

**FAQ number 1\_ Humanitarian Development Nexus: Strengthening a Decentralized Health System for protracted displaced population (HealthPro) in Al Fasher and Nyala\_ Al Fasher Grant**

Q1. Under the Civil Works intervention for Alsalam HF it is proposed to have elevated tank of 3000 lit capacity and under the BoQ , it is proposed to have 1000lit plastic tank on the ground. As per the WHO Environmental Health standard Health Facilities should have 48hrs backup storage, considering this, is it possible to consider construction of underground storage tank of enough capacity instead of plastic tank of 1000lit and pump water regularly to the elevated tank for both Alsalam and Abu shouk HF to have sustainable solutions for the facilities?

R1. The dimensions of the underground water storage tank for both Al Salam and Abu Shouk Health Facilities can be modified if the costs fit within the budget provided.

Q2. From the Annex N-assessment report we understood that Alsalam A HF has no source of water and it relies on water trucking? Who is going to cover the cost of water trucking for these facilities from July 2022-July 2023? Can we factor water trucking during this period in the budget?

R2. The water trucking could be one of the modalities of water supply, and the cost can be eligible on the budget of the proposal, however AICS recommend to plan other sustainable solutions of which the costs could be covered by the proposal if that intervention will be not too expensive. In this sense, it should be important to involve the local counterparts to find a long term solution.

Q3. In the BoQs a unit rate of 300Euro is allocated for the medical incinerator construction that is shown in the drawing. Please clarify if the brick materials for the construction of the incinerator considered to be fire brick (refractory bricks) or normal bricks while considering 300Euro for one medical incinerator construction?

R3. The layer around the incinerator combustion chamber must be constructed with fire (refractory) bricks; if the material is not available, other solutions can be used. Variations to the design must be shared and approved by the AICS's technical department and the SMoH's engineering department.

Q.4 Considering that the country can experience UNICEF and WFP core pipeline break, in order to prevent shortage of nutrition supplies, are we allowed to procure of buffer stock of RUTF and RTSF?

R4. The purpose of this grant is not to substitute the mandate of WFP nor UNICEF. However, due to the fragile local situation, it's acceptable that each nutritional centre that will be part of the proposal will have and available stock of RUTF and RTSF for the emergency cases.

Q5. We will procure essential medicines, medical supplies and small equipment. Is there any reservation from the donor?

R5. The reservations are just as follows: 1- the procurement process should be done according to the internal NGO procurement process and 2- the import of all medical supplies, furniture and drugs must follow the Sudanese rules.

Q6. Does AICS have processes/guideline for international procurement of medicines, supplies and equipment

R6. AICS is a pillar assessed agency implementing some programs funded by EU and it applies PRAG rules. NGOs must apply PRAG rules or its own procurement rules in case these are more restricted than PRAG rules.