

Requesting Organization :	American Refugee Committee		
Allocation Type :	2018 - SHF Reserve for Emergencies		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		25.00	
NUTRITION		25.00	
WATER, SANITATION AND HYGIENE		25.00	
EMERGENCY SHELTER AND NON-FOOD ITEMS		25.00	
		100	
Project Title :	Emergency Response to MBororo returnees & refugees in Maramosa & Karkada / Dimso □ South Darfur		
Allocation Type Category :	Special allocations		
OPS Details			
Project Code :		Fund Project Code :	SUD-18/HSD20/RE/H-N-WASH-ESNFIs/INGO/9210
Cluster :		Project Budget in US\$:	658,004.77
Planned project duration :	8 months	Priority:	
Planned Start Date :	01/06/2018	Planned End Date :	31/01/2019
Actual Start Date:	01/06/2018	Actual End Date:	31/01/2019

Project Summary :

The proposed project will focus on integrated lifesaving health, nutrition, WASH and essential shelter and distributions of non food items (NFIs) interventions among 3,784 returnees, 1,678 refugees and 1,750 host community members (total 7,212) in Maramosa and Karkada in Dimso locality with a focus of meeting their basic needs and well-being while increasing their self-reliance. South Darfur. To address the health and high rate of malnutrition needs among, who were forced to flee Central African Republic because of inter-communal fighting, and arrived in Maramosa and Karkada sites, ARC will establish two mobile health teams; one for Maramosa and the other for Karkada... The two mobile teams will be based in Eltomat and provide the services 3 times a week. ARC will hire 21 health and nutrition staff, comprising of 2 medical assistants, 5 nurses, 4 midwives, 2 pharmacy assistants, 2 vaccinator, 2 registrars, one Nutrition Supervisor, 3 nutrition assistants, There will also be 2 cleaners and 4 guards attached to the mobile teams. ARC Health and Nutrition program manager will oversee the implementation of the project ARC will provide basic primary health care package, which includes diagnostic & curative services, provision of essential drugs through support of WHO, reproductive health services (ANC, PNC and FP), including clinical management of rape services, immunization support and outreach health education. ARC will provide outpatient therapeutic and targeted supplementary feeding programs to children under five and pregnant and lactating women respectively. A functional referral system for complicated cases will be established between the mobile clinics and existing PHCC (Eltomat) to provide further diagnostic and inpatient support.

In WASH sector, in order to augment water supplies in underserved areas settled by returnees, refugees and the host community, one borehole will be drilled in Karkada to serve 4,157 people. ARC will provide technical support and cover costs of operation and maintenance of two water systems in total - one in Maramosa and one in Karkada once drilled. In all cases there will be regular water quality testing at different points of the water-safety chain and corrective measures taken to improve quality of water. ARC will implement waste management and disposal, including conducting clean-up campaigns and increasing community awareness on general hygiene promotion. Household garbage collection pits will be encouraged where feasible. Storm water drains and channels will be opened to prevent flooding and stagnant pools of water, which create breeding sites and habitats for vectors. UNHCR has distributed NFIs to all households. Further NFIs to be distributed on need basis..ARC will budget for the transportation of the NFIs.

In ES/NFI ARC will sub grantee UPO partner to construct Basic emergency shelter for 1000 most vulnerable household with special needs while the roof of tarpaulin will be provided by UNHCR . Beneficiaries will be screened following an agreed criteria,will request for tarpaulin sheets for the roof from UNHCR.. A total of 6 persons will be trained on basic shelter construction. ARC's WASH and Construction engineer will supervise them.

ARC will focus on an inter-sectoral approach that supports integration between the health, nutrition, WASH and ES/NFIs services. Service delivery of all health and nutrition services will be integrated at the mobile clinics. The health and nutrition team will also closely collaborate with the WASH team on health education/outreach activities to promote proper hygiene practices and better understanding of the key public health/ nutrition risks associate with inadequate WASH. ARC will establish Community Relief and Development (CRD) committee(s), who will take a lead role in health, nutrition, and WASH promotion activities, assist with disease surveillance, and encourage community referral processes

Direct beneficiaries :

Men	Women	Boys	Girls	Total
2,077	2,250	1,385	1,500	7,212

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	504	546	336	364	1,750
Internally Displaced People/Returnees	1,090	1,181	726	787	3,784
Other	483	523	323	349	1,678

Indirect Beneficiaries :

0

Catchment Population:

ARC will target a catchment population of 7212 people and including the 374 families (Unverified). This will be mainly returnee, refugee and host community in Maramosa and Karkada including other people living in the area who are not direct beneficiaries

Link with allocation strategy :

ARC proposed activities are in line with the outcome 1; LIFESAVING: Populations affected by natural or man-made disasters receive timely assistance during and in the aftermath of the shock and Outcome 2 in the Humanitarian Response Plan (HRP), i.e. Displaced populations, refugees, returnees and host communities meet their basic needs and/or access basic services, while increasing their self-reliance to refugees, returnees and host community in Maramosa and Karkada villages in Dimso locality, South Darfur. Essential health, nutrition WASH and shelter services will be provided with the key objective of improving the access and well being among the men, women, boys, girls, adolescent and people with disability Under WASH ,activities will focus on increase access of safe and clean water and improved hygiene and sanitation.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
United Peace Organization (UPO)	National NGO	105,395.00
		105,395.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Dula James	Country Director	DulaJ@arcrelief.org	+249901234001
Nyika Musiyazwiriyo	Country Program Manager	NyikaM@arcrelief.org	+249901234006
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BACKGROUND**1. Humanitarian context analysis**

Karkada and Marmosa are one of the villages in Dimso locality, South Sudan. Karkada is 67km South of Eltomat while Marmosa is 80km South West of Dimso and 55km West of Eltomat. As per the inter-agency assessment conducted in February 2018 , there were new arrivals of returnees and refugees from Mbororo tribe fleeing from Central Africa Republic (CAR) due to internal communal fighting. They have settled in Maramosa and Karkada in Dimso locality, South Darfur. During the inter agency assessment, feedback from affected communities indicated that they started movement from CAR in October 2017, and more people are expected to arrive in those two villages and other locations in Dimso locality. The daily rate of arrivals is 7-10 people per day. A majority of the returnees and refugees are women and children. Maramosa and Karkada sites are lacking basic services and there is limited access to markets. This lack of access to markets results in limited goods and services supply such that a lot of basic goods are in short supply. This is compounded by the rise in commodity prices and fuel shortages that is affecting the entire country. In addition, according to the interagency report , one Malwa of sorghum costing 70 SDG, Vegetable oil 40 SDG/ bottle, 8 SDG/ onion, Sugar 13 SDG/1 Kg compared to the limited financial capacity of the community to buy food . The majority of affected people expected to have less than 2 meals in a day. The assessment report also indicated that the new arrivals of the refugee and returnees depend entirely on the assistance provided to them from local community of Maramosa and Karakada. There are no laboring opportunities or livelihood income activities. Continued influx of refugees and returnees and increase in competition for limited resources can also cause tension between the returnees, refugees and host community. Therefore, under this grant ARC will provide lifesaving interventions to both the returnee, refugees and host community in coordination with the respective community leaders and members and ensure access of services to all. In order to lessen the chances of conflict ARC will establish a Community Relief and Development Committee made up of a mix of the different categories of beneficiaries including host community members. The CRDC will provide interface between ARC and the communities. It will be consulted on planning the different project activities and for mobilizing the communities for participation in different project activities. Host communities will benefit from trainings, access to some services such as water, health and nutrition.as a way to mitigate chances of conflict.

2. Needs assessment

In February 5-8 2018, interagency assessment mission comprising UNOCHA UNICEF, WHO, UNDP RRR, UNHCR, COR, HAC, ARC, SRC and AL-Ruhama conducted rapid needs assessment. The assessment was to determine the humanitarian needs and the number of people who settled in Karkada and marmosa from CAR due to the internal communal fights as reported by HAC. According to the inter-agency assessment report, there are more than 6350 people (1270 Households) and majority are women and children in different age groups. Karakada village hosting 2700 people (540 HHs) and Maramosa 3650 people (712 HHs). The International Organization of Migration (IOM) and VRRRC conducted a verification exercise in February 2018, there were 3,784 returnees individuals, and COR and UNHCR registered 1,678 refugees individuals and 1750 host communities making a total population of 7,212 people . According to HAC, an additional 374 families (Unverified) have arrived since 4 April 2018.

Major findings under health and nutrition during the needs assessment included no health services available in Karkada or Maramosa. There nearest health facility is in Eltomat and Dimso PHCC supported by ARC. Mass MUAC screening conducted by ARC and SMOH in Maramosa results for 430 children under 5 showed that 55 cases had Severe Acute Malnutrition (SAM) and 85 cases had Moderate Acute Malnutrition (MAM). In Karakada out of 419 children 77 had SAM and 142 had MAM. This is excessively high and requires urgent intervention. The most common diseases are respiratory tract infection, diarrhea, skin disease among children and women. None of the children under five had been vaccinated before until they were vaccinated by SMOH in April 2018.

There is only 1-2 unsafe open wells to provide water for the entire community and animal, people have to travel 3-5 hours to collect little amount of water with limited quantity of containers. Recently, two boreholes were drilled in Karkada but they were dry. There are no latrines and people practice the open defecations that can lead to threat and risk of vector and water borne disease outbreak. The hygiene and sanitation awareness support and materials/ skills coverage is missing for the entire community. New arrivals have built shelters from limited local materials that do not protect against sun, wind or rain. They have lost all their assets/property and are lacking essential household items.

. The high malnutrition rate is coupled with many trigger factors such as respiratory tract infection and diarrheal diseases among children and women. In April 2018, SMOH conducted the first accelerated vaccination campaign targeting children under five and women of childbearing age (WCBA) supported by UNICEF. Achievement as follows, Measles 102% and polio 101% against the target set. 155 women of childbearing age received tetanus toxoid vaccine (TT). With more people expected to arrive, there is need to conduct additional campaigns to increase coverage .

. They have lost all their assets/property and are lacking essential household items. UNHCR provided full NFI package for 1500 HHs (1000HH for returnees and 500HH for refugees) for Maramosa (60%) and Karkada (40%). ARC will seek the support of the NFI CP/UNHCR, SHF which has 2017 left over 1,813 NFI kits . to provide full NFI package to the beneficiaries not covered in the UNHCR distribution. Construction of emergency shelters that meet basic Sphere standards is a dire humanitarian need to save those most vulnerable, including the elderly and infirm, children, pregnant women, and people with special needs.

3. Description Of Beneficiaries

The beneficiaries targeted under this project are recent arrivals made up of returnees and refugees fleeing conflict in CAR. They include 4,157 (1,000 host community, 2,222 returnees and 935 Refugee) people living in Karkada and 3,055 (750 host community, 1,562 returnee and 743 refugee) people living in Marmosa. The fleeing beneficiaries settled in these locations and hence services are being brought to them. The beneficiaries were identified/verified by IOM, Commission of Refugees (COR) and UNHCR in the month of February 2018. The Mobile team outreach services will be open to all beneficiaries, with a target consultation/person/year of at least 2. Some services will target specific groups of people based on their particular needs. For instance, the routine EPI services will target all children <1 year (288) and women of reproductive age (1803) as per the national EPI guidelines. Basic reproductive health services will be open to both adolescents and pregnant and lactating women. Nutrition services are expected to be provided to 1,685 direct beneficiaries. These include 757 boys and 787 girls under five years and 141 women who are eligible for nutrition services. ARC views and approaches the treatment of acute malnutrition as a continuum from severe to moderate and cured stage using the Integrated Community based Management of Acute Malnutrition (CMAM) protocols.

4. Grant Request Justification

ARC is proposing to provide lifesaving integrated health, nutrition, WASH and emergency shelter services with a focus of meeting their basic needs and well being of the 7,212 refugees, returnees and host community and people with disability while increasing their self-reliance. In order to increase access to basic primary health care services, ARC will establish two mobile clinic outreach teams, in Karkada and Marmosa. ARC will provide integrated basic primary health care package to the men, women, boys, girls, adolescent and disabled populations. The services include treatment of communicable diseases, maternal and child health care (including IMCI, vaccinations, promotion of exclusive breastfeeding and IYCF practices), reproductive health including syndrome management of STIs, HIV/AIDs, clinical management of rape including referral for additional services for gender based violence, and health promotion. Reproductive health services offered will include antenatal and postnatal care, assisted vaginal deliveries, provision of family planning methods and counseling and distribution of safe delivery kits. A functional referral system will be established for medical and obstetric complicated cases. As reported in the interagency assessment report, women and children have been affected emotionally and psychologically and were traumatized by what they went through. In regards to this, ARC will work in collaboration with the Ministry of Gender and Social Welfare and provide psychosocial support services to the refugee, returnees and including the gender based violence survivors. Nutrition interventions will include treatment of acutely malnourished girls and boys under age five including referral to inpatient care (SC). Nutrition education and IYCF counseling will be provided for mothers/care takers of girls and boys under five.

To ensure increased access to safe clean water for returnee, refugees and the host community living in Karkada and Marmosa, ARC will support the operation and maintenance of one existing borehole in Marmosa. From recent drilling experience where two dry boreholes were drilled in Karakada, the viable option will be for ARC to drill and install one borehole about 6km outside Karkada and then pump the water to Karkada. ARC will support the operation and maintenance when the drilling and installation is completed. In addition, ARC will conduct water treatment and quality monitoring and surveillance as well.

According to UN OCHA case for funding briefing paper, WVI will be responsible for latrine construction. It is important to stress that the benefits of this project will be compromised if the latrine construction is not implemented. The jerry cans are important aspect of the safe water safety management for collection and storage.

ARC will strengthen community activities emphasizing a focused inter-sectoral approach that ensures synergy from integration and complementary between the sector specific activities of health, nutrition and WASH to achieve combined effects of reduced morbidity and mortality from communicable diseases and hazards resulting from poor sanitation conditions and lack of access to safe potable water. Thirty community volunteers (health, nutrition and WASH) will receive training focusing on clear linkages, messaging and practices that achieve common integrated outcomes. ARC will establish and train two CRD committees, one in Karkada and one in Marmosa, to deal with WASH infrastructure maintenance and critical issues of hygiene, health and nutrition in an integrated fashion. Each CRDC will have 12 members, 50% of which will be female members. The CRDs will be responsible for recruiting and managing volunteers under guidance and support of ARC.

5. Complementarity

ARC has been operating in South Darfur since 2004 providing integrated health, nutrition and WASH services to the IDP camps and host community. ARC has gained vast experience in implementing integrated primary health care project interventions and established good relations with HAC, SMOH, other implementing partners and UN agencies. ARC will continue to build on this platform in response to the humanitarian needs for the refugees, returnees and host community in Karkada and Marmosa. Currently ARC is supporting Eltomat and Dimso PHCC under OFDA funding. ARC will establish a referral link to Eltomat PHCC and work closely with other international and local organizations in the area.

LOGICAL FRAMEWORK

Overall project objective

To improve the well being of the refugee, returnee and host community through provision of integrated life saving health, nutrition, WASH and shelter interventions in Marmosa and Karkada village in Dimso locality, South Darfur

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	100

Contribution to Cluster/Sector Objectives : The health intervention will directly provide lifesaving preventive, curative and maternal child health services to refugee, returnees and host populations through mobile outreach services. ARC will train clinical staff two medical assistants and two registrars) on case management of rape and raise awareness to 5 nurses, 4 mid wives, Community Health and Hygiene Officer and HNW Volunteers on need for sensitivity to encourage referrals and access to compassionate service ARC will also coordinate with UNHCR to create a referral system with appropriate protection services (i.e. medical, shelter and legal services). A functional referral system for medical and obstetric cases will be linked to the existing Eltomat PHCC in Dimso locality and then to secondary care for further management

Outcome 1

Health: Improved access to minimum basic package of primary health care services and awareness on health issues of 7,212 refugee, returnees and vulnerable host communities in Marmosa and Karkada villages, Dimso Locality, South Darfur State

Output 1.1

Description

Two mobile clinics provided minimum basic package of primary health care services (including maternal and child health)

Assumptions & Risks

Locations will remain accessible during rainy season
There will be no unanticipated breakage in pipeline supplies for drugs, medical supplies including reproductive health (RH) supplies.
Refugees and returnees are not relocated elsewhere and there will be no mass movement of families from catchment areas.
Security situation in Dimso locality remains stable and ARC is able to access Marmosa and Karkada

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			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).					2
Means of Verification : mobile team registers, program narrative report							
Indicator 1.1.2	HEALTH	Number of people using the health care facilities (by age and sex) (HRP 2018).	2,963	3,023	607	619	7,212
Means of Verification : OPD register book and progress report							
Indicator 1.1.3	HEALTH	Number of births assisted by skilled birth attendant (HRP 2018).					86
Means of Verification : Delivery register book and progress report							
Indicator 1.1.4	HEALTH	Number of obstetric emergencies referred to secondary or tertiary care					32
Means of Verification : Referral report and progress report							
Indicator 1.1.5	HEALTH	Number of children below one year of age (by sex) covered by measles vaccine (HRP 2018).			136	138	274
Means of Verification : EPI register book and progress report							
Indicator 1.1.6	HEALTH	Number of children below one year that received Penta valent vaccination (Penta 3).					259
Means of Verification :							
Indicator 1.1.7	HEALTH	% completeness and timeliness of weekly surveillance reporting from sentinel sites (HRP 2018).					100
Means of Verification : Epidemiological report and progress report							
Indicator 1.1.8	HEALTH	Number of health workers trained (disaggregated by gender)	7	4			11
Means of Verification : Training report, attendance sheet and progress report							
Activities							
Activity 1.1.1							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
<p>•ARC will establish two mobile teams, Karkada and Marmosa. Each team will include technical staff- 1 medical assistant, 1 registrar, 1 Vaccinator, 2 nurses, 1 nutrition Assistant, 1 pharmacist Assistant and 2 midwives). Support team will have 1 cleaner and 2 guard. Nutrition supervisor will guide and oversee the nutrition activities at the outreach site. Additional Nurse and nutrition assistant will rove with the teams to ensure no staffing gaps. The mobile teams will conduct clinic outreaches three time a week. Health and nutrition manager who will oversee the implementation of activities and reporting will lead the team.</p> <p>ARC will recruit the position of Medical Assistant, registrar, pharmacist assistant, nutrition supervisor, cleaner and guards as ARC full time staff while the nurses, vaccinators, nutrition assistant and midwives will be seconded from SMoH.</p> <p>In order to facilitate provision of services, ARC will construct 2 temporary shelter, one in each location</p>							
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.							
<p>ARC will provide basic primary health care package, which includes diagnostic & curative services, provision of essential drugs through support of WHO, reproductive health services (ANC, PNC and FP), including clinical management of rape services, immunization support and outreach health education. In addition, ARC will procure supplementary buffer stock for essential drugs to compliment the supplies from WHO. In addition, ARC will conduct routine immunization through the mobile clinic with support of vaccines from SMoH.</p> <p>ARC will establish a functional referral link to Eltomat PHCC and support referral with transport and upkeep cost to secondary care.</p>							
Activity 1.1.3							
Standard Activity : Expand and maintain disease surveillance system with early warning component.							
<p>Through the Medical assistant for each mobile clinic, weekly epidemiology data will be collected disaggregated by sex and age, verified, analyzed and submitted to SMoH complete and timely.</p>							
Activity 1.1.4							
Standard Activity : Conduct health education training for health staff							

To improve the quality of services provision for under five and gender based violence survivor, ARC will conduct refresher training for the technical team. Seven staffs (2 Medical Assistant and 5 nurses) will receive 6 days training on IMCI and 5 (One ARC H&N Manager, 2 Medical Assistant and 2 Registrars) five days training on CMR. The following will receive awareness training on CMR- 5 nurses, 4 midwives and 30 HNW volunteers.

Output 1.2

Description

8 health promotion sessions arranged

Assumptions & Risks

Security situation remains stable

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Number of community awareness sessions conducted.					8

Means of Verification : Health education register book and progress

Activities

Activity 1.2.1

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

Health education sessions will be conducted through 30 community volunteers. The community volunteers will receive training on key health, nutrition and WASH messages. They will conduct house to house visit and in addition, conduct monthly community awareness sessions. They will also work in coordination with community leaders and authorities to ensure full participation in the community activities.

Additional Targets :

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Stabilize and reduce malnutrition, mortality and morbidity levels	Outcome 1: LIFESAVING: Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock	100

Contribution to Cluster/Sector Objectives : This project is designed in line with the Cluster objectives and strategies for nutrition cluster. The project is designed with the aim of providing quality lifesaving nutrition services for acutely malnourished children (boys and girls 6-59 months of age) and PLW among the returnees, refugees and host community in Maramosa and Karkada in Dimso locality in South Darfur State. The services will be provided through mobile Outpatient Therapeutic Program (OTP)/Targeted Supplementary Feeding Program (TSFP), including referral to inpatient care. ARC nutrition interventions will be implemented with strict adherence to the national CMAM guideline.

Outcome 1

Improved access to CMAM services for 934 U5 children and 141 PLW and awareness on nutrition issues of refugee, returnees and vulnerable host communities in Maramosa and Karkada villages, Dimso Locality, South Darfur State.

Output 1.1

Description

Two mobile OTPs /SFPs provided CMAM services

Assumptions & Risks

Security remains stable in the targeted areas

Targeted population remain in the same area

WFP approved the request for amendment to include additional RUSF for MAM management

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.					2
Indicator 1.1.2	NUTRITION	Number of targeted acute undernourished PLWs admitted to acute malnutrition treatment programs. (HRP 2018)		141			141
Indicator 1.1.3	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NiE)	18	17			35

Means of Verification : Training report

Indicator 1.1.4	NUTRITION	% of boys and girls 0-59 months with SAM defaulted among the discharged children (target <15% according to SPHERE)						15
Means of Verification : CMAM database and the monthly nutrition report								
Indicator 1.1.5	NUTRITION	% of boys and girls 0-59 months SAM deaths among the discharged children (target < 10% according to SPHERE)						10
Means of Verification : CMAM database and the monthly nutrition report								
Indicator 1.1.6	NUTRITION	% of boys and girls 0-59 months with SAM cured among the discharged children (target >75% according to SPHERE)						75
Means of Verification : CMAM database and the monthly nutrition report								
Indicator 1.1.7	NUTRITION	% of 0-59 month with MAM discharged?						100
Means of Verification : CMAM database and the monthly nutrition report								
Indicator 1.1.8	NUTRITION	% of PLW with MAM discharged?			100			100
Means of Verification : CMAM database and the monthly nutrition report								
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.)								
<ul style="list-style-type: none"> • ARC will construct two waiting shelters with semi-permanent materials to serve as service delivery points. One in Karkada and one in Maramousa. • The OTP working day will be every Sunday in Karkada and every Tuesday in Maramousa. The TSFP working day will be Thursday in the two locations alternatively as the distribution is on fortnightly basis. • ARC will hire 1 Nutrition Supervisor, 3 Nutrition Assistants and 1 Nurse Provide incentives for nutrition workers in the OTP/SFP 								
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.)								
<ul style="list-style-type: none"> • Conduct MUAC screening. ARC will conduct two mass MUAC screening campaigns; one at the beginning and another one after 4 months. Additionally, ARC will conduct routine MUAC screening at the facility level by ARC staff and at the community level by HNW volunteers. • Provide SAM treatment for U5 children. Admit and treat 316 children aged 6 – 59 months with severe acute malnutrition without medical complications to Outpatient Therapeutic Programs. • Provide MAM treatment for U5 children and PWL. Admit and treat 618 children aged 6 – 59 months and pregnant and lactating women with moderate acute malnutrition in Targeted Supplementary Feeding Programs • Provide referral support to SC • Ensure availability supplies of RUTF from UNICEF and RUSF from WFP • ARC will ensure referral linkages among CMAM components. Those identified as MAM will be treated in TSFP until they meet the discharge criteria, however if deteriorated will be referred to OTP. Those identified as SAM with complications will be referred to SC while SAM without medical complication will be referred to OTP for admission until they meet the discharge criteria to TSFP, however if the child's condition deteriorates or lost appetite will be referred to SC. 								
Activity 1.1.3								
Standard Activity : Conduct training for nutrition workers, community volunteer on CMAM, IYCF etc.								
<ul style="list-style-type: none"> • Conduct training for OTP/SFP staff on CMAM and IYCF: Nutrition staff and HNW volunteers will receive basic CMAM training beginning of the project and will receive a refresher training after 4 months. 								
Output 1.2								
Description								
7,212 people have improved awareness on health issues through arrangement of awareness sessions								
Assumptions & Risks								
Security remains stable in the targeted areas Targeted population remain in the same area								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.2.1	NUTRITION	Number of support groups established					2	
Means of Verification : Nutrition monthly report								
Indicator 1.2.2	NUTRITION	Number of community awareness sessions conducted					16	
Means of Verification : Monthly nutrition report								
Activities								

Activity 1.2.1							
Standard Activity : Establish mother support group for promotion of IYCF							
Establish and support 2 mother support groups targeting mothers of children under 2 years. One in Maramousa and one in Karkada							
Activity 1.2.2							
Standard Activity : Conduct community awareness campaign on CMAM, IYCF etc.							
Conduct community awareness sessions. ARC will support the Community Relief and Development Committees (CRDCs) in Karkada and Maramosa to conduct 16 awareness sessions on CMAM and IYCF, 8 in Karkada and 8 in Maramosa. Topics will be covered include; initiation of breastfeeding, exclusive of breastfeeding and introduction of complementary feeding, causes of malnutrition, symptoms and signs of malnutrition, hygiene and immunization.							
Additional Targets :							
WATER, SANITATION AND HYGIENE							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Address 90 per cent of the protracted IDPs, and continue to improve the level of WASH services to 1.89 million targeted people, who live both in and outside IDP camps.		Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance			100		
Contribution to Cluster/Sector Objectives : This project is designed in line with the cluster priorities and strategies of populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock (HRP 2018). WASH activities will be implemented for returnee, refugee and most vulnerable host community members in Maramosa and Karkada of Dimso locality, South Darfur. The services will be implemented with the objective of providing emergency live saving basic WASH service through provision of water supply and improving environmental and hygiene promotion conditions. The project seeks to increase access to water to 7.5 litres per person per day. The support for environmental health and hygiene promotion activities will contribute to reducing the public health threats/risks associated to the vector and water borne diseases. Improving the water quality, raising the awareness of the community to collect and remove garbage accumulation sites and vector breeding habitats will be part of services offered.							
Outcome 1							
Improved access to clean water facilities and awareness on WASH issues of [7,212] refugee, returnees and vulnerable host communities in Maramosa and Karkada villages, Dimso Locality, South Darfur State							
Output 1.1							
Description							
One new boreholes associated O&M supports are provided							
Assumptions & Risks							
<ul style="list-style-type: none"> • Locations will remain accessible during rainy season • Authorities like HAC allow access to the project sites. • • The economic circumstances and prices remain stable • Sanitation component will be covered by another partner as stated in UNOCHA case for funding • Refugees and returnees are not relocated to further distant locations. • There will be no mass influx of more refugees and returnees, otherwise more resources may be required. • The security situation in Dimso locality remains stable and ARC is able to access Maramosa and Karkada. 							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of affected populations with access to drinking water (7.5 lcd).	1,596	1,730	399	432	4,157
Means of Verification : Water production records and Field monitoring reports							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of water quality testing and monitoring conducted					8
Means of Verification : Water quality testing records and Field monitoring reports							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of existing water sources/system operation and management supported					2
Means of Verification : Water Production records Field visit report							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of water sources and/or system at institution and/or community level constructed, rehabilitated and/or upgraded					1
Means of Verification : Monthly progress report Job completion feild visit report							

Activities

Activity 1.1.1

Standard Activity : Construction, rehabilitation and/or upgrading of water sources and/or system (eg. handpump, water taps, hafir, solar panel, water tank etc.) at institution and/or community level

ARC will hire a consultant to conduct a geophysics study to select a high potential water source. A contractor will be hired to drill a new borehole in Karkada of Dimso locality through competitive bidding process. Because two recently drilled boreholes in Karkada were dry, a viable option will to drill the borehole about 6km outside Karkada in an area with potential for prolific water source. The borehole will be at least 800 feet in depth, 6 Km out of Karkada, and then the water will be piped to Karkada residents. The proposed borehole will be equipped with submersible pump, distribution networks, 45m³ water storage tank and separation of human and animal water points.

Activity 1.1.2

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

ARC will provide fuel, lubricants, fittings, and technical support and guidance to the community and Rural Water corporation for operation and maintenance of one existing water system in Muramosa and new drilled water yard in karkada once it completed Water treatment protocol at water storage facilities, water quality monitoring, and surveillance will be considered.

Output 1.2

Description

7,212 of people have improved awareness on WASH issues through arrangement of awareness sessions

Assumptions & Risks

Project location will remain accessible
HAC remain collaborative and secure permission to the staff and materials

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	Number of people attended WASH-related training	10	20	0	0	30

Means of Verification : Training report
Field visit report

Indicator 1.2.2	WATER, SANITATION AND HYGIENE	Number of WASH-related training sessions conducted					8
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Means of Verification : Sessions report
Field visit report

Activities

Activity 1.2.1

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

ARC will arrange for the HNW volunteers to be recruited and managed by the Community Relief and Development committees so that their performance can be monitored on a daily basis and as part of community contribution in managing their project. ARC will train 30 Health, Nutrition and WASH Volunteers, 15 from Karkada and 15 from Muramosa in key health, nutrition and WASH messaging for seven days and link them with the community and CRDs to provide integrated health, nutrition and hygiene awareness for the community. The selection of volunteer's will prioritizing women and girls

Activity 1.2.2

Standard Activity : Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.)

- ARC will support the Community Relief and Development Committees (CRDCs) in Karkada and Muramosa to conduct 16 Hygiene awareness and clean-up campaigns, 8 in Karkada and 8 in Muramosa.

Key hygiene promotion topics will include safe water chain, handwashing during critical times, safe food handling, personal hygiene, and prevention and control of communicable diseases. These topics will be discussed during the hygiene campaigns at the community and household levels

- ARC will purchase and distribute 3x 450 g of soap per family per month for 2,000 households for critical three months during the rainy season in Karkada and Muramosa

Additional Targets :

EMERGENCY SHELTER AND NON-FOOD ITEMS

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Promotion of self-reliance and early recovery by engaging and training IDPs/returnees in income generating livelihood activities	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	100

Contribution to Cluster/Sector Objectives : This project is designed in line with the cluster priorities and strategies Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock HRP 2018 and ES/NFIs sector objective of saving lives, providing protection from harsh weather and elements, and restore a sense of dignity by the timely provision of ES/NFIs. Those affected include families displaced by conflict, disasters (e.g. floods), and returnees/ reintegrated households.

ES/NFIs activities will be implemented for returnee, refugees and most vulnerable host community members in Maramosa and Karkada of Dimso locality, South Darfur. The services will be implemented with the objective of providing emergency shelter and NFI life saving services through construction of basic emergency shelter for most vulnerable groups and train masons on basic shelter construction and linked them with the community to assist in shelter construction.

Outcome 1

ES/NFI: Improved access to IES and NFI materials of refugee, returnees and vulnerable host communities in Maramosa and Karkada villages, Dimso Locality, South Darfur State

Output 1.1

Description

1000 IES material kits are distributed to 1000 refugee and returnee households in Maramosa and Karkada villages

Assumptions & Risks

The project sites remain accessible, HAC remains collaborative and secures permission to access and transport project supplies, and target beneficiaries remain collaborative and participate in the project implementation and remain within their current settlement

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	EMERGENCY SHELTER AND NON-FOOD ITEMS	Number of targeted newly displaced households receive timely life-saving emergency shelter and non-food items for protection from the elements and safety. (HRP 2018)					1,000

Means of Verification : Job completion certificate , photos and field monitoring reports

Activities

Activity 1.1.1

Standard Activity : Distribution of shelter material and/or construction of shelter (incl. assessment for beneficiary verification and sessions on ES construction prior to the distribution)

- ARC will sign sub grant agreement with UPO national organization to construct basic emergency shelters for 1000 people to meet the basic survival needs of the particularly vulnerable/ at-risk beneficiary categories, in Karkada and Marmosa. The basic shelter kit will include the frame from wooden poles; tarpaulin sheets for roof cover will provided by UNHCR ; traditional woven mats for roof; heat insulation under tarpaulin sheet; wall covers and partitions; and rope and nails for joining and binding. ARC shelter national partners UPO will carry out the works, with the participatory input in design, internal space planning and labor where possible/ appropriate from the beneficiaries.

While recognizing the limited physical/skill input that PSNs and other vulnerable categories can provide in the reconstruction process, ARC will provide two training for three days each in basic shelter construction and maintenance to the six selected masons, three from Karkada and three from Maramosa. These masons will be linked with the beneficiaries to enable them to customize their homes with assistance of ARC teams based on the special physical access requirements and gender considerations.

Additional Targets :

M & R

Monitoring & Reporting plan

A logical framework with clear targets, detailed implementation plan, and robust monitoring plan are developed prior to project implementation to guide project work. At the start of the project, a participatory grant-opening meeting will be conducted at the field level to review all project plans and develop additional grant management tools, building on existing ARC tools. The tools will be reviewed on a monthly basis to ensure the activities planned for are achieved timely and effectively in line with grant spending plan. Where activities are not achieved as planned, program staff will address the issues leading to the low/no achievement and implement a remedial action plan. In addition, ARC health, nutrition and WASH program coordinators will conduct monthly meeting to review budget spending. This will help in monitoring the budget and making prompt decisions regarding the under spent and overspent expenditures. At the midterm implementation of the project, ARC will conduct a midterm review meeting. At this meeting, program staff and other supporting departments (Finance, Human resource and operations) will discuss on the achievement for the first four months of implementation, its successes and challenges, and update the program management tools (Work plan, grant spending plan, and procurement plan).

MEAL (Monitoring, Evaluation and Learning) team, health, nutrition, WASH and emergency shelter and NFIs program staff will monitor the process of implementing project activities against predefined quality benchmarks and monitor outputs in terms of quality. MEAL conducts monthly field monitoring visits and spot checks and field-monitoring reports (FMRs) compiled and shared across the project team. Course correction plans based on learning from monitoring reports will be developed and properly tracked through an action plan tracker. ARC will conduct quarterly joint monitoring and supervision visits with the State Ministry of Health (SMoH), Water Environmental, and Sanitation department (WES to identify gaps/challenges and develop effective remedial measures to address them. In order to improve the skills and knowledge of health facility staff, ARC will continue to conduct on-the-job and in-service training. In addition, ARC will conduct similar visits with SHF monitoring and reporting focal persons when scheduled. ARC's State Program Manager for South Darfur will provide administration and operational support to the program with support from the Country Program Manager based in Khartoum. Overall, ARC's Country Director based in Khartoum will provide strategic direction to this project.

Through a well-structured Health Information System (HIS), ARC will capture data through the registers and submit weekly epidemiology reports to the SMoH including key health indicators on a monthly basis. Medical Assistant for each team will collect data from various department (Consultations, EPI, and ANC etc) using SMoH approved reporting formats. Data collected will be dis-aggregated by sex and age. Health and nutrition manager and WASH officer will verify and analyze data and at the same time use the information to make prompt decision. An Indicator Performance Tracking Table (IPTT), including all project indicators and targets derived from the logical framework will be developed to help monitor project progress. Project managers will populate and share this tracker with the MEAL team on a monthly-basis who will monitor and analyze progress towards targets set for each sector and support evidence based decision-making.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
EMERGENCY SHELTER AND NON-FOOD ITEMS : Activity 1.1.1: • ARC will sign sub grant agreement with UPO national organization to construct basic emergency shelters for 1000 people to meet the basic survival needs of the particularly vulnerable/ at-risk beneficiary categories, in Karkada and Marmosa. The basic shelter kit will include the frame from wooden poles; tarpaulin sheets for roof cover will be provided by UNHCR ; traditional woven mats for roof; heat insulation under tarpaulin sheet; wall covers and partitions; and rope and nails for joining and binding. ARC shelter national partners UPO will carry out the works, with the participatory input in design, internal space planning and labor where possible/ appropriate from the beneficiaries. While recognizing the limited physical/skill input that PSNs and other vulnerable categories can provide in the reconstruction process, ARC will provide two training for three days each in basic shelter construction and maintenance to the six selected masons, three from Karkada and three from Maramosa. These masons will be linked with the beneficiaries to enable them to customize their homes with assistance of ARC teams based on the special physical access requirements and gender considerations.	2018						X	X	X	X	X	X	
	2019												
HEALTH: Activity 1.1.1: •ARC will establish two mobile teams, Karkada and Marmosa. Each team will include technical staff- 1 medical assistant, 1 registrar, 1 Vaccinator, 2 nurses, 1 nutrition Assistant, 1 pharmacist Assistant and 2 midwives). Support team will have 1 cleaner and 2 guard. Nutrition supervisor will guide and oversee the nutrition activities at the outreach site. Additional Nurse and nutrition assistant will rove with the teams to ensure no staffing gaps. The mobile teams will conduct clinic outreaches three time a week. Health and nutrition manager who will oversee the implementation of activities and reporting will lead the team. ARC will recruit the position of Medical Assistant, registrar, pharmacist assistant, nutrition supervisor, cleaner and guards as ARC full time staff while the nurses, vaccinators, nutrition assistant and midwives will be seconded from SMoH. In order to facilitate provision of services, ARC will construct 2 temporary shelter, one in each location	2018						X	X	X	X	X	X	X
	2019	X											

<p>HEALTH: Activity 1.1.2: ARC will provide basic primary health care package, which includes diagnostic & curative services, provision of essential drugs through support of WHO, reproductive health services (ANC, PNC and FP), including clinical management of rape services, immunization support and outreach health education. In addition, ARC will procure supplementary buffer stock for essential drugs to compliment the supplies from WHO. In addition, ARC will conduct routine immunization through the mobile clinic with support of vaccines from SMoH.</p> <p>ARC will establish a functional referral link to Eltomat PHCC and support referral with transport and upkeep cost to secondary care.</p>	2018							X	X						
	2019														
<p>HEALTH: Activity 1.1.3: Through the Medical assistant for each mobile clinic, weekly epidemiology data will be collected disaggregated by sex and age, verified, analyzed and submitted to SMoH complete and timely.</p>	2018								X						
	2019														
<p>HEALTH: Activity 1.1.4: To improve the quality of services provision for under five and gender based violence survivor, ARC will conduct refresher training for the technical team. Seven staffs (2 Medical Assistant and 5 nurses) will receive 6 days training on IMCI and 5 (One ARC H&N Manager, 2 Medical Assistant and 2 Registrars) five days training on CMR. The following will receive awareness training on CMR- 5 nurses, 4 midwives and 30 HNW volunteers.</p>	2018						X	X	X	X	X	X	X	X	X
	2019	X													
<p>NUTRITION: Activity 1.1.1: • ARC will construct two waiting shelters with semi-permanent materials to serve as service delivery points. One in Karkada and one in Maramousa. • The OTP working day will be every Sunday in Karkada and every Tuesday in Maramosa. The TSFP working day will be Thursday in the two locations alternatively as the distribution is on fortnightly basis. • ARC will hire 1 Nutrition Supervisor, 3 Nutrition Assistants and 1 Nurse Provide incentives for nutrition workers in the OTP/SFP</p>	2018						X	X	X	X	X	X	X	X	X
	2019	X													
<p>NUTRITION: Activity 1.1.2: • Conduct MUAC screening. ARC will conduct two mass MUAC screening campaigns; one at the beginning and another one after 4 months. Additionally, ARC will conduct routine MUAC screening at the facility level by ARC staff and at the community level by HNW volunteers. • Provide SAM treatment for U5 children. Admit and treat 316 children aged 6 – 59 months with severe acute malnutrition without medical complications to Outpatient Therapeutic Programs. • Provide MAM treatment for U5 children and PWL. Admit and treat 618 children aged 6 – 59 months and pregnant and lactating women with moderate acute malnutrition in Targeted Supplementary Feeding Programs • Provide referral support to SC • Ensure availability supplies of RUTF from UNICEF and RUSF from WFP • ARC will ensure referral linkages among CMAM components. Those identified as MAM will be treated in TSFP until they meet the discharge criteria, however if deteriorated will be referred to OTP. Those identified as SAM with complications will be referred to SC while SAM without medical complication will referred to OTP for admission until they meet the discharge criteria to TSFP, however if the child's condition deteriorates or lost appetite will be referred to SC.</p>	2018						X	X	X	X	X	X	X	X	X
	2019	X													
<p>NUTRITION: Activity 1.1.3: • Conduct training for OTP/SFP staff on CMAM and IYCF: Nutrition staff and HNW volunteers will receive basic CMAM training beginning of the project and will receive a refresher training after 4 months.</p>	2019	X													
	2018						X	X	X	X	X	X	X	X	X
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.1: ARC will hire a consultant to conduct a geophysics study to select a high potential water source. A contractor will be hired to drill a new borehole in Karkada of Dimso locality through competitive bidding process. Because two recently drilled boreholes in Karkada were dry, a viable option will to drill the borehole about 6km outside Karkada in an area with potential for prolific water source. The borehole will be at least 800 feet in depth, 6 Km out of Karkada, and then the water will be piped to Karkada residents. The proposed borehole will be equipped with submersible pump, distribution networks, 45m3 water storage tank and separation of human and animal water points.</p>	2018						X	X	X	X	X	X	X	X	X
	2019	X													
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.2: ARC will provide fuel, lubricants, fittings, and technical support and guidance to the community and Rural Water corporation for operation and maintenance of one existing water system in Muramosa and new drilled water yard in karkada once it completed Water treatment protocol at water storage facilities, water quality monitoring, and surveillance will be considered.</p>	2018						X	X	X						
	2019														

OTHER INFO

Accountability to Affected Populations

Accountability to Affected Persons and communities we work with is one of the core values of American Refugee Committee. To demonstrate this organizational value in practice ARC has taken initiatives to encourage communities to provide feedback on how our interventions are influencing them. This is an integral component for a successful program and to ensure ownership by the stakeholders with whom we work. It also helps the organization respond and to tailor its programs to address the expressed community needs from the feedback.

ARC places a strong emphasis on receiving feedback from the individuals and communities that we seek to serve in order to improve ownership and the quality of our programs. For this purpose, ARC has developed, a comprehensive and inclusive feedback and complaint response mechanism (FCRM), currently in place and functional. This is a formal channel through which ARC beneficiaries and non-beneficiaries can register voices and complaints. The F/CRM is centrally operated through feedback forms and a toll free hotline number from all mobile phone networks companies (Sudani, Zain and MTN). ARC developed awareness materials including banners and flyers placed at all ARC project service delivery points such as health centers, water points, etc., with the hotline number and explanations on how the FCRM works as well as information about our accountability standards and practices to which customers should hold us accountable. In addition, through the MEAL department, ARC conducts regular customer interviews and post distribution monitoring using standard survey feedback forms. As per ARC procedures, the analysis of feedback information from communities is fed directly to senior management for action. These mechanisms have proven to be an effective tool in providing beneficiaries and communities with a voice and ultimately improving ARC operations and also identifying misconduct within the organization. A well-structured FCRM also enhances lessons learned and good practices across our network. .

To facilitate use of FCRM, regular orientation sessions are conducted by MEAL and program staff in targeted project sites. In these sessions, beneficiaries and community members learn how they can approach FCRM through interactive discussion. ARC's MEAL team will also develop and distribute Information Education and Communication (IEC) material, including brochures and pamphlets to raise awareness about F/CRM.

Implementation Plan

ARC will implement activities in close collaboration with SMOH and WES, ensuring adherence to the national guidelines and protocols. Under health and nutrition, the mobile team staffs will be recruited through support of SMOH and Humanitarian Aid Commission (HAC). ARC will recruit a dedicated project manager to run this project. The project manager will be supervised by the Senior Health and Nutrition Manager and the Senior WASH Coordinator who will oversee and provide technical support to the project manager and the mobile and WASH teams.

ARC's office in Nyala headed by the State Program Manager will provide administrative and operational support. in addition to coordination with SMOH, WES, WHO, UNICEF and WFP. ARC's health, protection, and WASH advisors based in HQ will also be involved to provide technical guidance and support to the project. ARC will conduct joint planning, supportive supervision and training in close collaboration with the line ministries, HAC, and donors. To ensure project ownership and sustainability, ARC will work with refugees and returnees including local leaders to implement activities. Community organizational structures primarily the CRDs and volunteers will be established to sustain the project activities. In addition, ARC will work with selected community volunteers (30; 15 for Maramosa. 15 Karkada) through the CRD to strengthen intersectoral community health, nutrition and WASH promotion activities. Community Volunteers will receive training focusing on clear linkages, messaging and practices that achieve common integrated outcomes. These structures will be linked to Eltomat PHCC.

ARC is a regular participant of the Health and Nutrition cluster, Health and Nutrition Technical Advisory Group, WASH cluster, WASH TAG, RCF and various other forums. ARC also maintains a good relationship with HAC and SMOH. Regular coordination meeting will be attended to share the progress and challenges and to get support from various partners including UNHCR, UNICEF, UNFPA and WHO. ARC will coordinate to receive in-kind support of RUTF, and RUSF from UNICEF and WFP and drugs and non food items (NFI) from UNHCR and WHO respectively. Training will be based on national protocols and IEC materials sourced from SMOH, UNICEF and WFP. National CMAM guideline will be followed and SPHERE standards will be used to measure the success of CMAM programs

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
State ministry of Health (South Darfur) and Federal Ministry of Health,	ARC will work with FMOH and SMOH and other stakeholders to provide services in PHCC through seconded staff where possible and mobilize SMOH resources where needed. In addition, ARC will attend all sector-led coordination meetings on a bi-weekly basis at State and monthly at Federal levels and, participate in any international day events organized by the SMOH.,
United Nations Population Fund Agency (UNFPA)	ARC will work with UNFPA to ensure sufficient clean delivery kits and other Reproductive health supplies are available.
World Health Organization (WHO)	ARC will work closely with WHO to ensure essential drugs are available in order to enhance service delivery. ARC will collaborate technically with WHO to respond to outbreak of endemic diseases in South Darfur
United Children Education Fund (UNICEF),	ARC will work with WES and UNICEF and attend all sector-led coordination meetings on a bi-weekly basis at State and monthly at Federal levels and, participate in any international day events organized by the sector. under nutrition, ARC will coordinate with UNICEF to provide technical support in implementing nutrition activities according to the approved national guidelines and supply of Ready to Use Therapeutic Food (RUTF) for treatment of SAM children admitted in the OTP and other non - medical supplies to ensure smooth implementation of nutrition activities.,

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

ARC will promote gender equitable access and utilization of health, nutrition, shelter and WASH services. ARC health services in the supported PHCC and mobile teams target all genders and age groups (men, women, elderly men and women, women of reproductive health, adolescents boys and girls, children <5). The routine EPI service targets all children <1 year and women of reproductive age (15 – 49 years) while the Reproductive Health services (antenatal care, peri -natal care, postnatal care, family planning) target women in the reproductive age group including pregnant and lactating women. ARC will provide for the clinical management of rape maintaining confidentiality and work with UNHCR to institute referral linkages for other GBV services (Protection, legal).

ARC’s nutrition interventions will target both boys & girls under the age of five and pregnant and lactating women because of their vulnerability to malnutrition and multifaceted physiological and nutritional needs. IYCF and other nutrition promotion activities will target women considering their child caring role in the community. All data collected from the mobile teams is dis aggregated by sex and age, and analyzed to identify gaps to monitor the needs of different groups and ensure appropriate response to both gender based needs.

All health promotion activities will target both men, women, and key decision makers to negotiate healthy behaviors. Necessary measures are taken to preserve the privacy and dignity of the patients by using screens, curtains and doors. Considering the social and cultural relationships between women and men and how they impact on women’s access to obstetric care, trained midwives will provide RH services to women during the mobile outreach sessions.

Protection Mainstreaming

ARC places protection at the center of its programming by undertaking efforts for immediate and life-saving activities throughout the duration of a crisis and consistently working with the affected communities to strengthen community-based protection. ARC employs a strategic, comprehensive and collective approach to protection in order to enhance the overall ability of our staff to analyze, prioritize and respond effectively to protection needs of the affected populations including the risks and consequences of violence, abuse, coercion and deprivation.

ARC’s design of services ensures their accessibility across the gender, age and diversity (GAD) categories and vulnerability scenarios, with special provisions for at high risk categories of beneficiaries such as female headed households, young girls, older and severely ill and people with disability. ARC ensures all persons with special needs, and all persons assessed to be a higher protection risk are prioritized. We shall ensure their active participation through routine analysis of protection risks, individual, group assessments, and, where possible, encourage their participation and representation in all affairs of their communities. This will help ARC to develop project designs that are adapted to mitigate the protection risks of the users based on improving Safety, Access and Dignity (SAD) of the users of services. ARC will work with other members of the community to strengthen the social protection for people with specific needs through mobilizing community support.

ARC is committed to the principle of ‘do no harm’ in humanitarian actions. The interventions are designed in a way to mainstream the four main protection principles in project interventions i-e avoiding exposing people to further harm; ensure access to impartial assistance; protect people from physical and psychological harm arising from violence and coercion and assisting people to claim their rights, access available remedies and recover from the effects of abuse. While the main scope of the interventions is to continue the provision of lifesaving health, nutrition, WASH, and shelter services, it also supports safety, dignity, access and protection of beneficiaries. The project services will be accessible to avoid exposing the beneficiaries, particularly women, to any risks. Necessary measures will be taken to preserve the privacy and dignity of the target beneficiaries by using screens, curtains and doors during consultations. Female midwives will attend to pregnant women seeking ANC, delivery and PNC services. To ensure dignity and rights of beneficiaries to health and nutrition services, the project will ensure that the provided interventions are acceptable to the community and they take part in it through involvement of community leaders and community volunteers. Services are provided with impartiality regardless of sex, gender, ethnicity or religious affiliation. ARC understands that every beneficiary has a right to life and therefore strives to provide high quality and life-saving interventions to all beneficiaries

Country Specific Information

Safety and Security

ARC has policies and procedures in place for asset protection, evacuation and hibernation, in the event of reemerging conflict. ARC will continue to coordinate its activities and movements with the HAC, National Security (NS), African Union/UN Hybrid Operation in Darfur (UNAMID) and United Nations Department of Safety and Security (UNDSS). ARC has put in place contingency plans in each area prone to insecurity to avoid the interruption of activities in case of relocation of staff recruited from outside of the operational area. The contingency plan includes management structures by local staff in case of relocation of senior management staff. Some of the ARC local staff are experienced and are able to maintain basic service delivery and implementation of activities with remote support from relocated senior staff

Access

ARC’s experience gained over years of implementing humanitarian activities in South Darfur will enable it to access all targeted areas proposed in this project. The project locations under this grant , i.e. Maramosa and Karkada in Dimso locality are within the approved technical agreements by SMOH and HAC State and Federal levels. In order to mitigate security incidents that could negatively impact ARC’s routine program activities, ARC will recruit local staff in South Darfur who have an in-depth understanding of local dynamics and the security situation and are able to keep ARC abreast with regard to the same. During the rainy season, though accessible it takes longer to reach the areas. Project supplies should be prepositioned before the rain season begins.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Health & Nutrition Program Manager - National	D	1	1,404 .00	8	100.00	11,232.00

	<p>This position will be responsible for management of health and nutrition activities to ensure quality service delivery at the two mobile clinics and health and nutrition promotion activities at the community level. He/she will coordinate with Health Coordinator to ensure smooth implementation and achievement of program activities. The position will be funded 100% for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$204 and salary = \$1200. Breakdown: H&N manager (1) x \$1404 x 8 months = \$1404</p>						
1.2	WASH and Construction engineer - National	D	1	1,170.00	8	100.00	9,360.00
	<p>WASH and Construction Engineer (1) this position will be in charge of providing hardware technical support for water systems construction, operations and maintenance, water quality testing, vector control and shelter technical input in the project. She/he will develop the designing, BOQs and supervise the construction and management of shelter and borehole drilling contract in Karkada and Maramosa, The position will be funded 100% for the duration of the project. Benefit 17% including social insurance and medical vacation Breakdown benefit = \$170, Salary \$1000 = 1170</p>						
1.3	Administrative staff (Logidtic, Finance, HR)	S	3	850.00	8	17.00	3,468.00
	<p>This staffs will support financial transactions and reporting, recruitment, procurement and delivery of supplies. This will charged 17% through out the project</p>						
1.4	Warehouse Assisant	S	1	390.00	8	100.00	3,120.00
	<p>The Warehouse assitant will ensure safe keeping of all ARC supplies including drugs and keep all warehouse transaction records. The position will be funded 100% for the duration of the project. Breakdown: 1x \$390 x 8 months = \$3120</p>						
1.5	Security Guard	s	2	300.00	8	100.00	4,800.00
	<p>These positions provide 24-hour security for the Dimso office and guest house. The positions will be funded 100% for the duration of the project. Breakdown: 3x \$300x 8 = \$7200</p>						
1.6	Community health and hygiene officer - National	D	2	877.50	8	100.00	14,040.00
	<p>These two positions will lead health education and hygiene promotion activities in Maramosa and Karkada. She/he will be in charge of supervision of the CRDC, HNW volunteers, and community mobilization. identifying areas which need priority attention in refugee, returnee and host community settlement areas and advise Nyala WASH office accordingly. The position will be funded 100% for the duration of the project. Benefits = 17% of total cost (includes social insurance, vacation, health). Monthly: benefits Breakdown (Benefit = 127.5 and Salary = 750) =877.5 : Community Health and Hygiene Officers (2) x 8 months' x \$ 877.5x 100% = \$14040</p>						
1.7	Medical Assistant - National	D	2	776.90	8	100.00	12,430.40
	<p>This position will be in charge of the two mobile clinics, and are responsible for overall management and reporting. In addition, tasks include performing consultations, treatment of patients and supervising activities in public health, nutrition and reproductive health. The position will be funded 100% for the duration of the project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$112.88 and salary = \$664.02. Breakdown; Medical Assistants (2) x \$776.9 X8 months = \$12,430.4</p>						
1.8	Pharmacy Assistant -National	D	2	468.00	8	100.00	7,488.00
	<p>under the supervision of the Medical Assistant and the, will be responsible to correctly dispense drugs and medications according to the prescriptions and the recommended medical protocol. This position will be funded at 100% until the end of this project. Benefits = 17% of gross salary (includes social insurance). Monthly : benefits = \$68 and salary = \$400 Breakdown: 2 pharmacy assistant x \$468 x 8 months= \$7,488</p>						
1.9	Registrar - National	D	2	432.90	8	100.00	6,926.40
	<p>Report to the Medical Assistant and are responsible for written data collected of the mobile clinics. Primary responsibilities include keeping records of all patients entering the facilities, assisting the medical personnel with data collection for reports and compiling statistical data, such as admissions, discharges, deaths, births, and types of treatment given. This will be funded at 100% until the end of this project. Benefits = 17% of gross salary (include social insurance) = \$62.9 and salary \$ 370=Breakdown: registrar 2 x \$432.9 x 8 months= \$6,926.4</p>						
1.10	Cleaners - National	S	2	351.00	8	100.00	5,616.00

	<p>Responsible for the general cleanliness of the mobile clinic. They are under the direct responsibility of the Medical Assistant. These positions will be funded at 100 % for the duration of project.</p> <p>Breakdown: 2 Cleaners x \$351 x 8 months' = \$5,616</p>						
1.11	Guards - National	S	4	351.00	8	100.00	11,232.00
	<p>The position is responsible of security on the ARC supported mobile clinics, clinic assets including the safety of staff and all the vehicles parked on the premises. The position will be funded 100% for the duration of the project.</p> <p>Breakdown: 4 Guards x 8 months' x \$351 = \$11,232</p>						
	Section Total						89,712.80
2. Supplies, Commodities, Materials							
2.1	Drilling of borehole in Karkada	D	1	189,300.50	1	100.00	189,300.50
	<p>SNO Particular Unit Quantity Unit pice Total Amount USD</p> <p>1.1.1 Borehole Drilling LS 1 \$1,200.00 \$1,200.00</p> <p>1.1.2 Site preparation and Mobilization of crew, drilling rig, drilling tools and all the required materials for this contract LS 1 \$7,182.00 \$7,182.00</p> <p>1.1.3 Drilling of standard borehole of 12.4 " diameter Ft 800 \$42.00 \$33,600.00</p> <p>1.1.4 Supply and install 8½" diameter standard ASTM carbon steel casing. Ft 800 \$44.00 \$35,200.00</p> <p>1.1.5 Supply and install 8½" diameter standard Johnson steel screen, slot 20mm type Johnson Ft 240 \$67.00 \$16,080.00</p> <p>1.1.6 Supply and insert filter gravel packing 2mm to 4mm size sorted(rounding). M3 8 \$100.00 \$800.00</p> <p>1.1.7 Provide and cast concrete around well to 2.0m depth from ground level(see fig) M3 4 \$200.00 \$800.00</p> <p>1.1.8 Borehole development work by air jetting LS 1 \$3,000.00 \$3,000.00</p> <p>1.1.9 Recovery and pumping test for 72 Hrs. and should be read every three min constant discharge including installation and removal of test pumping equipment measurement) LS 1 \$2,000.00 \$2,000.00</p> <p>1.1.10 Collection and testing of water sample for chemical and bacteriological analysis LS 1 \$330.00 \$330.00</p> <p>1.1.11 End cap and well protection LS 1 \$165.00 \$165.00</p> <p>1.1.12 Reporting and well log profile LS 1 \$250.00 \$250.00</p> <p>1.2 Pump and Generating set Installation \$0.00</p> <p>1.2.1 Provision and installation of electric submersible pumping (Grundfos 3 inch , see figure8)set complete with motor, starter, sensor, cable, rising main(ASM 3 Inch , 3 meter long), valving system, gauges,clamps and all necessary accessories as per specifications PCS 1 \$15,000.00 \$15,000.00</p> <p>1.2.2 Provision and installation of continuous rating diesel engine driven generator(Perkins 45) according to specifications (see fig 1). The unit should have access power of at least 25% above the optimum power required by the pump test PCS 1 \$17,200.00 \$17,200.00</p> <p>1.2.3 Provision of materials and construction of generator room built of 0.30m red brick walls with mud mortar and corrugated iron sheet gauge 30 roof supported on 40x80mm square pipes rafters LS 1 \$3,000.00 \$3,000.00</p> <p>1.3 Distribution Point \$0.00</p> <p>7.3.1 Provide and build distribution point made of plain concrete mix (1:3:6) and brick works in cement sand mortar, all to the dimensions specified in the drawings LS 3 \$2,000.00 \$6,000.00</p> <p>1.3.2 Supply and fix 3" GI pipes from well to elevated water tank and from elevated water tank to distribution point, M 210 \$30.00 \$6,300.00</p> <p>1.3.4 Supply and fix 3" cast iron valve PCS 2 \$200.00 \$400.00</p> <p>1.3.5 Supply and fix 3" ball Copper Nikel valve including all necessary fittings PCS 6 \$60.00 \$360.00</p> <p>1.3.6 Polythine 3 inch 90 meter long per roll roll 65 \$200.00 \$13,000.00</p> <p>1.4 Water Yard Fencing \$0.00</p> <p>1.4.1 Provision of Cement brick and Cement, sand mortar, plastering, skilled and unskilled labor cost for construction of 30*20*1.5 fence. lump sum 1 \$15,000.00 \$15,000.00</p> <p>1.5 Elevated water tank \$0.00</p> <p>1.5.1 Provision of materials, equipment, tools and labor for fabrication and installation of steel elevated water tank 45m3 capacity complete with foundation and supporting tower as per specifications and drawings. LS 1 \$12,433.50 lump sum 1 \$12,433.50 \$12,433.50</p> <p>Total New Water Yard Drilling and the Construction Works \$189,300.50</p>						
2.2	Operation and Maintenance of one water system	D	2	1,214.00	8	100.00	19,424.00
	<p>1 Fuel in drums of 200 liters Drum 2 \$200.00 \$400</p> <p>2 Engine oil Gallon 1 \$20.00 \$20</p> <p>3 Spare part Kit 1 \$300.00 \$300</p> <p>4 Fittings Set 1 \$150.00 \$150</p> <p>5 Provision of liquid soap for regular cleaning of the generator (3 ten per week*4 weeks ten 2 \$10.00 \$20</p> <p>6 Soap Pcs 3 \$8.00 \$24</p> <p>7 Water Quality consumable and supplies Set 1 \$100.00 \$100</p> <p>8 Contribution for Water management committee operational cost Months 1 \$200.00 \$200</p> <p>Total \$1,214</p>						
2.3	Conduct monthly Hygiene awareness and cleaning up campaigns	D	2	279.00	8	100.00	4,464.00

	<p>No Description Unit Quantity Unit Cost Total Amount</p> <p>2 Provision of wheelbarrow pcs 2 \$35.00 \$70</p> <p>3 Provision of Shovels pcs 2 \$4.00 \$8</p> <p>4 Provision of Rakes pcs 5 \$3.00 \$15</p> <p>5 Provision of Hoes pcs 5 \$3.00 \$15</p> <p>6 Provision of local brooms pcs 3 \$1.00 \$3</p> <p>7 Provision of local baskets pcs 4 \$2.50 \$10</p> <p>9 Provision of bar soap after the activity for hand washing Carton 2 \$9.00 \$18</p> <p>10 Preparation and distribution of IEC materials Set 7 \$20.00 \$140</p> <p>Total \$279</p>							
2.4	Training of 30 HNW promoter on integrated Health,Nutrition and WASH messages	D	30	100.10	1	100.00	3,003.00	
	<p>No Description Unit Quantity Unit Cost Total (USD)</p> <p>1 Facilitator Person 1 \$3 \$3</p> <p>2 Meals + refreshment Person 1 \$10 \$10</p> <p>3 Marker pen PCS 1 \$0 \$0</p> <p>4 Clear bag Pcs 1 \$1 \$1</p> <p>5 Pen box 0.5 \$10 \$5</p> <p>6 Note book pcs 1 \$1 \$1</p> <p>7 Tranportaion for Facilitators from Nyala to Maramusa and karkada LS 2 \$40 \$80</p> <p>Total \$100.1</p>							
2.5	Purchase and Distribution of handwashing soap	D	328	13.00	3	100.00	12,792.00	
	Arc will Distribute HW soap 450g per household/month for three months in total 137 cartoon of soap with be distributed within the project timeline							
2.6	Procurement of Essential Drugs	D	1	37,071.60	1	100.00	37,071.60	
	<p>ARC will use the funds to procure assorted of essential drugs according to MOH essential drugs guideline. The cost will be charged 100%.</p> <p>Breakdown:</p> <p>Assorted Essential drugs and medical supplies:</p> <p>Amoxicillin 500mg usp capsules 3000 strips @ 0.687= \$2,061</p> <p>Amoxicillin 125 mg syrup 1500 bott @1.375= \$2062.5</p> <p>Amoxicillin 250mg syrup, 1500 bott @1.55= \$2,325</p> <p>Amoxicillin 250mg tablet, 2500 strip @0.687= \$1,717.5</p> <p>Paracetamol 120mg/5ml 100ml, 2000 bott @0.86=\$1,720</p> <p>Paracetamol 500mg, 5000 strips @ \$0.34= \$1,700</p> <p>Ibuprofen 200mg, 100 strips @ \$1.312 = \$130.2</p> <p>Coartem tablets, 1500 strip @ \$1.72= \$2,580</p> <p>Metronidazole 125mg syrup 1500 bott@ 1.03= \$1,545</p> <p>Metronidazole 200mg syrup 1500 bott@ 1.03= \$1,545</p> <p>Metronidazole 250mg tablet 1500 strip @0.69= \$1,035</p> <p>Tetracycline eye ointment 700 tube @ 0.5= \$350</p> <p>Erythromycin as sterate 250mg tablet, 1000 strips @ \$1.1= \$1,100</p> <p>Erthromycin 125mg/5ml suspension, 1200 bottle @ \$1.37= \$1,644</p> <p>Doxycycline Hydrochloride 100mg USP capsule, 3000 strips @ \$0.69= \$2,070</p> <p>Co-trimoxazol syrup 2000 bott @ 0.7695= \$1,539</p> <p>Co-trimoxazol 480 tablet 5000 strip @ 0.3186= \$1,593</p> <p>ORS 100 box @ \$12= @\$1200</p> <p>Fefol 2000 strip @ 1.5= \$3,000</p> <p>folic acid 4000 strip @0.43=\$1,720</p> <p>Acetylsalicylic acid 300mg tablet, 2000 strips @\$0.34= \$680</p> <p>Gentamicin 80mg/2ml 2ml, 600 ampule @\$0.52= \$312</p> <p>Zinc sulphate monohydrate tablet, 1000 strips @ \$0.34= \$340</p> <p>Catgut, 102 dozen @\$2= \$204</p> <p>Hemocure device @ 2 device @ 103= \$206</p> <p>Hemocure t 8 bottle @ 22.30=\$ 178.4</p> <p>Urine container (100 pecies) 6 sac @ 2. = \$15</p> <p>Vitamin A supplementation 10 (bottle 500) @ \$160= \$1,160</p> <p>Syringe 5ml with needles 2000 Pcs @ 0.05= \$100</p> <p>Syringe 3ml with needles 2000 Pcs @ 0.05= \$100</p> <p>IV cannula G16 200pcs @ \$1 =\$200</p> <p>IV cannula G24 200@ \$1=\$200</p> <p>Total Amount; \$37071.6</p>							
2.7	Support Referral of complicated cases	D	10	30.00	8	100.00	2,400.00	
	<p>This line will support referral for both health and nutrition cases. ARC supports referral of patients from the two mobile clinics to secondary health care; ARC estimates an average of 10 referrals per months from the targeted mobile clinics. This includes the cost of transportation (to and from) and upkeep cost, food allowance and simple medical procedures (Lab tests). Under this grant, the cost will cover 100% of the total targeted referrals (80). This will include both medical complications (Health and Nutrition) and emergency obstetric cases. This is include cost of transportation (to and from) and upkeep cost @ \$10/person/day, food allowance and simple medical procedures (Lab tests) @ \$ 10/person/day and \$10/person respectively.</p> <p>Breakdown 10 x \$30x8x=\$2,400</p>							
2.8	Purchase and packing of Clean Delivery Kits	D	400	8.00	1	100.00	3,200.00	

	<p>RC is targeting overall a total of 400 pregnant women their third trimester to receive CDKs in mobile clinics. ARC expects to achieve a target of 400 pregnant women to be assisted deliveries by skilled birth attendants. Under this grant. This will promote safe and clean delivery for pregnant mothers who are not able to make it to the health facilities that is in line with MoH guidelines. Breakdown;</p> <p>Dumuria roll 25 @\$25= \$ 625, Carboic soap 25 cartons @ \$20 = \$500, PVC red sheet 10 rolls @ \$50 = \$500, Razor blade 400 pcs @ \$0.01 = \$4, Examination gloves 10 boxes (100pcs/box) @ \$ 8 = \$80, PVC white 10 roll @ \$50= 500, Sterilize Gauze 10 box @ \$10= \$100, Plastic Sack 8 Pcs @ 0.5 = \$4, Plastic Bag for collection 4 packet @ \$1= \$4, Medical Cotton 30 roll @ 1.5= \$45, Umbilical Clips 400 Pcs @ \$1= \$400, Labour cost packing 400 Pcs @ \$1.1= \$440. Total cost \$3,202</p>							
2.9	Support Accelerate vaccination campaigns	D	2	1,600.00	1	100.00	3,200.00	
	<p>ARC will support a total 2 acceleration campaigns in collaboration with SMoH. The support will be on transportation and incentives of during acceleration campaign activities at an established unit cost of \$1,600 per campaign. The cost will be funded 100% in the project duration.</p> <p>Break down;</p> <p>2 acceleration campaigns @ \$1,600= \$3,200</p>							
2.10	Furniture for mobile clinic	D	2	3,170.00	1	100.00	6,340.00	
	<p>ARC will procure assorted furniture and equipment to improve the quality of service delivery in the two mobile clinics. The cost will be covered 100% under this grant.</p> <p>10 Plastic table @\$30= \$300 6 Metallic cupboard @\$165 = \$990 24 plastic chairs @\$11= \$264 40 Plastic mats @\$12 = \$480 4 Metallic beds @ \$70= \$280 2 delivery beds with mattress @ \$303= \$606 2 examination bed @ \$100= \$200 4 patient screen @ \$100= \$400 6 hand washing stand @ \$70= \$420 2 work station table @ \$1,200= \$2,400 Total cost= \$6,340</p>							
2.11	Medical equipment	D	2	2,660.00	1	100.00	5,320.00	
	<p>ARC will procure assorted medical equipment to improve the quality of service delivery in the mobile clinics. The cost will be covered 100% under this grant.</p> <p>4 BP machine @ \$60= \$240 4 stethoscope @ \$20= \$80 4 Trolley @ \$86= \$344 4 adult medical scale @ \$172= \$688 4 digital baby scale @ \$210= \$840 8 Drip holder @ \$50= \$400 4 dressing @ \$100= \$400 4 delivery sets @ \$257= \$1,028 2 Ear examination set @ \$250= \$500 4 Height board @ \$100= \$400 4 Weighing scale @ \$100= \$400 Total cost: \$5320</p>							
2.12	Mobile phone and mobile air-time for early warning and surveillance systems	D	2	240.00	1	100.00	480.00	
	<p>To support daily reporting of reportable diseases, ARC will procure mobile phone and provide monthly airtime for Medical Assistants in areas with network coverage. This cost will be funded 100%</p> <p>Breakdown: 2 mobile phone @ \$20= \$40 Monthly airtime= 2 mobile clinics @ \$15 @ 8 months= \$440</p>							
2.13	IMCI Training for 7 health staff (2 Medical Assistant and 5 Nurses)	D	1	1,332.00	1	100.00	1,332.00	
	<p>ARC will train 7 health staff (2 Medical Assistant and 5 Nurses) from the two mobile clinics on integrated management of childhood illness. This will include refreshment, stationery, vehicle rent, hall hire and facilitation fee.</p> <p>Food for the participant 7 @\$5@6days= \$210 Incentive for the participant 7 @\$5@6days= \$210 Lunch/Evening tea 7@\$2@6days= \$84 Incentive for External facilitator 2 @\$15@6days= \$180 Rental hall 1 @\$60@6days=\$360 Rental Vehicle 1 @\$13@6days= \$78 Training banner 1 @ \$10= \$10 Stationery= \$46 Certificates 7@\$2= \$14 Transportation cost 7 staff @ \$20 = \$140 Total cost= \$1,332</p>							

2.14	Construction of two mobile clinic structures (OPD,Dressing shelters, vaccination shelters, RH rooms, waiting areas and Nutrition shelters)	D	2	17,579.00	1	100.00	35,158.00
	<i>Breakdown: bamboo sticks 40 bundles @ \$60= \$2400, bamboo sheets 50 sheet @ \$45= \$2250, bricks 50 trips/1000bricks *\$50=\$2500, cement 80 sacs * \$15 = \$1200, square pipe (5*10 cm) 50 * \$25=\$1250, square pipe (4*8 cm) 50*20=\$1000, square pipe (3*6) 60*\$10=\$600, angle 2 inch 16 * \$20=\$320, damorria 10 roles \$ \$25= \$250, pint 6 packets @\$20= \$120, fixing doors 5 doors @ 100= \$500, screw 40 * \$5=\$200, stand and gravel 20 trips * \$30=\$600, water 100 barrels * \$5=\$500, sign board 2 * \$250=\$500, transportation of items= \$1389, labor cost=\$2000. Total cost: 2 mobile structure @ \$17,579= \$35,158</i>						
2.15	Strengthening health information systems	D	2	200.00	1	100.00	400.00
	<i>The two mobile clinics will be provided with materials required (registration books, reporting tools) to disseminate timely health information which will be used by SMoH, WHO and ARC for reporting or case follow up and for decision making. Breakdown: 2 mobile clinics @ \$200 = \$400</i>						
2.16	establishment of 2 community relief development committees	D	2	30.00	2	100.00	120.00
	<i>ARC through the local community will select and stablish two community relief and development committees in Maramusa and Karkada, the community relief committee will support ARC in the management of the two mobile clinics and will decide on the services provision. Breakdown: 8 committees @ \$30@ 2 time= \$120</i>						
2.17	CMAM Training for nutrition staff	D	2	1,105.00	1	100.00	2,210.00
	<i>5 nutrition staff will be trained on CMAM guidelines. The training will be conducted in two rounds, the first round is basic training at the beginning and the second round is a refresher training after six months. One round will cost \$1,105. The stationary cost = \$20, 1 rental car * \$15* 5days = \$75, training hall =1*\$40*5=\$200, transporation cost =5 staff*\$35*2=\$350, refreshment =10*\$4*5=\$200, HAC incentive =1*\$4*5=\$20, SMoH faciliator =2*\$10*5 = \$100 and perdiem 5 staff* \$4*7=\$140.</i>						
2.18	IYCF training for MSGs	D	2	750.00	1	100.00	1,500.00
	<i>20 members of MSGs will be trained on IYCF; 10 members will be trained in Maramousa and 10 in Karkada. Training cost for one group will cost \$750. The stationary cost =\$75, refreshment =15*\$5*5=\$375, HAC incentive =1*\$4*5=\$20 and SMoH faciliator =2*\$20*7 = \$280. Two groups cost = 2*\$750= \$1,500</i>						
2.19	MUAC Screening campaigns	D	2	1,110.00	1	100.00	2,220.00
	<i>Two rounds of MUAC screening campaign will be conducted. One round will cost =\$1110. The stationary cost =\$45, 2 vehicles *\$85*3 days =\$510, incentive for 4 team leaders *\$10*3= \$120 and SMoH supervisor =2*10*3=\$ 60, incentive for 24 CNVs @ \$5 * 3= \$360 and 1 HAC representative @ \$5 * 3= 15. Total one campaign = 1,110</i>						
2.20	Printing and Lamination of IEC Materials	D	28	35.00	1	100.00	980.00
	<i>Fund will be used to print and laminate IEC materials. 28 IYCF poster @ \$35= \$980</i>						
2.21	Running cost for Mother Support Groups (MSGs)	D	2	17.00	8	100.00	272.00
	<i>Funding requested to support and run the MSGs. ARC will establish 2 MSGs and provides sugar/tea/dates for refreshment during monthly sessions. Sugar 2 sacs @ \$10 *8 months=\$160, Tea 2 sachets @ \$2 *8 months= \$32 and Dates 10 pounds @ \$1 *8 months= \$80</i>						
2.22	In-kind incentive for 30 HNWs Promoters	D	30	30.00	8	100.00	7,200.00
	<i>Provide monthly in-kind incentive for the HNW promoters for their effort on providing integrated messages for the community , the in-kind incentive will be hand washing soap sugar and tea leave</i>						
2.23	Grant opening meeting and midterm review meeting	D	1	1,390.00	2	100.00	2,780.00
	<i>ARC will conduct an inception and a mid term program review meeting of logistic, finance and program staff for planning and reviewing progress of the project in Nyala. The cost of each of both events is estimated around \$ 1390 each, which includes Lunch \$15x 15 staff x 2 days =\$450; Meeting Hall rental \$60 x 2 days = \$120, 02 Banners @ \$10 each; Return Travel for 4 employees (Khartoum-Nyala) @ 200 each=\$800</i>						
2.24	Incentives for outreach mobile teams (seconded staff)	D	15	120.25	8	100.00	14,430.00

	<p>This head covers the cost of incentives for selected mobile outreach team members. This will include 14 (4 community midwives, 5 Nurses, 2 vaccinators and 3 Nutrition Assistants).</p> <p>NURSES: This position will work with the mobile clinic and will be responsible of giving nursing care to patients and administer drugs to patients according to the Medical Assistant's prescription. The position will be funded 100% for the duration of the project. Breakdown: 5 x 135 x 8 = \$5400</p> <p>MIDWIVES: The position will be conducting Antenatal consultation and early detection of pregnant women with risk factors and conduct safe and clean deliveries. The position will be funded 100% for the duration of the project. Breakdown: 4 x 103.45 x 8 = \$3,310.4</p> <p>VACCINATOR: The position will be responsible for administering vaccines according to EPI schedule and emphasize the importance of completing the vaccination as per schedule. This position will be funded 100% for the duration of the project Breakdown: 2 x 135 x 8 = \$2160</p> <p>NUTRITION ASSISTANTS: The positions will be responsible for conducting of anthropometric measurement of all beneficiaries referred to the feeding center and/ or those direct from home, participate in the admissions of patients in the OTP/SFP and plan and arrange for health education sessions. The provision of weekly admission status is also under her/his responsibility. Breakdown: Nutrition Assistant (3) x \$ 103.45 x 8 x 100% = \$2482.8</p> <p>NUTRITION SUPERVISOR: This position will be in charge of providing technical support to nutrition team with regards of CMAM implementation, management of MAM and treatment of SAM. The position will be funded 100% for the duration of the project. Breakdown: Nutrition Supervisor (1) x \$134.48 x 8 x 100% = \$1075.84</p>						
2.25	Mobile clinic running cost (detergents, gas, stationeries, cleaning materials,	D	1	400.00	8	100.00	3,200.00
	<p>To maintain quality service delivery, ARC will provide consumable supplies (Soap, cleaning detergents/materials & stationery) to the two mobile clinics; the cost will be funded 100% in the duration of the project.</p> <p>Stationery: A4 paper 50 reams @ \$6= \$300, Box file 50pcs @ \$3 = \$150, Pens 20 boxes @ \$9 = \$180, Stapler pins 300 boxes @ \$0.4= \$ 150, Counter (Registration) book 100 pcs @ \$3 = \$ 300, Envelopes size A4 6 dozen (50pcs) @ \$8 = \$48, Cleaning materials; Face mask 20 boxes @ \$6 = \$120, Dettol (Disinfection of floors, instruments) 200 Bottle (500ml) @ \$2.5 = \$500, Clorox liquid (1Ltr) 100 bottles @ \$7= \$700, Powder soap (4kg/sack) 100 sacks @ \$6 = \$600, Plastic broom 30 pcs @ \$4.5 = \$135, Plastic bucket black (no cover for cleaning the floors) 17pcs @ \$1 = \$17. Total cost= \$3,200.</p>						
2.26	Clinical management training for health technical team (1 ARC, 2 MAs, 2 Nurses)	D	1	981.00	1	100.00	981.00
	<p>ARC will train 8 health staff (1ARC, 2 Medical Assistant and 2 Registrars) from the two mobile clinics on CMR This will include refreshment, stationery, vehicle rent, hall hire and facilitation fee.</p> <p>Food for the participant 5 @ \$5 @ 5 days = \$125</p> <p>Incentive for the participant 5 @ \$5 @ 5 days = \$125</p> <p>Lunch/Evening tea 5 @ \$2 @ 5 days = \$50</p> <p>Incentive for External facilitator 2 @ \$15 @ 5 days = \$150</p> <p>Rental hall 1 @ \$60 @ 5 days = \$300</p> <p>Rental Vehicle 1 @ \$13 @ 5 days = \$65</p> <p>Training banner 1 @ \$10 = \$10</p> <p>Stationery = \$46</p> <p>Certificates 5 @ \$2 = \$10</p> <p>Transportation cost 8 staff @ \$20 = \$100</p> <p>Total cost = \$981</p>						
	Section Total						359,778.10
3. Equipment							
3.1	Computer Laptop and accessories	D	2	1,200.00	1	100.00	2,400.00
	<p>The money will be used to procure 2 laptop computers that will be used by the program staff. The items will be procured locally in Sudan at a rate of \$1,200 per laptop.</p> <p>Break down: computer laptop (1) x \$1,200 x 100% = \$2,400</p>						
	Section Total						2,400.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	Montly Supportive Supervision visits + Transportation of supplies	D	2	430.00	8	100.00	6,880.00
	<p>This will include shipment of goods from Khartoum to/or Nyala and from the base store in Nyala to Maramusa and Karkada. This will charged 100% to the grant.</p> <p>Breakdown: 2 trips @ \$430 @ 8 months = \$6880</p>						

5.2	Vehicle Rental / Hire w/ Drivers for mobile clinics	D	4	800.00	8	100.00	25,600.00
<p><i>This will include vehicle rental/hire with drivers for health and nutrition related activities. Vehicles will be hired from Nyala and based in Dimso to transport health & nutrition staff to Maramusa and Karkada. The cost will be charged 100% to the grant. Break down: vehicles (4)x \$800x8 month=\$25600</i></p>							
5.3	Vehicle Rental / Hire w/ Drivers for WASH and Shelters sectors	D	1	800.00	8	100.00	6,400.00
<p><i>3. Vehicles Rental with Drivers for WASH and shelter Activities: Same as Nutrition above but these 1 vehicles will be used by WASH teams from WASH and Shelter team base Eltomat to follow up and implement Wash and shelter intervention in Marmosa Karkada . This will be funded at 100 %.</i></p> <p><i>Breakdown:1 Vehicles x \$800 /month x 8months x 100% = \$6400</i></p>							
5.4	Support joint supervision to the mobile clinics with SMOH	D	4	22.00	2	100.00	176.00
<p><i>Provide meal allowance for SMOH 3 and 1 HAC staff during supportive supervision . Average cost of \$21/person for each HF (25) per quarter.</i></p> <p><i>Breakdown: 4 pp x \$21 x 2 quarters x 100%= \$576</i></p>							
Section Total							39,056.00
6. Transfers and Grants to Counterparts							
6.1	Construct Basic Emergency Shelter Kit (per standard sector BoQ)	D	1000	80.00	1	100.00	80,000.00
<p><i>Item Specifications Unit Quantity Cost per Unit (\$) Total (\$)</i></p> <p><i>1 Wooden poles 2m long, dia. 10-15 cm pieces 8 3 24</i></p> <p><i>2 Wooden poles (local) 4m long, dia. 6-8 cm pieces 10 3 30</i></p> <p><i>3 Local wooden sticks for walls and internal partition 3m, dia. 2-3 cm bundles 5 4 20</i></p> <p><i>4 Synthetic rope 30m length, 8mm dia. roll 1 3 3</i></p> <p><i>5 Locally made wooden door 0.9m x 1.6 m pieces 1 3 3</i></p> <p><i>Total USD 80</i></p>							
6.2	UPO (United Peace Organisation) Partner Project Manager	D	1	700.00	4	50.00	1,400.00
<p><i>The United Peace Organization (UPO) partner PM will be responsible for the planning, implementing , monitoring and reporting of the project activities. he will also responsible for the coordination with other partners, community assessment and shelter settings. This will be funded 50%</i></p>							
6.3	UPO Partner Finance and Admin Finance officer	D	1	600.00	4	40.00	960.00
<p><i>The UPO admin and Finance will be responsible for the overall finance income and expenses, providing support to the program teams, preparing financial reports and spot checks and supporting documents. This will be funded 40% of time</i></p>							
6.4	UPO Monitoring and Reporting Officer	D	1	600.00	4	40.00	960.00
<p><i>The UPO M& Reporting Officer will be responsible of overall quality assurance including checking compliance with shelter designs, standards, community needs, timely and efficient implementation of the project. the ME also ensure timely report submission to the donor. This will be funded 40%</i></p>							
6.5	UPO Community based assistants	D	2	150.00	4	100.00	1,200.00
<p><i>Two Community Based Assistants will be based in each project location, to facilitate community mobilization , follow-up on daily basis with the shelter recipient to construct their shelters, provide awareness and community sensitization and provide daily updates to the program manager. These will work 100%</i></p>							
6.6	UPO Partner office rentals	D	1	750.00	4	20.00	600.00
<p><i>Contribution to UPO Nyala Office rent at 20% of \$750 for 4 months</i></p>							
6.7	UPO Vehicle rentals with driver for procurements and office work	D	30	40.00	1	100.00	1,200.00
<p><i>UPO Vehicles rental office vehicles and driver for 30 days movements in Nyala coordinating procurement of shelter project materials and supplies for field operation and attend meetings. This will be funded at 100 %.</i></p>							
6.8	UPO Vehicle rental with driver for field work	D	50	60.00	1	100.00	3,000.00
<p><i>UPO Field going vehicle rental and driver for field staff movements in Karkada and Maramosa and Nyala office for field project activities for combined 50 days. This will be funded 100%</i></p>							
6.9	UPO Staff travel and subsistence	D	90	4.00	3	100.00	1,080.00
<p><i>UPO Field staff staff travel and subsistence to project sites for 3 staffs for combined 90 days in 4 months @USD4/person/ day month. This will be funded 100%</i></p>							
6.10	UPO Partner Office supplies	D	1	600.00	4	25.00	600.00
<p><i>Contribution 25% for UPO Nyala office supplies, generator fuel, communication, utilities etc @USD150/month</i></p>							

6.11	Incentives for UPO partner animators	D	10	40.00	2	100.00	800.00
	<i>Incentives for UPO's 10 animators (5 in Maramosa and 5 in Karakada) who will support beneficiary assessments, verification, selection and registration for 2sites @ \$400/mth</i>						
6.12	Transportation of the shelter materials	D	1	4,600.00	1	100.00	4,600.00
	<i>Rent truck for transportation and handling of Shelter materials and NFIs to Karkada and Marmosa at lump sum \$4600</i>						
6.13	Post distribution monitoring by UPO	D	1	500.00	1	100.00	500.00
	<i>Conducting 3 Post Distribution Monitoring events and incentives for monitors 5 monitorings for data collection @\$20=\$300 including cost of joint monitoring with HAC and COR= \$200</i>						
	<i>Total \$500</i>						
6.14	Training on shelter construction by UPO	D	1	1,600.00	1	100.00	1,600.00
	<i>Conducting training on shelter assembly and construction and fire awareness prevention, for 100 persons: meals and refreshments @ \$5/person/day = \$1000; 2 practical facilitators @ \$50/day for 2 days = \$200; shelter tools, demo materials for practicals and stationery = \$400. Total \$1600</i>						
6.15	UPOs share of PSC	S	1	6,895.00	1	100.00	6,895.00
	<i>UPO's share of PSC costs at 7% of UPOs budget of USD98500= USD6895</i>						
	Section Total						105,395.00
7. General Operating and Other Direct Costs							
7.1	Office/Guesthouse rental field offices	S	4	250.00	8	100.00	8,000.00
	<i>Provide support for the office and guest house rentals in South Darfur (Nyala office and guest house partial support US4000 @6.25% per month (USD250) for 8months: Total = USD2000</i>						
	<i>Dimso (1) and Eltomat (2) rental of guest houses and offices to be set up from which mobile health teams and all ARC field staff will operate from at USD250 per unit x 3 units for 8 months: Total = USD6000.</i>						
	<i>This is 6,25% contribution for Nyala GH and Office and 100% contribution toward the 3 field base staff GHs for the 8 months of the project.</i>						
	<i>Breakdown: 4 x \$250x 8 months= \$8000</i>						
7.2	Warehouse rental	S	1	150.00	8	100.00	1,200.00
	<i>Provides coverage for rental of warehouses for secure storage of program materials in Dimso, South Darfur states. This is 100% contribution toward Warehouse rentals 8-month duration of the project.</i>						
	<i>Breakdown: 100% x 1 WH x \$150 x 8months = \$1200</i>						
7.3	Guest house/Office supplies	S	4	220.00	8	100.00	7,040.00
	<i>Support is needed to provide supplies for guesthouses and office South Darfur, Dimso, Eltomat (2), Nyala).</i>						
	<i>Partial contribution to Nyala guest house and office supplies at USD2083.33@ 10.56% per month (USD220) for 8months; Total USD1760</i>						
	<i>Dimso and Eltomat (2) office and guest house supplies @USD220 per unit x 3units for 8 months= USD5280</i>						
	<i>Total is \$7,040</i>						
7.4	Utilities office and guesthouse	S	4	150.00	8	100.00	4,800.00
	<i>Support is requested to cover expense of water, garbage, and electricity costs.</i>						
	<i>Break down: 4 x \$150x 8months = \$4800</i>						
7.5	Visibility	S	1	1,372.00	1	100.00	1,372.00
	<i>The cost of visibility will include banners with ARC and donor logo at the service point, T-shirts, caps and Jacket for program staff during service provision.</i>						
	<i>Breakdown:</i>						
	<i>64 t-shirts @\$10=\$640</i>						
	<i>64 caps @ \$4=\$256</i>						
	<i>34 Jacket @ \$ 14=\$476</i>						
	<i>Total \$ 1372</i>						
7.6	Communication and internet/telephone	s	1	200.00	8	100.00	1,600.00
	<i>Support is requested to cover the cost of Communications for project staff and offices. This charged 100% in the duration of the project.</i>						
	<i>Break down: 1x\$200x 8 months = \$1600</i>						

7.7	Repairs and maintenance	s	1	140.00	8	100.00	1,120.00
<p>100% coverage of cost of repairing normal wear and tear to the office and guesthouses..</p> <p>Break down: 1x\$140x 8 months = \$1120</p>							
7.8	Bank charges	S	1	50.00	8	100.00	400.00
<p>Funds will be needed to meet bank charges for the transfers of project funds from ARC HQ to Sudan, and from Khartoum to project sites. Coverage of project-related fees on ARC's bank accounts for the duration of the project period.</p> <p>Break down: 1 x \$50x 8months =\$400</p>							
Section Total							25,532.00
SubTotal			2,116.00				621,873.90
Direct							561,210.90
Support							60,663.00
PSC Cost							
PSC Cost Percent							5.81
PSC Amount							36,130.87
Total Cost							658,004.77

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 -> Dimsu	100	2,077	2,250	1,385	1,500	7,212	<p>HEALTH: Activity 1.1.1: •ARC will establish two mobile teams, Karkada and Marmosa. Each team will include technical staff- 1 medical assistant, 1 registrar, 1 Vaccinator,...</p> <p>HEALTH: Activity 1.1.2: ARC will provide basic primary health care package, which includes diagnostic & curative services, provision of essential drugs through support of...</p> <p>HEALTH: Activity 1.1.3: Through the Medical assistant for each mobile clinic, weekly epidemiology data will be collected disaggregated by sex and age, verified, analyzed ...</p> <p>HEALTH: Activity 1.1.4: To improve the quality of services provision for under five and gender based violence survivor, ARC will conduct refresher training for the techni...</p> <p>NUTRITION: Activity 1.1.1: • ARC will construct two waiting shelters with semi-permanent materials to serve as service delivery points. One in Karkada and one in Maramousa....</p> <p>NUTRITION: Activity 1.1.2: • Conduct MUAC screening. ARC will conduct two mass MUAC screening campaigns; one at the beginning and another one after 4 months. Additionally, A...</p>

Documents	
Category Name	Document Description
Budget Documents	ARC ER 9210 TRC.1.xls
Budget Documents	ARC 9210 TRC 2.xlsx
Budget Documents	ARC 9210 TRC 3.xlsx
Technical Review	ARC_9210_RCF ARC responses to OCHA Comments 22052018.doc

Technical Review	ARC_9210_RCF -ARC responses to OCHA comments with tracked changes- 22052018.doc
Technical Review	ARC_9210_RCF- Logframe submitted to OCHA- 22052018.docx