

Requesting Organization :	Cooperation for Development Organization			
Allocation Type :	2018 – SHF 2nd Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	Provision of Integrated Community based Management Services of Acute Malnutrition and to increase sustainable prevention of malnutrition for IDPs, South Sudanese Refugee and Host Community in Al Lait Locality North Darfur (Envelope 1)			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SUD-18/HSD20/SA2/N-H/NGO/8055	
Cluster :		Project Budget in US\$:	237,807.50	
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 :	<p>Malnutrition (under-nutrition) is the underlying contributing factor in about 45% of all child deaths, making children more vulnerable to severe diseases (WHO-World Health Organization fact sheet No.178). The epidemiological profile of Sudan is dominated by under-nutrition (and communicable diseases) underscoring the nutrition status in the country as being of humanitarian concern. In 2014, UNICEF state of the world's children reported Sudan as having the highest prevalence of wasting in the region (Middle East and North Africa). One third (S3M 2013) of localities in the country has a GAM (Global Acute Malnutrition) prevalence above the emergency threshold of 15%. Younger children are more likely to be malnourished mainly due to poor Infant and Young Child Feeding (IYCF) practices. Chronic malnutrition is also of concern with one of every three children aged below five being already stunted (SHHS 2010) and unlikely to ever reach their full growth potential, and subsequently health and productivity in adulthood is permanently compromised. According to the Sudan S3M survey (2013), North Darfur state (where this project is proposed) is one of five states that carry highest (45%) the national burden of SAM (Second highest after Red Sea) with GAM (Weight for Height) prevalence of 28.3% and Severe Acute Malnutrition (SAM using MUAC) of 7.8%. Within the state Ailliet locality has highest SAM out of 18 localities. The most recent Nutrition survey (2013 S3M) shows Ailliet has average GAM (Weight for Height) prevalence of 40.5% and Severe Acute Malnutrition (SAM using MUAC) of 9.7%. These are above the WHO emergency thresholds of 15% and 2% for GAM and SAM respectively. All of these facts will affect the population health and food security so as leading to increase the rate of SAM.</p> <p>Ailliet locality is one of the most vulnerable localities in North Darfur, Ailleit locality located in the eastern southern part of North Darfur bordered to the north by El Tawiesha locality, , to the east by West Kordofan state, to the south by East Darfur state, and to the west by South Darfur state and El Tawiesha locality; because of its border location Ailliet became a magnet to displaced people especially from South Sudan; Since June 2016, Refugees from South Sudan started to arrive to Ailliet locality seeking for security, food and health and Nutrition as a result of conflicts in South Sudan, and up to now more than 10,443 refugees has been reported in Ailliet locality based on UNHCR 2017 Biometric Registration Report .additionally the locality has received approximately based on IOM final verified figures are: total displaced households are 1,246 (7,554 individuals), distributed in the 4 villages, Futaha 574 HHs (3,595 individuals), Dalil Babikir 583 HHs (3,499 individuals), Fajakh 67 HHs (355 individuals), Dalil Dokhri 22 HHs (105 individuals). They did not receive assistance; they were sharing the existing service facilities with the host community.</p> <p>This project will be implemented in 8 sites in Ailliet locality mainly in: Khamsat, Hillat Ali, Um Ghoghaya , Shig Ellayoon, Dalil Dukhri, El Mashroot, Habib Darma and Hajar) providing curing and preventable nutrition services. This project will treat at least 2450 children suffering from severe acute malnutrition as well as carry out interventions to prevent malnutrition in the same populations mainly C-IYCF and micro-nutrient through provision training and Capacity building Health Nutrition Technical staff and Community outreach workers in CMAM component including: improving the treatment coverage and quality of services for 2450 SAM include referral of SAM children with medical complication to the inpatient care at the SMOH stabilization centers in Al lait Locality ; provision of preventive activities including health and nutrition education especially for 8803 women of child-bearing age through Community Infant and Young Child Feeding program, Women support group;</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
42	10,408	980	1,470	12,900

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	877	1,316	2,193
Pregnant and Lactating Women	0	516	0	0	516
Women of Child-Bearing Age	0	516	0	0	516
Trainers, Promoters, Caretakers, committee members, etc.	0	82	0	0	82

Indirect Beneficiaries :

the total number of indirect beneficiaries is estimated at 14104 males and females including expected new arrivals Sudanese Refugees of the targeted communities will receive nutrition education and health promotion sessions at center level and community level, U5 children will be targeted for MUAC screening as well as vitamin A by supporting SMOH during vitamin A distribution campaign. this is calculated as 15 % of total locality population

Catchment Population:

estimated total population in 8 proposed areas in Ailliet locality (hajar, Khamsat, Hillat Ali, Um Ghoghaya, Shig Ellayoon, Dalil Dukhri, Elmashroot, Habib Darma) is 94,023 people, the catchment area is 75,218 people which is 70% of the population in the 8 targeted areas. There are 11,518 children under five (17.5%) (direct and indirect). With a SAM rate of 9.7% (S3M 2013) with considering 2.6 as incidence corrective factor , total burden of sever acute malnourished covered by this project should be around 2,905 children. In this rural areas setting, the project expects to reach 2,033 children (70%). Women of childbearing age 8,424 constitute 40% of total women (21,061 women), pregnant and lactating mothers 1,601 constitute 7.6%.

Link with allocation strategy :

The project will provide lifesaving and preventive activities in locality that identified as top priorities. The project will provide Treatment of severely acutely malnourished (SAM) girls and boys under age five and referral of SAM cases with complications to stabilization centers (inpatient management of SAM). The project has also a preventive activities including: provision of Micro-nutrient supplements for all under five children (by supporting SMOH in vitamin A distribution campaign) and PLW, and provision of health and nutrition education and IYCF messages through IYCF centers and woman to woman counseling in women support groups in the targeted areas in addition to health and nutrition education during home visits conducted by trained community volunteers. This Projects will address immediate needs through emergency, life-saving assistance and at the same time increase self-reliance of the most vulnerable and their communities in Al lait Locality with focus on South Sudanese refugees displaced IDPs and Host Community vulnerable

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Mohammed Yousif Ahmed	Executive director	elkhateem2@gmail.com	+249912313479
Mahadi Mohamed Eid	Programme Manager	tawimahadi@gmail.com	0916024199

BACKGROUND**1. Humanitarian context analysis**

Malnutrition (under-nutrition) is the underlying contributing factor in about 45% of all child deaths, making children more vulnerable to severe diseases (WHO-World Health Organization fact sheet No.178). The epidemiological profile of Sudan is dominated by under-nutrition (and communicable diseases) underscoring the nutrition status in the country as being of humanitarian concern. In 2014, UNICEF state of the world's children reported Sudan as having the highest prevalence of wasting in the region (Middle East and North Africa). One third (S3M 2013) of localities in the country have a GAM (Global Acute Malnutrition) prevalence above the emergency threshold of 15%. Younger children are more likely to be malnourished mainly due to poor IYCF practices. Chronic malnutrition is also of concern with one of every three children aged below five being already stunted (SHHS 2010) and unlikely to ever reach their full growth potential. Stunting affects cognitive development and growth, and subsequently health and productivity in adulthood is permanently compromised. According to the Sudan S3M survey (2013), North Darfur state (where this project is proposed) is one of five states that carry highest (45%) the national burden of SAM (Second highest after Red Sea) with GAM (Weight For Height) prevalence of 28.3% and Severe Acute Malnutrition (SAM using MUAC) of 7.8%. Within the state Ailliet locality has highest GAM prevalence (40.5%) and SAM prevalence (9.7%)

These are above the WHO emergency thresholds of 15% and 2% for GAM and SAM respectively. A Refugees from South Sudan started to arrive to Ailliet locality seeking for security, food and health as a result of conflicts in South Sudan, and up to now more 10,443 refugees has been reported in Ailliet locality in a very bad health and nutrition status and high prevalence of malnutrition among U5 children. Increasing the access to quality nutrition services includes upgrading and support for existing Supplementary Feeding Program (SFP), Outpatient Therapeutic Care (OTP), and Stabilization Centers (SC), establishment of new CMAM treatment center, increase the availability of skilled, trained staff, provision of quality inputs (food, nutritional supplements, equipment, medicines), accurate data collection and analysis to identify new needs and trends, and collaboration with relevant other sectors (WASH, Health, Food security, protection). The agencies and organizations present in areas affected by the conflict and displacement utilized their surge stock and capacity to immediately respond to the increased nutrition needs. The dilution of already insufficient resources available with partners (nutrition is one of the most under-funded sector) has negatively impacted the overall delivery of vital nutrition services. This program is in line with the nutrition sector strategic plan and designed to ensure access to emergency life-saving nutrition services to more than 11,000 children and women in areas of high prevalence of nutrition needs, including: improving the treatment coverage and quality of services for 2450 SAM include referral of SAM children with medical complication to the inpatient care at the MOH stabilization centers; provision of preventive activities including health and nutrition education especially for 8424 women of child-bearing age through Community Infant and Young Child Feeding program, Women support group; Provide woman to woman counseling and micronutrient supplementation to 1,601 pregnant and lactating women.

2. Needs assessment

Ailliet locality is one of the most vulnerable localities in North Darfur has highest SAM out of 18 localities. The most recent Nutrition survey (2013S3M) shows Ailliet has average GAM (Weight for Height) prevalence of 40.5% and Severe Acute Malnutrition (SAM using MUAC) of 9.7%. These are above the WHO emergency thresholds of 15% and 2% for GAM and SAM respectively the continue arrival of Refugees from South Sudan started to arrive to Ailliet locality seeking for security, food and health as a result of conflicts in South Sudan, and up to now more than 10,443 refugees has been reported in Ailliet locality based on UNHCR Bimetric Registration for SSR Dec 2017 and IOM Verification for IDPs June 2017 the locality hosting SSR and IDPs .multi-sectoral needs assessment conducted in January 2018 jointly with SMOH,UNICEF /WHO,IOM and UNHCR ,the Nutrition needs and intervention are clearly identified

3. Description Of Beneficiaries

in 8 proposed areas in Ailliet locality (Hajar, Khamsat, Hillat Ali, Um Ghoghaya, Shig Ellayoon, Dalil Dukhri, Elmashroot, Habib Darma) is 96,994 people, the catchment area is 67896 people which is 70% of the population in the 8 targeted areas. There are 16,9748 children under five (17.5%) (direct and indirect). With a SAM rate of 9.7% (S3M 2013) with considering 2.6 as incidence corrective factor , total burden of severe acute malnourished covered by this project should be around 4280 children. In this rural areas setting, the project expects to reach 2,450 children. (57%). Women of childbearing age 1,561 constitute 40% pregnant and lactating mothers 8803 constitute . CDO will provide nutrition care and treatment services for children with acute malnutrition in North Darfur as outlined in MoH/FMOH CMAM guidelines. Treatment services will be provided through Stabilization Centers (SC), Outpatient Therapeutic Programs (OTP) and Supplementary Feeding Programs (IBSFP and TSFP). OTP will form the basis of community-based approach aimed at addressing and treating cases of severe malnutrition without complications amongst children 6 to 59 months. Children under 5 (6-59 months) and PLW with moderate acute malnutrition (MAM) will be referred to Target Supplementary Feeding Program (TSFP). Severe acutely malnourished children with complications will be referred for inpatient care at Ailliet stabilization center. The ultimate goal is saving lives by reducing mortality and morbidity related to malnutrition thus helping in reducing GAM rate and also in preventing further deterioration of the nutritional situation if any stress hits the community. Program focus for treatment and prevention will be mainly for under five children, pregnant and lactating women.

4. Grant Request Justification

CDO is engaged in Humanitarian Field , Relief and Recovery and development to vulnerable Community of Al Lait Locality North Darfur state in response to needs of effected populations by conflict , mainly IDPs and refugees with Proactive presents in mentioned locality through Provision of health and nutrition GAM (Weight For Height) prevalence of 28.3% and Severe Acute Malnutrition (SAM using MUAC) of 7.8%. Within the state Ailliet locality has highest SAM.

The health and nutrition needs continue to persist in Darfur on the background of conflict and inadequate response capacities. Malnutrition and communicable diseases remain major cause of morbidity and mortality among children under five in Darfur, particularly in refugee settled area in Al lait Locality and IDP camps. The MOH is underfunded and incapable of fully taking over clinics and the health system will struggle to deliver basic services. This often results in decision making only or mostly by men with little or some consultation. CDO seeks the SHF to support essential and nutrition interventions with multisectoral approach in areas in which needs assessments have identified gaps in service provisions and in areas where service gaps fully covered justifies these actions as they will help achieve key outcomes in line with the sector response strategies for nutrition and health sectors with multisectoral approach. In order to fully implement the basic package of health services and nutrition services,

5. Complementarity

this project will complement CDO ongoing activities as follow .

- 19 CMAM, IYCF services 8 supported by SHF2017 and 11 UNICEF will complement and continue address cases of malnutrition
- providing TSFP services 10 sites Supported by MOH,
- CDO also running one fixed clinic providing minimum PHC package supported by IOM in response to refugees and IDPs
- addition to 6 primary health care facilities supported by SAVE THE CHILDREN.

as complementary to the CMAM services and referral of SAM,with medical complication should be admitted to stabilization center in Al lait Rural Hospital.

LOGICAL FRAMEWORK

Overall project objective

To contribute in reducing morbidity and mortality through provision of integrated therapeutic and preventive health and nutrition services, in the most vulnerable communities Targeting South Sudanese Refugee ,IDPS and host community in Ailliet locality in North Darfur.

NUTRITION		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Integrate and implement self-reliance on nutritional interventions	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	60
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	40

Contribution to Cluster/Sector Objectives : The project activities will provide lifesaving and preventive activities in localities which identified as top priorities. The project activities will provide Treatment of severely acutely malnourished (SAM) girls and boys under age five and referral of SAM cases with complications to stabilization centers (inpatient management of SAM). With support of SMOH the project will provide also management of moderate acute malnourished (MAM) girls and boys of 6-59 months and wasted pregnant and lactating women in Targeted Supplementary Feeding Program (TSFP). The project has also a preventive activities including: provision of Micro nutrient supplements for all under five children and PLW, and provision of health and nutrition education and IYCF messages at health facility level and community with establishment of women support group at community level through C-IYCF and health and nutrition education awareness in the community. The project activities will also provide training (capacity building) activities that improve response capacity in addition to strengthening the monitoring and evaluation system at different levels. CDO has strong and well established presence in North Darfur and is the only NGO which provides health and outpatient therapeutic service support in Ailleit locality, in close coordination with the MOH in the area. CDO runs 40 OTPs (19 of them are in Ailliet locality where the project will be implemented) integrated in the PHC centers for treatment of SAM children without complications, using CMAM approach. CDO will continue to provide technical and logistical support to the SC in Ailliet hospital. CDO will continue placing a strong focus on community-based nutrition promotion through mother support groups targeting mothers and caretaker of children affected by malnutrition.

Outcome 1

the cases of severe acute malnutrition among U-5 children in 8 identified sites managed and reduced and Treatment for acute malnutrition exceeding Sphere minimum standards is provided to children aged 6 to 59 months and PLW in Al Lait Locality North Darfur State

Output 1.1

Description

A total number of 8 OTPs, with 1 SC for referral cases are supported and provided with full OTPs ,SFPs and SC Services in Al Lait Locality North Darfur

Assumptions & Risks

Access is predictable Security situation is improving Skilled Human resource is available

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of outpatient therapeutic feeding centers (OTP) supported by partner.					8

Means of Verification :

Indicator 1.1.2	NUTRITION	Number of targeted acute undernourished PLWs admitted to acute malnutrition treatment programs. (HRP 2018)		8,803			8,803
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Means of Verification :

Indicator 1.1.3	NUTRITION	Number of at risk malnourished girls, boys (6-23 months) admitted to acute malnutrition prevention program. (HRP 2018)			877	1,316	2,193
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Means of Verification :

Indicator 1.1.4	NUTRITION	Number of support groups established					32
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Means of Verification :

Indicator 1.1.5	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NiE)					82
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Means of Verification : -Field Visiting -Reporting and Documentation

Indicator 1.1.6	NUTRITION	Number of pregnant and lactating women in emergency situation have access to E-IYCF counselling (E-IYCF corner) services. (HRP 2018)		8,803			8,803
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Means of Verification :

Activities

Activity 1.1.1

Standard Activity : Conduct training for nutrition workers, community volunteer on CMAM, IYCF etc.

Conduct A 4 days training on CMAM component, SAM management, MUAC screening, monitoring and reporting, and referral followed by 2 days training on environmental sanitation and personal hygiene will be conducted to a total of 82 personnel (32 health & nutrition and 50 outreach workers 8 from OTP site in Ailleit locality);

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.)

Address uncomplicated U5 SAM children by operating OTP in selected sites, provide weekly counseling, follow-up and RUTF rations, medical treatment and referral as necessary of U5 SAM children with medical complications to stabilization centers, and meet the spherical standers

Activity 1.1.3

Standard Activity : Not Selected

Provision of Referral for further treatment of SAM Children with medical complication to Al laite Stabilization Centers(SC) from 8 OTPS in addition to catchment areas Targeting and estimated NO 230 (15% from total annul SAM Children targeted).

Activity 1.1.4

Standard Activity : Establish mother support group for promotion of IYCF

: Provide counselling and BCC messages on infant and young child feeding (IYCF) during emergency -Provision of IYCF education and counselling for mothers/care takers.

-provision of IYCF counseling, IYCF and nutrition education to 8803 pregnant an

Activity 1.1.5

Standard Activity : Not Selected

Conduct 3 days training on Women to Women Support Group target a total of 32 mother to mother support lead (4 from each 8 Project OTP site in Ailleit locality

Activity 1.1.6

Standard Activity : Not Selected

Conduct 3 days capacity building training to support the performance of Nutrition /Medical assistant targeting 16 person two staff from each clinc cente the Training will be focused on Registration format and reporting to SMOHS health /Nutrition Data Base

Activity 1.1.7

Standard Activity : Not Selected

Conduct community awareness to raise environmental sanitation and wastes management, proper using of incinerator and waste bins,proper hand washing

Activity 1.1.8

Standard Activity : Not Selected

Support the distribution of micronutrient through CMAM program.
Transportation of micro-nutrients to pregnant and lactating women supported by SMOH during vitamin A distribution campaign to U5 children

Activity 1.1.9

Standard Activity : Not Selected

Conduct mobilization campaigns and meetings with community leaders and male & female villages representatives child friendly spaces and kindergartners working GROUPS

Activity 1.1.10

Standard Activity : Not Selected

Conduct routine screening and periodic MUAC screening campaigns for active case finding

Output 1.2

Description

8 existing OTPs in Ailliet locality Rehabilitated and fenced.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Number of outpatient therapeutic feeding centers (OTP) supported by partner.					8

Means of Verification :

Activities

Activity 1.2.1

Standard Activity : Not Selected

Rehabilitate and fence 8 existing OTPs through using mesh with angle iron / tubular iron pole each provided with well constructed metallic gate.

Additional Targets :

M & R

Monitoring & Reporting plan

CDO has a written M&R plan aims to collect necessary data related to project activities, physical checkup to the OTP facilities, staff performance evaluation to assess potential on job training needed, monitor all project activities throughout its period, provide technical support, identify the weakness areas and help to correct it accordingly, provide periodic reports to the main office where it will be documented, revised, analyzed and discussed in a periodic review meeting which will be held every month; emergency review meetings will be held in the urgent situations that needs urgent intervention . M&R activities will be held using M&R tools including: (weekly and monthly statistical report formats, supervision checklists, field visit reports, community meeting reports movement plan format, compiled narrative monthly reports, training reports and database),

Community meeting will be held every two months, the feedback will be documented, analyzed and revised, and decisions will be made accordingly

CDO technical team will monitor the program in conjunction with SMOH technical team on monthly bases, Program data are reviewed against standards on a monthly basis and problem areas addressed as needed.

At least one join monitoring visit will be conducted during the program period with SHF, UNICEF and SMOH. A statistical report about the activities will be shared monthly and quarterly with SHF, UNICEF, WFP and SMOH, another narrative report including all the activities conducted, constrains and recommendations will be shared timely.

Monitoring and Reporting are key components of all of CDO's projects and include collection of information on all services and indicators, regular reporting and information sharing, training results, and feedback from local community. Each project site tracks and reports on activities each week. This information is stored in a centralized database that is used to analyze project performance and for reporting to donors. This information will be reported to the Nutrition Cluster and/or the MoH on approved reporting formats. The planned frequency of such reporting will be monthly, or as specified by the MoH/Cluster and/or the contract with SHF. the Program manager and executive Director provide overall leadership and supervision remotely and through regular site visits. The M&E Officer develop tools, instruct field staff on how to track program data, and visit sites regularly to check data quality and monitor progress against indicators. Technical staffs from CDO Head Office also visit field sites to evaluate program implementation.CDO has strong health information management system (HMIS) in place. All supported clinics collect and submit health and nutrition services data on a weekly basis. The collected data is entered to database by CDO's data clerks in each site. CDO database disaggregates data by host and IDPs, age, and sex. These routine data will be used to track health/nutrition service statistics, particularly the trends in accessing care, morbidity and mortality rates, treatments rendered, and immunization coverage.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct A 4 days training on CMAM component, SAM management, MUAC screening, monitoring and reporting, and referral followed by 2 days training on environmental sanitation and personal hygiene will be conducted to a total of 82 personnel (32 health & nutrition and 50 outreach workers 8 from OTP site in Ailleit locality);	2018					X							
	2019												
Activity 1.1.10: Conduct routine screening and periodic MUAC screening campaigns for active case finding	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 1.1.2: Address uncomplicated U5 SAM children by operating OTP in selected sites, provide weekly counseling, follow-up and RUTF rations, medical treatment and referral as necessary of U5 SAM children with medical complications to stabilization centers, and meet the spherical standers	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 1.1.3: Provision of Referral for further treatment of SAM Children with medical complication to Al laite Stabilization Centers(SC) from 8 OTPS in addition to catchment areas Targeting and estimated NO 230 (15% from total annul SAM Children targeted).	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 1.1.4: : Provide counselling and BCC messages on infant and young child feeding (IYCF) during emergency -Provision of IYCF education and counselling for mothers/care takers. -provision of IYCF counseling, IYCF and nutrition education to 8803 pregnant an	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									
Activity 1.1.5: Conduct 3 days training on Women to Women Support Group target a total of 32 mother to mother support lead (4 from each 8 Project OTP site in Ailleit locality	2018							X	X				
	2019												
Activity 1.1.6: Conduct 3 days capacity building training to support the performance of Nutrition /Medical assistant targeting 16 person two staff from each clinc cente the Training will be focused on Registration format and reporting to SMOHS health /Nutrition Data Base	2018						X	X					
	2019												
Activity 1.1.7: Conduct community awareness to raise environmental sanitation and wastes management, proper using of incinerator and waste bins,proper hand washing	2018							X	X				
	2019		X	X									
Activity 1.1.8: Support the distribution of micronutrient through CMAM program. Transportation of micro-nutrients to pregnant and lactating women supported by SMOH during vitamin A distribution campaign to U5 children	2018				X	X	X	X	X	X	X	X	X
	2019	X	X	X									

Activity 1.1.9: Conduct mobilization campaigns and meetings with community leaders and male & female villages representatives child friendly spaces and kindergartners working GROUPS	2018					X		X		
	2019		X							
Activity 1.2.1: Rehabilitate and fence 8 existing OTPs through using mesh with angle iron / tubular iron pole each provided with well constructed metallic gate.	2018							X	X	
	2019									

OTHER INFO

Accountability to Affected Populations

CDO upholds neutrality not to take side with any conflicting parties while focusing on humanitarian assistance. CDO involves the beneficiaries and responds to feedback from them when planning, implementing and monitoring and evaluating its programmes. CDO has regular community conversation sessions from lead mothers in its operational areas. lead mothers are coordinating a group of mothers who are working in health and nutrition behavior change. CDO also collects systematically feedback from the communities through religious and traditional leaders. Supervisions are often accompanied by regular meeting with community leaders, government offices and community members. This will also give a platform to collect feedback. CDO responds whenever possible at site or then provide timely feedback to the communities. CDO will ensure patients and beneficiaries privacy and confidentiality. Informed consent will be taken appropriately to clinical and public health activities. The accountability of the program implementation and provision of interventions to the targeted beneficiaries will be the major responsibility and the role of CDO which includes the following themes:

- CDO will ensure all illegible beneficiaries have equal chances to be enrolled in the program.
- CDO will displays a signboard at its project location detailing the purpose of the project including its intended beneficiaries, the duration of the project and an explanation of how and when the community is consulted as well as of its complaint mechanism.
- CDO will insure no or minimum harmful effect to the environment and put strategic plans to reduce any harmful effect brought by this project by educating health staff and community outreach worker on environmental sanitation and proper waste disposal, providing all sites with waste bins and incinerators, community health and hygiene promotion.
- CDO will ensure that appropriate coordination with partners and sectors on the ground to provide integrated services for U-5 children.
- CDO as a local organization presence on the 3 localities will advocate with state humanitarian partners to respond to the needs and filling gaps.
- Also insure effective presence and link with the cluster/sector groups.
- Maintain information on implemented activities by CDO and share it with relevant partners including governments, donors, UN agencies INGO and NNGO
- CDO will maintain the capacity building of SMOH staff and community volunteers.
- CDO will be accountable for program coverage and analyzing of performance indicators in comparison with sphere standards
- CDO will draw the lesson learned, challenges during the program implementation and share it with the cluster lead and community leaders.
- CDO will insure the utilization of the participatory and community based approach in terms of related assessments, MUAC screening, planning, implementation, M&E.
- Insure adequate monitoring mechanism are in place to review the impact of the intervention against the implementation plan

Implementation Plan

CDO will Integrated nutrition services in 8 OTPs Training package:

Training will be an integral part of the program and will be conducted in Ailliet locality for 16 health/nutrition staff and 50 community outreach workers from 8 sites in Ailliet locality (Elaalim, Khamsat, Hillat Ali, UmGhoghaya). CDO training will serve to advance local knowledge, skills, and advocacy for local nutrition teams. Trainings for health/nutrition staff and community outreach workers will emphasize (1) Primary technical knowledge on malnutrition, particularly, community based management of acute malnutrition (CMAM) and national protocols. (2) Essential Nutrition packages with more focus on C-IYCF. (3) Anthropometric screenings (4) Administration of nutritional treatments (5) How to effectively provide nutrition education to mothers, caretakers, and vulnerable populations (6) finally training on environmental sanitation and wastes management, proper using of incinerator and waste disposal bins.

On-job training will be conducted as a running process during monitoring visits for all health/nutrition staff and community outreach workers in the 8 selected sites.

Community Mobilization and Screening

All steps to mobilize the community will be implemented. The community element of the program will focus on community sensitization, identification of new cases for admission to CDO's nutrition programs, as well as following up with program beneficiaries in their home communities to trace defaulters/absentees and ensure effective treatment at household level and compliance to RUTF and medical treatment. Outreach activities will also include MUAC screenings twice a week, trace program absentees, defaulters, and conducting trainings for community leaders such as sheiks, religious leaders, traditional healers, and teachers. and conduct outreach to as many vulnerable populations as possible. Outreach efforts and pre-implementation participatory planning with community members will provide opportunities for beneficiaries to express priorities and concerns that may serve barriers for seeking nutritional support for malnourished populations.

Management of Severe Acute Malnutrition

Uncomplicated severely malnourished children are admitted directly to the 8 Outpatient Therapeutic care Program (OTP) if they have appetite, minor oedema, and have no medical complications. Admitted children are given RUTF ready-to-use therapeutic food for 7 days. CDO will refer severely malnourished children with complications to Aillait stabilization center (SC). Following Sudan's national guideline, CDO will also continue to support Supplementary Feeding activities (SFP) in collaboration with WFP.

C-IYCF women support groups

CDO will continue to give IYCF awareness to program beneficiaries and communities in all operational areas. IYCF sessions will be organized at C-IYCF corners, PHC facilities, Nutrition distribution sites, community level. IYCF awareness will be conducted by COWs and trained mothers, will focus on four target groups: community leaders, male heads of households, women with malnourished children, and

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF,WHO AND WFP,SMOH ,Save the Children, UNHCR AND IOM,COOPI	Areas of collaboration include emergency response, assessment, sharing and exchange of health related information. In addition, as WHO and UNICEF are cluster lead agencies CDO will also ensure supplies are available at the clinics and nutrition centers,CDO will continue to work with SMOHs in all three states. SMOH remains the custodian and leader of all health related activities in the states. CDO will work with SMOH on application of SMOH Standards, deployment of health workforce, strategic support, emergency response, assessment, quality assurance and training activities,CDO will also share and exchange health related information with SMOH information. SMOH will also participate in monitoring CDO running health services and provide support for community participation,Areas of collaboration include emergency response, assessment, sharing and exchange of health related informations,Coordination will on WASH and Hygiene Sector

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will serve men & women, with focus on additional nutrient needs of women & children. Nutrition care groups are aimed at mothers and fathers emphasizing special nutritional needs for IYCF. Training opportunities will allow adequate participation of either gender. Assessments & monitoring data will be segregated into women, men, girls and boys. At the community level, participation in the nutrition services during needs assessment and implementation process men and women are given equal opportunity to participate in nutrition programs. Particular focus for women participation is highlighted in IYCF activities where they are given greater roles to play in formation of women groups. Training of community members and outreach services will focus on both genders.

Equity:

The proposed intervention is targeting children in the most vulnerable localities as documented in humanitarian needs overview of Sudan 2015. During programme implementation community volunteers will raise awareness of the available program services and will conduct door to door MUAC screening with referrals of malnourished children (boys and girls) to the CMAM programme. All those affected by malnutrition based on standard admission criteria will be admitted in program regardless of their status in the society.

Protection Mainstreaming

CDO will insure high degree of protection to all beneficiaries, caregivers, staff and volunteers, and every person linked to the project through:

- Consultative meetings will be held with all beneficiaries, including women and girls, to understand needs and preferences for location, design, and methodology of assistance
- This project is designed to ensure safe and equal access to inclusive and nondiscriminatory provision of services
- This project is designed to ensure people with specific needs or vulnerabilities are prioritized and supported
- All displaced people will be informed about the availability and location of services
- OTP times are safe for beneficiaries to travel to the distribution point and return home without exposure to further risk of harm
- Physical location of the delivery locations can be easily and safely accessed, particularly against the risk or threat of gender-based violence and attacks from armed groups
- OTPs are designed so that all individuals can access and use them with safety and dignity
- This project is designed to be respectful and inclusive of cultural and religious practice
- This project are designed to take into account the special needs of vulnerable groups (e.g. pregnant/lactating women; children under 5 years, adolescent girls, women of child bearing age)
- Space arrangements are designed to provide safe spaces for women to breastfeed

Country Specific Information**Safety and Security**

Aillait locality is relatively safe and secure compared to other localities in North Darfur State, Since last year no major security incidence was reported apart from minor tribal conflict in Ailliet locality on February 2017; there for CDO expecting smoothly program implementation in the locality

Access

All The villages in Aillait locality is accessible due to safety and security, clearly and accessible roads from the town to the villages, normal population movement for marketing, social events and other reasons.

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	Executive Director	s	1	600.00	12	50.00	3,600.00

	<i>The Executive Director is responsible for the successful leadership and management of the organization according to the strategic direction set by the Board of Directors and to develop an operational plan which incorporates goals and objectives that work towards the strategic direction of the organization also to ensure that the operation of the organization meets the expectations of its clients. Cost includes net salary 525 US\$, social insurance 25% (175 US\$). 50% will be charged on the grant.</i>						
1.2	Admin and Finance officer	D	1	500.0 0	12	50.00	3,000.00
	<i>The Admin and Finance will work closely with the Executive Director, his role has significant input into the human resources, infrastructure, risk management & compliance; Financial Management; Office & Administration Management. The Finance & Administration Manager will work with the external Accountants and Auditors as required, Preparation of management reports and budget as required, provide management reporting to Executive Director and Finance and Audit Committee, prepare cash flow management processes. Cost includes net salary 450 US\$, social insurance 25% (150 US\$). 50% will be charged on the grant.</i>						
1.3	Programme Manager	d	1	500.0 0	12	100.00	6,000.00
	<i>Leading the project team and coordinating the project and all matters related to project content and implementing the agreed action plan to the agreed standards and deadlines and regular liaison with the ECML Secretariat on all project-related matters and ensuring the effective preparation and delivery of all project events and meetings and production of all necessary documentation. Taking responsibility for the effective flow of information between team members, participants in project activities, and the ECML ongoing evaluation of project activity and reporting on project progress to the ECML also submission of the final results of the project to the ECML in addition participation at meetings for coordinators. Cost includes net salary 450 US\$, social insurance 25% (150 US\$).</i>						
1.4	Accountant	s	1	300.0 0	12	50.00	1,800.00
	<i>Accountant will prepare budget according to the program and staff numbers, taking care of funds to pay bills and salaries of employees, vendors, solutions to business and financial problems; prepare profit and loss statements, analyze revenue and resolve accounting discrepancies; maintaining records of accounts as archives, good skills of computer software and manual filing systems; monitoring reports with accuracy and detail and submitting the timely monthly, quarterly and year end close reports. Cost includes net salary 300 US\$, social insurance 25% (100 US\$). 100% will be charged on the grant.</i>						
1.5	logistic Officer	D	1	300.0 0	12	50.00	1,800.00
	<i>The logistic procurement officer identifies and evaluates suppliers, arranges for transportation of purchased goods, identifies and develops strategies for addressing logistical barriers, monitors use of materials and resources, and ensures quality record keeping. Cost includes net salary 300 US\$, social insurance 25% (100 US\$). 50% will be charged on the grant.</i>						
1.6	Field officer	s	1	300.0 0	12	50.00	1,800.00
	<i>Field Officer will be focusing on the program resources, to develop operational relationships with the PA's office, and to address programmatic challenges as they arise. To assist Admin/Finance in planning, management, implementation and monitoring of all project activities. To work in close coordination and collaboration with technical section to ensure good quality of work. To manage relationships with relevant stakeholders, including - but not limited - to Government departments at the state and locality levels, community and tribal leaders, and local organizations and communities in addition to monitor and report on the rapidly changing environment and actively contribute to the overall strategy, design and implementation. Cost includes net salary 187.5 US\$, social insurance 25 % (62.5 US\$). 50% will be charged on the grant</i>						
1.7	Store keeper	s	2	200.0 0	12	50.00	2,400.00
	<i>The Storekeeper is responsible for all warehouse operations activities including shipping and receiving, deliveries, coordinating stock, documenting warehouse transactions, maintaining records, and overseeing storage of surplus inventory and property for the organization. 2 Store Keepers were required to run 2 warehouses in El Fasher and Ailliet . Cost includes net salary 75 US\$, social insurance 25 % (25 US\$). 50% will be charged on the grant.</i>						
1.8	Driver	D	2	200.0 0	12	50.00	2,400.00
	<i>CDO allocated 2 cars for the project to support activities, ease access of community outreach workers to catchment areas, refer SAM children with complications. 2 drivers were required in El Fasher and Ailleit offices. Cost includes net salary 75 US\$, social insurance 25 % (25 US\$); 50% will be charged to this project.</i>						
1.9	Guards	s	2	150.0 0	12	100.00	3,600.00
	<i>Guards secure the clinics and personnel by patrolling property; monitoring surveillance equipment; inspecting buildings, equipment, and access points; permitting entry. Obtains help by sounding alarms. 2 Guards were required for this project. Cost includes net salary 75 US\$, social insurance 25 % (25 US\$); 50% will be charged to this project.</i>						
1.10	Cleaner	D	2	150.0 0	12	100.00	3,600.00
	<i>Cleaners are required to undertake cleaning of the offices as directed by the Supervising Officer, using the prescribed methods and frequencies in line with the requirements of the cleaning specification. 2 cleaners were required in El Fasher and Ailleit offices. Cost includes net salary 75 US\$, social insurance 25 % (25 US\$); 50% will be charged to this project.</i>						
1.11	M&R officer	D	1	500.0 0	12	50.00	3,000.00
	<i>the M&R officer will be responsible for monitoring and reporting, to ensure quality and smooth implementation of over all project with special focus beneficiaries feed back Cost will be 3000 UD\$, Social Insurance (25%) 50% will be charged to this project</i>						
1.12	Nutrition Coordinator	s	1	300.0 0	12	50.00	1,800.00
	<i>Nutrition Coordinator will closely monitor all the OTP and IYCF activities, regulating the monitoring process, collecting and organizing data. Nutrition Coordinator is a SMOH staff and will be contracted as seconded staff. 50% will be charged on the grant.</i>						
	Section Total						34,800.00

2. Supplies, Commodities, Materials							
2.1	Conduct community meeting on CMAM, IYCF etc	D	1	2,160.00	1	100.00	2,160.00
	<i>Meetings with community leaders will focus on the all project targeted sites in Ailleit locality to orient them about CMAM ,IYCF nutrition intervention in thier villages. The cost will include: car rental 300 US\$*4 days=1200 US\$ Incentives to community leader: 50 US\$*16=800 US\$ DSA to 2 personnel: 20 US\$*2 personnel*4 days= 160 US\$</i>						
2.2	Conduct training for nutrition workers, community volunteer on CMAM, Infant and Young Child Feeding (IYCF)	D	82	50.00	6	100.00	24,600.00
	<i>4 days training on CMAM component, SAM management, MUAC screening, monitoring and reporting, and referral followed by 2 days training on environmental sanitation and personal hygiene will be conducted to a total of 82 personnel (32 health & nutrition and 50 outreach workers 8 from OTP site in Ailleit locality); The cost will include incentives to participants and facilitators, transportation of 82 participants from 8 projects sites and meals for participants, hall rent, stationary and banners, car rental; and will be estimated for participants as following: 82*50 US\$*6 days=2600</i>						
2.3	Training and Promote IYCF through mother support groups	D	32	50.00	3	100.00	4,800.00
	<i>3 days training on Women to Women Support Group will be conducted to a total of 32 mother to mother support lead (4 from each 8 Project OTP site in Ailleit locality The cost will include incentives to participants and facilitators, transportation and meals for participants, hall rent, stationary and banners, car rental; and will be estimated for participants as follow; 32*50 US\$*3days=1920 USD</i>						
2.4	Rehabilitation and fencing of existing 8 OTP/Clinincs	D	8	1,500.00	1	100.00	12,000.00
	<i>8 existing OTPs in Ailliet locality will be Rehabilitated through using mesh with angle iron / tubular iron pole each provided with well constructed metal gate including Procurment and Cost for Engineer and any other cost cots . The cost estimated at 1500 US \$*8=12,000</i>						
2.5	Training and capacity building for Nutrition registers and Nutrition /Medical assistant	D	16	50.00	3	100.00	2,400.00
	<i>Training will be focused on Registration format , reporting to SMOHS health /Nutrition Data Base. 3 Training capacity building support the performance Nutrition /Medical assistant targeting 16 two staff from each clinic center . the cost will be 50 USD *16 for 3 days =2400 USD</i>						
2.6	IEC Materials	D	1	2,450.00	1	100.00	2,450.00
	<i>IEC materials are simple method to deliver nutrition messages specially IYCF messages to targeted community, and will be needed in OTPs, C-IYCF corners and also at community level, including poster, banners, booklets and descriptive flap board; the total need for each site will be:- -descriptive banners: 08 pieces*60 US\$=480US\$; - posters: pieces 16*20 US\$=230 US\$; - descriptive flap boards: pieces 8*30 US\$=240 US\$; - booklets:-3000 pieces*5 US\$=1500US\$. (total cost will be =2450 USD</i>						
2.7	Ready to Use Therapeutic Food (RUTF)	s	0	0.00	0	100.00	0.00
	<i>Ready to Use Therapeutic Food (RUTF) for treatment of 2450 U-5 SAM children will be supplied in kind from unicef, Total amount is 2450 cartoons.</i>						
2.8	Transportation of Ready to Use Therapeutic Food (RUTF)	D	8	600.00	4	100.00	19,200.00
	<i>Ready to Use Therapeutic Food (RUTF) will be sourced from UNICEF in kind. for treatment of at least 2450 U-5 SAM children will be supplied in kind from unicef, Total amount is 2450 cartoons will trasported to 8 OTP . the Cost of transportation will be as follow , 600 USD per trip(600*4*8=19200 USD)</i>						
2.9	Routine medicine	s	0	0.00	0	100.00	0.00
	<i>Routine medications (Amoxicilline, albendazole, vitamin A, folic acid and fefol) will be sourced from UNICEF in kind.</i>						
2.10	Warehouse operation and maintenance cost	D	2	400.00	12	100.00	9,600.00
	<i>CDO has 2 warehouses related to the project; 1 in El Fasher and 1 in Ailliet. The cost estimated as 2 warehouses*200 US \$/month*12 months); 50% will be charged to this grant.</i>						
2.11	Provide referrel system	D	1	1,000.00	12	100.00	12,000.00
	<i>referral for further treatment of SAM Children with medical complication to Al laite Stabilization Centers(SC) from from 8 OTPS in addition to catchment areas Targeting and estimated NO of 320 (15% from total annul SAM Children targeted) the cost for referral including ,car rent, routine medications , mother accommodation and food . at rate of 1000US\$/month* 12 =12000</i>						
2.12	Conduct massive Community awarness and sensitization open days	D	4	800.00	1	100.00	3,200.00

	<i>massive Community awareness and sensitization open days, Targeting 8 project targeted location . the community campaign should on quarter basis. and during the project lifetime 4 community campaign will conducted . the estimated cost including , stationer , awareness materials sound system rent, Shelter rent,car rent and refreshment at rate 800 U\$D / one Session =800*4=3200</i>						
2.13	Health and Nutrition Information Coordinators	s	2	300.00	12	100.00	7,200.00
	<i>Its main duties to collect, coordinate and analyze all data in regard to health and nutrition , work closely with Program Manager in helping in programing. 50% will be charged on the grant.</i>						
2.14	Medical Assistants	s	8	100.00	12	100.00	9,600.00
	<i>Medical Assistants perform routine administrative and clinical tasks/consultations, administration of routine medications to SAM cases, Referral of complicated SAM cases. A total of 8 Medical Assistants were required to run 8 health facilities</i>						
2.15	Nutrition Assistants	s	8	100.00	12	100.00	9,600.00
	<i>Nutrition Assistant performs a variety of duties in supervising the nutritional activities in the OTP as well as C-IYCF, recognition of child nutrition status, referring children in appropriate nutritional program, monitoring the growth rates, referring the SAM cases to the Medical Assistant or Medical Doctor for further evaluation and management. A total of 8 Nutrition Assistants were required to run 8 health facilities.</i>						
2.16	Measures .	s	8	100.00	12	100.00	9,600.00
	<i>The measures will apply the anthropocentric measurements, determine the nutritional status of U-5 children and PLW, and record the measurements result on the admission sheets and registration books. A total of 8 Measurers were required to run 8 health facilities.</i>						
2.17	Midwives	s	8	100.00	12	100.00	9,600.00
	<i>The midwife will perform many duties including ANC, provision of micro-nutrient to PLW, delivery of IYCF messages to PLW. A</i>						
2.18	Field Nutrition Officer	D	1	200.00	12	100.00	2,400.00
	<i>The nutrition Officer in the locality will supervise all the activities in the deep field, collect and submit reports, monitoring the</i>						
2.19	Medical doctors	D	2	200.00	12	100.00	4,800.00
	<i>The Medical Doctor (MDs) is responsible for Treatment of SAM cases with medical complications in stabilization centers and ensuring the referral of emergency critically ill patients to the high levels of health care facilities for further management, Supervision of health staff working in OTPs and contribute in monitoring of OTP activities. Medical doctor is MOH staff and will be contracted as seconded staff. 50% will be charged on the grant.</i>						
2.20	Vihcle Rent for internal and external office	D	2	400.00	12	70.00	6,720.00
	<i>CDO will rent two Cars during the project implementation one for field office and one for head office at 400 USD per car per Months including fuel and maintenance 50% will be charged to this project total = 400*2*12=</i>						
2.21	Running Cost for targeted 8 OTP Centers	D	8	100.00	12	100.00	9,600.00
	<i>the targeted 8 OTPs will be provided with Stationeries ,Water , Cleaning materials , Stationaries and others , the cost will be estimated 100 U\$D /Center = 100*8*12=800</i>						
	Section Total						161,530.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	Monitoring and Supervision Cost	D	1	400.00	12	100.00	4,800.00
	<i>Monitoring and Supervision visits will be conducted to the 8 OTP centers every month. Unit cost is set at 400 US\$/visit including (paid DSA, accommodation cost, transportation cost)*8 OTP centers*12 visits. 100 % will be charged to this grant. total</i>						
	Section Total						4,800.00

6. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
7. General Operating and Other Direct Costs								
7.1	CDO offices Running Cost	D	2	300.00	12	50.00		3,600.00
	<i>This includes cost for water, electricity, stationary, cleaning materials, and other consumables for 2 CDO offices in El Fasher and Aillait; Unit cost set at 300 US\$/office/month* 2 offices*12 months. 50% was charged for this grant.</i>							
7.2	CDO Office rent cost	D	2	800.00	12	50.00		9,600.00
	<i>CDO has 1 main office and 3 sub offices 2 of them related directly to this project implementation, CDO will charge to this program 50% of El Fasher and Aillait offices rent cost. El Fasher office rent cost is 1500 US\$, Aillait office rent cost 500 US\$. the total cost will be 1600 US\$/month*12 months</i>							
7.3	CDO Communiacion cost	D	16	20.00	12	50.00		1,920.00
	<i>CDO in its program implementation depends on communication by mobile and internet to link the offices to the OTP centers and strengthen the coordination program manager, nutrition coordinator, 2 nutrition officers and 12 nutritionists will be provided with a mobile credit card monthly. the cost will be 20 US\$*16 personnel*12 months, 50% will be charged to the program</i>							
7.4	Fuel for Generator	D	100	10.00	12	50.00		6,000.00
	<i>CDO has 1 generator in the project site. It was estimated that one generator consuming 4.1 gallons of fuel/day*22 day (100 gallons/month) *12 months *10 US\$. 50% will be charged to the grant</i>							
	Section Total							21,120.00
SubTotal			339.00					222,250.00
Direct								161,650.00
Support								60,600.00
PSC Cost								
PSC Cost Percent								7.00
PSC Amount								15,557.50
Total Cost								237,807.50
Project Locations								
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name	
		Men	Women	Boys	Girls	Total		
North Darfur -> Ailliet	100	42	10,408	980	1,470	12,900	Activity 1.1.1: Conduct A 4 days training on CMAM component, SAM management, MUAC screening, monitoring and reporting, and referral followed by 2 days training o...	
Documents								
Category Name				Document Description				
Budget Documents				^CDO 8055 - TRC.1.xls.xlsx				
Technical Review				CDO 8055 SHF comments 14032018.doc				
Technical Review				CDO 8055 technical inputs 18032018.doc				