishes @\$15 5. sugar @40						
2.25	Nutrition service providers' trainings	D	1	12,350.00	1	100.00	12,350.00
	"Technical training for 50 nutrition service providers on integrated CAMAM and IYCF protocols, NIPP and social behavior change communication (SBCC) for 15 days. The trainees will be divided in 2 groups and the training will be conducted separately. The cost of the training is \$12,350 which includes: 1. 50 trainees X 15 days X \$10 DSA = \$7,500 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$600 3. Refreshment (dates, water, tea and soda) in average @ \$1,400 4. Transport = 50*\$10 = \$500 5. Venue for 30 days = \$750 6. 2 SMOH trainers DSA for 40 days (2X40X@20) = \$1,600						
2.26	Incentives for 50 SMOH Seconded Nutrition Staffs	D	12	6,000.00	1	100.00	72,000.00
	CARE will have 50 seconded staffs that will receive monthly incentives including nurses, nutritionist, medical assistants, health officers/supervisors, registrar cleaners and guards. The incentive rate will be based on SMOH's rate and the average monthly rate will be \$120 per each.						
2.27	MUAC screening campaign	D	4	1,550.00	1	100.00	6,200.00
	"Costs for supporting SMOH'S quarterly mass MUAC screening campaigns. The cost includes vehicle rent, training of numerators and incentives, etc. The estimated cost per quarter is \$1,550 which includes: 1. vehicle rent @\$100*10 days*1 vehicle=\$1,000 2. Numerators 1 days training = 5*\$10= \$50 3. 5 numerators DSA = 5*10*\$10 = \$500						
2.28	Nutrition referrals	D	1	14,100.00	1	100.00	14,100.00

6.3	Purchase and distribute 300 cleaning tools	D	300	100.0 0	1	100.00	30,000.00
	<p>"The tools include:</p> <ol style="list-style-type: none"> 1. 20 local brooms \$12 2. 10 wastebaskets @ \$10, 3. 4 rakes (weeders) @\$20, 4. 4 spades @ \$28, 5. 1 wheelbarrows \$22 6. 1 hoes @ 8 						
6.4	Form and train 7 school WASH clubs	D	7	980.0 0	1	100.00	6,860.00
	<p>"The \$980 training unit cost includes:</p> <ol style="list-style-type: none"> 1. 9 trainees X 5 days X \$10 DSA = \$450 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$100 3. Refreshment (dates, water, tea and soda) in average @ \$120 4. Venue for 5 days = \$170 5. SMOH trainers DSA for 7 days (1X7X@20) = \$140 						
6.5	Conduct 49 school hygiene promotion campaigns in 7 schools	D	7	840.0 0	1	100.00	5,880.00
	<p>"The \$840 average cost per school to for 7 campaign includes:</p> <ol style="list-style-type: none"> 1. soaps for hand washing after the campaign @ \$240 2. stationary (notebooks and pens) for the Q&As @ 100 3. refreshment @ \$350 4. cleaning tools @\$150 						
6.6	Community Health Workers Training	D	1	10,85 0.00	1	100.00	10,850.00
	<p>"120 community health workers/Promoters (80 women and 40 men) in the targeted areas of Abu Jubeha (30), El Liri (40) and Rashad (50) localities on common community health conditions, primary health care service provisions including mother and child health, SGBV, and early warning systems based on the national health protocol. In addition, they will be trained on WASH, Nutrition and effective community mobilization and monitoring skills, emergency preparedness and response for 5 days. In each location, the targeted trainees will be divided in 2 groups and trained in rounds to control the size. The cost of the training is \$10,850 which includes:</p> <ol style="list-style-type: none"> 1. 120 trainees X 5 days X \$10 DSA = \$6,000 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$400 3. Refreshment (dates, water, tea and soda) in average @ \$900 4. Transport = 120*\$10 = \$1,200 5. Venue for 30 days = \$750 6. 2 SMOH trainers DSA for 40 days (2X40X@20) = \$1,600 						
6.7	Community Health Workers monthly incentive	D	120	25.00	10	100.00	30,000.00
	<p>"The 120 community health workers/promoters will receive a monthly incentive of \$25 for 10 months.</p>						
6.8	CNVs and MSG leads training	D	1	13,15 5.00	1	100.00	13,155.00

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7.8	Safety and security	S	1	35,000.00	1	20.00	7,000.00
<i>Sudan is rated one of the high risk countries and CARE needs to strengthen the security of its staff and property. This budget is used for training, security equipments purchase, security management and the like. 20% is charged to SHF</i>							
7.9	Fuel for office vehicle and generator	S	1	4,100.00	12	20.00	9,840.00
<i>The fuel serves for both vehicles in the two locations and the generator as well. The 20% of the fuel and lubricant cost of the vehicles in the two locations covered by SHF.</i>							
7.10	Visibility	D	1	6,364.40	1	100.00	6,364.40
<i>Visibility materials for the project, including dedicated sign boards in project sites. SHF's logo will be clearly displayed on all visibility materials including a description of the project in English and Arabic. 100% charged to SHF 60 signposts for 54 water points, 5 PHC and 5 OTP/TSP sites @ \$100 = \$6,000 20 banners for different community outreach activities @20*\$25= \$500</i>							
7.11	Office equipment, furniture maintenance	S	1	7,500.00	1	20.00	1,500.00
<i>This budget line items is to accomodate the cost of maintaining computers office equipments, communication equipments 20% of the total capacity building cost should be charged to SHF</i>							
7.12	Other Costs	S	1	1,500.00	12	20.00	3,600.00
<i>This category of costs include those cost that are not classified above such as temporary labor, loading/unloading, annual registration fee, work permits, pouches to FO, HO and HQ, etc. SHF will be charged 20% of the cost</i>							
7.13	Khartoum Office and guesthouse rent	S	1	10,137.50	12	16.00	19,464.00
<i>"This is the Rent office, guest house and warehouse of KRT office. 16% is charged to SHF</i> <i>"</i>							
Section Total							84,426.00
SubTotal			1,016.00				1,853,810.19
Direct							1,519,141.18
Support							334,669.01
PSC Cost							
PSC Cost Percent							6.50
PSC Amount							120,497.66
Total Cost							1,974,307.85

1.PROJECT INFORMATION(CONTD..)

No Cash Tracking Data Found

5. TARGETED AFFECTED PERSON & LOCATION(CONTD..)

Location details for HEALTH

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Location Name	Location Level	Location Path	% Linked	Budget Linked(US \$)				
Alleri	Locality	South Kordofan > Alleri	7.50	US \$148,073.09				
Location Name	Activities Linked	% Linked	Beneficiary	Men	Women	Boys	Girls	Total
Alleri (Locality) South Kordofan > Alleri	H: Activity 1.1.1: CARE will rehabilitate the targeted 5 PHC facilit...	7.50 US \$148,073.09	Host Communities	374	390	205	206	1175
	H: Activity 1.1.2: Through the targeted health facilities, CARE will...	9	Internally Displaced People	911	948	500	501	2860
	H: Activity 1.1.3: As mentioned under activity 1.1.2, CARE will trai... H: Activity 1.1.4: CARE will train 40 village midwives and birth att... H: Activity 1.1.5: CARE will provide Expanded Program of Immunizatio... H: Activity 1.2.1: In collaboration with SMOH, CARE will train 120 c... H: Activity 1.2.2: CARE will conduct community health awareness/educ...		Refugees	790	823	434	434	2481

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Location Name	Location Level	Location Path	% Linked	Budget Linked(US \$)				
Rashad	Locality	South Kordofan > Rashad	15.00	US \$296,146.18				

Location Name	Activities Linked	% Linked	Beneficiary	Men	Women	Boys	Girls	Total
Rashad (Locality) South Kordofan > Rashad	WASH: Activity 1.1.1: In areas where there are no existing water facili...	15.00 US \$296,146.1	Host Communities	2710	2821	1489	1489	8509
	WASH: Activity 1.1.2: Existing 45 hand pumps (Abu Jubeha: 20, El Liri: ...	8	Internally Displaced People	2710	2821	1489	1489	8509
	WASH: Activity 1.1.3: CARE will support the operation and maintenance o...		Refugees					0
	WASH: Activity 1.1.4: To ensure the water sources are free from conlami...							
	WASH: Activity 1.1.5: CARE will form and train 11 Water User Committees...							
	WASH: Activity 1.1.6: To enhance the sustainability of the water yards ...							
	WASH: Activity 1.2.1: CARE will carry out CLTS facilitation training to...							
	WASH: Activity 1.2.2: CARE will replace 150 existing household latrines...							
	WASH: Activity 1.2.3: CARE will conduct 75 environmental cleaning campa...							
	WASH: Activity 1.3.1: For a sustainable impact and change to occur, con...							
	WASH: Activity 1.3.2: CARE will work with the 120 trained CLTS facilita...							

Location Name	Location Level	Location Path	% Linked	Budget Linked(US \$)				
Abu Gubeiha	Locality	South Kordofan > Abu Gubeiha	22.50	US \$444,219.27				

Location Name	Activities Linked	% Linked	Beneficiary	Men	Women	Boys	Girls	Total
Abu Gubeiha (Locality) South Kordofan > Abu Gubeiha	WASH: Activity 1.1.1: In areas where there are no existing water facili...	22.50 US \$444,219.2	Host Communities	2905	3023	1596	1596	9120
	WASH: Activity 1.1.2: Existing 45 hand pumps (Abu Jubeha: 20, El Liri: ...	7	Internally Displaced People	2392	2490	1314	1314	7510
	WASH: Activity 1.1.3: CARE will support the operation and maintenance o...		Refugees	500	1002	529	529	2560
	WASH: Activity 1.1.4: To ensure the water sources are free from contami...							
	WASH: Activity 1.1.5: CARE will form and train 11 Water User Committees...							
	WASH: Activity 1.1.6: To enhance the sustainability of the water yards ...							
	WASH: Activity 1.2.1: CARE will carry out CLTS facilitation training to...							
	WASH: Activity 1.2.2: CARE will replace 150 existing household latrines...							
	WASH: Activity 1.2.3: CARE will conduct 75 environmental cleaning campa...							
	WASH: Activity 1.3.1: For a sustainable impact and change to occur, con...							
	WASH: Activity 1.3.2: CARE will work with the 120 trained CLTS facilita...							

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PROJECT BUDGET /ANNEX 2

June 2019

Responsible Party Agreement

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Allocation Type
 Requesting Organisation
 Project Title
 Fund Project code
 Actual date [start - end]
 Cluster

2019 – SHF 2nd Round Standard Allocation
 CARE International Switzerland in Sudan (CIS)
 Integrated Humanitarian Assistance Project for South Kordofan (IHAP)
 SUD-19/HSD20/SA2/WASH-H-N/INGO/14166
 15/11/2019 - 14/11/2020
 WATER, SANITATION AND HYGIENE (50%), HEALTH (31%), NUTRITION (19%)

Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project)

Code	Budget Line Description	D / S	Quantity	Unit Cost	Duration Recurrence	% Cost	Total Cost
1.1	Director of Programmes (National staff) Strategic project management, coordination with key stakeholders and responsible for the overall programs. 10% charged to SHF and unit cost includes salary and all benefits.	S	1	\$8,500.00	12	10.00	\$10,200.00
1.2	WASH and Public Health Country Coordinator (International staff) Responsible for the overall management of WASH, Health and Nutrition components of the project and charged 15 % to this grant.	S	1	\$8,841.00	12	15.00	\$15,913.80
1.3	Health & Nutrition Adviser National position - The Health and Nutrition Adviser provides strategic leadership and technical oversight to CARE health project staff. He ensures health quality and accountability. 15% charged to SHF and unit cost includes salary and all benefits.	S	1	\$3,176.00	12	15.00	\$5,716.80
1.4	WASH Program Manager (National staff) Direct implementation and management of all WASH project activities and staffs and responsible for day-to-day coordination with other partners and communities.25% charged to SHF and unit cost includes salary and all benefits.	S	1	\$2,732.00	12	25.00	\$8,196.00
1.5	WASH Engineer National staff Conducts direct implementation and supervision of the water supply component of the project activities at field level. 45% charged to SHF and unit cost includes salary and medical allowance.	S	1	\$1,250.00	12	45.00	\$6,750.00
1.6	Environmental hygiene officer National staff will have direct implementation and supervision of all the sanitation and hygiene component of the project activities at field level. Each will be responsible for one location. They will lead community mobilization, organization, capacity building of local committees and community health promoters, provide technical support to WASH manager and project partners. 45% charged to SHF and unit cost includes salary and medical allowance.	S	1	\$1,200.00	12	45.00	\$6,480.00
1.7	CLTS Officer National staff will be responsible to implement the CLTS component of the project and both of them will spent 100% of thier time on this. 100% charged to SHF and unit cost includes salary and medical allowance.	S	2	\$1,200.00	12	100.00	\$28,800.00
1.8	Health and Nutrition Program Manager (National staff) Direct implementation and management of all health and nutrition activities and staffs and responsible for day-to-day coordination with other partners and communities.43 % charged to SHF and unit cost includes salary and all benefits.	S	1	\$2,732.00	12	43.00	\$14,097.12
1.9	Senior Health and Nutrition Office This is a national position based in Abu Jubeha , with responsibility for project coordination in the field, strategic advisory, implementation, monitoring and reporting. The unit cost represents the gross monthly salary with benefits. 36 % of this position is assigned to this project and the equivalent budget amount is requested from SHF	S	1	\$1,259.00	12	36.00	\$5,438.88
1.10	Medical Logistic & Statistics Officer This is a national position based in Abu Jubeha , with responsibility for project implementation, medical supplies coordination and management, monitoring and reporting. The unit cost represents the gross monthly salary with benefits. 34% of this position is assigned to this project and the equivalent budget amount is requested from SHF.	S	1	\$1,259.00	12	34.00	\$5,136.72
1.11	Health and Nutrition Officer This national position will be responsible to closely follow up the implementation at the health facilities and directly contact with the beneficiaries and partners to ensure smooth implementation. The officer will also be responsible to collect data from the health facilities, analyze and report. The unit cost represents the gross monthly salary with benefits. 40% of this position is assigned to this project and the equivalent budget amount is requested from SHF	S	1	\$1,200.00	12	40.00	\$5,760.00
1.12	MEAL officer This national position provides monitoring and evaluation support for this project, alongside other interventions in South Kordofan. The unit cost represents the gross monthly salary with benefits. 31% of this position is assigned to this project and the equivalent budget amount is requested from SHF	S	1	\$1,200.00	12	31.00	\$4,464.00
1.13	Finance & HR Assistants Assist the Finance and the HR Officers in administering the Project Financil Report and the HR in South Kordofan. The unit cost represents the gross monthly salary with benefits. 40% of this position is assigned to this project and the equivalent budget amount is requested from SHF	S	1	\$865.00	12	40.00	\$4,152.00
1.14	Khartoum Program Staffs MEAL Coordinator\$2,415.82;; Emergency Responds and Capacity Building Coordinator \$3,234.16, Health and Nutrition Advisor \$3,217.24; Gender & diversity Coordinator\$2,415.82 and Partnership Officer \$1,416.02; Communication Manager \$2,563.95. 15% charged to SHF and unit cost includes salary and medical allowance.	S	1	\$15,308.00	12	10.00	\$18,369.60
1.15	Khartoum & Kadogli Program Support Staff "(National staff) that includes Head of operations \$4,229.27, Grant and Contract Manager \$3221.46; Grant officers(2) \$3,518.69, Accounting Manager \$2,222.1; Business support manager \$2,251.51; HR Manager \$2,331.02; HR officers (2) \$2,771.68; Sr. Admin Officer \$2,336.95, IT Officer \$1,513.64; Procurement Manager \$ 1,983.02; Pocurement officers (3) \$5,778.62, Finance Officers (3) \$3,718.05, Finance Assistant (Cashier) \$950.37, Excutive and Admin Assistant (2) \$1,786.00; Helper (3) \$1,702.29, Drivers (9) \$6,454.03 and Guards (6) \$3,117.30 which are charged 10% to SHF and unit cost includes salary and medical allowance."	S	1	\$49,886.00	12	10.00	\$59,863.20
1.16	Khartoum International Support staffs salaries (International) Contribution to the salaries of Khartoum-based international staff who support the overall strategic direction and smooth running of CIS operations (such as Country Director \$13,784, program Development and Qauality Coordinator \$9,800, Funding Coordinator \$7,500, Head of Finance \$9,300). This unit cost includes salary and medical allowance. 5% charged to SHF.	S	1	\$40,384.00	12	6.00	\$29,076.48

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	<p>"The \$1,145 water user committee training unit cost includes:</p> <ol style="list-style-type: none"> 1. 11 trainees X 5 days X \$10 DSA = \$550 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$100 3. Refreshment (dates, water, tea and soda) in average @ \$120 4. Transport = 11*\$10 = \$110 5. Venue for 5 days = \$125 6. WES trainers DSA for 7 days (1X7X@20) = \$140 <p>"</p>						
2.8	Organize 3 circuit riders	D	3	\$25,000.00	1	100.00	\$75,000.00
	<p>"CARE will organize circuit riders at the 3 localities level (Abu Jubeha, El Liri, and Rashad) in collaboration with SWC/WES. The cost includes purchasing 3 tuk-tuks, the necessary tools, and start-up spare parts based on an assessment that will be conducted at the beginning of the project. The \$25,000 average cost per each includes:</p> <ol style="list-style-type: none"> 1. custom made tuk-tuk @\$11,000 2. replacing non-functional water meters (25X \$100) = \$2,500 3. Assorted tools (different size pipe wrenches, screw drivers, winch, tripod) @ \$7,500 4. Startup kits (generator fast moving kits) @ \$4,000 <p>"</p>						
2.9	CLTS/CATS implementation in 6 villages	D	6	\$12,000.00	1	100.00	\$72,000.00
	<p>"CARE will implement CLTS in 6 villages and the cost includes training of 120 natural leaders, pre-triggering, triggering and post-triggering cost up to certification. Vehicles will be rented for SMOH for regular follow ups.</p> <p>The overall cost is estimated to be \$12,000 per village which includes:</p> <ol style="list-style-type: none"> 1. 20 trainees X 10 days X \$10 DSA = \$2,000 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$200 3. Refreshment (dates, water, tea and soda) in average for the training @ \$250 4. Transport = 20*\$10 = \$200 5. State Ministry of Health (SMOH) CLTS facilitator DSA for 7 days (1X7X@20) = \$140 6. Venue for 5 days = \$125 7. Assessment (pre + post). Pre-assessment identifies the triggering sites/defecation areas, identifies community structures and starts the mobilization process. Post-assessment monitors progress after the triggering activities. DSA is estimated at \$10*6 days*4 people. @\$240 8. DSA for facilitators for triggering and mobilization @ \$10*10 days*4 people = \$400 9. Colors for community mapping @\$75 10. DSA for state level monitoring and follow up team @ \$10*30 days*6 people = \$1,800 11. CLTS monitoring vehicle rent @\$100*30 days*2 vehicles=\$6,000 12. Community review meeting (refreshment and venue) @\$470 13. ODF celebration (sugar, honor certification, documentation, etc.) @\$100 <p>"</p>						
2.10	Rehabilitation of 150 existing household latrines	D	150	\$150.00	1	100.00	\$22,500.00
	<p>"The average cost is estimated to be \$150 per each which includes:</p> <ol style="list-style-type: none"> 1. Digging 3 meter pit @ \$25 2. Woods including beams @ \$40 3. Grass mat \$25 4. Bamboo @15, 5. Rope @ \$10 6. Latrine cover @ \$10 7. Labor @25 <p>"</p>						
2.11	Train 20 government on operation and cost analysis and tariff se	D	1	\$12,105.00	1	100.00	\$12,105.00
	<p>"CARE will train 20 government states from the state level and the targeted localities. This will help to create an enabling environment for better tariff collection and management so that the circuit rider program works. The training will be for, at least, for 10 days. The cost includes the trainees' stipend, lodging, trainer's fee, stationary, refreshment and venue. It is estimated to be \$12,105 which includes:</p> <ol style="list-style-type: none"> 1. 20 trainees X 14 days X \$25 DSA including lodging = \$7,000 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$200 3. Refreshment (dates, water, tea and soda) @ \$305 4. Trainees transport (20X\$40) = \$800 5. Trainer (consultant) from Khartoum @\$3,800 <p>"</p>						
2.12	Rehabilitation of 5 PHC facilities	D	5	\$13,400.00	1	100.00	\$67,000.00

Technical training for health care providers, especially the seconded staff and community health workers, to ensure the delivery of quality services to the beneficiaries and ensures sustainability as well.

- A) 40 village midwives and birth attendants on infection control, EmONC and early referral mechanisms for 15 days, the training will be conducted in 4 batches, 10 per batch. \$17,500 which includes:
1. 40 trainees X 15 days X \$10 DSA = \$6,000
 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$500
 3. Refreshment (dates, water, tea and soda) in average @ \$1,300
 4. Transport = 40*\$10 = \$400
 5. Venue for 60 days = \$1,500
 6. 2 SMOH trainers DSA for 70 days (2X70X@20) = \$2,800

- B) Conduct a refresher training on emergency preparedness, surveillance, outbreak management to 20 key CARE and SMOH staffs and locality leaders and develop and emergency response plan for 5 days. \$3,725 which includes:
1. 15 trainees X 5 days X \$10 DSA (the DSA is not non-CARE staffs) = \$750
 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$150
 3. Refreshment (dates, water, tea and soda) in average @ \$400
 4. Transport = 15*\$10 = \$150
 5. Venue for 5 days = \$125
 6. 2 trainers from FMOH travel (airfare) = 2*\$400 = \$800
 7. 9 days DSA for the 2 trainers including travel and preparation days = 9*2*\$25 = \$450
 8. Lodging for the 2 trainers = 2*9*\$50 = \$900

C) Train 30 health care providers in the targeted areas on primary health care service provisions including mother and child health, SGBV, rational drug use, EPI, infection control, IMCI, clinic administration and supply management, data management and quality, and early warning systems (outbreak

2.18	EPI Support (incl. Routine Accelerated EPI/Vaccine campaigns)	D	5	\$3,750.00	1	100.00	\$18,750.00
	"The EPI support includes community mobilization efforts specific for vaccination campaign where snacks may be availed for the community gathering, vehicle hiring and trainings done during this joint vaccination exercises done alongside the locality Health departments. The estimated cost per facility is \$3,750 which includes: 1. Snacks per facility @\$500 2. vehicle rent for EPI/vaccination campaign @\$100*25 days*1 vehicle=\$2500 3. 3 vaccinators DSA : 3*25*\$10 = \$750 "						
2.19	Patients Referral Support	D	1	\$5,000.00	1	100.00	\$5,000.00
	This line will cover transport and fees for patients referred to secondary health facilities (Abu Jubeha, El Liri and Rashad hospitals). This line is required to ensure the continuation of care for patients and will include drugs costs and lab tests, if necessary. The total estimated cost is \$5,000.						
2.20	Pipeline breakdown backup (essential drugs and medical supplies)	D	1	\$30,000.00	1	100.00	\$30,000.00
	"CARE will use this line to purchase essential drugs and medical supplies in case of pipeline breakdown and these items are not delivered timely as stated in the call. "						
2.21	Project start up, review and close out workshops	D	3	\$1,500.00	1	100.00	\$4,500.00
	"CARE will hold one grant startup workshop at the beginning of the project to finalize work plans, assign roles and responsibilities, and discuss program strategy and monitoring. There will be also meetings with SMOH and community leaders to discuss the project. Half way through the project, there will be a program review workshop with all key stakeholder including community representatives, SMOH and the local partner to review the progress and the plan as needed. Similarly, toward the end of the grant, a grant closeout meeting will be held to further develop strategies for handover and priorities for coming projects with all the stakeholders. This line will cover costs related to meals, stationery/related materials, DSA, transportation and accommodation of the participants. The total cost is estimated to per each meeting is estimated to be \$1,500 and the total will be \$4,500. "						
2.22	Set up community feedback and complaint mechanisms	D	3	\$1,000.00	1	100.00	\$3,000.00
	Community awareness sessions, setting up boxes and hotline expenses. The cost will be \$1,000 per locality.						
2.23	Rehabilitation of 5 OTP/TSFP facilities	D	5	\$8,000.00	1	100.00	\$40,000.00

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Code	Budget Line Description	D / S	Quantity	Unit Cost	Duration Recurrence	% Cost	Total Cost
3.1	Laptop For program staffs in South Kordofan	S	1	\$2,000.00	1	100.00	\$2,000.00
3.2	Printer To be used at Abu Jubeha office	S	1	\$1,000.00	1	100.00	\$1,000.00
3.3	Office Furniture For Kharotum and Abu Jubeha office	S	1	\$1,796.13	1	100.00	\$1,796.13
Sub Total							\$4,796.13

Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Quantity	Unit Cost	Duration Recurrence	% Cost	Total Cost
Sub Total							\$0.00

Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Quantity	Unit Cost	Duration Recurrence	% Cost	Total Cost
5.1	Staff travel cost WASH & HEALTH Advices, Finance and Grant Coordinators, Programs quality Team will ensure the program quality and the timely implementations 25% were charged to SHF	S	8	\$400.00	8	25.00	\$6,400.00
5.2	Peridems WASH & HEALTH Advices, Finance and Grant Coordinators, Programs quality , 8 staff will Travel 3 times per the year for 5 days the unit cost is 40 USD, Team will ensure the program quality and the timely implementations 25 % were charged to SHF	S	12	\$70.00	20	25.00	\$4,200.00
Sub Total							\$10,600.00

Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Quantity	Unit Cost	Duration Recurrence	% Cost	Total Cost
6.1	Partner personnel and operation cost This cost will give to the partner to cover their support cost including salaries and other admin cost	D	1	\$1,000.00	10	100.00	\$10,000.00
6.2	Conducting 75 environmental cleaning campaigns "The cost includes: 1. renting 5 donkey carts to transport the waste per campaign @ \$50 2. soap for washing at the end of each campaign especially in the refugee and IDPs areas @ 25 "	D	75	\$125.00	1	100.00	\$9,375.00
6.3	Purchase and distribute 300 cleaning tools "The tools include: 1. 20 local brooms \$12 2. 10 wastebaskets @ \$10, 3. 4 rakes (weeders) @\$20, 4. 4 spades @ \$28, 5. 1 wheelbarrows \$22 6. 1 hoes @ 8 "	D	300	\$100.00	1	100.00	\$30,000.00
6.4	From and train 7 school WASH clubs "The \$980 training unit cost includes: 1. 9 trainees X 5 days X \$10 DSA = \$450 2. Stationary (flip chart, markers, notebooks, pens, etc.) = \$100 3. Refreshment (dates, water, tea and soda) in average @ \$120 4. Venue for 5 days = \$170 5. SMOH trainers DSA for 7 days (1X7X@20) = \$140 "	D	7	\$980.00	1	100.00	\$6,860.00
6.5	Conduct 49 school hygiene promotion campaigns in 7 schools "The \$840 average cost per school to for 7 campaign includes: 1. soaps for hand washing after the campaign @ \$240 2. stationary (notebooks and pens) for the Q&As @ 100 3. refreshment @ \$350 4. cleaning tools @\$150 "	D	7	\$840.00	1	100.00	\$5,880.00
6.6	Community Health Workers Training	D	1	\$10,850.00	1	100.00	\$10,850.00

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	This the cost associated with utilities for both the South Kordofan and Khartoum office which include; electricity, water, garbage cleaning, etc 20% is charged to SHF						
7.7	Bank Charges	S	1	\$150.00	12	20.00	\$360.00
	this bank charges for the project money Transfers. 20% is charged to SHF This is the cost we are being charged by the bank on monthly basis for the transfer of cash to SK (Abjebiha and Kadguli) bank accounts as well the cost of transferring staff salary to their bank account.						
7.8	Safety and security	S	1	\$35,000.00	1	20.00	\$7,000.00
	Sudan is rated one of the high risk countries and CARE needs to strengthen the security of its staff and property. This budget is used for training, security equipments purchase, security management and the like. 20% is charged to SHF						
7.9	Fuel for office vehicle and generator	S	1	\$4,100.00	12	20.00	\$9,840.00
	The fuel serves for both vehicles in the two locations and the generator as well. The 20% of the fuel and lubricant cost of the vehicles in the two locations covered by SHF.						
7.10	Visibility	D	1	\$6,364.40	1	100.00	\$6,364.40
	Visibility materials for the project, including dedicated sign boards in project sites. SHF's logo will be clearly displayed on all visibility materials including a description of the project in English and Arabic. 100% charged to SHF 60 signposts for 54 water points, 5 PHC and 5 OTP/TSFP sites @ \$100 = \$6,000 20 banners for different community outreach activities @ 20*\$25= \$500						
7.11	Office equipment, furniture maintenance	S	1	\$7,500.00	1	20.00	\$1,500.00
	This budget line items is to accomodate the cost of maintaining computers office equipments, communication equipments 20% of the total capacity building cost should be charged to SHF						
7.12	Other Costs	S	1	\$1,500.00	12	20.00	\$3,600.00
	This category of costs include those cost that are not classified above such as temporary labor, loading/unloading, annual registration fee, work permits, pouches to FO, HO and HQ, etc. SHF will be charged 20% of the cost						
7.13	Khartoum Office and guesthouse rent	S	1	\$10,137.50	12	16.00	\$19,464.00
	"This is the Rent office, guest house and warehouse of KRT office. 16% is charged to SHF "						
	Sub Total						\$84,426.00
	Sub Total						\$1,853,810.19
PSC Cost							
	PSC Rate (insert percentage, not to exceed 7 percent)						6.50
	PSC Amount						\$120,497.66
	Total Fund Project Cost						\$1,974,307.85
	Grand Total Fund Project Cost						\$1,974,307.85

EFO

K-M

6 ml of 100% ethanol