OCHA
Coordination Saves Lives

Project Proposal

Requesting Organization :	World Health Organization
Allocation Type :	2018 – SHF 2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		85.00
NUTRITION		15.00
		100

Project Title :	Provision of integrated essential health and nutrition services for vulnerable communities in newly accessible areas in East Jabal Mara, South Darfur (Envelope 1)		
Allocation Type Category :			
OPS Details			
Project Code :		**Fund Project Code :**	SUD-18/HSD20/SA2/H-N-WASH/UN/7862
Cluster :		**Project Budget in US$:**	643,139.76
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/04/2018	**Planned End Date :**	31/03/2019
Actual Start Date:	01/04/2018	**Actual End Date:**	31/03/2019

Project Summary :

The project focuses on ensuring and maintaining access to essential life-saving health and nutrition services and vital public health interventions for communities affected by conflict and displacement living in very high/high risk villages in East Jabal Mara from the side of South Darfur State. Direct health service delivery through operationalization of 7 clinics to cover around 242,000 IDPs and conflict affected communities after access has opened in areas that were not accessible for several years. The fund will be mainly focusing to address the pressing needs for high rates of malnutrition, lack of basic services delivery and a collapse of basic infrastructure due to impact of the conflict for several years.
The project activities have been discussed and planned in consultation with health and nutrition federal and state ministry of health and in accordance with the sector priorities. The SHF will be sub-granted to NNGOs and state MOH in areas with critical needs for essential health and nutrition service provision with no alternative partners (international or national NGOs) currently with minimum presence on the ground. The Deribat village will be targeted only by nutrition Sever Acute Malnutrition (SAM) inpatient care as part of the essential primary health care delivery already covered by CERF Rapid Response up to June 2018 and the functionality of seven clinics will be continued with the provision of medical supplies. Through SHF the provision of free-of charge health services and medicines is aiming to ensure access to essential emergency health care for targeted population mainly composed of IDPs, returnees and host communities. The expansion and management of emergency health information system and public health early warning alert response systems (EWARS)in emergency will be established facilitating the prompt identification and timely response to emergencies that are critical for preventing the avoidable mortality and morbidity amongst affected communities as well as health and well-being of targeted humanitarian case-load in these areas. The SHF will complement the ongoing CERF funded health interventions in Deribat and Bellie Seraif which is currently underway directly through implementation of WHO, NGOs and state MOH; the training and functioning of states' and locality Rapid Response Teams (RRT) in charge of assessment and initial response to acute events such as outbreaks alert investigation and initial response will be implemented by WHO with the broader scale up of the response interventions as the most cost-effective way for the protection of the lives.
Affected communities will be involved in planning and implementation of the project by recruiting paramedics and training of CHWs from the same communities for sustainability and self-resilience and minor rehabilitation using semi-permanent materials will be considered for the key health facilities affected by long conflict in the newly accessible areas of East Jabel Mara.
The nutrition activities will be mainly focused on lifesaving in-patient services for SAM through establishing the first ever stabilization center in Deribat area of East Jebel Mara locality in South Darfur state. The activities will be implemented by WHO with the support from SMOH focusing on in patient management of the severe acute malnutrition, while the current SAM children with complications are being referred to the far reachable health facilities. The capacity building of health and nutrition staff of the stabilization center on lifesaving In-Patient SAM services and will provide opportunity to the staff from other health facilities in the East Jebel Merra locality. The expected inpatient case load from the initial calculation has revealed that the estimated number of in patient SAM cases will be around 320 patients during 2018 (HRP 2018). WHO will provide the required medicines and medical equipment to the stabilization center .

Direct beneficiaries :

Men	Women	Boys	Girls	Total
94,864	98,736	23,716	24,684	242,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	73,868	76,883	18,467	19,176	188,394
Children under 5	0	0	0	0	0
Pregnant and Lactating Women	0	9,680	0	0	9,680
People in Host Communities	0	0	0	0	0

Indirect Beneficiaries :

Around 200,000 people will indirectly benefit from the project implementation activities in this proposal especially those covered through implementation of nutrition, public health risk reduction and outbreaks response capacity including pregnant and lactating women received counseling during inpatient consultation and treatment for their <5 children.

Catchment Population:

More than 476,000 are the catchment area of the project who will be benefited beyond the direct beneficiaries in term of established EWAR and containment of potential outbreaks

Link with allocation strategy :

The proposed activities are aligned to the SHF allocation strategy 2018 aiming to focus on pressing needs to be addressed through provision of essential lifesaving primary health and nutrition services in the newly accessible areas through SHF and CERF allocations. Timely and uninterrupted availability of essential health and nutrition services including provision of essential medicines and medical supplies also facilitate a joint rapid initial response to unexpected health threats such as outbreaks of communicable diseases and potentially increased conflict casualties until additional emergency funds are mobilized. The SHF project by using a public health approach for identification of actions will target the largest number of beneficiaries through existing human and logistic resources, and proposed health and nutrition interventions will reach the beneficiaries left for many years without access to basic health services, ensuring high cost effectiveness and at the same time increase self-resilience of the most vulnerable targeted communities. In addition, to adhere to the cross cutting issues reflected in the SHF manual such as gender, protection mainstreaming, accountability to affected populations, environmental, early recovery and value for money will be considered trough the project implementation as the project planned to support addressing immediate critical health needs in areas identified as SHF strategic priorities; in East Jabal Mara from the side of South Darfur.
The project is aligned with the guiding principles as defined in the 2018 allocation strategy document while contributing significantly to wide coverage to complement on going health services funded through CERF in other villages at same area of East Jabal Mara.
The project is developed based on understanding of no other NGOs present at these areas demonstrating the interest to apply for SHF, WHO will direct some amount to NGOs and MOH as part of resilience and sustainability strategy to complement and cover imminent gaps in service delivery through improving sustainable access to quality health services for IDPs and host communities. WHO is committed to ensure improved quality of PHC services including international procurement from pre-qualified (WHO) suppliers. Inter-acting with the beneficiaries during the monitoring of the project is included to ensure that challenges are heard and corrective measures implemented.
The proposed activities will also support addressing SAM with complication among under five children who are at immediate critical needs of in-patient services, in the East Jebel Merra locality identified as the SHF strategic priority area in South Darfur State. The project will focus on establishing new stabilization center in Deribat area of East Jebel Merra to provide in-patient services of SAM. The project will fill the gap of unviability of In-patient SAM services in the entire East Jebel Merra Locality.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$
MOH	Government	82,500.00
NIDO	National NGO	28,600.00
Jabal Mara Community Health Organization	National NGO	23,742.00
		134,842.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
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BACKGROUND

1. Humanitarian context analysis

In 2017 the humanitarian community faced major challenges to timely and effectively respond to the additional needs resulted from the gained access to wide areas in Darfur, Humanitarian Needs Overview identifies 5.8 million people in need of humanitarian assistance across Sudan including 2.1 million IDPs in need in Darfur. Recognizing that over the last decade some IDPs have managed to adjust and adopt their lives, the humanitarian community had to better identify the most vulnerable IDPs.The majority of IDPs and returnees being visited during recent several interagency missions are women and children. More than a decade of conflict in Sudan has severely deepened the country's humanitarian crisis, 5 million people in need of essential health services living in those conflict-affected areas namely five Darfur states, the Kordofans, Blue Nile, and Abyei. The cumulative effects of armed conflict in the greater Jebel Marra have had a substantial impact on the communities and in 2017; access has opened in areas that were not accessible for several years. The pressing humanitarian needs in this area are mainly high rates of malnutrition, lack of basic services delivery and a collapse of basic infrastructure due to the impact of the conflict. The major risk factors affecting these areas include protracted armed conflict between government security forces and other armed groups, mass population movements including internal displacement and refugees, and major recurring disease outbreaks including, AWD, hemorrhagic fever and other water-borne and vector-borne diseases like meningitis, Malaria, measles etc. Insufficient funding levels left significant parts of these humanitarian needs unaddressed in 2017, which were further aggravated with unexpected nationwide AWD outbreak from August 2016 as to date leaving many lives behind. Improved access to the previously inaccessible areas in East Jebel Marra since early 2017 has demonstrated additional health needs in the area, since infrastructure was devastated and essential life-saving health interventions have been unavailable, especially for IDPs who are mostly settled in camps which tend to be congested. Access to safe water and sanitation is also limited in camp-like settings as well as host communities in East Jabal Mara, South Kordofan contributing factor to the recurrent communicable diseases outbreaks. Between 17 August 2016 and 31 Dec 2017, 36,494 cases of AWD and 820 related deaths (Case Fatality Rate 2.2 %), have been reported (Attack Rate 0.112% with 50% increased for the last three months). There has been a significant increase of AWD cases in East Jebel Marra, with more than 300 cases and dozens (around 40) of deaths recorded however; the under reporting due to poor access and less coverage of sentinel sites by Early Warning Alert Response System. Furthermore, in East Jebel Marra the (EWARS) is very weak, covering less than 35% of the area. Vaccination services and the referral system similarly face challenges there, with many children under five not receiving immunization for 2 years due to inaccessibility. As a result, measles vaccination coverage is at 41%.

East Jebel Marra has also seen a steep decline in the population's overall nutritional situation. The food security situation among new IDPs in parts of Jabel Marra has already deteriorated to IPC Phase 3 due to restrictions on movement and trade flows, and limited access to normal livelihood activities. Malnutrition is a chronic problem, with emergency level rates beyond global benchmarks observed for decades. The causes are poverty, limited access to health care, poor maternal and child care and feeding practices, and limited access to safe drinking water. Sudan has one of the highest rates of wasting with a Global Acute Malnutrition (GAM) rate of 16.3 per cent amongst children under the age of 5 with stunting rates of 38.2%. Only about 25 per cent of children with acute malnutrition have access to treatme

2. Needs assessment

The main humanitarian needs in Sudan are linked to several factors; new and protracted displacement due to conflicts affects the access to basic services and disrupts the livelihoods and food security of many people. Acute malnutrition in children under the age of five is above emergency thresholds in various areas across the country. Refugees and asylum seekers, especially from South Sudan, continue to arrive in Sudan seeking protection and humanitarian assistance. Returnees (both refugees and IDPs) are also vulnerable. More than 5.8 million people in need most of them are internally displaced and non-conflict states are affected similarly by significant AWD outbreak and food-related vulnerabilities. In East Jabal Mara; whole villages have been abandoned, burned and looted, health facilities, schools and businesses closed and people sought refuge in camps, amongst host communities and around UNAMID camps. Almost 70% of the displaced people have been absorbed in the existing camps.
The disparities of access to health services deepened, with East Jabal having the worst situation: 1 PHC facility covers around 21,000 people while the country average is 1 HF /6,800 people. Almost three quarter of the health facilities in East Jabal Mara need major repairs or re-construction, none of them providing an integrated package of services, while even less (23 %) are providing life-saving basic emergency obstetrical care for pregnant women. The prolonged conflict undermined developmental efforts; in Darfur almost 40% of the health services are provided by NGOs with significant external support. The out of pocket expenditure for health is at an alarming rate of almost 79%; this forces the most vulnerable (IDPs, women, children, elderly) enter damaging coping strategies, potentially leading to increased exploitation and abuses. In Darfur the proportion of births attended by skilled staff is 46% (while worse in East Jabel Mara), and only 16% of women have access to qualified post-natal care, SAM prevalence rate in nearby localities is more than 5.9% (S3M survey) and according to national CMAM scale up plan; 160 Severely malnourished children are expected to be in needs of medical care in East Jabal Mara. This reflects the huge impact of the humanitarian crisis on women and children access to life saving nutrition and reproductive care.
In 2017, CERF window has been used to support implementation of 2 clinics out of 10 scattered villages in East Jabal Mara which result in 16% increase in the number of outpatients' consultations, with most of the health facilities reported acute medicines shortages. 82 alerts of outbreaks have been investigated in South Darfur including East Jabal Mara in 2018 (WHO and MOH field officers), and 68 of them confirmed for communicable diseases ; Hepatitis E, Malaria, Dengue Fever, Diarrheal Diseases, measles, rubella, and pertussis were the main morbidities. Several large scales, difficult to control outbreaks affected all states including East Jabal Mara, It is important to mention that AWD and Dengue Fever becoming endemic in Kassala and Darfur states, as well as a significant increase of vaccine preventable diseases, especially measles that already affects 14 states. In addition, the number of civilian war trauma treated in public health facilities in Darfur and Kordofan states almost doubled (around 1680) putting a significant burden on the un-prepared trauma services.
The information have been obtained through several interagency and sectorial assessments conducted in East Jabal Mara led by OCHA has shown significant needs as access to key villages in East Jabal Mara (Jabra, Kidneer, Laiba, Abu Huraira, Suni, Karah, Fiena and Deribat) has been granted. The security situation improved, new needs arose due to localized conflict and floods

3. Description Of Beneficiaries

The project activities aims to address the humanitarian health needs and threats of the most vulnerable communities affected by conflict, displacement and disasters in 7 villages currently accessible in East Jabal Mara (Jabra, Kidneer, Laiba, Abu Huraira, Suni, Karah, Fiena and Deribat) with a focus on mother and child health. More than 60% (in some camps more than 70%) of targeted communities are women and girls, with even higher percentage in camps and their needs will be addressed taking into consideration the cultural, security, and economic barriers faced in accessing specific health services; bringing services close to them, having female medical staff, CHW and community health promoters. Efforts will be made to ensure that at least 30% of the participants to in-service training are female. Out of all targeted population, 188,394 are IDPs with 9,680 pregnant and lactating women.
Timely identification and containment of health threats will significantly benefit women and children that are particularly susceptible to communicable diseases; for them access, early access to appropriate treatment is indeed life-saving. Additionally it will target knowledge (key health messages) and cultural gaps especially for women of child bearing age, the data collected in this project will be disaggregated by age and gender, facilitating the implementation of activities that targets specific health needs of different age-groups and genders. In the context of massive displacement, ensuring timely identification and control/response of the health threats (including communicable diseases) is crucial by containing the spread to affects large number of populations (including the host communities) with disastrous impact on their health and life.
The direct beneficiaries for the nutrition part are children under five, pregnant and lactating women who are visiting the health facility. The health and nutrition staff will also benefit from this project through training of about 40 cadres working for management of the under-five SAM Children with complications. WHO will ensure that female and male beneficiaries and staff get the equal benefit of the project. The project activities will fully respect the gender aspect of the project both during services provision and reporting (men,women, boys and girls).
Around 160 (50% of the cases) severely malnourished children disaggregated by sex (78 girls and 82 boys) are expected to be presented to the TFUs with medical complications requires admission. Thus they also will directly benefit from the project by receiving quality services as per WHO standards and National guidelines.

4. Grant Request Justification

The protracted nature of the Sudan humanitarian context with frequent recurrent episodes of acute crisis and ongoing outbreaks requires a complex response strategy to enable to address the needs of vulnerable population from life-saving emergency interventions, to protection, building up local resilience, promoting peace and preparing the basis for long-term sustainable solutions. In spite of increasing number of people in need of humanitarian aid, the Sudan is becoming more and more a “forgotten crisis”, with significant decrease of the donors” allocation for emergency response over the past two years. In the view of the reduction of the humanitarian resources, all sectors, including health, conducted a much more critical programmatic and geographical prioritization for the development of the 2018 strategic response plan for Sudan. Health has been identified as one of a priority sector especially in the newly accessible areas that will save lives, reduce mortalities and health consequences, and promote the well-being and dignity of the conflict affected populations; timely access to affordable and quality health care is a basic human rights and a pillar for protection of civilians against abuse, neglect, and exploitation. In common agreement with health cluster partners, a set of activities that are implemented by the MOH or directly by WHO have been identified as life-saving and vital for humanitarian response especially in East Jabal Mara where access is gained in some villages after long years being inaccessible, and included in sector allocation strategy as eligible for SHF envelop 1. This is when the Ministry of Health is the only implementing partner to carry out response activities in the field, including emergency PHC services in areas where there are no NGO partners at present through the trained Rapid Response Team. Another vital emergency programmatic area is the expansion of EWARS (early warning) to cover new additional caseload and investigation and initial response directly implemented by WHO aiming to address two objectives; health sector and SHF strategic objectives. In 2017, the health sector had to deal with the largest nationwide AWD outbreak which affected all 18 Sudan states. The situation has overstretched the existing services and resulted in gaps in service delivery and affected population coverage.
WHO through cluster mechanism has negotiated with NIDO and JMCO NNGOs available with insufficient capacity, on the ground to be as implementing partners beside MOH in East Jabal Mara.
In 2016, and 2017 the coverage for the treatment of SAM patient increased from 39% to 75%, with less progress for the inpatient (from 30% to 45%) compared to the other components, which urges the needs to scale up the capacity for the SAM treatment generally and in particular the SAM inpatient care, especially in localities where the emergency thresholds have been surpassed. As per the HRP 2018, East Jebel Mara has very high prevalence of severe acute malnourished children (18% GAM and 4% SAM) which are both above the emergency threshold of WHO. The services provided by the TFUs are indeed life-saving and leaving without treatment the consequence of SAM patients are fatal. The provisions of quality in patient services are necessary for nutrition interventions to addresses urgent gaps in Jebel Merra. The east Jebel Merra area is newly accessible and there has been no In patient service in the whole east Jebel Merra locality. The expected cases of SAM are around 2,142 cases during 2018 in East Jebel Merra locality while 320 children under five children will have medical complication which will need lifesaving medical and nutrition services in the Stabilization Center. According to the mandate and specialization, WHO will establish the first ever stabilization center in east Jebel Merra, around 320 severely malnourished girls and boys living in the 4 administrative units of Deribat, Jawa, Kidingeer, Belle El Sereif .

5. Complementarity

The proposed project is aligned to the sector strategic response plan, complementing the the ongoing CERF project in East Jabal Mara that targeting 2 villages, other 7 village are currently accessible and lacked minimum basic health services, the projects also complement other cluster partners, including WASH proposal. Firstly there are strong complementarities with the response to acute crises capacity that developed using other funding sources by the states Rapid Response Teams. In addition, the response to the outbreaks that surpass the local response capacities identified, investigated and confirmed included in the project will be partly supported with the supplies from WHO core fund (cholera and Trauma kits), benefiting also the health facilities run by NGOs in the affected area.
The implementation of project activities will also enable the health partners MOH and NGOs and facilities in targeted areas to systematically consider, identify, and report alerts of public health threats, and their participation in an integrated and coordinated response based on the investigation, analysis, and supported provided by WHO field teams .
As mentioned before there is no overlapping with other ongoing CERF RR and partners projects as no single project is funded recently in these areas apart from CERF targeting Partially 2-3 villages and that are ending very soon and are having a different programmatic focus; they are mainly provision of health services by NGOs and rehabilitation of damaged health facilities in separate villages. The very small allocations included for alerts investigation and response have been exhausted due to significant increase in the number of epidemiological areas, and there is a need to fill in this urgent gap.

LOGICAL FRAMEWORK

Overall project objective

Contribute towards reduction of avoidable morbidity and mortality amongst people affected by conflict, displacement and natural disasters in seven highly prioritized villages new accessible in East Jabal Mara in South Darfur state as well as reducing avoidable SAM in-patients related moralities in prioritized locality through provision of inpatient lifesaving nutrition services for severe acute malnutrition.

HEALTH		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Provide and continue access to PHC services for vulnerable population affected by conflict and natural disasters	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	50
Ensure provision of maternal and child health services for the reduction of maternal and child morbidity and mortality among vulnerable population	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	25
Strengthen the capacities to prepare, detect and promptly respond to public health risks or events at federal, state and locality levels	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	25

Contribution to Cluster/Sector Objectives : The project addresses all three sector strategic objectives through:
• Maintaining access to health services for vulnerable communities affected by conflict, displacement and natural hazards (including outbreaks) in areas where MoH is the only health service provider and 2 NGOs were selected to participate. This will be achieved through logistic, supplies and human resources' support to existing PHC centers or/and establishment of emergency temporary fixed clinics.
• All supported clinics will provide free-of-charge integrated standard PHC package with a focus on improving the access and quality of maternal, reproductive and child health care, as well as referral of general and obstetrical emergencies aiming to reduce the avoidable mortality and morbidities amongst children and women. Through support of the RRT at states' level the focus is on the response to acute crises such as new displacement, increased morbidities and mortality caused by severe communicable diseases with outbreak potential, and mass casualty amongst civilian.
• Maintaining and expansion to cover the eventual new humanitarian case-load of the emergency health information and public health early warning systems is critical to initiate timely investigation and initiate responses, thus decreasing the avoidable mortality and morbidity.

Outcome 1

To reduce avoidable mortality and morbidity among targeted population through improved access to quality emergency health and nutrition care and referral service including the severe acute malnutrition with medical complications in East Jebel Marra locality.

Output 1.1

Description

Around 242,000 people in 7 affected villages of East Jabal Mara have improve access to basic health and nutrition care and referral services including 160 severely malnourished children with medical complication to in-patient SAM treatment in Deribat TFU in East Jebel Merra locality

Assumptions & Risks

access remained and improved

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	Number of health facilities providing minimum basic package of primary health care services including reproductive and mental health and psychosocial support (HRP 2018).					7

Means of Verification : consultation reports

Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.2	HEALTH	Number of health workers trained (disaggregated by gender)	30	24			54

Means of Verification : training reports, results of pre and post test of the training, improved case recognition and care

Activities

Activity 1.1.1

Standard Activity : Procurement, storage and distribution of drugs and medical supplies.

Support the delivery of essential health services in targeted states through procurement and distribution of emergency medicines and medical supplies to cover 242,000 vulnerable people (men, women, boys and girls) affected by long crisis.

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.

Provide integrated PHC package, including curative, ANC, PNC, FP, normal delivery, routine EPI, growth monitoring and identification of malnutrition, health promotion, and referral.

Activity 1.1.3

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

Training of new health staff (at new clinic) and new Community Health Workers (CHW) on case definition and management, infection prevention, IMCI, EWARS.

Output 1.2

Description

The collection, analysis and dissemination of critical health information data to monitor health situation and disease trends is effective and used for tailoring of an adequate and timely identification, prevention and control of outbreaks with further expansion to cover the new caseload in the established new villages

Assumptions & Risks

remained commitment of medical staff and CHW to work in these areas

Indicators

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

Means of Verification : investigation mission reports

Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.2	HEALTH	Number of community awareness sessions conducted.					18

Means of Verification : KAPs study, health promotion reports, results of interviewing the community on level of knowledge on health issues,

Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.3	HEALTH	% of health emergency events reported, investigated and response initiated within 72 hours after reporting (HRP 2018).					98

Means of Verification : outbreak investigation reports

Activities

Activity 1.2.1

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

Conduct missions for investigation of alerts, collection of samples, identification of sources, active case finding, and development of response plan.

Activity 1.2.2

Standard Activity : Support and conduct routine or acceleration interventions for immunization.

Conduct mass vaccination campaign for the new arrivals against measles and polio jointly with the partners targeting children bellow 15 years of age (73,450 children).

Activity 1.2.3

Standard Activity : Conduct awarereness / orientation sessions at the health facility for the community

Conduct health awareness for prevention/control of outbreaks (water/vector borne and hygiene related diseases).

Activity 1.2.4

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

Training of 50 new health staff on EWARS alert investigation and initiation of response and recording and reporting of morbidity data.

Additional Targets :

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide life-saving nutrition interventions to those affected by new emergencies, or living in newly accessible areas	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	50
Stabilize and reduce malnutrition, mortality and morbidity levels	Outcome 3: NUTRITION AND RESILIENCE: Vulnerable residents in targeted areas have improved nutrition status and increased resilience	50

Contribution to Cluster/Sector Objectives : To reduce the avoidable SAM related moralities in SHF prioritized locality of East Jebel Marra in South Darfur State through ensuring access to lifesaving SAM inpatient services.

Outcome 1: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock (HRP 2018)
Provision of quality lifesaving nutrition services for acutely malnourished children (boys and girls 6-59 months of age) among highly vulnerable communities (HRP 2018).

Outcome 1

To reduce the avoidable mortality attributed to the severe acute malnutrition with medical complications in East Jebel Merra Locality.

Output 1.1

Description

Access of 160 severely malnourished children with medical complication to in-patient SAM treatment in the Deribat TFU in East Jebel Merra locality

Assumptions & Risks

Timely transfer of funds for the implementation of activities, and security situation allows the implementation at all targeted locations

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	% of boys and girls 0-59 months with SAM cured among the discharged children (target >75% according to SPHERE)					100
Means of Verification : Reports on monthly base from the SC unit and close monitoring and supervision at all level of implementation							
Indicator 1.1.2	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NiE)					20
Means of Verification : Reports on monthly base from the SC unit and close monitoring and supervision at all level of implementation							
Indicator 1.1.3	NUTRITION	Number of at risk malnourished girls, boys (6-23 months) admitted to acute malnutrition prevention program. (HRP 2018)			78	82	160
Means of Verification : results of nutrition assessment, records of inpatient care at the health facilities,							

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 etc.)

As the stabilization center will be newly established in the East Jebel Merra Locality, therefore, staff (medical doctor, Nutritionist and one Nurse) will be recruited for the mentioned SC. Qualified nutrition staff will be observed to encourage the utilization of services, and aiming to remove the language barriers, Priorities will be given to the staff from within the targeted communities.

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 etc.)

Health and nutrition staff will be trained on In patient Management of SAM with complications. The staff (08 male, 12 female) from the newly established SC will be trained on in patient management of SAM while also giving opportunity to the nutrition staff of other health facilities located in the East Jebel Merra locality. The participants will be introduced by the state ministry of health (SMOH), nutrition unit, and the staff from other health facilities in the east Jebel Merra will be also given opportunity in this training. The inpatient SAM guideline which was revised by the WHO and FMOH team will be used for this training. The nutrition sector partners will be informed during the sector meetings (at national and targeted states level) about the progress of the SAM inpatient training.

Activity 1.1.3

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 etc.)

PThe newly established SC in the East Jebel Merra will be provided with all the required medicines throughout the project duration. It will be ensured that medicines are provided on timely manner, and to avoid any shortage of the lifesaving medicines for the inpatient treatment of children under five with SAM with medical complications.rocurement of Medicines for SAM inpatient management of newly established TFU in East Jebel Merra

Activity 1.1.4

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 etc.)

Printing of the sets of standard package; guidelines, training module and job aids for inpatient case of SAM for 20 health and nutrition staff & facilitators for the TFU
The revised version of the In-patient SAM guideline, training module, Job Aids will be printed and distributed to the trainees, these package will be used both during the training and will be also helpful after the training during their practical service in the TFU/SC.

Activity 1.1.5

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 etc.)

Printing registers and reporting tools for the TFU
Throughout the project implementation, registers and reporting tools will be printed and supplied to the TFU/SC, in order to ensure timely reporting from the Center.

Activity 1.1.6

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 etc.)

Establishment of the SC in the East Jebel Merra
Establishment of the SC included to : Refurbishing, fixing the infection prevention facilities, hand washing , provision of beds, bed sheets, couch, tables, chairs to the TFU/SC. See the Annex A for detail.

Activity 1.1.7

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 etc.)

Conducting 6 supportive supervisory visits jointly with MOH
Conduct 6 supportive supervisory visit together with the on the job training to the SHF targeted location of East Jebel Merra. 2 Supervisory visits will be carried out from the FMOH and WHO main offices in Khartoum, while 4 supervisory visits will be carried out by the South Darfur State team of MoH and WHO to oversee the project implementation provide support and focus on the quality implementation.

Additional Targets : The dropdown list was limited to some activities only under the nutrition and the training, supplies, equipment for SAM SC was not clearly found

M & R

Monitoring & Reporting plan

Khartoum EHA team will provide oversight; this will be done through regular teleconferencing and short mission to the field. Regular reports and updates from Sub grants health partners and SMOH is an additional method to ensure proper implementation is ongoing. Monitoring and supervision will include WHO, MOH and NGOs sub granted for implementation of the project, weekly reports from these implementing partners also will be used as monitoring mechanism for disease trend and availability of medicine and medical supplies,

The second level is through WHO field offices in South Darfur, national and international officers in the field have an agreed upon schedule to visit all targeted areas and report on gaps and implementation rates and public health concerns as observed. In all instances these visit are accompanied with SMOH staff which also ensures that information sharing is happening at all level. WHO field offices provide Khartoum office with EWARS and monthly updates for reporting on indicators to the health cluster and OCHA.

WHO also takes part in all joint assessment (UN and MOH) whether they are just regular missions or in response to an emergency.Other tools that would monitor the situation on the ground is the HeRAMS which provides an update on quarterly bases from partners on resources available in the field. additionally EWARS which is the communicable disease early warning system would provide an alert to a possible public health risks and reporting on quarterly basis using SHF output indicators

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: Support the delivery of essential health services in targeted states through procurement and distribution of emergency medicines and medical supplies to cover 242,000 vulnerable people (men, women, boys and girls) affected by long crisis.	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
HEALTH: Activity 1.1.2: Provide integrated PHC package, including curative, ANC, PNC, FP, normal delivery, routine EPI, growth monitoring and identification of malnutrition, health promotion, and referral.	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
HEALTH: Activity 1.1.3: Training of new health staff (at new clinic) and new Community Health Workers (CHW) on case definition and management, infection prevention, IMCI, EWARS.	2018					X	X			X	X		
	2019												
HEALTH: Activity 1.2.1: Conduct missions for investigation of alerts, collection of samples, identification of sources, active case finding, and development of response plan.	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
HEALTH: Activity 1.2.2: Conduct mass vaccination campaign for the new arrivals against measles and polio jointly with the partners targeting children bellow 15 years of age (73,450 children).	2018							X	X	X			
	2019												
HEALTH: Activity 1.2.3: Conduct health awareness for prevention/control of outbreaks (water/vector borne and hygiene related diseases).	2018					X	X				X	X	
	2019												
HEALTH: Activity 1.2.4: Training of 50 new health staff on EWARS alert investigation and initiation of response and recording and reporting of morbidity data.	2018						X	X					
	2019												
NUTRITION: Activity 1.1.1: As the stabilization center will be newly established in the East Jebel Merra Locality, therefore, staff (medical doctor, Nutritionist and one Nurse) will be recruited for the mentioned SC. Qualified nutrition staff will be observed to encourage the utilization of services, and aiming to remove the language barriers, Priorities will be given to the staff from within the targeted communities.	2018					X	X						
	2019												
NUTRITION: Activity 1.1.2: Health and nutrition staff will be trained on In patient Management of SAM with complications. The staff (08 male, 12 female) from the newly established SC will be trained on in patient management of SAM while also giving opportunity to the nutrition staff of other health facilities located in the East Jebel Merra locality. The participants will be introduced by the state ministry of health (SMOH), nutrition unit, and the staff from other health facilities in the east Jebel Merra will be also given opportunity in this training. The inpatient SAM guideline which was revised by the WHO and FMOH team will be used for this training. The nutrition sector partners will be informed during the sector meetings (at national and targeted states level) about the progress of the SAM inpatient training.	2018				X	X	X	X	X	X	X	X	X
	2019		X	X									
NUTRITION: Activity 1.1.3: PThe newly established SC in the East Jebel Merra will be provided with all the required medicines throughout the project duration. It will be ensured that medicines are provided on timely manner, and to avoid any shortage of the lifesaving medicines for the inpatient treatment of children under five with SAM with medical complications.rocurement of Medicines for SAM inpatient management of newly established TFU in East Jebel Merra	2018				X	X	X	X	X	X	X	X	X
	2019												

NUTRITION: Activity 1.1.4: Printing of the sets of standard package; guidelines, training module and job aids for inpatient case of SAM for 20 health and nutrition staff & facilitators for the TFU The revised version of the In-patient SAM guideline, training module, Job Aids will be printed and distributed to the trainees, these package will be used both during the training and will be also helpful after the training during their practical service in the TFU/SC.	2018					X	X	X				X	X
	2019		X										
NUTRITION: Activity 1.1.5: Printing registers and reporting tools for the TFU Throughout the project implementation, registers and reporting tools will be printed and supplied to the TFU/SC, in order to ensure timely reporting from the Center.	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
NUTRITION: Activity 1.1.6: Establishment of the SC in the East Jebel Merra Establishment of the SC included to : Refurbishing, fixing the infection prevention facilities, hand washing , provision of beds, bed sheets, couch, tables, chairs to the TFU/SC. See the Annex A for detail.	2018				X	X	X						
	2019												
NUTRITION: Activity 1.1.7: Conducting 6 supportive supervisory visits jointly with MOH Conduct 6 supportive supervisory visit together with the on the job training to the SHF targeted location of East Jebel Merra. 2 Supervisory visits will be carried out from the FMOH and WHO main offices in Khartoum, while 4 supervisory visits will be carried out by the South Darfur State team of MoH and WHO to oversee the project implementation provide support and focus on the quality implementation.	2018					X		X		X		X	
	2019	X		X									

OTHER INFO

Accountability to Affected Populations

Prior to the development of the proposal, the inter-sectorial and sectorial assessments"' methodology, as well as WHO supervisory visits includes interviews with community members (male and female) and group discussions to facilitate their participation to the design of the project, community leaders meeting will be used to inform the people on progress made and receive the community concern regarding the quality and availability of the services, banners and signboards will be fabricated to inform the communities about the elements of the SHF project and the duration.
Supervision missions in affected areas will include random interviews with patients (community members) as well as community group discussions to assess their perception of provided services and immediate needs, and identify the best solutions. Corrective measures will take into account their feed-back.
The trainings participants would be selected from the same communities and will include a balance between women and men to ensure alignment of the implementation with the local culture. For the training of the health staff, the aim is to have at least 30% female, and for midwives 100% female. During the health awareness campaigns, female health promoters will ensure the access to information/education of female community members; especially in camps where about 60- 70% (depending on camp) of inhabitants are female. All training sessions and awareness campaigns conducted during the Rapid Response Teams mission will include key message on environmental protection from biological contamination as part of safe waste disposal and improved community level sanitation. Infection prevention measures aiming to ensure the protection of staff, patient and communities will be strictly implemented by the supported clinics/activities.
Health and nutrition services will be established and provided inside the community settlement for both directly affected and host communities as do no harm
The RRT missions as initial response to acute crisis , includes into assessment methodology group focus meetings, interview with community members (female and male) to ensure that identification of urgent needs and prioritization of immediate actions respond to the populations real needs.

Implementation Plan

"WHO has well established field office in Nyala, staffed with experienced public health professionals. WHO usually works in close coordination with the ministry of health at federal and state level. Still in East Jabal Mara areas, WHO will subcontracts MOH and NGOs (NIDO, JMCO) to provide basic services in term of day to day running of the clinics, provide EWARS weekly reports on epidemiological situation. WHO provides emergency medical supplies, monitors the work implemented, and a final evaluation report from WHO in the field is shared with WHO Khartoum. This report, in addition to regular weekly updates from the field provides proper oversight and the ability steer/ adjusts the activities as seen necessary in the field. Additionally beneficiaries' satisfaction is very important hence during awareness campaign WHO will try to get feedback from the beneficiaries on how satisfied they are with the service provided.

WHO also works with MOH and National partners, in the monitoring and identification of gaps and arisen needs, on job training and building capacity usually takes place during the monitoring and supervisory visits of WHO field staff to rural areas in addition to the planned organized trainings on health and nutrition topics. All activities included in this proposal takes into consideration the seasonality (rainy season) which impeded access and in many instances for a long time. Prepositioning and more focus on preparedness is needed in such circumstances to ensure ability to respond. All activities included in this proposal focuses primarily on increasing national capacity to respond and enhance the access to integrated PHC services, WHO will maintain the regular inter-sectorial coordination will partners and stakeholders such as HAC in obtaining the travel permits and clearances

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF,MOH,UNFPA,NIDO, JMCO	Vaccination and joint supervision ,coordination, outbreak response, running 5 clinics, joint monitoring and supervision ,RH matters, coordination and joint supervision,Implementation of clinics, health promotion, EWARS reporting and alerts of outbreaks

Environment Marker Of The Project

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

Gender Marker Of The Project

2b- The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

From assessment to prioritisation, planning, and monitoring and reporting the gender issues have been taking into account for the project development. The lack of access to essential health services, due to distance, availability of adequate staff, skills and medicines, security and affordability issues disproportionately affects women and children (boys and girls). The paucity of disaggregate health data constitutes a significant constraints in adequate planning of equitable emergency health services; however., the OCHA data shows that between 60-70 percentage of the camps inhabitants. The recording and reporting of all health data during project period will be done disaggregated by age and gender. The proposed activities aim to address most of these constraints; the health services to be implemented under this project by the MOH and NGOs will follow the sector standards that includes staffing and supplies necessary to address the special health needs of women and children (pediatric formula for medicines, necessary supplies for the deliveries, ANCs, PNCs and FP.; close collaboration with UNICEF and UNFPA will promote the availability of quality inputs (medicines, kits, equipment) needed for MNCH services, as well as implementation of the MISP package for potential new IDPs caseload. The health facilities established during project period (mobile team, RRT) will ensure that the services are brought close to the affected communities to promote access for women and children. In addition, the project focus on ensuring prompt identification and response The main health threats created by conflict and displacement, especially outbreaks of communicable and water and vector borne diseases are disproportionately affects women and children with potential fatal outcomes (half of the people affected by outbreaks are children bellow 5 years of age). As the decision makers in the households are men, the health awareness sessions related to reproductive health will also address men, to ensure their understanding

Protection Mainstreaming

1. Access to essential health care is a human right and the project aims to improve the access for the most vulnerable communities
2. Access to affordable health care services, closer to the affected communities protects the most vulnerable entering in damaging coping strategies that increases their vulnerability to exploitation and abuses (especially women and children). The need for improving the acces to free-of-charge health care for the communities affected by humanitarian crisis is even greater in Sudan where the out of pocket expenditure is almost 79%.
3. Through interaction with the Camps Referral Mechanism, communities are giving the opportunity and improve their skill to raise concerns as a protective measure
4. The project also contributes to the protection of targeted communities as they are part of the alert mechanism of health threats(increased morbidity and mortality, and outbreaks)
5 Early identification and initiation of mitigation and control measures for public health threats/outbreaks is the most efficient measures to prevent emergencies became disasters, protecting not only the well being of affected group but also the host communities.
6. Proper biological waste management (incinerators, pit sharps) is included into the sector and MOH standards for the protection of staff, patients, communities and environment.

Country Specific Information

Safety and Security

WHO operates under the UNDSS rules and regulations to ensure the staff safety. An effective communication and support system is in place between the field UNDSS and WHO, as well as agreement for convoys (staff and medical supplies) protection with UNAMID, as well as cooperation with WFP for warehousing at field level as well as transport of supplies. Clear SOPs at central and field level ensure appropriate communication and permit/security clearance release from relevant authorities. UNAMID escort will be used for the field movement.

Access

Access for health and nutrition stakeholders is better than for other sectors as the security clearance is obtained faster for health assessments and service delivery. Even during active conflict periods, the access is denied/delayed, still information is received from the health actors active in the field

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	National technical officers	D	2	3,680.00	12	15.00	13,248.00
	2 National Technical Officer NOA in South Darfur@ US$ 3,680 / month; 15% of time spend for project implementation; directly involved in project implementation.						
1.2	International Technical Officer based in Khartoum	D	1	24,000.00	12	9.00	25,920.00
	1 International Technical Officer P5 $ 24,000 /month; 9% spent on project.						
1.3	1 National Health Data Manager	D	1	2,500.00	12	10.00	3,000.00
	*1 National Health Data Manager @ 2,500/month * 10% time spent on project data analysis and interpretation*						
1.4	1 National Nutrition Officer based in Khartoum	D	1	2,781.00	12	60.00	20,023.20
	1 National Officer , based in Khartoum oversee the nutrition project by compiling the reports and do the coordination at Khartoum level, 60% time spent for this project,						
	Section Total						**62,191.20**

2. Supplies, Commodities, Materials							
2.1	Rapid Response Kits	D	20	5,300.00	1	100.00	106,000.00
	Rapid response kits have been developed specifically for Sudan in 2013 by WHO country office jointly with International NGOs and FMOH to respond to the specific health needs of the protracted nature of the displacement in Sudan. The content is based on the national essential list of medicines for PHC level of MOH and WHO. Since then, WHO Sudan internationally procures RRK for humanitarian response, including the USAID funded core-pipeline for the INGOs working in Sudan, and all other funding. – small revision of quantities and items list done this year based on the feed-back received from NGOs during the consultative meetings leaded by WHO – one RRK designated to serve a population size 3,000 with curative consultation for common illness of all age groups for 3month where 300kits is needed, however only 20 kits are requested under this grant						
2.2	Mini Surgical Kit	D	5	1,950.00	1	100.00	9,750.00
	For simple dressing only, part of the curative case management for wounds and injuries , 5 clinics will receive one kit each						
2.3	storage and transportation of international and in-country movement	D	1	22,851.00	1	100.00	22,851.00
	Cost of storage and in-country transportation of medical supplies (18% of the cost of medical supplies) rom total cost of medicines and supplies requiring transportation; RRK = 106000 + mini surgical = 9750 + medicine for SAM= 11200 total cost is USD 132,250, *18% = USD 22,851*						
2.4	sample transportation for national lab and international copnfirmation	D	60	200.00	1	100.00	12,000.00
	Transport of laboratory samples (national and international) - alert investigation ; during investigation missions, the RRT teams collects samples from the suspected cases and as per guidelines; the samples must be sent to Khartoum national public health lab for investigation and further analysis						
2.5	Medicines for SAM inpatient management of newly established TFU in East Jebel Merra	D	160	70.00	1	100.00	11,200.00
	Medicines for SAM inpatient management of newly established TFU in East Jebel Merra ; the medicines is calculated based on needs of 160 SAM cases and as per recent market prices						
2.6	Establishment of 1 TFU	D	5000	1.00	1	100.00	5,000.00
	Establishment of 1 TFU in Deribat/Taiba to enable the facility deal with 160 expected SAM cases, the cost include mattress, blankets, beds, tables and consumables.						
2.7	IEC materials and treatment protocols	D	3000	1.24	1	100.00	3,720.00
	*Printing health awareness material: 3,000 leaflets * USD 1.24*						
2.8	Printing the standard Package, guidelines, training module and Job aids for in-patient case of SAM for 30 health workers & facilitators.	D	30	70.00	1	100.00	2,100.00
	Printing the standard Package, guidelines, training module and Job aids for in-patient case of SAM for 30 health workers & facilitators.						
2.9	Printing registers and reporting tools for the TFU	D	1	500.00	1	100.00	500.00
2.10	Consultant Medical Doctor NOA	D	1	2,400.00	11	100.00	26,400.00
	(USD 80/day/ for 330 days), for case management of SAM cases, will be recruited as consultant at the field level to follow the quality of SAM in patient care in daily basis, advice the nutrition team at delivery level, do on job training for the team and report on medical technical needs and progress						
2.11	Consultant Nutritionist NOA	D	2	1,500.00	11	100.00	33,000.00
	(USD 50/day/ for 330 days), 2 nutritionists as main members to assist the medical consultant on running the SAM inpatient care services from the nutrition prospective,						
2.12	Consuktant Nurse GS	D	1	900.00	11	100.00	9,900.00
	(USD 30/day/ for 330 days), for nursing of SAM cases who admitted for medical care in the health facility as service provider						
2.13	Medical equipment	D	7	1,750.00	1	100.00	12,250.00
	Medical furbishing for the 7 supported clinics (surgical set, sphygmomanometer, microscopes, couch, IV stands, tables, trailers ,,ect						
	Section Total						**254,671.00**
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00

	NA						
	Section Total						**0.00**
4. Contractual Services							
4.1	Rehabilitation of 5 clinics	D	5	15,300.00	1	100.00	76,500.00
	*Minor Rehabilitation for the 5 clinics in East Jebel Marra the 5 clinics were completely devastated as result of the military operation over the past years, the rehabilitation would include renovation and repair of the existing buildings, doors, roofing, painting as follow: • Painting: $5000 • Doors replacement = 2 Doors*1250 = $2500 • Windows replacement: 10 windows per clinic * 250 = $2500 • Roofs and sealing: $3,000 . floor and added shelter for the waiting area= 2300 .*						
	Section Total						**76,500.00**
5. Travel							
5.1	monitoring visits	D	5	1,630.00	1	100.00	8,150.00
	*Monitoring and supervision road visits from Khartoum office to the WNS camps: • DSA: 3 people * 5 days @ USD 80/day = USD 1,200 • Fuel cost for 1 round trip: USD 430 (the cost estimated based on market prices) Total: 5 trips @ USD 1,630 per trip = USD 8,150*						
5.2	Investigation mission	D	20	240.00	1	100.00	4,800.00
	*Missions for alert investigation and outbreak response in EJM villages: DSA: 3 people * 2 days @USD 40/day = USD 240*						
5.3	Case management training	D	24	100.00	6	100.00	14,400.00
	*Training on case management and definition, infection preventions, outbreak investigation, EWARS: DSA for 24 new staff for new clinic /DSA and transport * 6 days @ USD 100/day = USD 14,400*						
5.4	Facilitators cost for the training	D	2	100.00	12	100.00	2,400.00
	*DSA for facilitators for the training on case management and definition, infection preventions, outbreak investigation, EWARS: 3 facilitators * 8 days (including 2 preparatory days) @ USD 100/day = USD 2,400*						
5.5	Supportive supervision visits jointly with SMOH: supervisory missions to the supported TFU, 6 times during project period; 6 supervisions:	D	6	1,984.50	1	100.00	11,907.00
	*National Level: * 1 MoH staff X 5 days/visit X 2 visits x USD 80.9= USD 809 * 1 WHO staff : 1 person X 5 days/mission X 2 Visits X USD 162 = USD 1620 * 2 (MoH and WHO person) transportation (Air) * 2 visits*200/mission * 2 visits= USD 800 *Vehicle fuel/mission; 3 days X 2 missions *100 USD = USD 600 Field Level: * 1 MoH staff X 4 days/visit X 4 visits x USD 80.9= USD 1294 * 1 WHO staff and 1 driver: 2 people X 4 days/mission X 4 Visits X USD 162 = USD 5184 *Vehicle fuel/mission; 4 days X 4 missions *100 USD = USD 1600 Total cost 6 missions; USD 809 + USD 1620+ USD 800 + USD 600 + USD 1294 + USD 5184 +USD 1600 = USD 11,907*						
5.6	Training of 20 Health Staff on SAM inpatient management.	D	1	7,280.00	1	100.00	7,280.00
	Per diem including transportation: 20 participants (1 session group with 20 participants) 7 Days * USD 40 = USD 5600 *Per diem for 4 trainers and facilitators= 4 facilitators * 7 days * 1 sessions * USD 60 = USD 1680 Total = USD 7280*						
	Section Total						**48,937.00**

6. Transfers and Grants to Counterparts							
6.1	MOH	D	5	1,500.00	11	100.00	82,500.00
	Transfer of fund to MOH for the operational cost in 5 clinics for 11 month Direct provision of the health services for the targeted population including the outpatient, communicable disease and common diseases management, trauma management, health education and provision of essential medicines (WHO). WHO will provide technical support, monitoring of the quality of the services, medicines and medical supplies. WHO will monitor the transfer through standard contract attached with due diligence report while the money will be transferred in trenches In coordination with the UNICEF and UNFPA the Nutrition and Reproductive health activities respectively will be supported and strengthened						
6.2	NIDO	D	2	1,300.00	11	100.00	28,600.00
	Transfer of fund to NIDO for the operational cost in 2 clinics for 11 month Direct provision of the health services for the targeted population including the outpatient, communicable disease and common diseases management, trauma management, health education and provision of essential medicines (WHO) which will be complemented with UNICEF and UNFPA line medicines. WHO will provide technical support, monitoring of the quality of the services, medicines and medical supplies. WHO will monitor the transfer through standard contract attached with due diligence report while the money will be transferred in trenches						
6.3	JMCO for implementation of health education campaigns	D	18	1,319.00	1	100.00	23,742.00
	JMCO as community organization will be supported after their community volunteers being trained to deliver HE messages designed sensitively to the affected communities: Breakdown of cost for 1 campaign Supervisors perdiem: 4 supervisors/ 3 days 15 USD = USD 180. Perdiem of the volunteers: 30 volunteers / 3 days* 10 USD = USD 900 Transportation: 4 days * 59.75 USD = USD 239*Total 1 campaign; USD 1319* 18 campaigns= 23,742 USD*						
	Section Total						**134,842.00**
7. General Operating and Other Direct Costs							
7.1	Project reporting	D	1	2,300.00	1	100.00	2,300.00
	1 financial and 1 narrative report 2 USD 2300. To cover support from regional office and HQ for certified financial and narrative reporting of the MOH DFC (direct financial cooperation agreement) and WHO reports*						
7.2	Communication	D	6	100.00	12	100.00	7,200.00
	*Communication (phone and internet): 6 people * 12 month *100 = USD 7200*						
7.3	WHO vehicles fuel and maintemance	D	1	800.00	12	60.00	5,760.00
	*WHO Vehicles for staff movements for coordination, implementation, monitoring and supervisions; fuel and maintenance in targeted states;1 vehicles*12 month * USD 800*60%*						
7.4	Office Rent in South Darfur	D	1	3,800.00	12	19.00	8,664.00
	*1 field offices rent; USD 3800 * 12 month * 19%*						
	Section Total						**23,924.00**
SubTotal			8,390.00				**601,065.20**
Direct							601,065.20
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							42,074.56
Total Cost							**643,139.76**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
South Darfur -> East Jebel Marra	100	94,864	98,736	23,716	24,684	242,000	

Documents

Category Name	Document Description
Budget Documents	WHO 7862 TRC.1.xlsx
Technical Review	WHO 7862 SHF 15032018.doc
Technical Review	WHO 7862 technical inputs 19032018.doc