

<b>Requesting Organization :</b>	Save the Children International				
<b>Allocation Type :</b>	2022- SHF Reserve for Emergencies (Drought Response)				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
NUTRITION		100.00			
		<b>100</b>			
<b>Project Title :</b>	Providing lifesaving nutrition services for drought response in Red Sea				
<b>Allocation Type Category :</b>	N/A				
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SUD-22/HSD20/RA1/N/INGO/21584		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	359,992.75		
<b>Planned project duration :</b>	7 Months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/04/2022	<b>Planned End Date :</b>	30/09/2022		
<b>Actual Start Date:</b>	01/05/2022	<b>Actual End Date:</b>	30/11/2022		
<b>Project Summary :</b>	<p>The project aim is to improve equitable access to quality life-saving curative and preventive services through the systematic provision of nutrition in Dordaib, Elgonab Elawlaib and Toker localities in Red Sea state. The project targeted 81,501 (8,820 boys, 9,180 girls, 30,900 men &amp; 32,601 women) living in facilities. The services include the provision of equipment and furniture. Rehabilitation of health facility, training for nutrition staff and community volunteers, provision of operational cost, and incentive for nutrition workers to motivate and retain critical staff in remote areas. These interventions will improve equitable access to quality life-saving curative and preventative nutrition and by supporting 8 static nutrition centers in Dordaib, Elgonab Elawlaib and Toker localities. Services cover the referral and treatment of acutely malnourished cases by providing integrated nutrition services to outpatient therapeutic programs (OTP) and stabilization centers (SC). OTP services for those with Severe Acute Malnutrition (SAM) and the referral and treatment of SAM cases with medical complications to a nearby hospital. Promotion of Infant and Young Child Feeding (IYCF) practices, promotion of adoption of good hygiene and sanitation practices, and treatment for all age groups, both male and female. The nutrition interventions will improve the early identification and prevention of malnutrition and reduce excess morbidity and mortality.</p>				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
30,900	32,601	8,820	9,180	81,501	
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Host Communities	30,900	32,601	8,820	9,180	81,501
<b>Indirect Beneficiaries :</b>					
the nomadic and people on the catchment areas will be indirect beneficiaries and will be around 5000					
<b>Catchment Population:</b>					
<b>Link with allocation strategy :</b>					
<p>The proposed project is in line with the HRP strategy objective, which contributes to building resilience to recurrent shocks and improving vulnerable people's access to essential services. The project will support nutrition services in Dordaib, Elgonab Elawlaib and Toker localities in Red Sea state and scale up and strengthen the existing sites focusing on under-five children and PLWs. The project will focus on areas identified with the most severe humanitarian need. Our primary focus is on life-saving, and also to advocate for rapid improvement to access to essential services. The proposed operational areas are not easily accessible due to geographic factors. Thus SCI will reach them with life-saving activities by availing of nutrition services. To ensure sustainability and create functional services, a continuous monitoring mechanism capacity mapping will be carried out. The community members and leaders will be the key players for information sharing. The activities to be conducted will best demonstrate value for money throughout the implementation period, and SCI has been present and continue the existing services in Sinkat locality supported by SHF.</p>					

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Yusra Rahmatalla	Programme Development and Quality Manager	yusra.bashir@savethechildren.org	+249916583379
Siobhan Luikham	Humanitarian Director	Siobhan.Luikham@savethechildren.org	+249 (0)9125 09324

**BACKGROUND****1. Humanitarian context analysis****2. Needs assessment**

East Sudan is home to more than 4.5 million people facing poverty, drought, famine, and lack of adequate access to services. Poor nutrition and inadequate dietary intake is one of several immediate causes of malnutrition as well as drought, lack of food and the high prices of basic commodities is one of the reasons for malnutrition, especially in children under five years. However, children aged 6-23 months were provided the minimum acceptable diet, primarily due to insufficient diversity of their diets although food frequency is also an issue. The simple, spatial survey method S3MII carried out in 2018, indicated a high prevalence of child malnutrition in Sudan: 28.8% of under-five children are underweight, nearly two in five (36.5 percent) children under-five years are stunted. The Red Sea state is among four states with the highest incidence of acute malnutrition with 27.1% GAM MUAC and 17.8%WHZ, Child with MUAC17.2% MAMand SAM is 10%. While malnutrition with WHZ scores, 12.9 %MAM, and4.9% SAM. The S3M2018 survey revealed infant and young child feeding (IYCF) practices are weak in the area. Only 65.9% of mothers were practicing exclusive breastfeeding; 80.9 % of mothers were age-appropriate continuing breastfeeding for one year. The age-appropriate dietary diversity was 25.7%, while mothers were under-nourished (GAM/MUAC <210mm) 23.5% in Red sea state.

**3. Description Of Beneficiaries****4. Grant Request Justification**

Sudan has been undergoing radical changes brought on by the government transition, tribal conflict, and the economic woes exasperated by the COVID19 pandemic. Dordaib, Elgonab Elawlaib and Toker localities were identified as areas with high humanitarian needs. Meanwhile, potential aggravating factors, including food insecurity, drought, increasing market prices, low health-seeking behaviors, poor hygiene and sanitation, and limited access to health services, can position further high risk for malnutrition. The insufficient resources (compared with the need), insecurity, and intermittent access limit access to essential services. Thus SCI proposes to use SHF funding to scale up and maximize access to integrated life-saving services over 6 months. therefore, this SHF funding will serve as part of SCI's existing emergency response program and education program enabling SCI to scale up ongoing interventions in Dordaib, Elgonab Elawlaib and Toker localities to meet the increased humanitarian needs. All these factors make the proposed project more necessary to provide nutrition activities to improve the nutritional status of of the most vulnerable affected households due to poverty, drought, famine in the high priority ranked localities which is Dordaib, Elgonob Elawlaib and Toker.

**5. Complementarity****LOGICAL FRAMEWORK****Overall project objective**

**To Improve equitable access to quality life-saving curative and preventive through the systematic provision of nutrition services.**

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Scale-up access to quality integrated life-saving treatment and preventive nutrition services to reduce morbidity and mortality among children under-fives in crisis-affected and vulnerable populations.		SO1: Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	20				
Contribute to the reduction of malnutrition among girls, boys, and PLW in prioritized localities through preventive multi-sector responses.		SO2: Improve vulnerable people's access to livelihoods and life-sustaining basic services	80				
<b>Contribution to Cluster/Sector Objectives :</b> The strong presence in the area and acceptance of SCI at community, government, and local partners is a strength of SCI and will leverage it for successful programming. To ensure that SCI delivers a comprehensive CMAM program, efforts are being made through MOH and local partners. The project will follow the cluster coordination structures and improve any gaps identified if any. The project is in line with sector objectives addressing underlying causes of malnutrition through multi-sectoral approaches comprising health, nutrition, WASH, and protection. SCI will support the provision of nutrition-specific services through existing structures and will deliver these activities through community-based services							
Outcome 1							
Improved access and utilization of quality acute malnutrition treatment services, among children 0-59 months boys and girls, and PLW in Dordaib, Elgonab Elawlaib and Toker localities.							
Output 1.1							
Description							
Provides treatment services for acutely malnourished children under 5 years (boys and girls) and PLW. Approximately 1300 SAM cases with complications 663 girls 637 boys). will be treated for SAM without medical complications in 10 sites and 128 children under 5 (60 boys and 68 girls) with SAM with complications. will be targeted for treatment through 8 OTP/SFP sites (4 sites in Elganeb and 4 in Dordip.							
Assumptions & Risks							
Tribal conflict and community movement from their current residence due to drought to urban areas							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Outcome]: % death rate among severely malnourished children discharged from OTP (target <10% Sphere standard cut off point)					10
Means of Verification : Monthly facility reports							
Indicator 1.1.2	NUTRITION	Number of nutrition sites (OTP, TSFP, SC) to be supported by the partner					10
Means of Verification : M&E visits facility reports							
Indicator 1.1.3	NUTRITION	Number of boys and girls under five years with severe acute malnutrition without complication newly admitted for treatment in OTPs			193	185	378
Means of Verification :							
Activities							
Activity 1.1.1							
Standard Activity : Not Selected							
Conduct mass community MUAC screening at the target communities and 1623 children in the catchment areas to identify early cases of acute malnutrition and admit them into the CMAM program							
Activity 1.1.2							
Standard Activity : Not Selected							
Provide treatment services for 430 children with severe malnutrition with and without complications. (378 children with SAM without complication and 43 cases with complication expected to be referred for inpatient care							
Activity 1.1.3							
Standard Activity : Not Selected							
Printing and distribution of registration books, tally sheets, reporting sheets, and anthropometric equipment to OTP/TSFP sites for proper implementation							
Activity 1.1.4							
Standard Activity : Not Selected							
on job training for nutrition staff on CMAM protocols. Targeting 24staff (15 female, 9 male) 4 nutrition staff per OTPs.							
Activity 1.1.5							

<b>Standard Activity : Not Selected</b>							
Support two Stabilization centers and referral of SAM cases with complications.SAM children with medical complications							
<b>Activity 1.1.6</b>							
<b>Standard Activity : Not Selected</b>							
Train 40 (22 female18 male ))community volunteers on the community outreach component of CMAM and community component.							
<b>Activity 1.1.7</b>							
<b>Standard Activity : Not Selected</b>							
performing urgent rehabilitation to ensure personal safety and protection as well as providing life-saving nutrition services in 6 OTPs and two SC.(waiting areas, secure place for supplies. Safe and socially acceptable area in the facilities for BF mothers, and for supporting lactating mothers having difficulties in BF in the 6 facilities)							
<b>Activity 1.1.8</b>							
<b>Standard Activity : Not Selected</b>							
-							
<b>Activity 1.1.9</b>							
<b>Standard Activity : Not Selected</b>							
Provide nutrition equipment and supplies (height board, salter scale, MUAC tape )							
<b>Activity 1.1.10</b>							
<b>Standard Activity : Not Selected</b>							
Transport Ready-to-Use Therapeutic Food (RUTF)&supplementary feeding (RUSF)RUTF will be supplied by UNICEF and we receive our supported HF from MOH in coordination with UNICEF							
<b>Activity 1.1.11</b>							
<b>Standard Activity : Not Selected</b>							
Support Nutrition surveillance system ( Transport the RUTF and Nutrition Supplies to the OTPs And SCs on monthly basis and base on the consumptions and needs )							
<b>Activity 1.1.12</b>							
<b>Standard Activity : Not Selected</b>							
Support screening and referral by community volunteers This activities is MUAC screening on monthly basis by home to home visit and measuring U5 and PLW MUAC to early detection of SAM cases and identify MAM cases among mothers							
<b>Activity 1.1.13</b>							
<b>Standard Activity : Not Selected</b>							
Provide DSA nutrition staff at facilities, including Stabilization Centers. Please refer to BoQ							
<b>Activity 1.1.14</b>							
<b>Standard Activity : Not Selected</b>							
Support bi monthly joint monitoring visit 3 visit one visit every 2 month during the project the team will be formulated from ( HAC, SMOH Nutrition Department, Locality and Nutrition officer at locality and SCI to monitor the activities and the progress and any action need to be taken							
<b>Activity 1.1.15</b>							
<b>Standard Activity : Not Selected</b>							
Visibility and documentation							
<b>Outcome 2</b>							
I improved Infant and Young Child feeding practices among caregivers of children 0-23 months and PLW Pregnant and lactating women							
<b>Output 2.1</b>							
<b>Description</b>							
Provision of preventive services of IYCF through facility-based and community-based counseling and support, awareness-raising and forming and supporting 40 mother groups through training of 24 staff in targeted facilities to provide counseling and support to mothers, promote breastfeeding as well as promotion of hygiene. Also through developing and training 50 mother support groups for IYCF,							
<b>Assumptions &amp; Risks</b>							
low women participation People move to urban areas							
<b>Indicators</b>							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Number of caregivers of infants and children aged 0-23 months reached with IYCF counselling		800			800

<b>Means of Verification</b> : Volunteer reports MTMSG awareness-raising session reports						
Indicator 2.1.2	NUTRITION	Number of mother support groups established				50
<b>Means of Verification</b> : mother led raining Reports Group established reports and information						
<b>Activities</b>						
<b>Activity 2.1.1</b>						
<b>Standard Activity : Not Selected</b>						
Train facility cadre, SC staff on IYCF-E 40 cadres 24 (22 Female and 2 Male) at the OTPs and 16 (12 Female 4 Male ) in SC. Facilitator will be certified facilitators with TOT training from Ministry of Health – Nutrition department the Curriculum is approved by SMOH , UNICEF and WHO						
<b>Activity 2.1.2</b>						
<b>Standard Activity : Not Selected</b>						
Training for 50 lead mothers on MtMSGs						
<b>Activity 2.1.3</b>						
<b>Standard Activity : Not Selected</b>						
Develop Mother-to-Mother Support Groups (MtMSGs) in and follow up with the established groups						
<b>Activity 2.1.4</b>						
<b>Standard Activity : Not Selected</b>						
Procure washable masks, sanitizers and COVID19 prevention measures						
<b>Activity 2.1.5</b>						
<b>Standard Activity : Not Selected</b>						
Printing and distribution of IEC materials (posters, and signboards)						
<b>Activity 2.1.6</b>						
<b>Standard Activity : Not Selected</b>						
supporting the national breastfeeding week at the state, through awareness raising campaign at community level and state level and advocacy sessions on TV and radio messages on importance of inclusive breast feeding and all U5 feeding.						
<b>Activity 2.1.7</b>						
<b>Standard Activity : Not Selected</b>						
Children Consultation on Hunger will be a consultation meeting done in all three localities to take in the input of children on their status within the crisis of hunger. The consultation will be led by SCI technical team, to; explore and document children's insights into the effects of hunger and other issues they are facing. Identify how children can be more involved in our humanitarian response and how the assistance they are receiving can be improved. Identify recommendation from children for humanitarian groups.						
<b>Additional Targets :</b>						
<b>M &amp; R</b>						
<b>Monitoring &amp; Reporting plan</b>						
Save the Children has a robust MEAL tracking system to enable tracking of the project implementation and progress. The project team will work with MoH staff at state, locality, and HFs levels to ensure activities are monitored and required data that reflects the progress in implementation is collected, assessed, combined, and shared. SC will depend on the existing MoH formats/records and develop additional data collection tools whenever required in terms of data collection tools. SC will keep track of project data using internal tracking tools like IMPACT (Information Management Platform for Action) and IPTT (Indicators Performance Tracking Table). SC staff and partners involved will ensure the disaggregation of reported data by gender, age, and any other vulnerability criteria as per SHF request and support further analysis and learning. To ensure the quality of services, SC uses Quality Benchmark Checklist when staff visits support facilities for supervision. The checklist focuses on quality requirements for primary health care service delivery, and it has an action planning function and GPS tracking capability. The checklist is available in the Kobo toolbox and can be easily downloaded to smart drives. SC staff and SMOH staff will be trained on how to use it, and they are required to visit each supported facility at least once a month. The information collected using the QBM checklist will be uploaded to a central database where health managers and TAs from the Sudan country office can access and be able to use the information to provide timely input and follow up to improve the quality of service delivery. SC-Project staff will ensure project activities are implemented with the required quality guided by COVID-19 adjusted health quality checklists/benchmarks. SC has established a functional accountability system in the areas of intervention for direct beneficiaries, and other stakeholders contribute to the monitoring of activities implementation through provision of feedback or raising concerns on implementation and progress. The current accountability mechanisms include; call-in numbers, feedback and complaint boxes, and direct collection. For COVID-19 restrictions, SC will depend more on its accountability number to link between the project staff, partners, and beneficiaries and will ensure that SC accountability call-in numbers will not be confused with MoH assigned numbers for COVID19 reporting through timely and adequate.						
<b>Workplan</b>						

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct mass community MUAC screening at the target communities and 1623 children in the catchment areas to identify early cases of acute malnutrition and admit them into the CMAM program	2022					X							
Activity 1.1.10: Transport Ready-to-Use Therapeutic Food (RUTF)&supplementary feeding (RUSF)RUTF will be supplied by UNICEF and we receive our supported HF from MOH in coordination with UNICEF	2022					X		X		X			
Activity 1.1.11: Support Nutrition surveillance system ( Transport the RUTF and Nutrition Supplies to the OTPs And SCs on monthly basis and base on the consumptions and needs )	2022					X	X	X	X	X	X		
Activity 1.1.12: Support screening and referral by community volunteers This activities is MUAC screening on monthly basis by home to home visit and measuring U5 and PLW MUAC to early detection of SAM cases and identify MAM cases among mothers	2022					X	X	X	X	X	X		
Activity 1.1.13: Provide DSA nutrition staff at facilities, including Stabilization Centers. Please refer to BoQ	2022					X	X	X	X	X	X		
Activity 1.1.14: Support bi monthly joint monitoring visit 3 visit one visit every 2 month during the project the team will be formulated from ( HAC, SMOH Nutrition Department, Locality and Nutrition officer at locality and SCI to monitor the activities and the progress and any action need to be taken	2022						X		X		X		
Activity 1.1.15: Visibility and documentation	2022						X				X		
Activity 1.1.2: Provide treatment services for 430 children with severe malnutrition with and without complications. (378 children with SAM without complication and 43 cases with complication expected to be referred for inpatient care	2022					X	X	X	X	X	X		
Activity 1.1.3: Printing and distribution of registration books, tally sheets, reporting sheets, and anthropometric equipment to OTP/TSFP sites for proper implementation	2022					X							
Activity 1.1.4: on job training for nutrition staff on CMAM protocols. Targeting 24staff (15 female, 9 male) 4 nutrition staff per OTPs.	2022					X							
Activity 1.1.5: Support two Stabilization centers and referral of SAM cases with complications.SAM children with medical complications	2022					X	X	X	X	X	X		
Activity 1.1.6: Train 40 (22 female18 male ))community volunteers on the community outreach component of CMAM and community component.	2022					X							
Activity 1.1.7: performing urgent rehabilitation to ensure personal safety and protection as well as providing life-saving nutrition services in 6 OTPs and two SC. (waiting areas, secure place for supplies. Safe and socially acceptable area in the facilities for BF mothers, and for supporting lactating mothers having difficulties in BF in the 6 facilities)	2022						X	X					
Activity 1.1.8: -	2022						X	X					
Activity 1.1.9: Provide nutrition equipment and supplies (height board, salter scale, MUAC tape )	2022						X						
Activity 2.1.1: Train facility cadre, SC staff on IYCF-E 40 cadres 24 (22 Female and 2 Male) at the OTPs and 16 (12 Female 4 Male ) in SC. Facilitator will be certified facilitators with TOT training from Ministry of Health – Nutrition department the Curriculum is approved by SMOH , UNICEF and WHO	2022						X						
Activity 2.1.2: Training for 50 lead mothers on MtMSGs	2022						X					X	
Activity 2.1.3: Develop Mother-to-Mother Support Groups (MtMSGs) in and follow up with the established groups	2022						X					X	
Activity 2.1.4: Procure washable masks, sanitizers and COVID19 prevention measures	2022					X						X	
Activity 2.1.5: Printing and distribution of IEC materials (posters, and signboards)	2022					X							
Activity 2.1.6: supporting the national breastfeeding week at the state, through awareness raising campaign at community level and state level and advocacy sessions on TV and radio messages on importance of inclusive breast feeding and all U5 feeding.	2022									X			

Activity 2.1.7: Children Consultation on Hunger will be a consultation meeting done in all three localities to take in the input of children on their status within the crisis of hunger. The consultation will be led by SCI technical team, to; explore and document children's insights into the effects of hunger and other issues they are facing. Identify how children can be more involved in our humanitarian response and how the assistance they are receiving can be improved. Identify recommendation from children for humanitarian groups.	2022									X				
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## OTHER INFO

### Accountability to Affected Populations

The actions indicated in this proposal are prepared based on the needs and priorities of the communities, which have been collected and compiled through ongoing rapid need assessments, field visits, and discussions with community leaders and line ministries. SC has a zero-tolerance approach against all forms of abuse and exploitation. Our child safeguarding policy works to protect children and families who come into contact with SC. SC safeguards children from deliberate or negligent actions that place them at risk of child abuse, sexual exploitation, injury, and other harm. The SC child safeguarding reporting procedures ensure cases are investigated and concluded within a specified period depending on the categorization of those cases. SC will take necessary disciplinary measures against any staff, including reporting to local law enforcement authorities. The Whistleblowing Policy allows a person to raise a concern directly with senior leaders if they feel unable to use usual reporting processes. All staff, volunteers, and partners that work with or on behalf of SC sign the policy before beneficiary engagement & regular training ensures employees/volunteers are provided with necessary information regarding child safeguarding issues. We have focal points/champions at each field office and area office to coordinate all safeguarding matters. Health, Nutrition, and WASH response information will be shared timely with beneficiaries in the response area through COVID-19 sensitive means of communication. Information sharing will include feedback and complaint mechanisms available for recipients to provide feedback or raise concerns. For SCI, feedback and complaints will be collected through meetings as far as the conditions allow and SC's accountability phone number to link response beneficiaries with SC, MoH, and other local partners. Feedback and complaints received will be transferred to relevant SC to be addressed, documented, and analyzed to contribute to the learning processes and decision-making regarding the action. In the event of COVID-19 and other pandemics, SC will modify its accountability systems to suit the steps recommended to combat the pandemic depending more on the accountability assigned phone number or limiting the number of community members attending any meetings for collection of feedback and complaints and keep the recommended distance between attendees. SC has established a functional accountability system in intervention for direct beneficiaries and other stakeholders to provide feedback or raise concerns about response implementation and progress, including call-in numbers, feedback, complaint boxes, and direct collection. Feedback and complaints received will be categorized and accordingly transferred to relevant SC staff to be addressed, documented, and analyzed to contribute to quality delivery, learning, and decision-making processes regarding the action. In addition, accountability information sharing materials which will include program standards and the account number will be produced to be distributed and pinned up on all the supported facilities under this project. In the event of COVID-19 and other pandemics, SC will modify its accountability systems to suit the steps recommended to combat the pandemic depending more on the accountability assigned phone number or limiting the number of community members attending any meetings for collection of feedback and complaints and keep the recommended distance between attendees.

### Implementation Plan

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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### Environment Marker Of The Project

### Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

[illegible]

### Protection Mainstreaming

All proposed interventions are designed to protect children from harm, including exploitation, violence, and abuse. Save the Children will ensure all staff implementing this proposed project, including facility and implementing partner staff, have the awareness and capacity to identify, support, and refer children facing protection concerns, such as family separation. In addition, children with medical conditions, elderly, and people with disabilities will be supported to access the required health services that can save their lives. Planned vaccination and treatment activities will be implemented following safety procedures as per protocols. SC staff, partners, and representatives are accountable for following the child safeguarding policy and code of conduct. The internal staff policy strives to prevent any harm to children resulting from our programs, including sexual exploitation and abuse. SC will enhance and activate an existing partnership between the Civil Registrar and the Ministry of Health, allowing registered midwives and health centers to register newborns. In addition, SC will collaborate with the Ministry of Interior Civil Registry, responsible for documenting life incidents in Sudan, for obtaining accurate data for birth registration percentages in the targeted area for last year. SC will analyze these percentages and use them as a benchmark to compare for the future. This will inform future protection activities. While vulnerabilities differ across age, gender, and disability, vulnerable groups disproportionately experience: low income; limited access to crucial information in formats they can understand, including on prevention and assistance on COVID-19; the violence of various types including GBV; anxiety and emotional stress; interrupted access to care and health services; increased safety and security concerns; and stigma. Children and youths from both genders are likely to face increased anxiety and mental stress because of school/ university closures and high unemployment. Children and people with disabilities and their carers. The elderly and those with underlying health conditions, such as persons living with chronic illnesses, are also at risk of contracting COVID-19 due to their reduced immunity. They may also face challenges practicing necessary hygiene measures due to physical barriers, e.g., accessing WASH facilities, and may struggle to implement social distance because of care dependency. In addition, some may suffer hunger or starvation if carers are in isolation centers or quarantined. Pregnant or Lactating Women (PLW) may be excessively affected as their vulnerabilities are compounded. IEC materials may not be adapted to their needs, i.e., in large print, captioned or sign language, etc. Women who face a higher burden of household needs. Women share more considerable responsibility for providing basic household needs.

#### Country Specific Information

#### Safety and Security

#### Access

SCI will maintain a high level of access in the operation areas, SC ensures the involvement of government from the initial stages of the action design facilitates, approval of the agreement with GoS, ease access to targeted beneficiaries, and timely startup of the project and implementation of the active interventions. Given the unstable context, there is a risk of security instability, limiting access to project areas, which might hinder the progress of humanitarian interventions. SCI's risk mitigation plan includes maintaining a high level of transparency and good relationship with different stakeholders, including Government institutions. Involving the Humanitarian Aid Commission (HAC) and line ministries from the initial steps of the project design and selection of the targeted locations is vital for uninterrupted implementation. SC ensures the involvement of communities, community structures, and leaders to promote the ownership of the interventions and support. It is also imperative to involve local authorities and ensure their participation, in addition to building the capacity of local partners and CBOs at the community level to ensure the continuation of life-saving activities in the targeted locations. The establishment of a communication tree that includes MoH staff at health centers, volunteers, local partners, community leaders, and officials is a sensible approach to mitigate any risk of inaccessibility that results from deterioration in the security situation or any other unforeseen changes.

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Head of Program Implementation @ 30% - RS - NAT	D	1	3,500.00	7	30.00	7,350.00
	\$7350 has been budgeted for the Head of Program Implementation 1 Person, who is based in Red Sea and will devote 30% LoE to this project for 7 months with a salary of \$3500 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Head of Program Implementation is responsible for ensuring the timely and quality implementation of all protection activities in Red Sea, and coordination with relevant authorities and clusters.						
1.2	Nutrition Officer @ 100% - RS - NAT	D	1	1,376.00	7	100.00	9,632.00
	\$9,632 has been budgeted for the Nutrition Officer 1 Person, who is based in Red Sea and will devote 100% LoE to this project for 7 months with a salary of \$1376 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Nutrition Officer attends to the day-to-day nutrition related activities in the field. This rate represents his current salary, which is consistent with the SC personnel policies and the rate set for this position.						
1.3	Project Assistant @ 100% - RS - NAT	D	1	881.00	7	100.00	6,167.00
	\$6,167 has been budgeted for the Project Assistant 1 Person, who is based in Red Sea and will devote 100% LoE to this project for 7 months with a salary of \$881 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Project Assistant Assists the NO in day-to-day nutrition related activities in the field. This rate represents his current salary, which is consistent with the SC personnel policies and the rate set for this position.						
1.4	Senior Supply Chain Officer @ 25% - RS - NAT	S	1	1,376.00	7	25.00	2,408.00

	\$2,408 has been budgeted for the Senior Supply Chain Officer 1 Person, who is based in Red Sea and will devote 25% LoE to this project for 7 months with a salary of \$1376 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Senior Supply Chain Officer handles the paperwork for the daily vehicle movement and fuel consumption as well as support other Supply Chain Activities. This rate represents his current salary, which is consistent with the SCS personnel policies and the rate set for this position. This rate represents his current salary, which is consistent with the SC personnel policies and the rate set for this position.						
1.5	Senior Finance Officer @ 25% - RS - NAT	S	2	1,376.00	7	25.00	4,816.00
	\$4,816 has been budgeted for the Senior Finance Officer 1 Person, who is based in Red Sea and will devote 25% LoE to this project for 7 months with a salary of \$1376 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Senior Finance Officer is in charge of the finance and awards function in Blue Nile. This rate represents his current salary, which is consistent with the SC personnel policies and the rate set for this position.						
1.6	HR and Admin Assistant @ 50% - RS - NAT	S	1	881.00	7	50.00	3,083.50
	\$3,083.50 has been budgeted for the HR and Admin Assistant 1 Person, who is based in Red Sea and will devote 50% LoE to this project for 7 months with a salary of \$881 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. HR and Admin Assistant implements HR policies regarding staff recruitment, training, retention and discharge, and supports the overall general administration in the office.						
1.7	Driver @ 50% - RS - NAT	S	1	637.00	7	50.00	2,229.50
	\$2,229.50 has been budgeted for the Driver 1 Person, who is based in Red Sea and will devote 50% LoE to this project for 7 months with a salary of \$637 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Driver These positions are responsible for driving the vehicles on official trips. This rate represents their current salary, which is consistent with SC personnel policies and the rate set for this position.						
1.8	MEAL Officer @ 100% - RS - NAT	D	1	1,376.00	7	100.00	9,632.00
	\$9,632 has been budgeted for the MEAL Officer 1 Person, who is based in Red Sea and will devote 100% LoE to this project for 7 months with a salary of \$1376 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. MEAL Officer collects project performance information for analysis by the senior staff. This rate represents his current salary, which is consistent with the SC personnel policies and the rate set for this position.						
1.9	Advocacy & Communication Officer @ 25% - KHT - NAT	S	1	1,376.00	7	25.00	2,408.00
	\$2,408 has been budgeted for the Advocacy & Communication Officer 1 Person, who is based in khartoum and will devote 25% LoE to this project for 7 months with a salary of \$1376 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Advocacy & Communication Officer is responsible for leading humanitarian advocacy and media engagement. This includes advocacy on the themes of Humanitarian Access, Protecting Children in Conflict, the Centrality of Protection, and the Safe Schools Declaration. It also includes coordination for the creation of high-quality and engaging communications products, including case studies, social media, and photographic/film products.						
1.10	Head of PDQ @ 5% - KHT - INT	S	1	5,000.00	7	5.00	1,750.00
	\$1,750 has been budgeted for the Head of PDQ 1 Person, who is based in khartoum and will devote 5% LoE to this project for 7 months with a salary of \$5000 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Head of PDQ manages thematic specialists, Bussines development, and the MEAL and oversees quality implementation of the program.						
1.11	Emergency Response Finance Manager @ 5% - KHT - INT	S	1	4,600.00	7	5.00	1,610.00
	\$1,610 has been budgeted for the Emergency Response Finance Manager 1 Person, who is based in khartoum and will devote 5% LoE to this project for 7 months with a salary of \$4600 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Emergency Response Finance Manager will be responsible for project reporting both, internal and external, as well as checking compliance with financial processes for this project						
1.12	Award Manager @ 5% - KHT - NAT	S	1	4,600.00	7	5.00	1,610.00
	\$1,610 has been budgeted for the Award Manager 1 Person, who is based in khartoum and will devote 5% LoE to this project for 7 months with a salary of \$4600 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Award Manager will provide support to the country office in management of the award, donor communications, donor compliance, and reporting.						

1.13	Nutrition Specialist @ 10% - KHT - NAT	S	1	5,000.00	7	10.00	3,500.00
	\$3,500 has been budgeted for the Nutrition Specialist 1 Person, who is based in khartoum and will devote 10% LoE to this project for 7 months with a salary of \$5000 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Nutrition Specialist Nutrition Specialist is a national position based in Khartoum that is to provide technical support in the implementation of Nutrition-related activities of the project as per approved proposal and agreement.						
1.14	Head of MEAL @ 3% - KHT - INT	S	1	12,000.00	7	3.00	2,520.00
	\$2,520 has been budgeted for the Head of MEAL 1 Person, who is based in khartoum and will devote 3% LoE to this project for 7 months with a salary of \$12000 per month. This amount benefits at 32% on Avg. which includes social insurance 17%, Terminal Grant of 8.33%/month, 6.67% workman compensation insurance including medical insurance. Head of MEAL oversees the MEAL function and Support MEAL staffs in effective use of MEAL system through technical backstopping on all aspects of monitoring, evaluation, accountability and learning .						
	Section Total						58,716.00
2. Supplies, Commodities, Materials							
2.1	Provide registration books and reporting format for monthly reports	D	1	2,000.00	1	100.00	2,000.00
	10sets of registration books and reporting format, contain ( outpatient book, , GM book, admission card, ratio card, discharge card, monthly reporting format and weekly reporting format)= 2000						
2.2	Transport Ready-to-Use Therapeutic Food (RUTF)&suplementary feeding (RUSF)	D	1	1,000.00	11	100.00	11,000.00
	\$ 11,000 has been budgeted for Vehicle rental for transportation of RUTF. The cost of the vehicle is \$1000 per visit . Total cost for transportation for 11 facilities s (1000*11)=\$11,000						
2.3	Provide nutrition equipment and supplies (height board, salter scale , MUAC tape )	D	1	4,000.00	1	100.00	4,000.00
	Supplies for assess child on daily basis in the facilities  COST of nutrition equipment 5 height board * 500\$= 2500\$ 5 salter scale * 200\$ = 1000\$ 10 MUAC tape * 50 = 500\$ Total cost is 4000\$						
2.4	Train nutrition staff on CMAM program and reporting targeting 8 new facilities	D	1	4,000.00	2	100.00	8,000.00
	Training on IYCF -E .Train24 facility cadre, in 6 Stabilization Center staff on IYCF-E : 3 facilitators will be conducting the training 2 times in 3 localities to the total amount of 6 trainings.  For details refer the uploaded BoQ - SHF RfE 2, sheet 2.4						
2.5	Train community volunteers on community out reach component of CMAM and IMCI community component (5 volunteers per site)	D	1	8,300.00	1	100.00	8,300.00
	"training the community volunteer on community outreach component with estimated cost total cost of 8,300\$.  40 participants per training. The training will be conducted twice in three localities, total number of trainings conducted 6 trainings. For the details refer to the uploaded BoQ - SHF RfE 2 areas, sheet 2.5						
2.6	Train facility cadre, Stabilization Center staff on IYCF-E	D	1	8,800.00	1	100.00	8,800.00
	"Training on IYCF -E .Train50 facility cadre, Stabilization Center staff on IYCF-E, the training will be conducted 6 times. The cost includes facilitators fees , transportation for participants, refreshment and lunch for participants , printing materials and hall rent  for details refer to uploaded BoQ SHF - RfE, sheet 2.6						
2.7	Support two Stabilization centers and referral of SAM cases with complication	D	1	4,000.00	1	100.00	4,000.00
	Supporting two stabilization centers with adequate equipment to receive community members and provide aid to address the drought crisis. The support is the form of needed equipment for two centers are: Job Aid, Toys, Furniture, Medical beds, SC cleaning material and consumables. For details refer to BoQ SHF-RfE 2 areas sheet 2.7						
2.8	Training for 50 lead mothers on MtMSGs	D	1	3,500.00	1	100.00	3,500.00

	Training for 50 lead mothers for 5 days (In total of 2 training 25 participants/training) 2 localities.  facilitators fees transportation for participants refreshment and lunch Printing and producing training material hall rent Hall  For details refer to BoQ SHF-RfE 2 areas sheet 2.8						
2.9	Develop Mother-to-Mother Support Groups (MtMSGs) in and follow up with the established groups	D	1	9,000.00	1	100.00	9,000.00
	"The cost includes development of 50 groups" All 50 lead women go do the training to other 10 women in their locality to reach 500 beneficiaries to spread the awareness. For details refer to BoQ SHF-RfE 2 areas sheet 2.9						
2.10	Minor rehabilitation for Stabilization Center	D	1	16,700.00	1	100.00	16,700.00
	Minor rehabilitation for the stabilization center, needed for the center to function properly and serve the community without issues. Refer to BoQ For details refer to BoQ SHF-RfE 2 areas sheet 2.10						
2.11	Rehabilitate including waiting areas, BF corners and store.	D	1	50,000.00	1	100.00	50,000.00
	Rehabilitate waiting areas, BF corners and store, to receive community members and provide services. The needed equipment's and items include: sacks of cement,(sand, gravel, mortal, iron sheet +door lock +iron bar, toys, paintings, chairs, pallets, and labor cost)  For details refer to BoQ SHF-RfE 2 areas sheet 2.11						
2.12	Support Nutrition surveillance system	D	1	8,000.00	1	100.00	8,000.00
	The cost estimated at \$8000 = train 80 community volunteers on standard format of multi-cluster assessment tool for data collection as follows: MUAC Screening campaign Refresher training for CVs to conduct the screening  For details refer to BoQ SHF-RfE 2 areas sheet 2.12						
2.13	Children Consultation on Hunger	D	1	5,000.00	1	100.00	5,000.00
	Consultation Meeting with young boys and girls in the affected localities on the effect of hunger and changing crisis on their lives. Target are 40 children (19 boys, 21 girls). One day consultation meeting in a rented venue to host all participants. This activity will be conducted 3 times, in 3 different localities: $1,666.667 \times 3 = 5,000.001$ . for more information For details refer to BoQ SHF-RfE 2 areas sheet 2.13						
2.14	Procure washable masks, sanitizers and COVID19 prevention measures	D	1	1,500.00	1	100.00	1,500.00
	Washable fabric Masks $375 \times 2\$ = 750\$$ 70% Hand sanitizers $375 \times 2\$ = 750\$$  for general use in the health facilities, and community engagement activities to prevent from the spread of COVID-19						
2.15	Provide operational cost for targeted nutrition centers	D	1	1,241.50	7	100.00	8,690.50
	Monthly operation cost will be provided to the targeted OTPs facilities at amount of 790 \$ per facility according to the following details: cost of water $70\$ \times 7 \times 11 = 5390$ + cost of soap $100 \times 11 = 1100\$$ , cost of cleaning material $200\$ \times 11 = 2200$ per facility. 11 facilities will be provided by this. These are minor expenses for the health facilities for daily usage of materials.						
2.16	Printing and distribution of IEC materials (posters, and signboards)	D	1	2,000.00	1	100.00	2,000.00
	Printing posters $8 \times 125 = 1000\$$ signboards $8 \times 125 = 1000\$$  Will be used for home to home visits by the community volunteers, advocacy work done during the breast feeding week, and all community engagement activities For details refer to BoQ SHF-RfE 2 areas sheet 2.16						
2.17	supprting the national breast feeding week at state	D	1	4,000.00	1	100.00	4,000.00
	DSA for SMOH Facilitator $16 \times 50\$ = 800\$$ Loud speakers $8 \times 100\$ = 800\$$ Rented cars $8 \times 100\$ = 800\$$ Broadcasting radio messages for breast feeding for one week $2 \times 100\$ \times 7 = 1400\$$ Printing and distribution posters for breast feeding $1 \times 200\$ = 200$  Raising awareness activity that will take place in 3 localities along with a possible state wide campaign to raise awareness during the week for national breast feeding week.						

2.18	Support screening and referral by community volunteers	D	1	4,000.00	1	100.00	4,000.00
	<i>Community volunteer will support the screening of children and help with the referral process of none complicated cases</i> <i>transportation cost for CVs \$1,200.00</i> <i>Printing and distribution referral forms 400\$</i> <i>Rented cars 100*4times* 6visits= 2400</i> <i>For details refer to BoQ SHF-RfE 2 areas sheet 2.18</i>						
2.19	Provide support for nutrition staff at facilities, including Stabilization Centers	D	1	13,000.00	1	100.00	13,000.00
	<i>Monthly transportation cost for CVs, 2 SC staff, 2 Nurses each SC, 2 SC staff and 2 medical assistants.</i> <i>For details refer to BoQ SHF-RfE 2 areas sheet 2.19</i>						
2.20	Support cost for community volunteers to support screening and referral of under five and PLW for MAM at catchment areas of the sites	D	1	7,000.00	1	100.00	7,000.00
	<i>Community volunteers will support screening and referral of U5 and PLW for MAM at catchment areas of the sites</i> <i>7,000\$ support for community volunteers</i> <i>Transportation cost for 16 CVs *50\$*6= 4,800\$</i> <i>Support referral case= 35*10\$*6=2,100\$</i> <i>Printing referral forms= 100\$</i> <i>For details refer to BoQ SHF-RfE 2 areas sheet 2.20</i>						
2.21	Visibility and documentation	D	1	2,000.00	1	100.00	2,000.00
	<i>This budget line is for the production of signboards that will be installed in front of the health centers, with clear donor and SCI visibility. The banners will be inside the clinic and will include co-branded hygiene messages to be distributed to OTP and SC centers"</i> <i>For details refer to BoQ SHF-RfE 2 areas sheet 2.21</i>						
2.22	Establish accountability system	D	1	3,025.00	1	100.00	3,025.00
	<i>establishment of accountability system printing of banners with flyers (11 banners 11* 15\$ = 165 \$) sign board (11 sign board 40\$*6= 440\$) printing roll up poster (roll up poster 90\$*11= 990) printing poster ( printing Accountability posters 40\$*11= 440\$) (Community Accountability Session 11*90= \$990 ) total of 3,025\$</i>						
2.23	"Printing of nutrition quality benchmark into roll up stand poster for each OTP "	D	3	175.00	1	100.00	525.00
	<i>Printing of Nutrition Quality Bench Mark into roll up poster for 10 OTP: The cost will be for procuring and printing 3 rollup posters * \$175\$ = 525\$</i>						
2.24	Community engagement/ Volunteers Communication	D	1	540.00	1	100.00	540.00
	<i>Mobile credit cards for volunteers to engage with the community 27 volunteers * 20\$= 540\$</i>						
2.25	Learning Workshop	D	1	1,470.00	1	100.00	1,470.00
	<i>\$1,470 will be used to conduct two learning workshops (for SMOH and implementing staff) during this project: workshops 20 participants per workshop/ the learning workshop lead by MEAL staff in coordination with technical specialists for thematic areas (Nutrition) and will target program staff, implemented partners and other stakeholders.</i> <i>For details refer to BoQ SHF-RfE 2 areas sheet 2.25</i>						
2.26	Community engagement/ Volunteers	D	1	675.60	1	100.00	675.60
	<i>Share information with targeted beneficiaries by volunteers as well as received their feedback about SCI implemented activities, DSA for volunteers \$2.00* 27 Participants*6 times = 324\$, IEC materials 58.50\$*6= 351 total of 675\$</i>						
2.27	Cooking demonstration	D	1	6,000.00	2	100.00	12,000.00
	<i>( raising awareness on using local raw material to produce nutritional food for 50 MSG leader) All 3 localities will have this event conducted in it, by 3 facilitators. the training will be conducted 8 times during the project period. Also, banners will be included in the activity for visibility.</i> <i>For details refer to BoQ SHF-RfE 2 areas sheet 2.27</i>						
2.28	Support Mobile OTP for the catchment areas and the areas without OTP	D	1	30,264.00	1	100.00	30,264.00
	<i>Mobile support for OTP for catchment areas without OTP:</i> <i>Per diem provided to nutrition officer with 2 assistants and 3 community volunteers to reach out to community members who are in remote locations and can't travel far due to the crisis.</i> <i>For details refer to BoQ SHF-RfE 2 areas sheet 2.28</i>						
	Section Total						228,990.10
3. Equipment							
3.1	Laptops	D	1	1,700.00	1	100.00	1,700.00

	\$1700 has been budgeted for Laptops for 1Laptops1 office X \$1700/No X 100% X 1Laptops = \$1700						
	Section Total						1,700.00
4. Contractual Services							
4.1	Vehicle Hire	D	2	3,000.00	7	12.50	5,250.00
	\$5,250 has been budgeted for Vehicle Hire of office in in Red Sea for 7 Months. 2 Vehicles X \$3000/Month X 12.5% X 7 Months. = \$4500.						
	Section Total						5,250.00
5. Travel							
5.1	Travel costs - monitoring and support visits	D	1	8,700.00	1	100.00	8,700.00
	Series of travel costs for all monitoring and support visits for both the country office staff and field office staff to both state and the locations of implementation of the project. For details refer to BoQ SHD RfE 2 areas - sheet 5.1						
5.2	Vehicle Fuel & Maintenance	D	2	462.32	7	12.50	809.06
	\$809.06 has been budgeted for Vehicle Fuel & Maintenance of office in in Red Sea for 7Months. 2 Vehicles X \$462.329470405081/Month X 12.5% X 7Months. = \$693. Vehicle Fuel = 300USD/Month + Maintenance = 162.33USD/Month = 462.33 USD/Month						
5.3	Support joint monitoring visit H& N	D	1	675.00	6	100.00	4,050.00
	\$ 4050 has been budgeted for Monitoring visit on monthly basis for 3 localities. 5 persons +45 DSA*3 Days for 6 visits For details please refer SHF RfE 2 areas, sheet 5.3						
	Section Total						13,559.06
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Rent @ 25% - RS	S	1	1,785.00	7	25.00	3,123.75
	\$3123.75 has been budgeted for Rent of office in in Red Sea for 7 Months. 1 office X \$1785/Month X 25% X 7 Months. = \$3123.75						
7.2	Office & Equipment Maintenance @ 25% - RS	S	1	800.00	7	25.00	1,400.00
	\$1400 has been budgeted for Office & Equipment Maintenance of office in in Red Sea for 7 Months. 1 office X \$800/Month X 25% X 7 Months. = \$1400. This includes maintenance of field office and office equipment e.g Printers, Computers, Telephones, Fixtures, Kitchen Items, Fans, AC's etc. (Office Maintenance = 500 USD/Month + Equipment Maintenance = 300 USD/Month = 800 USD/Month						
7.3	Office Supplies & Stationaries @ 25% - RS	S	1	2,500.00	7	25.00	4,375.00
	\$4375 \$ has been budgeted for Office Supplies & Stationaries of office in in Red Sea for 7 Months. 1 office X \$2500/Month X 25% X 7 Months. = \$4375. (Office Supplies (1500 USD/Month) Includes Janitorial items, On the go Snakes, Other Cleaning Items while Office Stationaries (1000 USD/Month) includes Paper rims, pen, binders, pencile, etc) = 2500 usd/MONT						
7.4	Communication Cost @ 25% - RS	S	1	600.00	7	25.00	1,050.00
	\$1050 has been budgeted for Communication Cost of office in in Red Sea for 7 Months. 1 office X \$600/Month X 25% X 7 Months. = \$1050. Communication includes Mobile communication 600 USD/Month = 600 USD/Month						
7.5	Office Utilities @ 25% - RS	S	1	500.00	7	25.00	875.00

	\$875 has been budgeted for Office Utilities of office in in Red Sea for 7 Months. 1 office X \$500/Month X 25% X 7 Months. = \$850. (Office Electricity = 400 USD/month + Gas = 50 USD/Month + Water = 50 USD/Month = 500 USD/Month Utilities)						
7.6	Internet fees @ 25% - RS	S	1	525.00	7	25.00	918.75
	\$918.75 has been budgeted for Internet fees of office in in Red Sea for 7 Months. 1 office X \$525/Month X 25% X 7 Months. = \$918.75 .						
7.7	Generator Running Costs @ 25% - RS	S	1	1,500.00	7	25.00	2,625.00
	\$2625 has been budgeted for Generator Running Costs of office in in Red Sea for 7 Months. 1 office X \$1500/Month X 25% X 7 Months. = \$2625. This includes Fuel 1300 USD and Engine Lubricants and filters 200 USD = 1500 USD/Month						
7.8	Security Services @ 25% - RS	S	1	3,750.00	7	25.00	6,562.50
	\$6562 has been budgeted for Security Services of office in in Red Sea for 7 Months. 1 office X \$3750/Month X 25% X 7 Months. = \$6562.						
7.9	Office Maintainence @ 5% - KHT	S	1	5,500.00	7	5.00	1,925.00
	\$1925 has been budgeted for Office Maintenance of office in Country Office in Khartoum for 7 Months. 1 office X \$5500/Month X 5% X 7 Months. = \$1925 . This includes maintenance of Country office e.g plumbing, paint, Repairs etc.						
7.10	Equipment maintenance @ 5% - KHT	S	1	2,000.00	7	5.00	700.00
	\$700 has been budgeted for Equipment maintenance of office in Country Office in Khartoum for 7 Months. 1 office X \$2000/Month X 5% X 7 Months. = \$700. This includes maintenance of office equipments e.g Printers, Computers, Telephones, Fixtures, Kitchen Items, Fans, AC's etc. = 2000 USD/Month						
7.11	Office Supplies & Stationaries @ 5% - KHT	S	1	2,500.00	6	5.00	750.00
	\$750 has been budgeted for Office Supplies & Stationaries of office in Country Office in Khartoum for 6 Months. 1 office X \$2500/Month X 5% X 6 Months. = \$750 (Office Supplies (1000 USD/Month) Includes Janitorial items, On the go Snakes, Other Cleaning Items while Office Stationaries (1500 USD/Month) includes Paper rims, pen, binders, pencile, etc) = 2500 usd/MONT						
7.12	Communications @ 5% - KHT	S	1	4,672.00	7	5.00	1,635.20
	\$1635.20 has been budgeted for Communications of office in Country Office in Khartoum for 7 Months. 1 office X \$4672/Month X 5% X 7 Months. = \$1635.20 Communication includes Internet charges @ 4252 USD/Month, Mobile Communication Charges 420 USD/month = 4672 USD						
7.13	Vehicles costs (rent, Fuel and Maintenance) @ 5% - KHT	S	1	3,199.31	7	5.00	1,119.76
	\$1119.76 has been budgeted for Vehicles costs (rent, Fuel and Maintenance) of office in Country Office in Khartoum for 7 Months. 1 office X \$3199.2/Month X 5% X 7 Months. = \$1119.76 Vehicle Rent = 2599.32/Month + Fuel 400USD/Month + 200USD/Month = 3199.32USD/Month						
7.14	Bank Charges @ 5% - KHT	S	1	200.00	7	5.00	70.00
	\$70 has been budgeted for Bank Charges of office in Country Office in Khartoum for 7 Months. 1 office X \$200/Month X 5% X 7 Months. = \$70.						
7.15	Software Maintenance @ 10% - KHT	S	1	809.00	7	10.00	566.30
	\$566.30 has been budgeted for Software Maintenance of office in Country Office in Khartoum for 7 Months. 1 office X \$809/Month X 10% X 7 Months. = \$566.30 These Softwares are (Agresso ERP (Financial) = 645 USD/Month, , Insight = 164 USD/Month						

7.16	Insurances (Property, Travel) @ 10% - KHT	S	1	884.00	7	10.00	530.40
	\$530.40 has been budgeted for Insurances (Property, Travel) of office in Country Office in Khartoum for 7 Months. 1 office X \$884/Month X 10% X 7 Months. = \$530.4. these are (Property Damage Insurance = 235 USD/Month, Travel Insurance = 649 USD/Month, , )						
	<b>Section Total</b>						<b>28,226.66</b>
<b>SubTotal</b>			68.00				<b>336,441.82</b>
Direct							282,280.16
Support							54,161.66
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							23,550.93
<b>Total Cost</b>							<b>359,992.75</b>

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Red Sea > El Qaneb	30.00000	0	0	0	0		N: Activity 1.1.1: Conduct mass community MUAC screening at the targ... N: Activity 1.1.2: Provide treatment services for 430 children with ... N: Activity 1.1.3: Printing and distribution of registration books, ... N: Activity 1.1.4: on job training for nutrition staff on CMAM proto... N: Activity 1.1.5: Support two Stabilization centers and referral of... N: Activity 1.1.6: Train 40 (22 female18 male )community volunteers... N: Activity 1.1.7: performing urgent rehabilitation to ensure person... N: Activity 1.1.8: - N: Activity 1.1.9: Provide nutrition equipment and supplies (height ... N: Activity 1.1.10: Transport Ready-to-Use Therapeutic Food (RUTF)&su... N: Activity 1.1.11: Support Nutrition surveillance system ( Transport... N: Activity 1.1.12: Support screening and referral by community volun... N: Activity 1.1.13: Provide DSA nutrition staff at facilities, includ... N: Activity 1.1.14: Support bi monthly joint monitoring visit 3 ... N: Activity 1.1.15: Visibility and documentation  N: Activity 2.1.1: Train facility cadre, SC staff on IYCF-E 40 cadre... N: Activity 2.1.2: Training for 50 lead mothers on MtMSGs  N: Activity 2.1.3: Develop Mother-to-Mother Support Groups (MtMSGs)... N: Activity 2.1.4: Procure washable masks, sanitizers and COVID19 pr... N: Activity 2.1.5: Printing and distribution of IEC materials (poste... N: Activity 2.1.6: supporting the national breastfeeding week at the... N: Activity 2.1.7: Children Consultation on Hunger will be a consult...

Red Sea > Haya	35.00000	0	0	0	0	<p>N: Activity 1.1.1: Conduct mass community MUAC screening at the targ...</p> <p>N: Activity 1.1.2: Provide treatment services for 430 children with ...</p> <p>N: Activity 1.1.3: Printing and distribution of registration books, ...</p> <p>N: Activity 1.1.4: on job training for nutrition staff on CMAM proto...</p> <p>N: Activity 1.1.5: Support two Stabilization centers and referral of...</p> <p>N: Activity 1.1.6: Train 40 (22 female18 male )community volunteers...</p> <p>N: Activity 1.1.7: performing urgent rehabilitation to ensure person...</p> <p>N: Activity 1.1.8: -</p> <p>N: Activity 1.1.9: Provide nutrition equipment and supplies (height ...</p> <p>N: Activity 1.1.10: Transport Ready-to-Use Therapeutic Food (RUTF)&amp;su...</p> <p>N: Activity 1.1.11: Support Nutrition surveillance system ( Transport...</p> <p>N: Activity 1.1.12: Support screening and referral by community volun...</p> <p>N: Activity 1.1.13: Provide DSA nutrition staff at facilities, includ...</p> <p>N: Activity 1.1.14: Support bi monthly joint monitoring visit</p> <p>3 ...</p> <p>N: Activity 1.1.15: Visibility and documentation</p> <p>N: Activity 2.1.1: Train facility cadre, SC staff on IYCF-E 40 cadre...</p> <p>N: Activity 2.1.2: Training for 50 lead mothers on MtMSGs</p> <p>N: Activity 2.1.3: Develop Mother-to-Mother Support Groups (MtMSGs)...</p> <p>N: Activity 2.1.4: Procure washable masks, sanitizers and COVID19 pr...</p> <p>N: Activity 2.1.5: Printing and distribution of IEC materials (poste...</p> <p>N: Activity 2.1.6: supporting the national breastfeeding week at the...</p> <p>N: Activity 2.1.7: Children Consultation on Hunger will be a consult...</p>
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Red Sea > Toker	35.00000	0	0	0	0	<p>N: Activity 1.1.1: Conduct mass community MUAC screening at the targ...</p> <p>N: Activity 1.1.2: Provide treatment services for 430 children with ...</p> <p>N: Activity 1.1.3: Printing and distribution of registration books, ...</p> <p>N: Activity 1.1.4: on job training for nutrition staff on CMAM proto...</p> <p>N: Activity 1.1.5: Support two Stabilization centers and referral of...</p> <p>N: Activity 1.1.6: Train 40 (22 female18 male )community volunteers...</p> <p>N: Activity 1.1.7: performing urgent rehabilitation to ensure person...</p> <p>N: Activity 1.1.8: -</p> <p>N: Activity 1.1.9: Provide nutrition equipment and supplies (height ...</p> <p>N: Activity 1.1.10: Transport Ready-to-Use Therapeutic Food (RUTF)&amp;su...</p> <p>N: Activity 1.1.11: Support Nutrition surveillance system ( Transport...</p> <p>N: Activity 1.1.12: Support screening and referral by community volun...</p> <p>N: Activity 1.1.13: Provide DSA nutrition staff at facilities, includ...</p> <p>N: Activity 1.1.14: Support bi monthly joint monitoring visit 3 ...</p> <p>N: Activity 1.1.15: Visibility and documentation</p> <p>N: Activity 2.1.1: Train facility cadre, SC staff on IYCF-E 40 cadre...</p> <p>N: Activity 2.1.2: Training for 50 lead mothers on MtMSGs</p> <p>N: Activity 2.1.3: Develop Mother-to-Mother Support Groups (MtMSGs)...</p> <p>N: Activity 2.1.4: Procure washable masks, sanitizers and COVID19 pr...</p> <p>N: Activity 2.1.5: Printing and distribution of IEC materials (poste...</p> <p>N: Activity 2.1.6: supporting the national breastfeeding week at the...</p> <p>N: Activity 2.1.7: Children Consultation on Hunger will be a consult...</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Hum GEM_SHF_RS_Apr to Sep 2022.pdf
Project Supporting Documents	SHF RfE 2 areas - BoQs.xlsx
Project Supporting Documents	SHF RfE 2 areas - BoQs.xlsx
Project Supporting Documents	SHF RfE 2 areas - BoQs.xlsx
Project Supporting Documents	SHF RfE 2 areas - BoQs.xlsx
Grant Agreement	Grant Agreement SC 21584.pdf
Grant Agreement	Grant Agreement SC 21584 signed by HC.pdf
Grant Agreement	GA SC 21584 signed by HC_compressed.pdf
Grant Agreement	Delegation Email- Member Visit.msg.pdf
Grant Agreement	EO Signed Grant Agreement SUD-21584.pdf
Revision related Documents	SHF Revision request _ HC Approval top up dry spell and crop failure projects.pdf
Revision related Documents	Please disregard
Revision related Documents	Please Disregard
Revision related Documents	RFE BOQ Project 21584-revised.xlsx

Revision related Documents	SHF Revision request _ HC Approval top up dry spell and crop failure projects.pdf
GA Amendment	Grant Agreement Amendment SC 21584.pdf
GA Amendment	Grant Agreement Amendment SC 21584 signed by HC.pdf
GA Amendment	GA SC Amendment Signed by IP 21584.pdf
GA Amendment	SUD-21584_EO-GAA_2022-09-19 CE.pdf