

Requesting Organization :	Catholic Relief Services			
Allocation Type :	2022- SHF Reserve for Emergencies (Sub-national Conflict/Dry-Spell)			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		63.00		
HEALTH		37.00		
		100		
Project Title :	Provision of integrated Health and Nutrition services to respond to conflict and drought in WD			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SUD-22/HSD20/RA2/N-H/INGO/21595	
Cluster :		Project Budget in US\$:	466,620.90	
Planned project duration :	10 Months	Priority:		
Planned Start Date :	01/04/2022	Planned End Date :	30/11/2022	
Actual Start Date:	01/05/2022	Actual End Date:	28/02/2023	
Project Summary :	<p>This allocation responds to the urgent needs stemming from the deteriorating security and food security due to conflict and dry spell in West Darfur. Intercommunal violence has flared up considerably since November 2021, in Jebel Moon, Sirba and Kreneik localities. The failed 2021 rainy season has put considerable pressure on the agricultural and water resources, and compounds the economic crisis due to high inflation, all in a context of inter-communal tensions and a tense political situation in Sudan. The Arab nomads' perceptions that their communities are discriminated and marginalized from humanitarian assistance is driving tensions among communities, requiring that humanitarian response is conflict sensitive by being inclusive of the vulnerable among IDPs, host residents and nomads. The humanitarian response has to continue to respond to the over 100,000 IDP's who still remain gathering sites in Geneina, displaced since the violent attacks on the Krindig and Abuzar camps and Al Jebel Area in January and April 2021.</p> <p>This case for funding seeks to directly address the consequences of the failed rain seasons and harvest failure through Health, Nutrition, WASH, and livelihood activities in Foro Baranga, Kreneik, Sirba and Jebel Moon.</p> <p>CRS as part of active humanitarian agencies in West Darfur and its the only international partner working in Foro branga will contribute by responding for the dry spell in the locality and to be inclusive project for all categories of community in the locality and CRS will carry out 8 months multisectoral project for Health and Nutrition jointly with its national partner Peace Lights for Rural Development Organization (PLRDO) through;</p> <p>Supporting Community based Management of acute Malnutrition (CMAM) through operation of one fixed health facility in Jereko and operating two mobile clinics for minimum of three sites and will deliver:</p> <ul style="list-style-type: none"> • Supporting distribution of RUSF/RUTF supplies for moderately and severely malnourished children under 5 and PLWs (OTP, SFP). • Supporting referrals for Severely malnourished children with medical complications to Foro baranga SC. • Provision of IYCF counselling for care takers/mothers • Conduct CMAM and IYCF training for 25 technical staff. • Construction of waiting areas/shelters for service delivery. • Support supervision and monitoring, integration with Health sector. <p>While under health sector will carry out:</p> <ul style="list-style-type: none"> • Operational support for one temporary health clinic for six months in Jereko • Operational support for two mobile clinics for five months • Procurement and supply of essential medicines and material for PHC and referral structures • Strengthening medical waste management through rehabilitation/ construction of incinerator. • Strengthening reporting on the state diseases surveillance system from all supported facilities and clinics • Support supervision and joint monitoring activities 			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
2,526	3,263	2,420	2,315	10,524

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	2,526	3,263	2,420	2,315	10,524

Indirect Beneficiaries :

The entire population of the catchment area for the Jereko Health Center will benefit from the operation health facility. while those living in catchment of Boro, Tamar and Korangei will benefit from the mobile clinic services.

Catchment Population:**Link with allocation strategy :**

With OCHA/SHF support, CRS can complement life-saving programming by addressing the most immediate health and nutrition needs resulting from the dry spell, conflict and displacement of vulnerable people in the villages surrounding Foro Branga Localities. CRS is aligning with the RFE allocation strategy because it's based on evidence based immediate response for critical needs also this response is inline with Strategic Objectives of the Humanitarian Response Plan 2021, Strategic Objective 1: "Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity". The Health Cluster Objective to increase equitable access and the Nutrition Cluster Objective to provide timely, multi-sectoral and lifesaving assistance are at the heart of CRS' proposed interventions for the dry spell affected people in Foro Branga locality.

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
Persiana Kamberaj	Head of Programs	persiana.kamberaj@crs.org	+249 912 746 448
Mohammed Abdalla Younis	Program Manager I	mohammed.abdalla@crs.org	+249 900 943 995
Hani El-Mahdi	Country Representative - Sudan	Hani.El-Mahdi@crs.org	+249 900 132 519
Hamed Alipur	Country Finance Manager	hamed.alipur@crs.org	+249 900 931 337
Ahmed Abusham	Sr. Finance Officer	ahmed.abusham@crs.org	+249 900 904 157

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

A series of 7 Inter-agency assessment were conducted between November 2021 and February 2022.

Inter-Agency Humanitarian Assessments were conducted as follows:

- Jebel Moon 29 Nov-2 Dec 2021
- Kreneik on 28/12/2021;
- Jebel Moon 24-27 January 2022
- Kreneik 25-27 January 2022
- Kreneik 14 February 2022
- Sirba on 16/02/2022.
- Foro Baranga on 7-9 February 2022

Additional mission for assessment in Foro Branaga locality is planned for period from 21st to 24th of March 2022 and the result of this mission will be considered during the implementation of this project.

Throughout 2021 and continuing in 2022, the West Darfur state witnessed increased humanitarian needs due to intercommunal violence, often involving farming and livestock communities. In 2021, 250,000 people were newly displaced due to intercommunal violence in Jebel Moon, Kreneik, El Geneina and Kulbus localities. While not directly involved in the above conflicts the fighters returning from there attacked, burnt and looted villages in Sirba locality. The increased tensions and the concerning insecurity in the above localities further affect people's livelihoods. Assets and livestock were looted, roads leading to main markets and markets some roads remain closed and extortion practices on entire villages are reported. In Kulbus locality, lack of funding and implementing partners hindered the health and nutrition response in 2021.

Residing in deep remote rural villages, Arab nomadic communities report increased vulnerability due to decades of lack of access to basic social services across health and nutrition services and clean and safe water sources, and a worsened food insecurity due to the dry spell in 2021. In Foro Baranga and Sirba, for instance, IDPs, host residents and Arab nomads report increased tensions among communities due to

perceptions of discrimination and marginalization of nomads in humanitarian assistance.

The erratic rain patterns during the wet season in 2021 resulted in harvest failure in West Darfur. This failure was caused by shorter rains, invasion by locusts and birds and destruction by animals. Less acreage of land was planted due to insecurity caused by intercommunal violence. Food imports from Chad, which Foro Baranga relied on, has also decreased due to similar food insecurity issues. Arab nomads and farmers compete for limited resources which will further exacerbate tensions between communities. Also, the ongoing violence has resulted in unusual movements of livestock, which further disturbs relations among communities. This increase in violence should be seen against a backdrop of a worsened socio-economic and political crisis and reduced rainfall in 2021 affecting agricultural and livestock outputs and access to water.

The interventions, across health, nutrition, NFIs, FSL, and WASH have been identified through a consultative process involving the Area Inter-Sector Coordination Group, Sector Coordination, consultations with the relevant line ministries, Sector Coordinators, OCHA and the target response communities through multi-sector rapid needs assessments during December 2021 and January and February 2022. IDPs, host residents and nomads, alike, call for conflict sensitive humanitarian response to support ongoing local efforts to mitigate conflict, tensions and protection concerns among the communities. Although humanitarian agencies have been providing assistance, critical needs remain unmet among the displaced people host communities, vulnerable nomads.

3. Description Of Beneficiaries

4. Grant Request Justification

Health and nutrition needs have been observed, with most common diseases reported in all assessed areas being malaria, acute respiratory infections (ARI), and diarrheal diseases linked to poor hygienic conditions. Shortage of medicines has been reported in health facilities. In Foro Branga locality, lack of funding and implementing partners hindered the health and nutrition response in 2021 beside CRS, hence huge response gaps persist.

The nutrition situation is concerning. MUAC screening was conducted on 697 individuals (623 children and 74 PLW). Nine per cent of the children were reported to be Moderate Acute Malnourished (MAM) and 2 per cent Severe Acute Malnourished (SAM). The sector believes that the situation has worsened further given the observed deterioration in FSL, health and WASH services which are underlying causes of malnutrition. In view of this GAM estimated using Weight for Height is expected to be high than the proxy GAM estimated during MUAC screening.

CRS has robust experience operating in West Darfur, having worked in adjacent communities. Our ongoing work will be the firm foundation for rapidly mobilizing and reaching crises affected communities. CRS currently implementing health and nutrition project in Habila and Foro Branga localities cover the needs in 8 communities with in Foro Branga locality through the fund received from UNICEF and by this fund CRS will operate the nonfunctional health facility in Jereko and operating additional two mobile clinic in the locality to increase the coverage.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To contribute for improved Health and Nutrition status of dry spell affected communities in Foro baranga Locality.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Support essential public health functions with a focus on strong primary health care.	SO1: Provide timely multi-sectoral life-saving assistance to crisis affected people to reduce mortality and morbidity	100

Contribution to Cluster/Sector Objectives : The project designed to contribute for SO1 under the cluster objective of Support essential public health functions with a focus on strong primary health care.

Outcome 1

Dry spell affected communities in Foro Branga locality have improved health status

Output 1.1

Description

Targeted communities have increased access to primary health services

Assumptions & Risks

Security allows for sustainability of services and sustained operation for health facilities.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of supported mobile medical units					3

Means of Verification : Monthly progress report

Indicator 1.1.2	HEALTH	[Outcome]: % of targeted population receiving at least one consultation					60
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Means of Verification : Monthly progress report

Weekly Morbidity report

Indicator 1.1.3	HEALTH	Number of people benefitting from provided medical supplies and medicines	2,526	3,263	2,420	2,315	10,524
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Means of Verification : Monthly Progress report

Weekly morbidity report

Activities

Activity 1.1.1

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health)

Operational support for one temporary health clinic for five months in Jereko

Activity 1.1.2

Standard Activity : Expand and maintain disease surveillance system with early warning component

Strengthening reporting on the state diseases surveillance system from all supported facilities and clinics

Activity 1.1.3

Standard Activity : Support referral systems across levels of health services including mobile clinics

Operational support for two mobile clinics for five months

Activity 1.1.4

Standard Activity : Conduct awareness/orientation sessions at the health facility on community and personal health and hygiene, as well as as well as CoVID-19, floods and diseases outbreak preparedness and responses

Community Health promoters will provide health education sessions at health facility. CRS and partner staff will orient the community about the Protection from Sexual Exploitation and Abuse (PSEA) and reporting mechanisim.

Additional Targets :

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	100				

Contribution to Cluster/Sector Objectives : Reduced levels of malnutrition in children under five and PLW in targeted communities.

Outcome 1

Reduced levels of malnutrition in children under five and PLW in targeted communities.

Output 1.1

Description

Children under five and PLW are receiving treatment for acute malnutrition

Assumptions & Risks

Security and political situation allows for stable access to health services and community outreach

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Outcome]: % cure rate among severely malnourished children discharged from OTP (target ≥ 75% Sphere standard cut off point)					75

Means of Verification : OTP data base and monthly progress report

Indicator 1.1.2	NUTRITION	[Outcome]: % defaulter rate among severely malnourished children discharged from OTP (target <15% Sphere standard cut off point)					15
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Means of Verification : OTP data base and monthly progress report

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			85	87	172
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Means of Verification : OTP data base and monthly progress report

Indicator 1.1.4	NUTRITION	[Outcome]: % cure rate among moderately malnourished children discharged from TSFP (target ≥ 75% Sphere standard cut off point)					75
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Means of Verification : TSFP data base and monthly progress report

Indicator 1.1.5	NUTRITION	[Outcome]: % defaulter rate among moderately malnourished children discharged from TSFP (target <15% Sphere standard cut off point)					14
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Means of Verification : TSFP data base and monthly progress report

Indicator 1.1.6	NUTRITION	Number of pregnant and lactating women with global acute malnutrition newly admitted for treatment in targeted supplementary feeding programme		250			250
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Means of Verification : TSFP data base and monthly progress report							
Indicator 1.1.7	NUTRITION	Number of technical health workers trained on IYCF	15	10			25
Means of Verification : Training attendance list Monthly Progress report							
Indicator 1.1.8	NUTRITION	Number of technical health workers trained on CMAM	15	10			25
Means of Verification : Training attendance Monthly progress report							
Indicator 1.1.9	NUTRITION	Number of mother support groups established					25
Means of Verification : Monthly progress report							
Activities							
Activity 1.1.1							
Standard Activity : Refer and support with transport costs children with SAM with medical complications to and from Stabilization centres							
Supporting referrals for Severely malnourished children with medical complications to Foro baranga SC.							
Activity 1.1.2							
Standard Activity : Treatment of malnourished PLW in targeted supplementary feeding programme							
Supporting distribution of RUSF/RUTF supplies for moderately and severely malnourished children under 5 and PLWs (OTP, SFP) at Jerko, Boro, Tamar and Korangei.							
Activity 1.1.3							
Standard Activity : Establish complaint and feedback mechanisms at nutrition sites/ facilities							
CRS will develop jointly with stakeholder the suitable complaint and Feedback mechanism at all its operating facilities							
Activity 1.1.4							
Standard Activity : Conduct training on CMAM for health facility technical staff							
Conduct CMAM training for 25 seconded staff from SMoH.							
Activity 1.1.5							
Standard Activity : Conduct training on IYCF for health facility technical staff							
Conduct IYCF training for 25 seconded staff from SMoH.							
Activity 1.1.6							
Standard Activity : Conduct MUAC screening and Weight for Height measurements to identify and refer children with acute malnutrition to treatment or counselling services							
Monthly MUAC screening will be conducted at Jereko Health facility during the distribution day and community level.							
Activity 1.1.7							
Standard Activity : Treatment of SAM without medical complications for children 6-59mo in OTPs							
Provide treatment of SAM cases without medical complications at health facility and mobile clinic with RUTF.							
Activity 1.1.8							
Standard Activity : Treatment of Moderate acute malnutrition among under-five children 6-59mo in Targeted Supplementary Feeding Programme							
Provide treatment for children under 5 at health facilities and mobile clinic with distribution of RUSF.							
Activity 1.1.9							
Standard Activity : Conduct IYCF counselling for care giver of children 0-23mo							
CRS will form and train 25 Mother lead on IYCF							
Activity 1.1.10							
Standard Activity : Support rehabilitation of health facilities where is needed with reasonable costs for quality services delivery							
Establish a waiting area for service recipient Rehabilitation of incinerators and latrines at Jereko health facility							
Activity 1.1.11							
Standard Activity : Conduct supportive monitoring and supervision visits jointly with the locality and SMOH/FMOH staff							
CRS will organize quarterly joint monitoring visit with key stakeholders of project (SMoH and HAC) to project oprtational sites.							
Additional Targets : Reduced levels of malnutrition in children under five and PLW in targeted communities.							

M & R

Monitoring & Reporting plan

CRS prioritizes a Monitoring Evaluation Accountability and Learning (MEAL) system that provides consistent high-quality information and contributes to superior program performances and quality assurance that over time enriches integral human development. The MEAL system emphasizes a participatory approach that reflects the voices of all parties involved in the project, while complying with donor's

requirements. Within the first three months of the project start, CRS will conduct a simple measurement of indicators and evidence-based reporting for learning (SMILER+) workshop and a comprehensive monitoring plan will be developed and used to generate and provide information for decision making and tracking the progress of the project using specific tools. CRS will be responsible for monitoring the project and reporting to SHF through GMS. The main monitoring activities that will be conducted by project field staff will include tracking of evaluation, end of project evaluation and impact monitoring for activities implemented. The Project Manager will be responsible for project activity implementation and monitoring of outputs together with the community volunteers and field staff. Using standard M&E reporting tools, progress on project implementation will be monitored primarily by the Senior Project Officer, with support from the MEAL department. The MEAL UNIT in country office will support the project MEAL PO through analyzing data on output and outcome indicators that will feed into the progress reports to SHF. The SPO and project Officers will conduct monthly field monitoring visits to support quality of implementation and coordination with stakeholders to ensure complementarity and synergy of activities with other partners working in the area. The project staff will carry out regular meetings with the different stakeholders in the target areas including community members, committees and line ministries to gather their views about the project and report progress including on coordination of services by different players. The collected data will be reviewed and analyzed to assess the achievement of the project and measure the impact of the interventions. Results from the stakeholders, partners and lessons learned during implementation will be documented to inform future programming initiatives. Various monitoring and evaluation tools will be employed to ensure sound implementation and compliance with project objectives, including but not limited to OCHA 4Ws mapping.

The Project Manager will be responsible for the overall project and financial management with oversight from Khartoum based Head of Programming to ensure quality of programming and review and submission of all donor reports. She will also provide regular updates in Khartoum sector coordination meetings. The Head of Programming will be supported by the Country Representative in high-level decision-making processes. She will also seek technical support from East Africa Regional Office, especially to refine the programmatic interventions in consultation with Regional Technical Advisors. CRS HQ will also support the program through regular (both programmatic and financial), carry out risk assessments and ensure compliance to all SHF requirements including timely implementation. CRS will include a signboard to inform beneficiaries about the activities.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: Operational support for one temporary health clinic for five months in Jereko	2022						X		X	X	X	X	X
	2023	X											
HEALTH: Activity 1.1.2: Strengthening reporting on the state diseases surveillance system from all supported facilities and clinics	2022						X	X	X	X	X	X	X
	2023	X	X										
HEALTH: Activity 1.1.3: Operational support for two mobile clinics for five months	2022						X		X	X	X	X	X
	2023	X											
HEALTH: Activity 1.1.4: Community Health promoters will provide health education sessions at health facility. CRS and partner staff will orient the community about the Protection from Sexual Exploitation and Abuse (PSEA) and reporting mechanisim.	2022							X	X	X	X	X	X
	2023	X	X										
NUTRITION: Activity 1.1.1: Supporting referrals for Severely malnourished children with medical complications to Foro baranga SC.	2022						X		X	X	X	X	X
	2023	X											
NUTRITION: Activity 1.1.10: Establish a waiting area for service recipient Rehabilitation of incinerators and latrines at Jereko health facility	2022					X	X		X	X	X		
	2023	X											
NUTRITION: Activity 1.1.11: CRS will organize quarterly joint monitoring visit with key stakeholders of project (SMoH and HAC) to project optational sites.	2022								X				X
	2023		X										
NUTRITION: Activity 1.1.2: Supporting distribution of RUSF/RUTF supplies for moderately and severely malnourished children under 5 and PLWs (OTP, SFP) at Jerko, Boro, Tamar and Korangei.	2022						X		X	X	X	X	X
	2023	X											
NUTRITION: Activity 1.1.3: CRS will develop jointly with stakeholder the suitable complaint and Feedback mechanism at all its operating facilities	2022							X	X			X	
	2023		X										
NUTRITION: Activity 1.1.4: Conduct CMAM training for 25 seconded staff from SMoH.	2022						X			X			
	2023												
NUTRITION: Activity 1.1.5: Conduct IYCF training for 25 seconded staff from SMoH.	2022						X			X			
	2023												
NUTRITION: Activity 1.1.6: Monthly MUAC screening will be conducted at Jereko Health facility during the distribution day and community level.	2022						X	X	X	X	X	X	
	2023												

NUTRITION: Activity 1.1.7: Provide treatment of SAM cases without medical complications at health facility and mobile clinic with RUTF.	2022						X	X	X	X	X	X	X
	2023	X											
NUTRITION: Activity 1.1.8: Provide treatment for children under 5 at health facilities and mobile clinic with distribution of RUSF.	2022						X	X	X	X	X	X	X
	2023	X											
NUTRITION: Activity 1.1.9: CRS will form and train 25 Mother lead on IYCF	2022						X		X	X			
	2023												

OTHER INFO

Accountability to Affected Populations

CRS will continue to refine its programmatic strategy based on ongoing consultations with the communities we serve to meet the following: 1) Understanding program targeting and performance; 2) Enhancing participatory process and affected population empowerment; 3) Reducing monitoring of data gaps and/or substituting for broader monitoring in situations of limited access; 4) Identifying abuses; 5) Meeting commitments of accountability; 6) Ensuring participants have information; 7) Aligning agency and participant expectations of the program; and, 8) Improving acceptance and security of agency in the community. The team will continue to consult with community members about the targeting, eligibility criteria, and preferred feedback channels to ensure better accountability and continued appropriateness of the intervention. The Community Feedback and Response Mechanism (CFRM) for the project will be established during the startup workshop and will be shared with each of the targeted communities to incorporate their suggestion in the appropriate mean of communication mechanism which include: complaint boxes, community relays/committees, face-to-face complaints, community-level offices and letters, and focus group dialogues. CRS and partners use Arabic and or local language for communication with participants. Feedback and complaints are categorized and treated in a manner appropriate to the sensitive nature of the complaint, including through submission to the Country Program leadership or through CRS' internal Safeguarding and Whistleblower hotlines or virtual portals. CRS and partners will sensitize communities and provide clear information and messages about the project objectives, duration, targeting, and different feedback mechanisms available.

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

Justify Chosen Gender Marker Code

Protection Mainstreaming

CRS mainstreams protection into all programs so that activities (i) prioritize safety, dignity and access, in addition to avoiding causing harm, (ii) ensure equality and meaningful access, (iii) include mechanisms for beneficiary accountability, and (iv) emphasize participation and empowerment to meet SHF minimum requirements. CRS prioritizes the safety and dignity of beneficiaries and avoids causing harm by preventing and minimizing as much as possible any unintended negative effects of its interventions that can increase vulnerability to both physical and psychosocial risks. The project will ensure that targeted beneficiaries have safe access to assistance and services based on need and without discrimination. CRS and partners will make efforts to accommodate people with specific needs, ensuring access to assistance and services. Through the CBCM, target populations will be able to measure the adequacy of interventions and address concerns and complaints, thereby supporting the development of self-protection capacities and assisting people to claim their rights, including – not exclusively – the right to shelter, food, water, sanitation, health, and education.

CRS will adhere to Sphere Principles to implement activities under this project according the following:

1. Prevent: Enhance the safety, dignity and rights of affected people, and avoid exposing people to further harm;
 2. Respond: Reduce the impact of physical and psychological harm that arises from violence, coercion, deliberate deprivation and other threats; and
 3. Remedy: Assist people to claim their rights and access appropriate remedies.
- These three principles are interdependent and can be carried out at the same time. The principles promote the right to dignity in three ways:
- mainstreaming protection risks, activities and related information across all humanitarian programs;
 - integrating specific protection objectives into assistance projects; and
 - promoting specific and/or specialized protection activities that address specific protection risks and violations.

In addition, CRS takes care to design program activities that consider findings from a risk analysis. The agency also actively looks for ways to minimize threats and vulnerabilities and work with different groups of the affected population, specific at-risk groups, and the organizations they trust. Such approaches help CRS understand how best to address needs and any positive or negative consequences.

In consultation with State Ministry of Health (SMoH), The Humanitarian Aid Commission (HAC) and the communities, CRS will design activities that keep girls, boys and women safe by, for example, protecting against or preventing child recruitment, abduction or separation from family. CRS will provide children with access to safe environments in the context of the programmed or activities and give special consideration to the needs of at-risk children, such as separated and unaccompanied children, child-headed households, adolescent girls and boys, children with disabilities and chronic illnesses, and young parents.

Country Specific Information
Safety and Security
Access
This project will have staff located in the project areas of Foro Branga locality, which will ensure smooth access and implementation of project activities. All proposed locations are accessible throughout the year and CRS currently operating in the same locality with different projects including Health and Nutrition project funded by UNICEF is eight health facility with the target locality.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	National Program Manager @ 20% (Salaries+benefits)	D	1	3,441.36	10	20.00	6,882.72
	<i>This position provides overall management to the project and leads on reporting and communications. 1 staff (monthly salary the unit cost at 20% LOE for 10 months duration of the project. The Monthly amount include salaries, benefits, coverage of medical, social insurance, cost of living. according to CRS salary scale.</i>						
1.2	National Health and Nutrition Senior Project Officer @50% (Salaries+benefits)	D	1	3,112.61	10	100.00	31,126.10
	<i>Foro Baranga Based: This position provides technical oversight to the project activities and ensures integration with CRS' other programming in Fororbranga locality going smoothly beside the provision of support to national partner. 1 staff (monthly salary/the unit cost) at 100% LOE for 10 months. The Monthly amount include salaries, benefits, coverage of medical, social insurance, cost of living. according to CRS salary scale.</i>						
1.3	National MEAL Project Officer @50% (Salaries+benefits)	S	1	2,204.19	10	50.00	11,020.95
	<i>Genaina based: This position leads MEAL activities and ensures quality indicator tracking and documentation. Supports reporting and leads in rolling out project PSEA/accountability measures. 1 staff (monthly salary is the unit cost) at 50% LOE for 10 months. The Monthly amount include salaries, benefits, coverage of medical, social insurance, cost of living. according to CRS salary scale.</i>						
1.4	National support staff Finance and Administrative (Salaries +benefits)	S	1	11,800.00	10	15.00	17,700.00
	<i>National Finance and Administrative staff: CRS has budgeted 15 % level of Effort (LoE) for national staff to implement the resource management aspects of the project. CRS country program accounts for their allocable direct expenses through a "Pooling" process. Under the pooling method, allocable expenses apply to all benefiting projects based on allocation rates. Finance, Human Resource, Procurement, Logistic, IT, Administrative etc are pooled in the project pool. The functions performed by these staff include accounting, financial management, human resources, procurement, administrative assistance, fleet and logistics, all of which are necessary for the timely and cost-effective achievement of project results. Overseen by the Head of Operations, these staff collectively support all CRS/Sudan projects with the same rigorous quality controls and adherence to applicable CRS policies and donor regulations. Based on CRS/Sudan's historical staffing requirements for similar volume of activity, we estimate that the Level of Effort (LOE) will ensure achievement of this project's results, while maximizing the efficiency of CRS/ Sudan's diverse funding sources. The expenses incurred by CRS country program will be "pooled" into a "holding account" and will be allocated to each project monthly, based on the project's share of total incurred "Direct-Direct" expenses during the month.</i>						
1.5	International Project Support staff (Salaries+benefits)	S	1	5,066.60	10	15.00	7,599.90
	<i>International project support staff (salary and benefits) includes the Head of Programming (HoP), Head of Operations (HoOps), and Head of Office (HoO). The HoP ensures consistent programming, partnership, and implementation standards across all projects in CRS/Sudan's portfolio. The HoOps/HoO directs CRS/Sudan's administrative and finance functions through the supervision of manager-level staff in these departments, ensuring sound management of donor resources and compliance with internal and external policies. Benefits are the same as those of expatriate fringe benefits and overseas allowances for international staff listed above.</i>						
1.6	National Health and Nutrition Project Officer @50% (Salaries +benefits)	D	1	2,204.19	10	20.00	4,408.38
	<i>Foro Branag Based: This position is field lead for implementation of project health and nutrition activities 1 staff (monthly salary the unit cost at 20% LOE for 10 months. The Monthly amount include salaries, benefits, coverage of medical, social insurance, cost of living. according to CRS salary scale.</i>						
	Section Total						78,738.05
2. Supplies, Commodities, Materials							
2.1	Production of IEC materials for Nutrition	D	1209	3.50	1	100.00	4,231.50
	<i>CRS will print and distribute Social Behavior Change Communication materials to use for dissemination of Essential Nutrition Actions messaging to be delivered by all trained Health volunteers. CRS will print 1209 materials at an average cost of \$3.5 for a total cost of \$ 4231.5</i>						
2.2	Production of Visibility Materials	D	8	500.00	1	100.00	4,000.00

	CRS will fix total of 8 signboards 2 in each location targeted by the project and each sign board will cost \$500 multiplied by 4 sites the total estimated amount is \$4000, the cost include the metal plate with 100cm * 70cm size and printing cost, also the labor cost for fixing is included.						
2.3	Printing of OTP/SFP materials	D	4	1,200.00	1	100.00	4,800.00
	CRS will print a Communication materials to use for OTP. CRS will print 4sets at average of \$1200 per set a total cost become \$ 4800						
2.4	OTP and IYCF Supplies	D	1	800.00	2	100.00	1,600.00
	Estimated transportation cost for IYCF supplies from Genaina to Foro Branga will happen at least two times during the project, the estimated cost per one time is \$800 the total amount is \$1600						
2.5	Transportation for medical and nutrition Supplies	D	1	2,400.00	2	100.00	4,800.00
	Estimated transportation cost for medical and nutrition supplies from Genaina to Foro Branga the estimated cost is \$2400 per trip and the project will make it in 2 times the total amount is \$4800						
2.6	SAM referral with medical complications	D	12	50.00	8	100.00	4,800.00
	\$50 is the estimated transportation cost for refreal of SAM cases to Forobranaga hospital, the estimated number of SAM cases is 12 per month						
2.7	Establish waiting shelters	D	9	7,757.00	1	100.00	69,813.00
	Construction of 9 waiting shelters for service delivery in target areas (2 in Boro, 2 in Tamar, 2 in Korangei, 1 in Jereko and 2 in SC of Foro Baranga) Bill of Quantities are attached in one excel sheet named revised BoQ, for this line item the tab named Activity 2.7						
2.8	Equipment for health facilities	D	1	8,020.00	1	100.00	8,020.00
	Refer to document tab attach BoQs with the name of ((BoQs for Activity 2.8)) Provision of essential equipments for operation of Jereko health facility and mobile clinics at Boro, Tamar and Korangei. the cost based on current market prices.						
2.9	Provision of Essential medicines	D	1	25,878.98	1	100.00	25,878.98
	Detailed BoQ in documents tab named ((BoQ for activity 2.9)) for Provision of essential medicines for operation of Jereko health facility and mobile clinics.						
2.10	Construction of latrines at health facilities	D	4	14,154.76	1	100.00	56,619.04
	Construction of 4 Institutional latrines at service delivery sites (1 in Boro, 1 in Tamar, 1 in Jereko and 1 in Foro Baranga) Bill of Quantities are attached in one excel sheet named revised BoQ for this line item the tab named Activity 2.10						
2.11	SMoH Seconded Staff for Mobile Clinics and Jereko health facility	D	1	5,319.15	7	100.00	37,234.05
	Attached document named ((Activity line 2.11 List of SMoH Seconded Staff for Mobile Clinics and Jereko health facility.xlsx)) this list include the 25 health cadre position will seconded for 7 months period to this project.						
2.12	Training of Seconded staff from SMoH on CMAM & IYCF	D	1	3,750.00	1	100.00	3,750.00
	Refer to attached BOQ in documents tab named (BoQ for Activity 2.12) - CRS will Train 15 SMoH staff on CMAM & IYCF, the training will be for 7 days as per the guidelines of SMoH and will conducted in Genaina.						
2.13	Lead Mothers-to-mother support groups training	D	1	3,069.00	1	100.00	3,069.00
	Refer to attached BOQ in documents tab named (BoQ for Activity 2.13) - CRS will Train 25 lead mothers, the training will be for 3 days and will conducted in Forobranaga						
2.14	Conduct community mobilization and sensitization	D	4	500.00	1	100.00	2,000.00
	The \$500 includes the refreshments for attendance and per diem for government officials (HAC representative @ \$30, SMoH @ \$30, Dates \$150, Sweets @ \$150 and Banner include the project title and logo of SHF, CRS and Partners @ \$140).						
2.15	Start-up and after action reflection meetings	D	2	500.00	1	100.00	1,000.00
	CRS will hold two workshops, with an anticipated cost of 500 each, covering printing costs and refreshments. The meetings will be held at start up of project for key stakeholder and by end of project. the breakdown as below 1- meal and refreshment cost for 40 participant =433 USD 2- stationaries for 40 participant =43 USD 3- Banners 24 USD						
2.16	Establishment of Incinerators	D	5	1,205.60	1	100.00	6,028.00
	Refer document tabs the BoQ named ((BoQ for activity 2.16 Establishment of Incinerators.xlsx)) CRS will construct 5 incineraator at jereko, boro, tamar, and korangie.						
2.17	Cleanining materials for Health facilities	D	2	1,637.59	1	100.00	3,275.18
	Refer to document tab for detail of cost in BoQ named ((BoQ for Activity 2.17 Cleaning materials for health facilities.xlsx)) These cleaning materials will be used for cleaning of facilities through out the project duration						

	Section Total						240,918.75
3. Equipment							
3.1	Scanner Forbrnaga office	D	1	1,400.00	1	100.00	1,400.00
	<i>This scanner will be used in Forobranga office to sharing the reports and supporting documents for all payments and the amount of 1400 per sanner based on latest purchased scanner</i>						
	Section Total						1,400.00
4. Contractual Services							
4.1	Vehicle rental for mobile clinc and monitor activities	D	3	150.00	125	100.00	56,250.00
	<i>CRS will rent a vehicle to be used for mobile clinic activities including transportation of staff and supplies from Forobranaga to Boro, Tamar and Korangei villages for service delivery and internal referral from their catchment areas to Foro Brnaga health facility. the estimated number of working days are 125 days throughout the 10 months with cost of \$150 per day so the cost (3 vehicles*\$150*125day=56,250) the cost of \$150 based on current CRS renting prices for projects in the same locality.</i>						
	Section Total						56,250.00
5. Travel							
5.1	Project support staff travel - (flights, per diems & incidentals)	S	1	200.00	10	50.00	1,000.00
	<i>This line reflects support staff travel costs on operational project support, including transportation and per diem. There is one trip per month for lump sum of \$200, estimated based on historical costs and project fair-share.</i>						
5.2	CRS vehicle costs in km per months	S	150	2.84	10	100.00	4,260.00
	<i>CRS uses shared vehicles in Genaina town and allocates charges based on km driven. CRS anticipates project use of vehicles in Genaina will be 150km per month (at a cost of \$2.84 per km) for Ministry and cluster coordination and engagement with local suppliers and authorities.</i>						
5.3	Flights for CRS staff monitoring visits	D	3	200.00	2	100.00	1,200.00
	<i>This amount reflect 3 round trip for monitoring of project activities through UNHAS flights.</i>						
5.4	Per Diem for CRS staff monitoring visits	D	4	10.00	52	100.00	2,080.00
	<i>This line reflect the per diem expenses for project team while monitoring and implementing the project activities each of the 4 direct staff expeted to spend 52 nights out of his duty station providing supporting for the project activity and the daily rate of perdiem is \$10.</i>						
	Section Total						8,540.00
6. Transfers and Grants to Counterparts							
6.1	Sub grant to Peace Lights for Rural Development Organization (PLRDO)	D	1	23,047.50	1	100.00	23,047.50
	<i>The national Partner will work with CRS and seconded staff to ensure the delivery of service to target community in high quality as well thier capacity to be build for sustainability of project outputs through thier working with community member by increase the ownership of project and facilitate trainings. The national partner budget is attached in the document with the name of (Peace Lights for Rural Development Organization Budget)</i>						
	Section Total						23,047.50
7. General Operating and Other Direct Costs							
7.1	Communication expenses	S	4	60.00	10	50.00	1,200.00
	<i>This is the estimated communication cost for project staff includes the payment to communication company for line sim card provided to all staff.</i>						
7.2	Office and Computer Supplies and Services	S	1	1,280.00	10	50.00	6,400.00
	<i>This line reflects supplies and services necessary to carry out the project, including, stationary, printing, and other miscellaneous office supplies. This amount is estimated based on CRS historical estimates. Stationery for office use = 400 computer supplies = 300 project printing for trainings and other templates = 280 other costs(cleaning materials)= 300 total 1280</i>						
7.3	Facilities cost (m2)	S	40	98.00	10	50.00	19,600.00

The facility expense rate is calculated monthly based on actual cost incurred and includes building rent, utility costs, janitorial and security services, building insurance, and maintenance and repair. CRS' ability to implement multiple projects from the same facilities reduces the full cost to individual projects by maximizing shared space and resources. Per the CRS allocated cost calculation, 40 equipped square meters (SQM) are allocated to this project at a cost of \$98/sq. meters for 10 months. Thus the budgeted amount is 40 SQM per month X 50% charged to this project X \$98 per SQMs = \$19,600			
Section Total			27,200.00
SubTotal	1,480.00		436,094.30
Direct			367,313.45
Support			68,780.85
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			30,526.60
Total Cost			466,620.90

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
West Darfur > Foro Baranga(Foro Baranga & Mangarasa camps)	100.00000	0	0	0	0		H: Activity 1.1.1: Operational support for one temporary health clin... H: Activity 1.1.2: Strengthening reporting on the state diseases sur... H: Activity 1.1.3: Operational support for two mobile clinics for fi... H: Activity 1.1.4: Community Health promoters will provide health ed... N: Activity 1.1.1: Supporting referrals for Severely malnourished ch... N: Activity 1.1.2: Supporting distribution of RUSF/RUTF supplies for... N: Activity 1.1.3: CRS will develop jointly with stakeholder the sui... N: Activity 1.1.4: Conduct CMAM training for 25 seconded staff from ... N: Activity 1.1.5: Conduct IYCF training for 25 seconded staff from ... N: Activity 1.1.6: Monthly MUAC screening will be conducted at Jerek... N: Activity 1.1.7: Provide treatment of SAM cases without medical co... N: Activity 1.1.8: Provide treatment for children under 5 at health ... N: Activity 1.1.9: CRS will form and train 25 Mother lead on IYCF N: Activity 1.1.10: Establish a waiting area for service recipient

Documents	
Category Name	Document Description
Budget Documents	Cancelled
Budget Documents	Cancelled
Technical Review	WD - CRS - 21595_ Nutrition sector comments.doc
Budget Documents	Cancelled
Budget Documents	Cancelled
Budget Documents	Cancelled
Budget Documents	Cancelled

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Budget Documents	Cancelled
Budget Documents	Cancelled
Budget Documents	Cancelled
Budget Documents	Cancelled
Budget Documents	Cancelled
Budget Documents	BoQs.xlsx
Budget Documents	Peace Lights for Rural Development Organization Budget-Revised version.xls
Grant Agreement	Grant Agreement CRS 21595.pdf
Grant Agreement	Grant Agreement CRS 21595 Signed by HC.pdf
Grant Agreement	Grant Agreement CRS 2195 Signed by HC and CRS 05062022.pdf
Grant Agreement	EO Signed Grant Agreement SUD-21595 part 1.pdf
Grant Agreement	EO Signed Grant Agreement SUD-21595 part 2.pdf
Revision related Documents	BoQs Revised.xlsx
Revision related Documents	Cancelled
Revision related Documents	Peace Lights for Rural Development Organization Budget-Revised.xls
GA Amendment	Grant Agreement Amendment CRS 21595.pdf
Revision related Documents	SHF Revision request _ HC Approval top up dry spell and crop failure projects.pdf
GA Amendment	Grant Agreement Amendment CRS 21595 signed by HC.pdf
GA Amendment	Grant Agreement Amendment CRS 21595 Signed by CRS.pdf
GA Amendment	SUD-21595-EO-GAA_2022-10-03 CE.pdf